

**By Anjulika Thingnam**

Twenty-year-old Ibungo cannot tell his parents or his partners that he has HIV because in Manipur, as in the rest of India, men who have sex with men are liable to be clapped up in jail.

His fingers interlocked and opened in rapid succession, reflecting the turmoil in him. “My parents will be devastated when they know about this. I don’t know what to do. Maybe it would be better if I die,” he says.

It has been six months since 20-year-old Ibungo (not his real name) came to know he is HIV-positive, and his inability to talk to his parents about it troubles him.

Ibungo is gay and, in India’s northeastern state of Manipur – a mountain province with Imphal as its capital – men like him are frowned upon.

“When I was a little child, my aunts used to dress me up like a girl and take my photo. Even my mother would smile as she had no daughter. But now she checks my bag every day to see if I keep powder or lipstick. She scolds me and beats me for my mannerisms, and warns me she would kill me if I got infected by some ‘Present-day’ disease. That is why I am still unable to tell my family of my HIV status,” he says.

Ibungo began having sex with men after being seduced by a married man about five years ago. Since then he has had many lovers.

“Earlier I didn’t know that HIV could be transmitted during sexual relations with men, so I never practised safe sex. What now? I could have transmitted the virus to other men who loved me. Some of them are married men; they could have passed it on to their wives. I know the right thing would be to tell them of my status and ask them to get themselves tested, and their partners too. But I am afraid. How do I break the news?” He closes his eyes and runs his hand through his shoulder-length hair.

Ibungo works as a peer educator with the Social Awareness Service Organisation (SASO) – a non-government organisation formed by former drug users. It works among Injecting Drug Users (IDUs) and others living with HIV or AIDS. Both IDUs and men who have sex with men (MSM), who include not only gay men but also transgenders and heterosexuals, are vulnerable to HIV. In many places throughout India, these groups face discrimination from the larger society, which leads to them being marginalised and unable to access health information and services.

According to sentinel surveillance reports of the Manipur State AIDS Control Society (MSACS), HIV prevalence among MSMs in this state was 29.2% in 2003, but gradually declined to 12.4% in 2006 – still a very high figure.

“These figures are only the tip of the iceberg. Only a few among the MSM population have accessed services, a major chunk is still out there and yet to be reached because they don’t want to come out in the open about their sexuality. And then there are also many men who are married but have casual sex with men without their wives knowing about it,” says R K Sharat, who coordinates a SASO project on MSM.

“It is precisely because they are a hidden population that it is hard to extend our services to them,” he adds.

One aspect of MSM that is relatively unknown in the rest of India is that Manipur, which is close to India’s borders with Myanmar, has a cultural tradition where men play female roles in traditional theatres.

“People used to look at the men playing female roles in the popular Sumang Leela traditional drama and think that their role–playing ends on the stage. Society has no idea of their sexual orientation,” says Sharat, adding, however, that not every man acting in Sumang Leela is MSM.

“The general social attitude is that homosexuals are just pretending, and a good thrashing will bring their sexuality to line (make them heterosexual).”

Both the state government and NGOs such as SASO are working with MSM communities in Manipur, but the major focus is on drug users. The government’s MSACS is working with 57 NGOs, of which 45 target IDUs and only two are working with MSMs.

Funding from the federal National AIDS Control Organisation (NACO) is distributed through these NGOs, and reflects the state government’s priorities.

“We need more funds as the MSM population is among the highest risk group now because of their multiple sexual partners and the secrecy it is shrouded in,” says Sharat.

When SASO began working in 1998, concentrating on one district – Imphal West – they had 500 MSMs registered with the charity. Today there are 700 in Imphal East and Imphal West districts. Among them, 35 are HIV–positive and seven who have AIDS are on antiretroviral treatment. The MSACS, which is working with around 600 MSMs in Thoubal and Chandel districts, says that out of among 210 MSMs who have undergone voluntary testing so far, 23 are HIV–positive.

MSACS officials justify the spending allocations by pointing out that the target IDU population with which MSACS is working, is around 36,000–39,000, including spouses and children, compared to 1,400–1,700 for MSMs, including their partners.

The sole funding agency for SASO’s work on MSMs is through Project Orchid, a programme funded by the Bill and Melinda Gates Foundation and implemented by the Australian International Health Institute. However, increasingly, MSM groups themselves are wresting power to raise the issue of their sexuality.

“In a way, our work not only helped spread awareness about the relation between MSM and HIV and AIDS, but also highlighted the issue of our own sexuality – the statement that ‘we are not pretending, we are not abnormal’,” says Sharat.

“Now we are starting to know of movements regarding homosexuality outside Manipur and we

join in the movement,” he says.

However, the stigma, marginalisation, discrimination and criminalisation faced by the MSM population, as well as the absence of reliable data on them, is proving to be a major hurdle in the state’s efforts to provide universal access to HIV prevention, treatment, care and support by 2010 –something the Indian government signed up to at the United Nations.

Entering into homosexual relations is still a punishable crime in India under a Victorian–era law, which criminalises “Carnal intercourse against the order of nature”.

This view is backed by many religious leaders. Decriminalisation, believes Sharat, would require greater involvement of political parties and politicians.

“We used to fear coming out in the open about our sexuality. That was our pitfall. Now we are working so that the younger generation of MSMs should have a healthy life,” he says.

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