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GLOBAL  
PROGRAMME  
ON AIDS

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INFORMAL CONSULTATION ON INTERVENTIONS  
TO PREVENT HIV TRANSMISSION AMONG  
BEHAVIOURALLY BISEXUAL MEN

GENEVA  
7-9 DECEMBER 1992



WORLD  
HEALTH  
ORGANIZATION

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## 1. INTRODUCTION

An informal consultation on interventions to prevent HIV transmission among behaviourally bisexual men was held at the World Health Organization, Geneva, 7-9 December 1992. Participating in the consultation were researchers and programme managers who have carried out studies and interventions targeted at homosexual and bisexual men.

### 1.1 Opening statement

In the opening statement to the consultation, Dr M.H. Merson, Director of the Global Programme on AIDS (GPA), emphasized that the future course of the acquired immunodeficiency syndrome (AIDS) epidemic will largely depend on the changing dynamics of sexual transmission of the human immunodeficiency virus (HIV). Dr Merson added that as the epidemic expands into different regions of the world, we need to understand the patterns and determinants of different forms of sexual behaviour in order to devise appropriate interventions to limit transmission.

Currently, the prevalence of homosexual behaviour is extremely difficult to estimate with any accuracy. However, there is sufficient evidence to conclude that homosexual and bisexual behaviour may be relatively common in some regions of the world, with studies reporting up to 20% of men having same-sex contacts at some time in their life. With the current evidence from Latin America showing that bisexual behaviour is an important part of the AIDS epidemic there, we face the challenge of assessing the role that this behaviour plays in the global epidemic and designing effective preventive measures.

### 1.2 Objectives

Following an overview of the mandate of the Office of Intervention Development and Support (IDS) by Dr G. Slutkin, Dr K. O'Reilly, Chief of the High Risk Behaviour unit (HRB), presented the objectives of the consultation:

- to review relevant research findings on bisexual behaviour and HIV/AIDS;
- to analyse selected examples of intervention experiences, including those involving targeted, community-based and service-based HIV/AIDS prevention approaches;
- to examine the implications for interventions stemming from existing knowledge.

One of the main contributions of the consultation was to provide guidance to countries in assessing HIV/AIDS prevention needs among men who have sexual contacts with both men and women, as well as selecting appropriate intervention approaches for this population. On a broader level, the meeting was intended to orient future research in this area.

### 1.3 Definition

The term now being employed by some AIDS researchers to define men who have sexual contacts with both men and women is "behaviourally bisexual men". Whereas the word "bisexual" on its own is less cumbersome, in the past it has been used interchangeably to refer to sexual preference, sexual identity or sexual practice. For the objectives of this consultation, it is the behaviour which is of direct relevance to HIV/AIDS transmission. Thus, the operational definition of behaviourally bisexual men is restricted to men who have had partners of both sexes over a recent period of time (in the last five years or less).

The operational definition used here does not coincide entirely with that of sexual preference or bisexual identity. The latter, however, remain important to consider in the development of appropriate HIV/AIDS prevention messages; messages designed for people who openly acknowledge homosexual practices will obviously differ from those designed for people who do not.

Bisexual behaviour occurs among various segments of the population and in diverse settings. Unsafe sexual practices engaged in by these men in these settings have implications for the transmission of HIV. The term "bisexual behaviour" applies to the following groups of men:

- men who engage in sexual contacts with other men for specific periods of their life, such as those in single-sex environments where contact with women is restricted (e.g. prisons, migrant workers' hostels, etc.);
- married or unmarried men in primary relationships with women, who engage in homosexual contacts (e.g. as clients of male prostitutes). More often than not such contacts are not disclosed to female partners;
- adolescents or young men involved in prostitution, usually with adult male partners. A substantial proportion of these men also engage in sexual contacts with female partners;
- men who have sexual contacts with other men at particular public venues (e.g. parks, cinemas, etc.), referred to in the AIDS literature as public sex environments.

The behaviour of the men in the contexts described above is usually covert and stigmatized; many of these men choose not to disclose homosexual contacts for personal reasons or because of sociocultural barriers which discourage them to do so. This has resulted in low visibility of this population and has led, unfortunately, to their marginalization in HIV/AIDS prevention efforts.

#### 1.4 Behavioural and epidemiological issues

In most societies, the social and cultural pressures towards adopting heterosexual lifestyles, including marriage and childbearing, result in significant under-estimations of the occurrence of same-sex contacts. Where surveys of sexual practices in the general population have been conducted, recruitment strategies usually exclude sub-populations having a greater likelihood of being involved in homosexual contacts. Nevertheless, a review of existing HIV/AIDS behavioural and epidemiological studies suggest the following:

- in several countries of Central and South America, a significant proportion of HIV infections are attributable to bisexual behaviour among men;
- where rapid shifts of HIV transmission patterns have occurred with an increasing number of women being infected, this has been attributed in part to male bisexual behaviour;
- the contribution of bisexual behaviour to HIV transmission is certain to be greater than the existing data indicate, due to inevitable under-reporting of this stigmatized and rarely discussed behaviour. The proportion of infections may also be higher due to the well-documented tendency among bisexual men not to disclose same-sex contacts;
- among men who have sex with men in developed countries, high prevalences of HIV infection are found. Many of these homosexual men also report having had sexual contacts with women in their lifetime;
- Homosexual contacts are known to occur in certain institutional settings in many different regions. For example, ethnographic studies document substantial same-sex contacts in prison settings.

## 2. COUNTRY REPORTS

During the meeting, participants made brief presentations on what is known about behaviourally bisexual men in their country, and AIDS interventions targeting this population. The presentations revealed common patterns and characteristics in bisexual behaviour across regions, as well as variations between and within countries. Some of the presentations included findings from sexual behaviour studies (e.g. Brazil, Costa Rica, United Kingdom and United States), while others drew their observations from in-depth ethnographic studies or other sources (e.g. India and Nigeria).

### 2.1 Dr Gary Dowsett, Australia

In his presentation, Dr Dowsett reviewed research findings and experiences in HIV/AIDS prevention in Australia. Rather than focus on groups and communities who identify themselves as gay or homosexual, he reviewed interventions which have targeted a

wider range of men who have same-sex contacts. Initial studies of public venues where anonymous sexual contacts occur, such as parks, public bathrooms or highway stops, for example, uncovered a substantial population of men who have sex with men. While some of these men were occasional or even regular patrons of gay-homosexual establishments, many sought male partners without wanting to change their heterosexual lifestyles or be associated with gay groups/communities. Among them, a significant proportion continue to have sexual contacts with women. While field investigators uncovered over 200 such public sex environments in Sydney, Dr Dowsett felt that the size of this bisexual population was difficult to estimate.

In Australia, the AIDS epidemic has been overwhelmingly confined to the homosexual-bisexual category (98% of the cumulative AIDS cases up to 1992). It is also a country where effective prevention efforts began among at-risk populations in the early 1980s, focusing on safe sex among men who have sex with men and needle exchange programmes among drug injectors. It is argued that this early response by community-based organizations and sustained efforts since, have had a significant impact on limiting the spread to the general heterosexual population.

## **2.2 Dr Richard Parker, Brazil**

In a country where extensive anthropological studies have documented a range of homosexual and bisexual practices, a significant proportion of AIDS cases have been attributed to behaviourally bisexual men. According to some studies, at least 20% of AIDS cases reported in Brazil up to 1992 have been found among behaviourally bisexual men. Paediatric AIDS cases have also been reported among children of women with bisexual partners.

In this context, various interventions were developed with the aim of reaching different sub-groups within the broad category of men who have sex with men. All these activities have involved AIDS service organizations and other community-based organizations. The evaluation of intervention experiences, such as the "Pegação Project" for male prostitutes in Rio de Janeiro, has considerably increased knowledge about the process of undertaking such interventions and the difficulties they face. An effort is now being made to increase access to health services for men who have sex with men.

## **2.3 Dr Jacobo Schifter, Costa Rica**

Dr Schifter summarized the results of research on homosexually active men in Costa Rica and explained how these have shaped national and local prevention responses. A WHO-funded survey of homosexual and bisexual men in 1989-1990 identified determinants and patterns of risk in this population. This was supplemented by ethnographic research on specific sub-populations where bisexual behaviour is known to be common, particularly among male prostitutes and prisoners. One of the findings from this research was that prevention campaigns had successfully conveyed the concept of risk in reference to homosexual contacts, but had failed to convey the concept of risk related to unsafe sex with

heterosexual partners. This has resulted in a much more limited adoption of safer sex practices with female compared to male partners.

As in other Latin American countries, the spread of HIV and the majority of AIDS cases in Costa Rica, are among homosexual and bisexual men (as of 1992, 70% of all AIDS cases). Recently, however, it is estimated that the number of cases among heterosexual women has increased from 0 to 12% of the absolute number of AIDS cases reported over a three-year period. Male bisexual behaviour is believed to account for much of the significant diffusion of the epidemic among women.

#### **2.4 Mr Ashok Row Kavi, India**

According to Mr Kavi, homosexuality in modern-day India is stigmatized and, consequently, its existence is denied. Recent ethnographic research, however, indicates its existence in the main urban centres. Because of prevailing social pressures and cultural norms, most men who have sex with men are likely to remain "in the closet" and marry. These men are vulnerable to HIV infection, as are their female partners.

An intervention project combining the publication of a newsletter for homosexual men, outreach to public sex environments and peer counselling began in 1989 in Bombay. This pioneering experience showed that it was possible to undertake prevention work with this marginalized group.

#### **2.5 Dr Tade Akin Aina, Nigeria**

General public awareness of AIDS remains rather low in Nigeria and there is considerable denial of involvement in high-risk sexual practices. Hence, it is difficult to make a realistic assessment of the contribution of bisexual behaviour to HIV transmission. In his review of existing knowledge, Mr Akin Aina identified two forms of bisexual practices: homosexual contacts in prisons and other single-sex institutions as well as male prostitution in some urban centres. In most contexts, the persons involved are almost certainly bisexual rather than exclusively homosexual. To go beyond this level of observation, however, would require intervention-research, particularly in the context of male prostitution. The estimated prevalence of HIV infection in Nigeria remains relatively low (less than 1% in the general population as of the end of 1992), with heterosexual transmission being the most prevalent route.

#### **2.6 Dr Roy Chan, Singapore**

As in other countries, a substantial impediment to AIDS prevention activities for men who have sex with men in Singapore has been legislation which identifies anal sex as a criminal offence. A conservative estimate of the prevalence of homosexual men in the general population is between 3% and 5%. According to Dr Chan, while the proportion of people with a homosexual orientation may not differ considerably between societies, what differs is the sociocultural environment which facilitates or provides a barrier to the adoption of homosexual or bisexual lifestyles. In the case of Singapore, on the one hand, educational

and economic opportunities facilitate the adoption of a wider range of lifestyles and sexual practices, while on the other hand cultural traditions and legislation encourage people to conform to social norms of heterosexual behaviour and marriage.

The majority of AIDS cases in the country have been attributed to sexual transmission, of which 42% involve homosexual/bisexual contact. Outreach work has been conducted through an AIDS service organization set up to work with people who are at risk. While no evaluation of the effectiveness of HIV prevention interventions in this population has been conducted, there is currently a decrease in the incidence of new infections among homosexual and bisexual men. The small size of the country and the high level of literacy, makes it easy to disseminate information and prevention messages.

### **2.7 Mr Clive Stevens, United Kingdom**

HIV transmission among men who have sex with men remains an important route of transmission despite recent evidence that the incidence of infection through this mode of transmission has been declining. The majority of AIDS cases in the United Kingdom continue to be among men who have sex with men. Mr Stevens presented some of the different initiatives taken for behaviourally bisexual men, who are usually hard to reach through established gay channels. He stressed the importance of making these messages accessible through mainstream media to the wider population. The beginning of a media initiative in 1989 on bisexual behaviour signalled a recognition of the need to direct attention to this group. The media campaign which ensued had wide coverage and remained acceptable to the general population.

### **2.8 Dr Carolyn Beeker, United States of America**

Dr Beeker reviewed survey data sets providing information on behaviourally bisexual men in the United States. The surveys, involving large cohorts of men who had sex with men in the late 1980s and early 1990s, found that between 22% and 26% report ever having sexual contact with women. A significant proportion of the latter reported having female partners in the last month. Risk practices, including anal sex, were practised equally with female and male partners. One of the important conclusions that Dr Beeker drew attention to was that a group of highly sexually active bisexual men may be playing a disproportionately important role in HIV transmission, particularly to heterosexual women. There is an urgent need to rethink prevention messages, specifically in relation to promoting condom use with both male and female partners of behaviourally bisexual men.

## **3. INTERVENTION APPROACHES**

Three working group sessions were held during the consultation to explore the relevance of diverse intervention approaches for reaching bisexual men. The sessions dealt with targeted, community-based and service-based HIV/AIDS prevention approaches. While other approaches remain possible (e.g. in the area of influencing policy and legislation), most case examples reviewed at the consultation could be categorized into these three.

### 3.1 Targeted approaches

Experiences in targeted interventions for behaviourally bisexual men were reviewed for their general relevance. The specific approaches discussed were outreach at public sex environments, health education in single-sex institutions and use of mass media.

#### Outreach at public sex environments

Consensus was reached on the importance of undertaking outreach at public sex environments. The essential components of effective outreach work were identified, including: the need to work with the authorities, particularly the police; the need to establish a rapport with key informants who could be integrated into the project as educators; and the possibility of using innovative techniques to convey prevention messages (e.g. graffiti). Finally, the importance of guaranteeing access to support services such as telephone counselling, voluntary HIV testing, and STD care, was emphasized.

#### Prevention in institutional settings

HIV/AIDS interventions in specific institutional settings, such as prisons, military camps or the workplace, could incorporate prevention messages on risks related to bisexual behaviour. However, rather than engage the target audiences in discussions on this sensitive topic, an interactive dialogue on the more general theme of AIDS prevention and sexual behaviour could be initiated. For example, group or individual discussions could begin with the topic of safe sex, which could lead into a discussion on sexuality in general followed by a discussion of different sexual preferences.

The experience of prevention work in a prison setting in Costa Rica was found to be relevant to other single-sex institutional settings, including workplace settings (e.g. among mine workers, migrant rural workers, and sailors). First, in all these settings, prevention efforts have to be implemented with the explicit consent and assistance of key decision-makers, including directors of institutions and managers at all levels. Second, these efforts have to involve members of the target audience from the beginning. Third, prevention efforts have to fit into long-term strategies to reduce risk, such as decreasing sexual violence in prisons. Finally, it may be advisable to adopt a wider health education approach, focusing for example on preventive health in general, prior to delving into such sensitive matters as sexual practices.

#### Media initiatives

Before deciding on media-based approaches, two questions need to be answered: first, what are the risk practices that need to be modified; and, second, what are the existing media channels that could be used to convey prevention messages. For men who have sex with men, the question is whether the expected outcome is reduction in number of partners or frequency of anal sex, or increase in use of condoms. In many cases, a hierarchy of messages may have to be adopted.

Mass media campaigns have clear advantages as well as shortcomings when dealing with behaviourally bisexual men. On the one hand, public education campaigns aimed at all sexually active men could discuss a range of risk practices. On the other hand, in many contexts it was felt that targeted person-to-person communication supported by appropriate small media was the only possibility for reaching such a marginalized population. In the latter context, the challenge is to develop a range of innovative educational materials and strategies. The participants provided convincing examples of the effective use of both mass and small media.

### **3.2 Community-based approaches**

An equally relevant approach to those who are not integrated in a homosexual community, and are therefore not reached by its safer sex messages, is to widen the reach of AIDS service organizations or newly formed gay-oriented groups. This strategy may be useful in environments where organized homosexual life is minimal or non-existent. Yet, it is not evident whether all behaviourally bisexual men will be responsive to such contacts. The participants felt that models for organizing same-sex relations cannot be imported from one country to another. The main challenge that such interventions face is to adapt to local political and sociocultural constraints, while initiating interventions relevant to men who have sex with men.

Nevertheless, the participants did identify community-based organizations as being essential to prevention efforts. The issue is to determine what role they can play in different political and cultural environments. Initiatives undertaken by CBOs have been particularly successful when given a free hand in open discussion of sexual practices. Unfortunately, in many countries, this has not always been the case.

### **3.3 Service-based approaches**

Service-based approaches for reaching behaviourally bisexual men aim primarily to increase access to and acceptability of health and social services. The participants stressed the importance of ensuring greater access to such services, developing appropriate educational materials, and addressing the needs of sexual partners of either sex. Provision of STD care is largely insufficient to meet the needs of the general population, and is even less adapted and accessible to men who have sex with men.

### **3.4 Recommendations**

As a result of the work sessions on intervention approaches, a series of recommendations were made.

- Interventions at public sex environments have been or are being undertaken in various countries. In order to guide the development of comparable initiatives in other countries, case studies should be undertaken.

- Outreach educational activities and targeted media approaches have been effectively implemented in many settings. These could be replicated in settings with comparable characteristics. In addition to outreach and targeted media, support services can increase the effectiveness of such interventions.
- There are a number of opportunities for targeting bisexual men in institutional and occupational settings. In the development of such interventions, it is important that decision-makers, both within institutions and at higher levels, be fully informed and involved in order to ensure not only that prevention efforts are undertaken but also that discrimination and stigmatization do not occur.
- Both general and targeted media offer opportunities to develop educational messages for behaviourally bisexual men and their partners. It has proven difficult in the past to obtain permission to transmit messages on this subject through the general media, but it is increasingly recognized that this is an essential first step because behaviourally bisexual men often do not identify themselves as homosexual and therefore are not reached through "gay" channels. Bisexual issues can be highlighted through the general media and open the way to more specific prevention work, perhaps through other channels. Targeted media provide opportunities for more explicit and direct information. Educational materials should include a focus on condom promotion for anal intercourse with male and female partners and for vaginal intercourse.
- Special attention should be given to the issue of HIV prevention for female partners of bisexual men. Many female partners may be unaware of their male partners' risk behaviours. Male bisexual behaviour, like multiple partner heterosexual behaviour or injecting drug use, may be covert and it is imperative that information about the full range of risks to which they may be exposed, be made available to women. To be effective however, it is important that interventions do not reinforce stigma and fear, but treat bisexual behaviour as one of many possible sexual practices.
- The training and sensitization of health care staff on the issue of bisexual behaviour is essential as they may remain one of the only avenues to reach this population.

#### 4. DIRECTIONS FOR FUTURE RESEARCH

Having reviewed available research findings, participants concluded that it remains difficult to assess the full public health implications of bisexual practices and specifically, the extent to which these practices contribute to HIV transmission in different regions and contexts. This reflects limitations in existing behavioural and epidemiological studies, which either do not look at homosexual practices at all or, when they do, aggregate men who have

sex with men into a single risk category. Even when data are available on the prevalence of bisexual practices, conclusions are difficult to draw because of differences in definitions of this behaviour.

Notwithstanding these shortcomings, participants confirmed the need to encourage policy-makers and programme planners to consider the role of bisexual behaviour in the transmission of HIV. This should include consideration of the full range of risky sexual practices related to bisexual behaviour. Decisions related to the allocation of resources should of course reflect epidemiological evidence although this is currently limited or flawed.

With few exceptions, sex between men is rarely addressed in the design of national AIDS prevention and control efforts in developing countries.

Behaviourally bisexual men are neither adequately reached through interventions specifically targeting homosexually-identified men nor through general prevention campaigns, despite evidence that they are at substantial risk of HIV infection and transmission. They, in turn, expose their female partners to substantial risks because they rarely inform them about their bisexual behaviour, or adopt safer sexual practices with them.

Cross-cultural studies document the existence of public sex environments in many large urban centres. Using ethnographic techniques to investigate the nature of these sites and the populations involved, a situational assessment should be undertaken prior to the selection of intervention approaches.

Studies of bisexual behaviour should not rely merely on survey data documenting homosexual practices in the general population; the scope and the means of recruitment to studies must be widened to access bisexual men. In the Australian, Brazilian and Indian case-examples presented at the consultation, the focus was on locating anonymous settings in which bisexual behaviour occurs, often at the margins of social life. Because of a largely hostile environment, anonymity is the main protective factor for men engaging in such behaviour. Nevertheless, a variety of innovative strategies could be used to reach them.

Recognizing the urgency of developing interventions in this area and the limitations of current research methodology, the consultation strongly recommended that an action-research approach be adopted. The participants also recommended that the scope of ongoing sexual behaviour studies be expanded to include questions on bisexual behaviour where possible and innovative techniques to determine the prevalence of such practices. In order to inform the development of new interventions, further studies are needed to determine: the capacity of community groups to reach marginalized individuals; the prevalence of homosexually acquired STDs; and, finally, the impact of legal and social sanctions relating to homosexual behaviour, on prevention efforts.

## LIST OF PARTICIPANTS

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