

F O L L O W U P R E P O R T

Workshop on Preventive Counselling on Sexually Transmitted Diseases (STDs) amongst Men who have Sex With Men (MSM)

May 21- May 23, 2000



VENUE:

Bandhu Social Welfare Society
106 Kakrail, Dhaka
Bangladesh

COLLABORATING PARTNERS:

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We are grateful to all our friends and well wishers who helped us in making this workshop possible. We first of all thank BSWS for their support and commitment. Without them none of these workshops would have taken place. Our profoundest gratitude is due to Mr. Shivananda Khan for his expert edits and insights. His commitment to the cause is unmatched.

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Finally, we thank our newsletter editor Ms. Amina Kamal Khan who always ends up doing the most tedious job of putting the report together especially in the midst of her busy semester.

Naheed Khilji
(Secretary)

List of Participants

NAMES

ORGANIZATIONS

1. Mr. Yousuf	ODPUP
2. Mr. Munir	ODPUP
3. Mr. Katha	ODPUP
4. Mohammad Khokon Mollah Dip	BSWS
5. Mohammad Arif	BSWS
6. Mohammad Shuhel Ahmed	BSWS
7. Mohammad Harun ur Rashid	BSWS
8. Mohammad Munir Hossin	BSWS
9. Aziz ul Haque	BSWS
10. Altaf Hossain	BSWS
11. M.M. Faisal	BSWS
12. Sayed Tanvir Habib	CAAP
13. Shahid Kayser	BSWS
14. Shale Ahmed	BSWS
15. Golam Ahmed	BSWS
17. Mr. Shahidul Alam	BSWS

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Glossary

MSM	Men who have Sex with Men
Mastanis	Described as men who are present at most cruising sites. They harass the sex workers, both male and female, and generally extract money by using strong arm tactics.
Hijra	Pronounced as Heezra in Bangladesh. A man dressed as a woman, may or may not be castrated. They do not view themselves as male and would always think of themselves as women.
Kothi	In Indian and Bangladesh context of male to male sex, this term implies a sexual and gender identity. He is a male who is effeminate and sexual penetrated by other males.
MMS	Male to Male Sex
Qayamat	Day of judgement
Nauz u billah	May Allah save us from his wrath
Gunah-e-Kabeera	Sin of highest order
Mullah	An all encompassing term for religious scholar. Ordinarily the term can be used for anyone with a beard associated with a mosque without specifying his placement in the hierarchy of religious scholarship.
Hadith	Sayings of holy prophet Muhammad. (Peace be upon him)
Tabieegh	Preaching religion
Fajr	Prayers offered before sunrise
Allah	Term used for God in Arabic

Quran

Holy book of Muslims

Panthi

Penetrating partners of Kohtis
they are also known as Giriya (a real man)

Yatra

Literally means religious travel, here the
word is used for mobile theatre

Hijra giri

Behaving like a Hijra

Thana

Police station

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1. Background:

This workshop was a follow-up of the 'Training of Trainers (TOT) workshop on Preventive Counseling on Sexually Transmitted Diseases (STDs) amongst Men who have Sex with Men (MSM)'. The former workshop was organized jointly by Bandhu Social Welfare Society from Bangladesh, Vision from Lahore, Pakistan and Akbar Foundation from United States and was held on March 1st & 2nd, 2000 in Dhaka, Bangladesh.

Where the previous workshop was more focussed on imparting counseling skills to the participants, the present workshop aimed to evaluate the counseling expertise of the participants through discussing their personal and professional problems. It was envisioned that the participants would identify the solutions by following the process described in counseling methodology.

1.1 Profile of NGOs

Akbar Foundation:

Akbar Foundation initially started as a group of like-minded South Asian, and American people living in the metropolitan area of Washington, D.C. USA. It got itself registered in 1999 in the state of Maryland, USA. The main sources of funding of Akbar Foundation are donations from within the group and periodic fundraising.

Akbar Foundation provides small grants for purposes of travel or lodging to those organizations in South Asia that are working towards:

- HIV/AIDS prevention in vulnerable population
- Eradication of women and child trafficking within South Asian region
- Creating awareness on child abuse in South Asian societies

The long-term vision of Akbar Foundation is to support and encourage collaborative effort within South Asia to effectively address the above issues. In this workshop Akbar Foundation provided the funds for travel of a trainer and a co-trainer from Vision Lahore, Pakistan to Dhaka, Bangladesh.

Bandhu Social Welfare Society (BSWS):

Bandhu Social Welfare Society was developed as a response to the risk and need assessment in Dhaka, Bangladesh amongst the MSM between the period October 1996-April 1997. With original seed funds from Ford Foundation BSWS was able to operate on a small scale providing education and support to MSM in Dhaka whilst negotiations were developed with NORAD to provide funding for a 3 years sexual health promotion programme amongst MSM.

With the financial support of NORAD included the use of Naz

Foundation(London) as technical advisor drawing upon its knowledge, expertise and skills in regard to STD/HIV/AIDS prevention programme implementation and development.

Objectives

- i) To promote sexual health among males including MSM.
- ii) To encourage condom use and safer sex practices among sexually active males
- iii) To encourage access to STD treatments and compliance by these males
- iv) To develop community building strategies among these males to encourage self-esteem and improve their sexual health seeking behavior

Activities of Bandhu Social Welfare Society:

Bandhu Social Welfare Society was formed to develop appropriate and accessible STD/HIV/AIDS and sexual health services in Dhaka, particularly addressing the needs of MSM and others

1. Process of service Development

- a. identified initial sites to conduct outreach and prevention amongst sexually active males 20 sites selected
- b. established field teams consisting of a Field Worker, 2 site buddies (key informants)
- c. established and promoted a drop-in center facility providing advice, counseling, and a safe social space to meet
- d. development social group meetings at the center
- e. developed an STD advice service using syndromic management
- f. developed a telephone help-line service offering advice and information on sexual health
- g. developed a range of collaboration with Care-Bangladesh, Marie Stopes Clinical Society and ICDDR'B

Field programs developed and implemented at these sites by Field Teams

Field programs consist of

- a. socializing activities and friendship building
- b. education and awareness of STDs/HIV/AIDS
- c. condom distribution
- d. IEC material distribution
- e. advice and information
- f. referral to social groups and STD clinic
- g. producing monitoring reports of activities

The process used by most HIV/AIDS prevention projects has been that of using a peer education model with community mobilization. The process developed by Bandhu Social Welfare Society, focuses on a net working of networks through socializing processes, friendship, and building on shared concerns, consensus on needs, mutual trust, confidentiality and solidarity. Through such processes, safer sex and STD treatment could be promoted as a shared and normative behavior. This framework is centered on fieldwork. Field workers build up personal relationships and friendships with those who visit a specific site that is the field worker's work territory. To help him achieve this, he is assisted by a "site friend (s)" who is from the specific site, and knows (and is known) by the individuals at the site. The field workers can thus work towards community building through shared concerns and needs and encourage safer sex behaviors amongst his friends. He also refers individuals to the Bandhu social groups, educational classes, and the Center clinic. He is also aware of treatment compliance, and the sexual partners of those STD infected individuals. Socializing also continues outside such public environments, building on the personal relationships and continuing the emotional support to change.

Vision:

Vision started its work as a registered body in 1998. Prior to this Vision was a group of volunteers who worked in creating awareness on child sexual abuse through seminars and talks held at schools and other such venues. In 1997 this group of volunteer was commissioned to do a fact-finding on commercial sex worker in the red light district of Lahore, Pakistan with an objective to understand the behavior patterns and assess the knowledge regarding safe sex and spread of HIV/AIDS. This fact-finding was commissioned by Program for Appropriate Technology in Health (PATH) a US based organization, specializing in developing IEC materials in preventive health care.

While conducting this fact-finding the group discovered that there was a population of sex workers that was totally invisible, and this group was that of male sex workers, who identified themselves as masseurs. The services of these masseurs were mostly hired by male clients who in majority cases wanted sexual gratification from them through anal intercourse, active or passive.

Seeing the need of creating awareness on safe sex and prevention from HIV/AIDS in vulnerable but invisible populations, the group decided to get it self registered in 1998 under the name of Vision with the following broad objectives

- To work in the area of HIV/AIDS prevention
- To create awareness on child sexual abuse
- To work against child and women trafficking within the region of South Asia

In early part of 1999 Vision signed a memorandum of understanding (MOU) with Naz Foundation, UK to pursue certain common goals such as promoting male sexual health

and working with MSM population on HIV/AIDS prevention in Pakistan

In the end of 1997 and beginning of 1998, Vision conducted an in-depth qualitative survey with the masseurs in the four provincial capital cities of Pakistan i.e. Lahore (Punjab), Karachi (Sindh), Peshawar (NWFP), Quetta (Baluchistan) and included Muree as a resort town visited by tourist from all over Pakistan in the summer months. The preliminary results of the survey show:

1. High frequency of sexual contact between the masseurs and their male clients
2. Lack of knowledge on Sexually transmitted diseases/infections, specially HIV/AIDS amongst masseurs and their clients
3. Condom use is negligible in the sexual contacts between masseurs and their clients

Vision currently is designing an intervention to create awareness amongst the masseurs on safe sex. It has recently started focussed group discussions (FGD) with the masseurs in Lahore. It plans to hold similar FGD in other places, where it conducted its survey.

The funding to design intervention is given to Vision by Naz Foundation, UK. The qualitative study conducted by Vision was funded by generating funds from within its own group of volunteers and friends of vision.

Over the period of time, the Vision team also developed expertise in providing training to NGO workers in areas of counseling and qualitative research methods. In early December, 1999 Vision offered to conduct a training workshop in counseling for BSWs's outreach staff.

1.2 Objective and Agenda:

The objectives of the workshop were as follows:

- To review the previous workshop and refresh the essentials of counseling through process of reflection
- To identify some of the problems that counselors or outreach workers face in their work and evolve strategies to handle the problems through sharing of experiences
- To start exploring linkages between MSM and Non MSM counselor working on HIV/AIDS prevention and developing a framework where MSM counselor can work with Non MSM clients and Non MSM counselor can work with MSM clients
- To generate discussions on developing negotiation skills in MSM population that will enable them to negotiate space for themselves initially at family level and eventually at societal level
- To follow up the discussions from previous workshop on how Islam perceives Male to Male Sex (MMS) and develop a comprehensible model of religious perspective on MMS through brainstorming

1.3 Methodology:

The methodology used to facilitate the workshop mirrored the process used in the “Manual for training Community workers in MCH and Nutrition” developed for mothers on counseling for Maternal and Child Health (MCH) by MotherCare, The Asia Foundation and partner NGOs in Pakistan.

1.4 Pre-Workshop Planning Meeting:

The planning session of the workshop was held on May 20th 2000 at BSWs’ office. The executive director and the project coordinator of BSWs along with the two facilitators from Vision met for the planning session.

It was agreed in this meeting that:

- As some of the participants from other NGOs were not part of the previous workshop and were new, therefore, for their better comprehension a list of essentials of counseling would be prepared and added to the take-home package of the participants.
- There would be two Bangla speaking facilitators to ensure correct translation of the proceedings of the workshop.
- Some additional issues around MSM and their families, religion and society that were not discussed in the previous workshop due to time constraints would be explored and discussed in this workshop within the counseling framework.
- The report of the workshop would be in Bengali as well as English. Vision would write the English report and BSWs would write the Bengali report.

1.5 Date and Venue:

The workshop was held on May 21st –May 23rd 2000, at Bandhu Social Welfare Society’s office at 106, Kakrail, in Dhaka, Bangladesh.

1.6 Participants:

There were 16 participants from the following organizations:

BSWS	12
ODPUP	3
CAAP	1

1.7 Facilitators:

The workshop was facilitated by the following:

Mr. Tahir Khilji	Vision
Ms. Naheed Khilji	Vision

2. DAY 1

MORNING SESSION

2.1 Opening and Introduction:

As there were new participants at this follow-on workshop in addition to those at the first workshop, introductions were made. BSWS was thanked for providing the forum for the follow-up workshop.

2.2 Expectations & Feelings:

Participants shared their expectations of the follow-up workshop. These were:

- Since it is a follow-up workshop, we will clarify the concepts from the previous workshop and develop better counseling skills
- We will compare the previous workshop with this one and gauge what we were able to achieve during the time between the two workshops
- We will learn new things in this workshop, meaning more skills in counseling
- We will be able to clarify confusions from previous workshop
- In the previous workshop because we did not have enough time therefore some issues were not addressed. Hopefully in this workshop we would be able to reflect upon things in a more detailed manner
- I expect that there would be a review of previous workshop
- I will learn about HIV/AIDS counseling
- I expect to learn the definition of counseling
- I will learn about MSM and Islam
- I hope to acquire counseling skills through which I would be able to assess the sexual identity of the client
- I expect that the proceedings of this workshop will be translated in Bangla in a detailed manner
- I hope that whatever is there on the agenda will be completed in next few days
- I will want to learn about post-test and pre-test HIV counseling

2.3 Objective and Agenda:

The facilitators shared the objectives and the agenda of the workshop (Annexure-I) with the participants.

2.4 Norm Setting for the Workshop:

Workshop norms to facilitate the learning process were developed by the participants. These were:

- To maintain discipline
- Respect each others' point of views and opinions
- Be patient
- Be attentive
- There should be no side talking and no cross talking among the participants
- We all should be punctual
- We should not be critical of each other's point of view
- We should not pressurize each other to talk, if someone does not want to
- We should maintain a friendly environment
- We should not be loud in our conversation
- We should avoid irrelevant and distracting conversation as it waste's everybody's time
- We should let people finish their sentence/conversation before responding
- We should not gossip about each other and maintain confidentiality of experience shared in the workshop
- We should raise our hands if we want to say or contribute anything to the discussions

2.5 Review of the Previous Workshop:

Participants were asked to identify in what way the skills learnt in the first workshop have helped them in their work.

- I learnt the definition and rules of counseling in the previous workshop. It made my work systematic and the client also felt comfortable
- I started using eye contact during my counseling work and found it to be a very effective technique to built rapport
- I became more attentive and started listening to my client's problem carefully
- I learnt to suggest different options to my clients from the previous workshop
- I try not be judgemental in my counseling sessions
- Now I give out detailed information thus the client has more choices to choose from
- I try to be neutral, friendly and objective in my work as a counselor
- I have become more patient with my clients
- I have started maintaining confidentiality. I am more careful and have stopped gossiping about my clients
- Before the previous workshop I was unaware of counseling skills, now I use those skills in my counseling sessions. I feel that now the clients are more open and friendly with me and they do not find difficulty in describing their disease to me
- Before the previous workshop, I got bored listening to the irrelevant problems of my client but now I am more patient and try to have my client focus on relevant issues

2.6 Observing counseling session and giving feed back to the counselor: ●

Purpose: a. to gauge counseling skills in the participants
b. to introduce the idea of giving constructive feed back to each other as colleagues or supervisors

Methodology: Role-play

It was decided that all the role-plays would be based on real life experiences that the participants face in their routine work of counseling or outreach.

Framework: Participants were asked to volunteer for these role-plays. It was decided that there would be three participants demonstrating each role-play, one would be the Client, the other would be the Counselor and the third would be the Observer. The Observer would give feedback to the Counselor later on.

2.6.1 Role-play#1: A male sex worker is talking to the counselor, telling him about his skin problems and anal discharge. The counselor asks the sex worker all about his sexual history and cruising habits.

Reflection: Participants were facilitated to reflect upon the role-play and issues arising from it. Discussions were primarily about how comfortable the client felt, and what were issues that were missed out by the counselor during the counseling session.

The counselor reflected on how he felt when the Observer was giving him the feedback. Participants also provided their feedback on the session between counselor and the Observer.

Counseling session (group reflection):

1. Positive aspects of the session:

- The counselor handled the situation well. The client was worried about the confidentiality of information that was being shared in the session. The counselor assured him that everything would remain confidential.
- The counselor was able to provide the client a comfortable environment. This gave the client confidence and enabled him to share his problem more freely.
- The counselor was attentive.
- The counselor was understanding client's problem very well.

2. Problems in the session:

- The client was expecting that the counselor would provide him with the solution, whereas, the counselor was only providing options.
- The duration of counseling session was too short.

3. Counselor's feelings on being given feedback by the Observer:

- When I was told to improve myself I was shocked
- I was hurt because I thought I was doing my job well
- The supervisor spoke to me in a very friendly manner and reinforced some of the positive features in the counseling session

4. Workshop participants feedback on the session

The Observer while giving the feed back was

- Too polite
- Was apologetic
- Not friendly enough

2.6.2 Role-play#2: The client is a frequent visitor to brothels and has been doing so for past three years. He is married and has recently heard about a disease called AIDS. He is worried and has suspicion about him contracting the disease.

Counseling session (group reflection):

1. Positive aspects of the session:

- The information provided by the counselor on AIDS and condom use was good and comprehensive
- Counselor was confident
- Counselor was able to maintain eye contact

2. Problems in the session:

- Counselor should not have stood up to greet the client
- Counselor was unable to motivate the client to talk about his problems openly
- Counselor was not listening properly or was not attentive
- Counselor was not recapping client's conversation

3. Counselor's feelings on being given feedback by the Observer:

- First I was taken a back because I thought that I was doing my work well but then I was able to understand the supervisor's point of view and knew that I had missed out on some of the stuff
- Feed back was given in a friendly way

4. Workshop participants feedback on the session between the Counselor and Observer:

- The Observer should be supportive and friendly but this Observer was bossy
- While giving the feedback the supervisor was not looking at the counselor which is not good
- I think the supervisor pointed out the faults of the counseling session in a systematic way.
- The supervisor was quite decent and provided the feedback in a confidential environment
- The counselor took the feedback in a positive way

2.6.3 Concluding remarks:

The facilitator shared with the participants that feedback is always helpful in better performance next time. However, it should be given in a way that is least offensive for the counselor or outreach worker.

In addition the facilitator stated that the following issues should be remembered in any feedback session:

- Try to make the other person mentally and physically comfortable before giving the feedback, meaning be pleasant and handle the anxiety if there is any visible
- Try to give feed back in privacy and preferably on one to one basis
- Be polite and start with appreciating the positive aspects of the session
- Do not be bossy and impose solution, rather facilitate the person in finding different options to better her/his performance
- Be careful about your positioning. Do not make the person stand if you are sitting or do not make her/him sit while you are standing. Ideally, use the same positioning as the person you are providing the feed back to
- Be subtle about your suggestions.

AFTERNOON SESSION

2.7 Identifying the problems that the counselors or outreach workers normally face in their work:

Purpose: participants identify the common problems that they face in their work and how they resolve these problems

2.7.1 Identified problems:

- | |
|---|
| <ul style="list-style-type: none"> • Clients normally do not maintain the schedule |
|---|

- Clients in outreach work are generally not attentive and are sometimes non serious
- In group meetings, the target population is not attentive and rarely listen to what we are saying
- In outreach work, the target population is normally in a hurry
- There is lack of trust between the counselor and the client. They are generally concerned about the confidentiality aspect of the experience that they are narrating
- Mostly the male sex workers (MSWs) do not want to listen to the counselor
- Many MSM do not want to disclose their identity and that poses a problem for the counselor
- Client is in a hurry and the counselor is not given the time to give out information
- There is generally disturbance during field activity of information dissemination and the outreach worker is unable to fully impart the messages
- Mostly the MSWs and MSMs in the field are not educated therefore the brochures or written materials are of no use for them
- Pimps create problems by distracting the MSWs tempting them to break the meeting by showing them prospective clients
- There are problems attached to law enforcement agencies such as police harassment, police taking money from the MSWs and arresting them if they do not pay
- In one to one counseling in the field other MSMs try to distract the client
- Generally clients assume that the counselor/outreach worker is a potential client, once they find out the reality they are not interested in continuing the session anymore
- The MSWs and MSMs in cruising areas are primitive, superstitious and do not want to change
- Mastans (rogues) in the cruising areas take money from MSMs and counselors through strong arm tactics
- Counselors being taken as pimps of female sex workers by the police and then harassment of the counselors
- Some MSMs and MSWs earn money by supplying female sex workers therefore other MSMs are also suspected to be the same
- Client expect some refreshments such as tea, biscuits from the counselor/outreach worker, once they do not get that they are not interested in listening to the worker
- Home visits are generally problematic as the family and friends create barriers between the client and counselor
- Client's attitude is different in office versus when visited at home. He is willing to talk at the office but not at home
- Clients avoid the counselor when the counselor goes door to door but in field situation, when there is one to one counseling people gather and create disturbance
- In the first meeting the client would not take the condom but once blood is tested then they themselves ask for condom

2.7.2 Brainstorming to resolve the problems:

It was decided that the group would brainstorm to find solution to some of these problems. From the discussions three distinct categories of problems emerged

1. Problems in client manageability
2. Problems coming from law enforcement agencies
3. Problems due to MSMs and MSWs group dynamics

1. Problems in client manageability: Participants felt that the major problem that they faced in this area was client's lack of attention to what the outreach worker or the counselor was saying.

Suggestions:

- Use short and precise messages that are in simple language but are effective at the same time
- Use pictorials for clients with less educational background
- Gauge the mood of the client and try to build rapport before disseminating information
- If the outreach worker is a regular person at the cruising spots then the MSM/MSWs already know him and also knows that he is not a customer and would come to him if there is any health related problem
- Be consistent as well as persistent with your target population at the cruising site
- If the MSM/MSW share something other than a problem falling in the focus of outreach worker's work, listen to him, show concern and care that would eventually create a relationship of trust
- If the outreach worker has made an appointment with an MSM/MSW, he should be punctual
- If the MSW is in a hurry, be persistent and make an appointment for another time

2. Problems coming from law enforcement agencies: Harassment of MSMs/MSWs and outreach workers by the law enforcing agencies such as area police was another problem that the outreach workers felt was hindering their work.

Suggestions:

- It is always helpful to introduce oneself and the organization that one is working for. Explaining the objective of one's presence is also a step towards building rapport with the police
- Organize programs for the police people to sensitize them to the issue
- If police officer is difficult one outreach worker can distract him by having a conversation with him while the other can talk to the MSW/MSM.

3. Problems due to MSM/MSW group dynamics: Participants felt that they also had to face problems due to unnecessary people gathering around the area where they are counseling or disseminating the information.

Suggestions:

- Be professional about the work and focus upon the MSW, build rapport with him so

that he is paying attention to the outreach worker only.

- If a pimp is coming in the way then develop a level of trust and friendship with the pimp so that he lets the outreach worker conduct the work in peace.
- If police is trying to harass the MSM/MSWs, try to distract the police because police is the threat in that situation that needs to be removed from there so the outreach worker can continue with his work.

2.7.3 Conclusion: The facilitator concluded this session by saying that it is difficult to pre-empt all the problems that counselor or outreach workers may be facing. One should try to use one's best judgement while working in the field. However, the basic principles of counseling should be kept in mind.

2.8 Sharing of experiences of counseling STD+ and HIV+ clients:

In this session participants shared some of their experiences of working with STD/HIV+ people. They described the reactions of clients who were tested STD+ or HIV+. Some of the participants shared how they provided support to such clients and how it helped them to cope with the situation.

"A client was tested positive for an STD. He was very depressed. I provided him mental support by telling him about all the possibilities of treatment and I referred him to our doctor. This relaxed the client and he was not that depressed any more."

"In my case the client was tested HIV+. He was very depressed and had isolated himself from his family and friends. He thought that he would infect other people by just being with them. I told the client all about HIV. How it is contracted and what are the modes of transmission. The client was still very scared, however, with my support and constant reassurances, he started trusting me. I even modeled the behavior for him and as a result his apprehensions and anxieties were decreased."

"I am facing a very difficult situation. I have an HIV+ client who is in his incubation period. The family is putting pressure for marriage on him. He has told the family that he is HIV+ but they think that he is making an excuse for not getting married. The media knows about him and want to use him for media campaigns. I have asked him to convince his family and have also offered to speak to the family if need be."

"I have an HIV+ client who completely changed his behavior once he found out that he was HIV+. He became very frustrated, agitated and religious. He no more cared for his life and family, he says since there is no cure for the disease therefore why should he care for anything. I talked to him and explained him about life expectancy of HIV+ people. He is better now. He is still very religious. He comes back to me for more advice, however, he is not willing to resume his sexual activities."

At the end of this session the facilitator reinforced the fact that as counselor each participant had handled the situation well irrespective of how challenging the situation was, therefore, as long as basic principles of counseling are clear no extra skills are

required to handle HIV+ or STD+ clients

2.9 Concluding session for day 1:

Since the activities on day one were long and took more time than anticipated, it was agreed by all the participants and facilitator that the feedback session of the day would be conducted the following day.

3. DAY 2

MORNING SESSION

3.1 Feedback from previous day/sharing feelings:

Participants gave their feedback of the previous day's activities, sharing their feelings of the morning with the group.

- I am feeling good/better as the counseling skills were upgraded
- I am feeling good because I am able to share my experiences, opinions openly and frankly
- I am feeling good and was anxious to come to the workshop
- I was able to fully participate therefore I am feeling good
- I was tense this morning as my wife is not well but I am feeling lot better now that I am here
- Feeling good because now I can give good advise to my client
- Feeling good I enjoyed yesterday as it was a change from the usual routine
- Little nervous because I was late today
- Feeling bad because got in late this morning due to traffic situation
- I laughed a lot yesterday, I am happy I am learning all this and enjoying too, it is all fun I got a chance to dance also yesterday
- Happy because made new friends, was able to share experiences with others
- Highly pleased to meet the facilitators because I am able to learn from their experience. The idea of a follow up was good
- Depressed last night therefore could not sleep well I was depressed because I was missing my ex, ex, ex boyfriend

3.2 Whom would you tell if you were HIV+ or STD+:

The purpose of this exercise was to sensitize participants on how difficult it is for people who may be STD+ or HIV+ to disclose their disease to a counselor. A list of different people was put together (Annex-II) on a chart and they were asked to name those they thought they would talk to about their STD or HIV status.

Participants felt that talking about STD was easier to someone than HIV. Of group, six thought that they consult a friend if they were tested and STD+, five said that they would go to a doctor. More than half said that they would not share this with anyone.

In case of testing HIV+, one participant said that he would talk to a friend, one said that he would tell his sex partner, six said that they would consult a doctor whereas two (facilitator and co-facilitator) said that they would tell the family. Remaining said that

they would not talk to anyone regarding their HIV status.

The facilitator reflected upon the responses of the participants and discussed the fear and anxiety people face in revealing such information about themselves. He emphasized the importance of creating a level of trust between the counselor and the client so that the client can comfortably talk about her/his problems with the counselor.

3.3 Building bridges:

A series of role-plays were acted out for demonstration purposes. The intention was to identify and resolve issues that would emerge from counseling sessions between people of similar or non-similar sexual orientation.

3.3.1 Role-play#1: MSM counselor counseling MSM Client

The client comes to the counselor with some kind of skin rash around the anus. This rash has been there for past 10-12 days. The client is talking to the counselor about it for the first time. The client wants assurance that his problem should be kept confidential.

Reflection:

Reflection upon the role-play generated the following responses.

- It seemed that the counselor and the client knew each other from before.
- The comfort level between the two was amazing. It may have been because they belonged to the same community i.e. MSM community.
- Familiarity between the counselor and the client made it easy for the counselor to impart the knowledge properly. They could have actually used their special language to discuss the problem.
- Counselor was talking too much and was not giving chance to the client to express himself properly.
- The client was unable to express himself properly because the environment was too relaxed and friendly. This created a barrier. Although the issue was identified but it was not dealt with seriously.

3.3.2 Role-play#2: Non MSM counselor counseling MSM client

The client has come with complaint of anal bleeding. He has hurt his anal passage while having sex. He tells the counselor that he uses condom during sex. He also tells the counselor that he is MSM and that he found out about the counselor from a friend of his.

Reflection:

The following comments were generated by the reflections on the role-play.

- No problem of rapport building. The counselor made the client feel comfortable.

- The counselor was non-judgemental
- The body language used by the client should not have been used
- Counselor did not ask many questions
- If both had been MSMs then there would have been automatic bonding between the two
- When the counselor is non-MSM, he is bound to be judgemental The facial expression of the counselor was not much encouraging

3.3.3 Role-play#3: MSM counselor counseling non-MSM client

The client is a married person, who frequents the brothels. He has developed rash and itching around his pubic area. He has never used condom in his sexual encounters.

Reflection:

While reflecting upon the role-play, participants stated the following

- The counselor did not try to build rapport with the non-MSM client. The counselor was talking too much and was not giving priority to his client's problem.
- The client was free and frank therefore the counselor did not have to break any barriers and was able to directly talk about the problem without any inhibitions
- The counselor and the client were both tense and not relaxed. Since the client was not open therefore, the client went into a non-communicative mood
- The counselor was not making eye contact with the client because the client was non-MSM and the counselor MSM
- Counselor and client were never able to break the barrier. The counselor was unable to properly recap for the client
- Counselor looked depressed
- Counselor tried to share information
- The client did not show any anxiety about the confidentiality issue still the counselor assured him of confidentiality

3.3.4 Role-play#4: Non-MSM counselor counseling Non-MSM Client

The client had come with some skin problem around the pubic area. He is married and has never done sex outside marriage. He has never used condom with his wife.

Reflection:

During the reflection exercise participants shared the following

- The counselor did not have knowledge on STDs
- The client had better knowledge on the content than the counselor
- Counselor was asking irrelevant questions
- It was not a counseling session rather it was a conversation

- Counselor totally unaware about counseling techniques
- The client did not give chance to the counselor to talk
- Counselor was nervous
- The client was nagging the counselor

At the end of this activity participants discussed things that could have improved the performance of counselors in the role-play.

They suggested the following:

- Counselor should be well informed on the subject matter that he is counseling the client on
- Clients will not behave according to the desire or convenience of the counselor. It is the duty of the counselors to have the client focus upon the problem that he has come to the counselor for

AFTERNOON SESSION

3.4 What do Non MSMs think about MSM:

The purpose of this exercise was to evolve a framework of negotiations between MSMs and non-MSMs which could lead to better understanding and empathy with each other.

3.4.1 Role-play:

Three non-MSM are walking through a park where several Kothis are gossiping and teasing each other. They see these non-MSM and think of them as their potential clients.

3.4.2 Reaction of the non-MSM:

The non-MSM were asked to share their reaction about the MSMs' behavior with the group.

- I noticed the behavior. I was attracted by it. I was not shocked by the behavior.
- I was very confused about their gender. I took them for Hijras. They were loud, noisy and were not understandable. The language that they were speaking was also different. I finally decided that they were Hijras.
- I kind of like Kothis, therefore I did not see any problem with their behavior. I wanted to know more about them. I think they are just crazy and nothing else.

3.4.3 MSM reaction on non-MSMs' comments:

The MSM who demonstrated the kothi behavior in a cruising area said the following about the reaction of the non-MSMs' comments:

- I do not care what people think. It is my personal choice to behave the way I want to
- This kind of attitude is to attract a potential client. It is fun
- I am quite comfortable with my behavior, if I like a person I would try to attract him
- I like this kind of behavior that is why I was doing it.

3.5 The religious factor: Islam and Male to Male Sex (MMS)

The purpose of this role-play was to bring out different perspectives on the issue of MMS and Islam and start a debate around tolerance towards each other.

3.5.1 Role-play:

Two Mullahs crossing a cruising area. They see some Kothis trying to attract a client.

3.5.2 Reaction of the Mullahs

- It is close to Qayamat (day of judgement)
- Nauz u billah (may Allah save us from his wrath)
- Quran declares that men who are having sex with men will be thrown into the last state of hell
- There is no mercy regarding MMS behavior in Islam. It is Gunah-e-Kabeera (sin of highest order)
- In Islam, it is very clear that Allah created only two genders, one male and the other female. The Kothis are the third gender which is self-created therefore they are trying to destroy Allah's scheme of things. They are bound to burn in hell.

Before proceeding further the facilitator asked the participants who had played the role of Mullahs what was their source of information that they shared as their reactions.

- Through hearsay
- Mullahs
- Hadith (sayings of Holy Prophet, peace be upon him)
- Islamic books

At this point some of the participants shared their experiences, where the sexual activity between them and their partner was somehow defined through religion:

"I had a boy friend, who would have sex with me frequently. Each time at the end of the activity he would tell me that I was a sinner and was committing Gunah-e-Kareeba, for which there is no forgiveness from Allah and I would eternally burn in hell. He would always say that but then would also come back next time to have sex with me

again. I use to feel miserable. Finally, I stopped seeing him"

"When I was slightly younger, one time I went with my father and brother in law (sister's husband) on a tour for tableegh (to preach Islam). On such tours we stay in a mosque. At night we all were sleeping in a row, first my father, then my brother in law, then me and then some Mullah. During the night I felt that the Mullah had come close to me and was feeling me. He said that he wanted to have sex with me. I said no and told him that it is a mosque and this is a sin. He forced himself upon me had sex and then said that there was nothing wrong, in the morning I should just take a shower and say my fajr (early morning) prayer and Allah would forgive me"

3.5.3 Role-play:

Several kothis are cruising in a park. There are three Mullahs also present in the park sitting and talking to each other. Suddenly a contingency of police arrives in the park and starts beating the kothis. The kothis start shouting for help. The facilitator had told the three participants playing Mullah to do whatever they thought was the best thing for them in such a situation. They chose to help the police and the reasons they gave for that were as follows:

Reasons given for the "Mullahs' response:

- We helped the police because they were doing the right thing
- These kothis are destroying the society and needed to be taught a lesson
- I would never help a kothi in such a situation because they call this upon themselves
- It is good that police were doing this to the kothis, next time they would not behave abnormally in open

The facilitator finished the discussion by pointing out certain fundamentals of Quran, of which kindness and humanity was the basic. He added that to the best of his understanding holding judgement upon something is Allah's job, as human we all err and do not have the right to judge others.

He reinforced that behaviors can be different. For men who have heterosexual orientation, male to male sex may not be acceptable but by same virtue for men who have homosexual orientation male to female sex may be something that is not acceptable. He said that we all behave differently and are made different from each other and we should respect that and tolerate each other's opinions and beliefs. He added that Islam most of all preaches tolerance and that is what we need to remember.

3.6 Review and feedback:

A quick review of the day's activity was conducted and participants gave their feedback:

- For the first time I learnt in detail about male to male sex. It has helped me in understand MSM point of view
- The day was fine, there was nothing wrong with anyone of the activities
- I actually want to learn more about what Islam says about male to male sex. I want reference to the areas in Quran where specifically this issue is discussed
- Role-plays were very realistic and encouraging
- Today I understand that MSM is like any other behavior
- Got ideas on male to male sex in Islam
- I did not appreciate the counseling session between non-MSM and MSM
- I think the discussion on Islamic perspective has given me a guideline to facilitate my own decision
- After today's activity I feel comfortable with myself and how I feel
- What I have learnt today from this workshop was very useful and has added to my knowledge
- I am still not very clear about the whole issue of male to male sex and how Islam sees it
- Role-plays were excellent
- Learnt about MSM today in a different way. I think the experience narrated by a participant about Mullah's act in a mosque really hurt me

4. DAY 3

MORNING SESSION

4.1 Sharing of personal feelings:

The day began with participants sharing their personal feelings:

- Not feeling too good because it is the last day of the workshop and I will miss the facilitators
- I am feeling good because I met my ex-lover last night and spent the night with him
- I had a good night sleep therefore I am feeling good
- I am wearing dress in which I feel comfortable, since it is not a formal dress therefore I feel good
- I had a severe headache yesterday but I am feeling good today. The headache is gone
- I was unable to find the sandal that goes with this dress therefore I am not feeling too happy
- The weather is good but it is the last day of the workshop and I will miss everyone
- I am upset as it is the last day of the workshop however, I learnt a lot during the workshop
- I have mixed feelings. I am feeling good because I had a good night. I am sad because it is the last day of the workshop
- I am exhausted due to personal reasons. I am also sad because I will be missing my friends i.e. the facilitators, tomorrow
- Feeling nice but will miss everyone tomorrow. It was good to have a follow-up
- I liked the workshop because of its friendly environment. If the facilitators had known Bangla language it would have been better
- I am happy because I am wearing kothi dress i.e. shalwar, kurta
- Happy today because of the love and affection everybody is showering upon me. I will be sad tomorrow when I leave Dhaka

4.2 Family and MSM behavior:

The purpose for the role-play was to generate discussion on family's perception on MSM behavior that may be different from the expectations of the family. The facilitator emphasized upon MSM using some of the counseling skills in negotiating for space and freedom for themselves.

4.2.1 Role-play:

Two Kothis are cruising in a park and their brothers see them attracting potential clients.

Reflection:

The reflection became more of a sharing of experiences by the participants where they narrated something personal from their lives that involved interaction on the issue of MSM behavior with a family member.

"Once my brother saw me but never said anything at that time, however, later on he said that I was bad and I wear make up"

"My brother also saw me once but as soon as I saw him I stopped behaving like a kothi and behaved normally. Later on he told me that certain places in the city are not good and I should stay away from such places"

"When I use to wear female dresses in my childhood or early puberty my parents would admonish me"

"In my very young days, I once received a prize in a school play. I dressed up as a girl who was selling flower. I was very happy but my younger brother was very annoyed because his friends teased him a lot. They said that I was a hijra"

"In my childhood years I had many friends who were feminine in their behavior. I use to spend lot of time with them, then one day my brother complained to my mother. For a few days I behaved the way they wanted me to behave and then I went back to my old behavior. Now when my brother checks me I tell him that it is none of his business, I am economically independent and would do whatever I want to do"

"I will be surprised and astonished if I saw my younger brother in a park cruising. Initially I would observe and analyze his behavior and then would take him in privacy and talk to him"

"I would be shocked. If I am the older brother then I will question my brother regarding his behavior and if it was my younger brother I would tell my mother about it"

"I have a brother who is my identical twin, my brother is not a kothi. One day one of my sex partners mistook him for me and made a pass at him. My brother slapped my panthi so hard that it broke his nose, then my brother told my mother that I was no good and because of me he had to suffer so she should intervene and stop me from behaving like a girl"

"My style of conversation was very feminine. People use to mistake me for a woman over the phone. My brother told me to change my behavior and now I behave differently when I am home"

"From my child hood I use to dance. All my father's friends knew about it. We use to have a annual festival in our village and in that festival we had yatra (theatre). In the yatra we have dance too. My father's friend asked him that if I could dance in the yatra. My father came home and was very angry with me he told me to immediately stop dancing and I did not dance for two years"

"My sisters are older to me. They ask me about my lovers because they are much older than I am in age. They always inquire why do I have older friends. I tell them that they are the older brothers of my friends"

"I was once seen by a cousin at a famous cruising spot in Dhaka. He immediately took me from there and admonished me. He said that I should never go there again or mix up with the people who are cruising there"

"I will be astonished if I see my brother in the park, however, once we are home, I will sit with him and talk to him. If he is unable to change his behavior, I will leave him alone"

"My family knew about me. They knew that I was a kothi. My older brother once saw me in a park but never said anything to me. One day his friend had sex with me and probably told him about it. My brother called me and asked me what I had done with his friend. My brother threatened me and stopped me from behaving like a kothi. He said "stop this hijra giri" (stop behaving like a hijra). He also said that if you do not stop I will commit suicide. My response to that was that if I stop then I will commit suicide".

The facilitator after listening to all the experiences of the participants shifted their focus and asked the participants to visualize that while staying with their families they continue to feel and do whatever they wanted to feel or do. What would they do?

The responses were:

"I would try to take him to a counselor at a drop in center and then ask the counselor to talk to him"

"I would ask the counselor to call my brother and talk to him"

"As a counselor if someone came to me worrying about his older or younger brothers' kothi behavior I would first try to calm him down and then would explain it to him that kothi behavior is quite common in our society and that he needs to understand the needs of his brother and be tolerant towards him"

Following this exercise the facilitator added that each participant is the best judge of his situation. Participants need to develop skills to talk confidently about this issue to their family (if need be). Counselors may or may not be there to assist. However, it would be an additional benefit if there was an organization like BSWs to support them.

The facilitator also suggested that a possible way of doing this was to form a support group of people with similar problems and meet periodically to discuss those problems. He added that sometime problems could be resolved by listening to each other's experiences and how they were able to resolve certain issues within those experiences.

AFTERNOON SESSION

4.2.1 Family and MSM behavior (continued):

Participants suggested that some more problems around the family should be discussed in this workshop. This was agreed to and it was decided to have another role-play in which the counselor was asked to use his own judgement to resolve the matter.

4.2.2 Role-play:

A cruising site is raided and several kothis have been arrested by the police. They have not reached home. The fathers of these kothis are worried. They come to BSWs' office since they know that this is where the sons work. The counselor at the drop-in center knows the whole story but tells the fathers that their sons have been taken away by the police as they were standing in a park where there was some political gathering therefore, the fathers should go to the police station to get their sons.

4.2.3 Father's reaction:

When the father's in the role-play were asked to share their reaction after hearing the story from the counselor, they said the following:

- I was grateful to the counselor, he told me where my son was.
- Counselor did a great job, he did not break the confidentiality code between him and the son and did not reveal the real thing to the father.
- As a father, I did not know the rules and regulations of the organization. I was only concerned about my son. The counselor should have come along with me to the police station.
- At least through the organization I was able to know where my son was.

The facilitator after listening to these reactions, pointed out that the story told by the counselor to the fathers was not true. What impact would it have upon the fathers in terms of the credibility of the organization, once they hear the true story from the police.

The general response was that since the Bangladesh police was not trustworthy and were capable of saying anything, the fathers would not trust the police and would still trust the story from the counselor.

The facilitator suggested that participants brainstorm and find a solution to this problem where the counselor would not have to break the code of confidentiality but would not have to lie either as it would put the reputation of the organization at stake.

The following suggestions were made:

- Fathers can be mentally prepared by the counselor. The counselor can tell the fathers about the spot and its reputation without telling them what the sons were doing there.
- The BSWs worker/counselor could have gone with the fathers to the thana (police station) to assist them in getting the sons out.
- BSWs could have taken care of it on their own by contacting a lawyer and this way the fathers would not have known anything.
- The organization should have provided some kind of legal support.
- The first thing the counselor should have done was to remove the anxiety of the fathers instead of referring them to the police station.

The facilitator added that it was good that the group tried to look at other options as there are always alternatives that can be exercised. He suggested that it is better to stay away from giving incorrect information because that can be harmful in long run for the organization. The fathers in this case trusted the organization and could have felt cheated if they had found out that the organization's representative was giving them incorrect information.

4.3 Non-MSMS' perspective:

The purpose of this activity was to share the non-MSMS' perspective on MSM behaviors. It was done through a role-play. It was decided that only non-MSM would share their reactions.

4.3.1 Role-play:

The three non-MSM were asked to visualize themselves as three fathers who by chance are in a park where their sons are cruising. The sons are also dressed and behaving as kothis.

4.3.2 Reaction:

The three fathers were asked to share their reaction with the group.

1. I was shocked because I cannot imagine that any boy would behave like a girl. I did not want to stay in that park and see my son behaving like that. It was intolerable. I left the spot as soon as possible.

2. I was as shocked as I could be. I felt bad because my son was involved in activities that were not good. I wanted to beat him. I was actually very angry. I could have killed him.
3. I was astonished because seeing a boy behaving like a girl is totally unacceptable for me.

4.3.3 What would I do as a father:

The fathers were then asked to describe what would they do to stop their sons from continuing with their behavior.

1. I will first talk to my wife and tell her about the activities of our son. I will also tell her that she should stop him from doing these things and if he still continues with his behavior then I will throw him out of the house.
2. I will talk to my wife because she is the one who stays at home. I will try to find out from her about his friends and will tell her to stop him. If he does not listen to his mother I will impose sanctions upon him directly. I will get a guard or someone to keep eye on him (at this a participant very spontaneously remarked that if he is the son he would bribe the guard and still meet his lover), and still if he does not stop then I will find a nice girl for him and marry him.
3. I will immediately talk to my son and have open discussion with him about his activities and then I would consult someone who has knowledge on MSM behavior and talk to him to understand the behavior. I will stop my son from indulging in such things and if he continues with his activities, I will fuck him at least it will be in the privacy of the house. I will castrate him and push eggplant up his anus. That will take care of things once and for all.

4.4 Reasons for such reactions:

The group brainstormed to identify the reasons for such reactions from the fathers and reached the conclusion that fathers were part of the same socialization process like any other person. **Society, religion, value system and education** play a major role in the socialization of the fathers, therefore their reactions were understandable.

The facilitator concluded the discussion by saying that the purpose of the exercise was to initiate a thinking process for both MSM and non-MSM populations. The facilitator stressed upon the issue that the three non-MSM men were part of this workshop for last three days and still reacted the way they did. Breaking barriers that have their roots in socialization processes is a major task. It can be done but takes a lot of time.

4.5 Review /recap and closure:

A review of the three days was done by the group and the workshop concluded by thanking BSWS for providing yet another learning opportunity for everyone.

5. CONCLUSION

This workshop, primarily as a follow-up for the workshop held in March, 2000, brought forward some critical issues that needed to be addressed. It is no secret that the MSMs in South Asia are striving for an identity (ies), identity (ies) that most of all ensures a space where they can be themselves. However, that identity even for a tacit approval of the society has to pass several stages and processes. One such stage will be acceptance of this identity by the families of the MSMs.

In the South Asian context, accepting a son/brother or husband being an MSM may seem unrealistic expectation from a father/mother/sister or a wife, however reality cannot be swept under carpet anymore.

In this workshop, special emphasis was placed upon issues around the acceptability of MSM in the mainstream society. In addition it was to assess the counseling skills of the participants. Activities were designed to address certain sensitive issues that dealt with family and religion. It was the first step towards building linkages between MSM and their support systems.

The hope remains that in future workshops more focussed exercises would be developed to deal with these issues in a more holistic manner.

6. RECOMMENDATIONS

6.1 A monitoring mechanism should be developed around counseling and outreach work. These two activities are Bandhus' major contribution among others, therefore the quality of these activities should be ensured.

6.1.1 Entry & exit interviews of the client:

An external consultant can be hired to do this. A format of such an interview can be developed and a random selection of clients coming for counseling can take place. One interview can be conducted before the counseling session and another interview can be conducted after the counseling has taken place. Client's clarity on an issue and having a framework to resolve the issue according to his satisfaction can be two good indicators to determine the quality of the counseling session.

6.2 Reflection exercises

In this the supervisor can have the counselor reflect upon his counseling session. This way a constant review of counseling skills takes place. The supervisor can facilitate the counselor to identify the gaps in the session (if there are any) and work with him to improve his skills.

6.3 Bandhu is expanding and a more structured approach on counseling is needed. It would be appropriate for the organization to identify those workers who the management feels can be good counselors. These workers can then be used as master trainers for Bandhus' further trainings on counseling.

6.4 Bandhu has an effective organizational set up. It has the ability to conduct research through its own work force. Workshops can be organized to build the capacity of the workers in survey skills as well as qualitative research methods such as Focussed Group Discussions (FGDs) and In Depth Interviews. Vision can assist Bandhu in providing training for survey methodologies as well as qualitative research.

6.5 Support group methodology has proven to be an effective way of sharing individual experiences with each other. This methodology helps in improving self-esteem in marginalized communities and groups. Bandhu may want to start support group once a month and see how it works. If it proves to be successful then the frequency of meetings can be increased.

6.6 Through support groups some of the issues that the MSMs face with their families may also emerge and then a counseling design can be developed to address and resolve some of those issues.

(ANNEXURE-I)

AGENDA

DAY 1

Sunday, May 21st 2000.

Introduction	10:00-10:20 a.m
Norm Setting	10:20-10:30
Expectations from the Workshop	10:30-10:50
Essential of Good Counselling	10:50-11:10
Feedback Session	11:10-11:30

TEA BREAK 11:30-11:45

Feedback (from observers in role play)	11:45-12:30 p.m
Problems faced by counsellors in counselling	12:30-1:30

LUNCH BREAK 1:30-2:30

Reflection by counsellors on problems faced by HIV(+) clients	2:30-4:00
<ul style="list-style-type: none">• Experience sharing• Self reflection• Identifying the barriers• Difficulties• Resolution	

TEA BREAK 4:00-4:15

Recap/feedback	4:15-4:30
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Day 2:
Monday, May 22nd, 2000

Sharing of Feelings 10:00-10:15 a.m.
How do we Feel as MSM and Non MSM counsellors. 10:15-11:30

TEA BREAK 11:30-11:45

Non-MSM Views of MSM behavior 11:45-12:30 p.m.
Issues around Identity 12:30-1:30

- Identification as MSM
- Identification as Muslim
- Male to Male sex and Islam

LUNCH BREAK 1:30-2:30

Issues around Identity (cont) 2:30-3:30
(Role plays)

Male to Male Sex and Islam 3:30-4:30

TEA BREAK 4:30-4:45

Recap/feedback 4:45-5:00

Day 3
Tuesday, May 23rd, 2000

Sharing of Feelings	10:00-10:15 a.m.
Feedback/Review	10:15-10:30
Building Bridges	10:30-11:30
• The family factor	
• The religious factor	
• The social factor	
TEA BREAK	11:30-11:45
Building Bridges (cont)	11:45-1:30 p.m.
LUNCH BREAK	1:30-2:30
Being Judgemental in religion (Role Play/Exercises)	2:30-3:30
Review/Feedback/Closure	3:30-4:30
TEA	4:30-5:00

(Annexure- II)

Whom would you tell if you were found STD- or HIV+?

- Family
- Friends
- Sex partner
- Mullah/Christian priest/Hindu priest
- Doctor
- Counselor
- Anyone else (please specify)

(Annexure- II)

Whom would you tell if you were found STD- or HIV+?

- Family
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