

Cambodia Pride 2010 - "Love who we are!"

Cambodia celebrates International Day against Homophobia



Cambodia Pride 2010 (Photo courtesy of Meg Lewis)

International Day against Homophobia has been held on the 17th May every year since 2005 and denounces homophobia and discrimination against lesbian, gay, bisexual and transgender (LGBT) people all over the world. In over 80 countries worldwide homosexuality is still illegal and in several of these countries the punishment may be death.

Last year, Cambodians celebrated their fourth LGBT Pride celebration in May to coincide with IDAHO 2009. This was the first year we had a week of activities aimed to strengthen the LGBT community, build self esteem and provide a safe space for socializing. There is no law against same-sex relationships in Cambodia; neither does the law recognize marriage between same-sex partners.

LGBT people in Cambodia are often surrounded by stigma and subject to discrimination with regards to employment and housing; they can also find themselves isolated from their communities and families. Although men who have sex with men (MSM) are more visible with support from HIV/AIDS NGOs lesbians have remained, until recently, largely invisible and underrepresented in society. It can also be seen as problematic that programs targeted at MSM are focused on health and behavior and less on identity. Many gay men and transgender (TG) women do not identify with the term MSM as it includes TG who identify as women and focuses on sex as opposed to love, identity, community and all the other aspects of sexuality.

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Cambodia Pride 2010 (Photo courtesy of Meg Lewis)

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It was on this basis that LGBT Pride was inclusive of all genders and focused on identity, community, sexual rights and human rights. The theme of Pride this year was “love who we are,” and encouraged LGBT and straight people to love and respect themselves and others including sexual orientation and gender identity. The event was initiated and led by a group of local and international LGBT volunteers called Rainbow Community Kampuchea (RoCK), and supported by local LGBT businesses, HIV NGOs and Human Rights NGOs. Events this year lasted for eight days and included a film festival, art exhibition, parties, performances, drag acts, singers and live bands. We also held a Community Fun Day, in which LGBT from Cambodia’s rural provinces came with their friends, family and children and celebrated their lives, their families and their communities.

In addition to the social events, there were a number of very important workshops to give LGBT the chance to learn and share experiences. These workshops included the NGO Stakeholders Workshop, Family Acceptance and Understanding Workshop, Lesbian Sexual Health Workshop and LGBT Rights Workshop. These workshops helped to build participants self-esteem and empower them to make decisions regarding their lives.

Pride was attended by LGBT from Phnom Penh and from Cambodia’s rural provinces and all participants enjoyed laughter, friendship, learning and sharing in a group of like-minded people. Pride has also inspired NGOs to focus on right-based approach for LGBT and has encouraged individuals to take action, advocate for their own rights and be proud of whom they are.

TRANSGENDERS TODAY

By *Anastacia Doris Oaikhena and Khajornsak Kupgarnjanakul*

In today's 21st century development has come with modernization due to its industrializations, and human right policies however, there are still shortcomings. We look at Transgender as a product of industrialization with the invention of hormones, surgery, and all other product of industrialization that help transform this set of people. Yet, the people's minds around the world are not yet to accepting this people. To some it's impossible, it's unheard of, and cannot even conceive it.

We look extensively at issues facing Transgender and MSM people, taking clues: from stories, event and real life situation.

Around the world, we have heard and seen cases where transgender have committed suicide, got depressed, and develop psychological, and physiological problems because of the rejection, and stigmatization they faces in the society, and are open to limited facilities such as health care , and employment opportunities. Even if many of them have said that they do not like to be ridiculed, look down upon as low life they explained that their mind (instinct) push them to doing it, they have absolutely no control over it. Physically the look like men, but the mentality is that of the opposite sex.

We discuss here about the real life times of a Laotian guy turned transgender as he faces rejection from: parent, family, friend, lovers, and society at large. According to him, after he finished his high school he was abandoned by his mother and step father and was sent to his biological father for care and support because the mother was too ashamed to be around him, he was accepted and supported financially by his father for couple of months with his universities studies but, when his father was been looked down upon as father of a

transgender, he got fury and gave him option of: change to a real man and get my support, or remain a transgender and be on his own. When he could not meet his father's demand, he wished he could but because he could not control his mind, he did not meet his father's desired option he had to struggle to survive by him. When life became harder and unbearable with stigmatization here and there he decided to hang himself, and in the process of hanging a fellow transgender came help him out and gave him soothing words, also reminding him he is not alone in the world of ridicule that all transgender faces such stigmatization. He urges him to look in positive ways of what he can achieve with limited facilities, and opportunities available to them, and look less of others.

In his final words he said it's a fight against nature and nurture where your mind (nature) pushes you to be one thing , making you act differently out of normal norms and completely different/ strange to your look. While the environment, society (nurture) are against you.

He further anticipated that he would like the government to give listening ears to transgender around the world, make policy that would be favorable and beneficial to them, and also look into the employment opportunities.

Transgender is a very crucial issue in the society that we live now. And that even with modernization it still seems un-curb able however, some nations and countries have come to accepting transgender as every other person using the human right policy. We do hope that all other countries will look into it, and see the people first as an individual with the rights to choosing their sexual orientation or gender.

Kwamruk and Sex: finally, an inclusive healthy sexuality education

By *Michael Wong*

Generation after generation, healthy sexuality education in schools and through government campaigns has been largely inadequate in addressing men who have sex with men (MSM) and Lesbian ,gay, bisexual, transgender, queer and intersex (LGBTQI) issues. As the bare-bones, biological focus on heterosexual reproduction of the old canon continues to fail our youth, new modalities of comprehensive sex education are needed. Starting June 8, 2010, UNESCO Bangkok and the National Science Museum of Thailand, in collaboration with UNIFEM and the Women's Health Advocacy Foundation (WHAF) are developing a comprehensive 900 square meter exhibition on Healthy Sexuality targeting Thai adolescents.

The exhibition's goal is to provide an all-inclusive sexuality education using interactive, multimedia presentations that will cover issues of sexual identity, relationships and communication, varieties of sexual behavior, sexual violence, and HIV and AIDS. Branching out beyond hetero-normative sex education, the project avoids making assumptions about sexuality and sexual preference, but instead explores the diverse types and complexities of relationships and identity. A manga-style cartoon storyline ties the various subjects together, and features queer male and female youth characters discovering their sexual identities through their relationship struggles. Such characters aim to reach queer students who are facing similar issues, as well as challenging hetero-normative relationship narratives.

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Community Participation is key to reach our goal

By Myo Min

Some defined that community participation is the essential tool through which you can achieve empowerment and ownership. Participation of civil society plays an important role in community response and expressing that we can get more visibility and tangible result for our future interventions. Community-based organizations set up is one of the key bodies of finding strategies to overcome the challenges faced in the communities and it was no doubt on-the-ground experiences of the local members make them the best advocates to overcome local barriers.

I had worked with International NGO working on HIV AIDS prevention, care and support starting from December 2004 to February 2007 as a program officer and I had an opportunity to establish the program by means of mobilizing the most at risk communities in terms of participatory approached. We worked with marginalized population like people living with HIV/AIDS, MSM (Men sex with men), IDU (Intravenous drug users) and Sex Workers communities residing in our targeted areas. They are experiencing stigma in their environment, violence and extortion by the police, and discrimination by the society. They are often unaware of their rights, and confidentiality is being breached.

So we sought the best approach to introduced our program to different communities including faith based groups, community based organizations and local NGOs. We decided to get their participation in our future intervention starting from need assessment till to make decision. We conducted the first and foremost workshop nominated as Greater involvement of people living with HIV AIDS (GIPA) and set the strategies by means of participatory approach with those communities to achieve the

ultimate goal of the program.

We introduced the participatory approach and trained the interested groups those were organized by professional and non professional members. Thirteen different groups from different communities like Men sex with men, Sex workers and People living with HIV-AIDS were attended the participatory rapid appraisal and proposal writing training. Initial steps of introduction participatory approach and mobilizing the communities took almost a year. Later on, the groups become the represent of their community in their respective townships and they were enabling to lead their community by themselves in terms of fund raising, advocacy and mobilization. Finally, they become profession in their work and they became representation of their communities after establishing the rapport and trust among us.

Empowerment usually starts with individual action, then small mutual groups, CBOs, partnership and finally become social and political action. Which is achieved when people are enable to set up their priorities, make decisions and plan and implement their own strategies for achieving better health. Empowerment may be an outcome when participation deliberately nurtures personal confidences .Which include different people from different social and professional background but they have a shared interest and can come together to progressively gain more power. They all are coming from underlying social, structural and economic conditions that impact on their health or their immediate needs. o, we need to create an opportunities to help each others to gain more power over the determinants of health, and also need to provide a capacity building process to keep their momentum.

The political commitment is the essential part of achieving the empowerment.

During the implementation process, the above mentioned programmed, four community members were selected for leadership awards for their dedication to civil society to be represent the world aids day theme of take the lead .It was also kind of inspiring others to take the lead on their community. One as a representative of MSM community as he used to influence to support his community to get participation in HIV/AIDS intervention and social activities in their areas. Currently, the group has organized their own beauty saloons and catering service to be as a income generation and to train the members and even employ them in their project.

I strongly believed that one important foundation for the community participation is the trust building with the communities and stakeholders. If you don't consider the participation of non professional members, there is no doubt community will not trust upon your approach. Unless you have the proper trust building, you will never achieve your final goal. So, to be achieved our goal, we should get inputs from individual and groups whether they are professional or not. Moreover, It is more effective to begin to work in a community by means of their participation in dealing with the issues of community members identified by themselves. Finally, I dare to say that to get the sustainability of the community approaches we all need to improve the operating environment by means of taking the strength and effort of every sector of communities both public and private.

To Protect or To Persecute?: The Relationship between Police and Sexual Minorities in Cambodia

By Meg Lewis

In an ideal society, the police force should be an important asset to any community, preventing crimes, supporting victims, upholding the law and keeping peace. But what happens when the people that should be protecting us betray our trust and turn into the violators of human rights, abusing the power that society has given them?

In Cambodia although same-sex marriage is not recognized, homosexuality is not and never has been illegal. King Sihanouk has even endorsed same sex love saying that Cambodia should allow marriage “between man and man.... or woman and woman...” In this context then, it would be expected that individuals identifying as LGBT (Lesbian, gay, bisexual transgendered) in Cambodia may not face persecution from the authorities. However, in practice, although the law does not discriminate against them and indeed upholds their human rights (article 31 paragraph 2), law enforcers are often their biggest persecutors.

A spokesperson from KHANA (Khmer HIV/AIDS NGO Alliance) described how MSM (men who have sex with men) in Siem Reap protest that “police still see them like the enemy. When they go to the park at night, if they are there after midnight the police will treat them like gangsters, they will beat them and put them in jail.” An illustration of this abuse of power is the case of two peer educators from MHC (Men’s Health Cambodia), in Siem Reap, who have been imprisoned for the past 5 months without trial, accused of a crime that they deny committing. A spokesperson from MHC said “the groups in Siem Reap always have trouble with police...they always arrest them and put them in jail.” These violations of trust are an abuse of human rights,

furthermore they often directly invalidate HIV prevention efforts “... sometimes if they see a condom they throw it away. They said “do not use condom because you are katoy*, and I think all katoy will die soon.” And they laugh” (Long hair MSM- POLICY report 2004). Even without throwing condoms away, homophobic discrimination from the police drives MSM to hide underground and this makes it harder for health workers to reach them during outreach prevention efforts.

Lesbians are a largely invisible group in Cambodia, unlike gay men and other MSM; they have not been supported by HIV/AIDS NGOs. Due to this invisibility, human rights violations have not been widely documented. But lesbians are the silent victims of homophobic abuse at the hands of the authorities who are meant to defend them. Nithi (pseudonym) a lesbian living in Phnom Penh described how “community leaders go to the houses of lesbians and force us to confess our sexuality and sign documents by using thumbprints that say we will not love women anymore.”

In a situation such as this, it is difficult to see how to move forward. Perhaps as society starts accepting LGBT people, the police will follow suit and acknowledge human rights relating to sexual orientation and gender identity. Ideally the police and other influential community members, such as teachers and health workers should provide positive role models and lead the way into inclusive communities that celebrate diversity. However in reality, working with local authorities is perhaps proving more difficult than changing attitudes of national authorities and policy makers, and as it is local law enforcers who have the most contact and impact on local LGBT people- this remains a devastating source of abuse for them.

* Katoy is a derogatory term used for MSM

PSN Faces: Bump’s life as a volunteer



Yutdhana Sirinantapaiboon (nickname Bump), age 30 years, has volunteered for Rainbow Sky Association of Thailand for roughly a year. He does outreach work in gay saunas and spas, providing condoms and basic information on HIV to the clients, as well as collecting data. He wishes to instill a sense of responsibility toward one’s partner – it’s not enough we’ll be safe, they’ll need to be safe, too. He said: “I would like gays to value themselves, understanding we’re not a risk group – our risk depends on ourselves. By making also society see that, we will also gain more social space.”



Cambodia Pride 2010 (Photo courtesy of Meg Lewis)

Does “MSM” represent MTF transgender community?: The involvement of trans-women in MSM/HIV programs

By Hua Boonyapisomparn

While many male to female (MTF) transgender activists have made efforts to state their case that “they are transgender, not MSM”, their voice still seems not to be heard by the policy makers, donors and stakeholders working in MSM/HIV program. “Men who have sex with men” (MSM) is the term commonly used in public health discourse and social research, especially in HIV/AIDS programs. It refers to men who engage in sexual activity with other men, regardless of how they identify themselves.

The term's precise use and definition has varied with regard to trans-women, people born either biologically male or with ambiguous genitalia who now identify as female. Some sources consider transgender women to be MSM, others considering trans-women "along side" MSM, and others are internally inconsistent (defining transgender women to be MSM in one place but referring to "MSM and transgender" in another) - (Wikipedia 2009 from the key word “Men who have sex with men”)

Using the term “MSM” is also problematic because it obscures social dimensions of sexuality and undermines the self labeling of gay, bisexual and male to female transgender. In addition, most discussion of HIV programs and policies begin with a review of the epidemiology of HIV and/or STIs among the population of interest. However, it's obvious how little HIV epidemiology has ever been conducted among MTF transgender in the greater Mekong sub-region and in Asia and Pacific. In addition, lots of questions have been raised regarding the lacking of MTF transgender involvement in HIV/MSM programs.

How do people perceive MTF transgender identities in each country in Asia and Pacific? Do people think they are men? How is the HIV/STIs prevalence among MTF transgender in each country/regions? Do MSM terminology dominated MTF transgender in the HIV intervention and program? Should it be program or network exclusively for MTF transgender population in the region?

In many places MTF transgender are marginalized and vulnerable in many ways, including inadequate access to information and services regarding their sexual health. The supports which normally refer to MSM program are just only access to a few transgender populations in the region as well as the coverage to this population is inadequate.

The only available study on HIV prevalence among transgender, for example in Thailand, was conducted by Thailand MOPH – U.S. CDC Collaboration (TUC) and other stakeholders in 2005. This study revealed that HIV preva-



lence among male to female transgender was 11.5%, 17.6% and 11.9% in Bangkok, Chiang Mai and Phuket.

Furthermore, male-to-female transgender individuals experience severe employment and health care discrimination, and many engage in behaviors that put them at risk for HIV. From an article produced by San Francisco AIDS foundation stated that low self-esteem, precarious economic status, substance use, and lack of social support are common barriers to adopting and/or maintaining safer behaviors that can prevent the acquisition or transmission of HIV among the transgender community. This situation seems to happen everywhere among this group.

Regarding all above concern in the article, there has been an attempt recently to develop an Asia and Pacific transgender network in collaboration with the Asia-Pacific Coalition on Male Sexual Health (APCOM), Asia Pacific Network of Sex Workers (APNSW), and 7 Sisters. It will be the first of its kind MTF transgender regional network in Asia and Pacific to advocate for MTF transgender community in the region. The programs run by CBOs and INGOs should also reconsider on how effective their program response to trans-women needs. Capacity building for MTF transgender persons in different program levels is the key to encourage more involvement by their community in MSM/HIV programs.

“It does not matter who are working with transgender and including transgender as a sub group in MSM/HIV program, but the most important point is that who can speak on behalf transgender experiences and understand the life context, if not transgender themselves” Jetsada Taesombat, Thai transgender activist and program assistance of SEA-Consortium on gender, sexuality and health, gave her strong opinion regarding the involvement of transgender persons in the design, implementation, monitoring and evaluation of MSM/HIV programs.

HIV and syphilis infections among men who have sex with men in China

By Kylie Johnston

Cross sectional surveys conducted in seven provinces in China have revealed high prevalence of both syphilis and HIV in men who have sex with men (MSM). Although these findings have previously been documented in urban MSM in China, most studies focused on men living in large urban centers including Beijing, Shanghai and Guangzhou. This new study was conducted across 20 large and mid-size cities and districts in regions with low HIV prevalence.

The average HIV prevalence among MSM was 2.9%, and up to 15.1% in one district. Syphilis prevalence was also high, with an average prevalence of 9.8%, ranging from 1.3% to 29.3%. The study also documented behavioral information, including sexual practice, health-seeking behavior and understanding of HIV transmission.¹ Knowledge of how HIV was transmitted was relatively high at 72.9%. However, high knowledge does not necessarily translate into safe sexual practice or health seeking behavior, as was demonstrated in this study where 18% of participants reported having had an HIV test and 27% reporting always using condoms during anal sex with men.¹

Although efforts have been made to scale up the response to HIV for MSM in China, less than 15% of MSM in China

are reported to be receiving comprehensive HIV prevention interventions or are covered by current health surveillance.² The increase in both HIV and syphilis in MSM in China is worrying, as it not only highlights the risk of sexually transmitted infections among MSM but also the concern of the relationship between HIV and syphilis. Sexually transmitted infections that cause skin ulcers, like syphilis, have been shown to increase the risk of acquiring and transmitting HIV.³

This study, along with other research emerging from China, emphasizes the need to include information regarding a range of sexually transmitted infections and their impact on HIV transmission in standard health information and education targeted to MSM.

1. Xiao Y et al. Prevalence and correlates of HIV and syphilis infections among men who have sex with men in seven provinces in China with historically low HIV prevalence. *Journal of Acquired Immune Deficiency Syndrome*. 2010; 53: S66-S73.
2. Muessig KE et al. HIV and syphilis among men who have sex with men in China: the time to act is now. *Sexually Transmitted Diseases*. 2010; 37:214-216.
3. Yuhua R et al. Relationship between syphilis and HIV infections among men who have sex with men in Beijing, China. *Sexually Transmitted Diseases*. 2007; 34:592-597.

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Another feature of the multimedia exhibition is a puppet theatre performance that will address more sensitive issues, such as sexual violence. One story addresses male on male, inter-generational violence, which attempts to give a voice to possible victims and provide them with possible courses of action. The safe sex portion of the exhibit focuses on the main risk factors in HIV transmission such as unprotected anal sex between MSM, since HIV-AIDS in Thailand disproportionately affects MSM populations.

Adolescence is an especially difficult time for LGBTQI youth, and healthy sexuality programs by-and-large completely ignore MSM issues. The Kwamruk and Sex: Healthy Sexuality exhibition attempts to address all aspects of sexuality and relationships, neither making normative claims nor forcing advice. It's a step forward in reaching queer youth that for so long have been underserved.

AIDS 2010 Vienna and MSM Pre-Conference

Call for articles for Volume 6

Are you attending AIDS 2010 or the MSM Pre-Conference in Vienna?

Would you like to share your experiences and conference highlights with the MSM and transgender community in the Greater Mekong Region?

The Purple Sky Network Secretariat is looking for contributors for the next edition of the PSN Newsletter.

Conference articles, of up to 500 words, and photos can be submitted to the PSN

Communications Officer by Friday 13th August 2010, email:

kylie.johnston@treatasia.org

For program details visit:

www.msngf.org or

www.aids2010.org

PSN Faces

Share your story and experiences of working or volunteering with your community. How did you get involved, what is most challenging and what is most rewarding about working with MSM and transgender communities.

Please send us your story of up to 300 words, and include a photo of yourself, to the PSN Communication Officer. Email: kylie.johnston@treatasia.org by Friday 13th August.

MSM: Is this inclusive term excluding the queer community?

By Meg Lewis

'Men who have sex with men' (MSM) was a term initially coined in 1994 in order to provide an inclusive term for all men who have sex with men describing a behavior rather than an identity. This goes beyond the remit of the terms gay and bisexual which relate to identity and instead includes all men that have sexual relations with other men. A specific reason for this shift of focus to behavior was to reduce the HIV stigma that was implicated with both gay men and lesbians. But is this inclusive term now excluding the majority of men it aims to encompass?

The term MSM, whilst useful for describing a behavior, is sometimes used instead of sexual orientation. By reducing sexuality to sexual behavior, one implies an absence of love, lifestyles, values, feelings, networks and community. For this reason, an increasing number of gay and bisexual men are not identifying with the term 'MSM'. It could be argued that whilst the term MSM achieves its task of including men who have sex with men and do not identify as gay or bisexual it is failing the queer community—those who love the same sex, those who identify as different gender, those who are out and who want to be proud.

The term MSM can effectively hide sexual identity and mask the sexual orientation of men identifying as gay or bisexual. Of course this may be preferable for some men who prefer not to disclose their sexual orientation— but at the same time it reduces the visibility of non-heterosexual people. This can in turn make it more difficult for others to be open about their sexual identity; force queer individuals back in the closet and bring about a loss of identity amongst the queer community. It could also be

argued that the term MSM perpetuates a negative stigma surrounding gay and bisexual men by not wholeheartedly encouraging them to be proud of whichever sexuality they identify themselves as, and instead describing an act they may or may not part-take in. While the profiles of MSM are raised and stigma hopefully reduced, to be openly queer, trans, gay or bisexual still remains a taboo in some countries. The term MSM goes beyond men who have sex with men and is used to include biological men, who identify as women and have sex with men. A study in Cambodia showed that nearly all trans women interviewed identified as women, yet they are still referred to as long-hair MSM. One has to question whether MSM is an appropriate term to classify transgendered individuals, who identify as women. This may be seen by some as a lack of sensitivity and respect towards their self-defined gender identity. This lack of sensitivity often expressed by health care professionals may influence whether or not a trans woman seeks and adheres to medical treatment or HIV prevention efforts.

Using the umbrella term of MSM loses delicate details about identity and roles in society. For instance in Cambodia there are many different terms used for male sexual minorities such as srey sros (charming girl), proh srolang proh (man loves man) and proh sa-at (beautiful man). To simply deem them all MSM is factually incorrect and disempowering when there are valid terms already used by these groups in the local language.

Furthermore the term MSM excludes women entirely. In developing countries the response to HIV/ AIDS means that gay and bisexual men, trans women and other MSM are

increasingly becoming visible and supported in societies. HIV / AIDS NGOs do not only act in terms of health promotion, they also instigate valuable work to reduce stigma and discrimination based on sexual orientation and gender identity. The lack of focus on queer females can perpetuate lesbian invisibility. Although lesbians are not at high risk from HIV; they still struggle with the same challenges as the rest of the queer community, stigma, discrimination and exclusion from society. In fact in many cases this struggle could be seen as more extreme since women first have to fight for equal rights as a woman, and then struggle for their rights as a lesbian. The exclusion of lesbians from these activities, could be seen as demeaning the important work that is being done and could give the impression that NGOs are interested in supporting MSM rights purely to reduce the prevalence of HIV infection, not to advocate for their human rights.

It is unclear how we can solve the problem of terminology when referring to sexual minorities. Perhaps it would help if people consider all the words available and choose the word/s most appropriate to each situation. In some cases MSM may well be the most appropriate term, but we should not assume this is always the case. Sexual minority groups should be empowered in the process of defining or identifying with certain labels and their self-identity should be respected. One thing is clear though, it is time for health organizations to re-think the terms they use and make efforts to use the terminology preferred by the groups they wish to support and represent.

Guilty until proven innocent: The harrowing plight of two transgender women

By Meg Lewis

Tin Raksmei and Pin Phkay sit at behind the heavy wooden table dressed in their light blue prison pajamas. It is late afternoon and we are sitting in Siem Reap prison the day before judgment day, a day that Raksmei and Phkay have been waiting for since they arrived in prison over eight months ago.

Raksmei is thirty years old with round face, an endearing smile and a confident and hopeful personality. By contrast, Phkay is twenty six and looks gaunt, frightened and on the verge of tears. The last eight months have been a grueling experience for both of them.

Both women stand accused of giving a man a drugged fruit-shake and stealing his motorbike on the 9th May 2009. At the time of the alleged crime, Raksmei said she was staying in a different commune, 8 km away from Siem Reap, to do hair and make-up for a friend's wedding on the 9th May. She only came back to Siem Reap on the 13th May. On the night of the 8th of May, Pin Phkay was staying with Meymey, Raksmei's sister. They both have alibis and witnesses to vouch for their testimonies. There is no evidence connecting them to the scene of the crime, only accusations based upon an inconsistent witness report from the fruit-shake seller. Her accusations fluctuate, one minute accusing Phkay, and the next Raksmei. She also said that the thief had short hair; at the time of the alleged crime both Raksmei and Phkay had long hair. Both defendants and a representative from a Human Rights NGO, Lichardo described the witness report as weak



and contradictory.

Raksmei explains that on the 19th May, ten days after the alleged crime, they went to the health centre for blood tests. When they came out, the police arrested them, without a warrant and took them to the police station. *"Why did you arrest me? What did I do wrong?"* Raksmei asked. The police handcuffed them and beat them during interrogation to force them to confess to the crime of motorbike theft in Bankong District on the 9th May 2009 between one and two o'clock in the morning. During the interrogation the police had said, *"All MSM (men who have sex with men), I will catch them if they are like you, how many brothers do you have like you? I will go to your house and catch them all."*

Pin Phkay tearfully described how during the interrogation the police were sexually violent by beating their genital areas. Raksmei demonstrated how the police made her lie on the floor, kicked her in the chest and hit her face while she was handcuffed. When asked about the bruising and injuries in court later, the police said Raksmei had fallen over. They did not allow either of the victims to phone their families and explain that they had

been arrested. The police did not take their handcuffs off for three days, continued to beat them and forced them to thumb-print a pre-written confession.

In prison, police cut their long hair, when asked about this Raksmei said that this made them very sad and they cried for days, as their long hair had shown the outside world their inner identities as women. Sitting across the table from Raksmei and Phkay, with their closely shaved heads, one is hit with the enormous injustice of the situation. Phkay, who has not said much during the interview, looks up with tears in her eyes and says *"I'm scared."*

On the 21st January 2010, the judge released Pin Phkay, whilst sentencing Tin Raksmei to six year in prison and a fine equivalent to \$2000 USD. Until now, Raksmei's bravery and hopeful attitude has been commendable, it is however a frightening thought how the next six years in prison will affect her.



Purple Sky Network is the network of governmental organizations, NGOs, community-based organizations and international organizations working with MSM and trans-genders in the Greater Mekong sub-region, including Cambodia, China (Guangxi and Yunnan provinces), Laos, Myanmar, Thailand and Vietnam.

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Presentations at Thailand's 2nd Annual Conference on Sexuality Studies Call for Broader Perspective in Dealing with HIV among MSM

Thailand's Second Annual Conference on Sexuality Studies, titled *Sexuality: Knowledge and Practices in Thai Society*, arranged in collaboration between regional and national, academic and health promotion organizations, was held 25th-27th November 2009 at the Royal River Hotel in Bangkok. All presentations were in Thai.

Roughly dozen of the 35 presentations focused on gay and transgender issues: cultural matters, rights and liberty, way of life, sexual violence, issues of sex workers, health concerns of Thai transgender women, role of the media, and HIV.

Somchai Phromsombut, founder of The Poz Home Center, spoke of the Center's work with HIV positive MSM, TGs and MSWs, such as telephone counseling, support groups, or patient visits. He stated these groups are vulnerable, invisible, and have little social space; thus they are hard to reach. While general support groups for HIV positive people lack of understanding of gender and are not always appropriate for these sub-groups, specific services for them are still very rare in Thailand.

Phromsombut emphasized that a familial, friend-to-friend approach is the key to success in this field – one must be willing to talk about all issues and help with all problems. "In solving the problem of AIDS, we mustn't just see one aspect; we have to have a comprehensive outlook," he stated.

A similar concern was expressed by Narupon Duangwises, researcher at Princess Sirindhorn Anthropology Centre, who dealt with "the sexual lives of Thai gays in an era of an HIV epidemic" – in particular how individuals choose and negotiate protected or unprotected sex. He identified two important social influences: the booming gay businesses touting "free sex," and gay NGOs encouraging "safe sex."

Duangwises explained that gay businesses aim at maximizing their profits by having as many people have sex on their premises as possible, with little interest in reducing new HIV infections. Gay organizations, in turn, operate with commands given from above, using monitoring forms designed by donors, and seem more interested in quantity than quality. Duangwises suggested that joint committees between gay organizations and businesses should be

established for a collaborative response to the epidemic. Duangwises also critiqued that health promotion knowledge is predominantly created by medical doctors and other clinicians, who may overlook the subjective and more sociological side:

Our gay organizations talk of quality of life, but we mostly see ... quality of life of the body. But the quality of life that is [linked to] the socio-cultural context, such as being in the closet or being out, self-expression or negotiation in living one's sexual life in sex venues ... these are conditioned by history, way of thinking about sexual matters, structure of society, economy and so on...

Duangwises called for a balance between clinical and socially based understandings and staff in intervention design. He further pointed out that interventions should not be run in a top-down manner; gay organizations should have an active role in producing interventions, knowledge and researchers.
