

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B1	AIDS and STD control programme, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.	June, 2000	<b>Report on the Sero-surveillance and Behavioural Surveillance on STD and AIDS in Bangladesh 1998-1999</b>	Government of the People's Republic of Bangladesh.	No	The BSS serves as a tool to inform the National AIDS Program as well as donors of the risk factors among various groups.	Sites for STD and HIV testing were in Dhaka, Tangail, Narayangani, Sylhet, Chittagong and Rajshahi. For the behavioural surveillance survey 81 sites where MSM could be accessed were mapped in Dhaka. It was decided to use samples from each of these sites because the heterogeneity of these sites was unknown.	The first BSS was conducted in 1998. The BSS included screening for HIV, syphilis and risk behaviours among selected high risk groups.

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B1	Men who have sex with men at cruising sites (Dhaka) n=200. Street-based male sex workers (Dhaka) n=207. Hijras (Dhaka) n= 150. Truckers (Dhaka) n=411. Sample size for sero-surveillance for HIV and syphilis Truckers n=403, Men who have sex with men (self-identified) n=401.	MSM (self-identified).	Mean number of clients last week for Male sex workers 3.0. The mean number of clients last week for hijras was 13.3.	99% of Male sex workers practiced anal sex last week (including all partners). 20% engaged in group sex last month.	Data for male sex workers (Dhaka): the mean no. of clients last week 3.0. Hijra sex workers: the mean number of clients last week was 13.3 The mean number of partners last year from MSM sero collection group was 46.6. 19% of men reported ever having sex with a hijra, more among the men in Dhaka and among the less educated. In the past year, 5% of Dhaka men and 2% of Rajshai men had sex with hijras.	Male sex workers (Dhaka) 25% used condom last time. 26% of commercial sex act with a condom last week. 19% of non-commercial sex acts with condom last week. 26% of male sex workers were able to show a condom.	No information given

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
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B1	MSM (Dhaka) 0.4% HIV+, 12.0% syphilis+	The use of maps collected by NGOs revealed 81 sites at which MSM could be assessed.			

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B2	AIDS and STD control programme, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh	Sept., 2000	<b>Report on the Second National Expanded HIV Surveillance, 1999-2000 Bangladesh</b>	Government of the People's Republic of Bangladesh.	No	The BSS serve as a tool to inform the National AIDS Programme as well as donors of the risk factors among various groups.	Sites for STD and HIV testing for MSM and Male Sex Workers were in Central Bangladesh. Dhaka was used for the behavioural surveillance survey.	Behavioural samples taken in the same catchment areas of some of the groups, but not on the same individuals who were bled. Hijras were sampled according to a modified snowball method aimed at representative geographic coverage. Cluster samples utilized a time-location strategy. Questionnaires were the same as those used in first round, with minor changes.

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No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B2	<p><b>Sample size for sero-surveillance</b> A total of 684 samples were collected from MSM. These data have been presented in 3 overlapping groups. The first group comprises 388 samples collected and include both sex workers (males) and non-sex workers (males). This group is comparable to the MSM group in the first round in 1998-99. The second group consists of samples of male sex workers only (n=403), selected from the total of 684 sampled at the clinic, while the third group (n=281) is the non-sex workers (males) out of the same total. <b>Sample size for behavioural surveillance</b> Street based sex workers n= 582, hijras n=336, Rickshaw puller n=411. MSM at cruising sites were not included as was the case for 1998-99.</p>	<p>Majority of Male sex workers are also self-identified kothis (66.3%) Those who do not call themselves kothis may prefer another term, such as maiga, gando, lady boy, doparata, gaira, or even hijra. The western term 'gay' has not penetrated into these groups very far.</p>	<p><b>Male Sex Workers</b> In the past week receptive anal sex was performed for clients on average 8.7 times by each MSW. Insertive anal sex performed on average 0.6 times and oral receptive sex was performed on average 6.5 times over the last week. Oral insertive sex was done on average 2.2 times. Non-penetrative sex ( thigh sex, manual sex, etc.) was performed on average 2.95 times last week.</p>	<p><b>Male Sex Workers:</b> In the past week 99% of MSW had receptive anal sex. Insertive anal sex was less common with only 32% of men performing this act last week with clients. Oral insertive sex was done by 22% of men. Non-penetrative sex (thigh sex, manual sex, etc.) was performed by 35% of men.</p>	<p>Average number of clients during the last week was 6.19, with a range of 1 to 45. On the previous day of those who had clients (77.8%) the number averaged 1.52.</p>	<p>Male Sex Workers 34.9% of MSW asked all clients to use condoms last week, 28.9% asked some, and 36.3% asked none. When the men asked all their clients, 57% used condoms, if they asked some of their clients 43% used and if they asked none, only 6% used condoms. Overall 34% of sex acts requiring condoms (including all oral) were covered. The proportion of men who had unprotected anal intercourse last week was 81.6%. The proportion of unprotected anal intercourse (acts, not men) was 56.5% and of protected anal intercourse last week was 43.6%. Oral sex was less protected; at 30% insertive acts covered last week and 23% of receptive acts. For anal sex condoms were used in 41% of insertive and 43% of receptive acts.</p>	<p>Some MSW also buy sex from FSWs on the streets. 11.2% said they had ever bought sex from females and 6 or 1% from hijras. In the past month 11% had bought from females on average 1.5 times; 1% had bought sex from hijras on average 2.3 times in the past month.</p>

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B2	<p>Serologic results MSM (n=388) HIV+ 1 (indeterminate) 0-0.9 (95% confidence interval). Testing positive for syphilis 49 (12.6%). Male Sex workers (n=403) Behavioural Survey Male Sex Workers Symptoms of current STDs were reported by 43.6% of MSWs Rickshaw pullers 37.3</p>	<p>Many men go as groups to hire sex workers. MSWs also join in groups among friends, i.e., not for pay. 38.8% participated in these groups, on average 2.5 times last month. In the past year, 83.2% reported being involved in group sex for an average of 8.6 times. The last time, 488 men reported that the event included a total of 251 men, 33 women and 11 hijras. Rickshaw pullers: in the past month 20.4% stated they had sex with males on average 1.6 times. In the past year these figures were 43.5% on average 3.3 times with a maxime of 18. Of these about 63% or an average of 2.4 were commercial. Hijras were also popular among rickshaw pullers. In the past month, 13.2% men went to an average of 1.4 hijras and in the past year 26.0% had sex with an average of 7.4% of their hijras partners. 7.4% used with all and 92.6% used condoms with none. Other significant Findings: the male sex workers had been in sex work for an average of 8.9 years.</p>			

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B3	National AIDS Program, Government of the People's Republic of Bangladesh.	2001	<b>HIV in Bangladesh: Where is it Going? Background Document for the Dissemination of the Third Round of National HIV and Behavioural Surveillance</b>	Government of the People's Republic of Bangladesh	No	Document reflects the major lessons learned from the 3rd round of national sero and behavioural surveillance for HIV. It also looks at challenges to prevention.	Data broken down into four regions; Central, Northwest, Southeast and Southwest.	Data presented in report comes from the 3rd round of sero and behavioural surveillance in Bangladesh, which was conducted between July 2000 and June 2001.

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
					<p><b>Condom use continued:</b> The proportion of full coverage in the last week is very low. Only 2.7% were consistent condom users last week (100% coverage of all penetrative sex acts). 62.9% used some condoms and 43.4% used none. A separate question was asked for yesterday's sex work. The average number of acts of intercourse with the last client was 1.78. 41.6% of MSWs covered all acts with the last client, 11.9% covered some and 46.5% covered none. Rickshaw pullers with their male partners stated they had used condoms with an average of 26.5% of male partners last month and with 11.5% last year. 72.3% used no condoms with male partners at all. 25.3% said they used with all their male partners and 2.4% used with half of their partners.</p>		
B3	Male sex workers n=310; Men having sex with males n=399.	MSM, hijras	No information given	No information given	Men who sell sex, including hijras, average between 8 to 11 clients a week. 9 out of 10 men who have sex with men reported 20 or more sex partners in the last year.	<p>23.7% if men selling sex never use condoms, 69.3% sometime use condoms.</p> <p>67.3% of men buying sex never use condoms, 27.9% sometimes use condoms.</p> <p>89% of hijras selling sex never use condoms, 7.4% sometimes. Virtually all male sex workers used a condom occasionally when selling anal sex, but almost none used condoms all the time.</p>	Male sex workers also brought sex from women, men or hijras. Over 40% of men bought sex from both men and women in the last month.

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B3	Male sex worker (Central) n=310 18% tested for syphilis. MSM (Central) n=399 5.3% tested for syphilis.	Over one rickshaw puller in 10 in south-eastern Bangladesh and one in seven in central Bangladesh said he has had sex with a hijra or other male in the last month and among truckers it was close to one in five. Over 90% of these men say they did not always use condoms in these encounters.	Male sex workers are around twice as likely to report drug injection as female sex workers.		

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B4	Gibney, N., Saquib, M., Macaluso, K., Hasan, M., et al.	2002	<b>STD in Bangladesh's Trucking Industry: Prevalence and Risk Factors</b>	British Medical Association	Yes	This study characterises the prevalence of a broad spectrum of sexually transmitted diseases and examines associations between risk factors and infection in men working in Bangladesh's trucking industry.	Tejgaon truck stand (one of the largest truck stands in Dhaka).	Cross sectional study. Selected via a two tiered sampling strategy. Of the 185 trucking agencies based at the stand, 38 agencies were randomly selected and a mean of 10 subjects (drivers/helpers) were recruited from each agency.

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B4	388 truck drivers and helpers 2/3 of sample were truck drivers and 1/3 were helpers.	No information given	No information given	21% (n=80) of subjects reported having a type of sexual relation ('physical release') with a male partner. Only 7% had done so in the last year. Sexual activities included anal sex 95%, oral sex 4% and mutual masturbation 26%.	No information given	In male to male sexual relations, condom use was rare, even though anal sex was the normative practice in these relations; only one of the 28 men who had a male partner in the past year had ever used a condom with a male partner.	82% of the 28 subjects who had a male sexual partner in the past year also has sex with a female CSW in the past year.

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B4	No information given	16% of long distant truckers had sex with a male or hijra last year.	Male partners of the 80 subjects included a friend (47.5%), a family member (5%), a male sex worker (15%), a neighbour (28.8%) Only 13.7% of all subjects were aware that condoms could prevent AIDS		

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B5	Dowsett, G.	1999	Report to CARE Bangladesh on a Review of HIV/AIDS Research and Programs for Men Who Have Sex With Men in Bangladesh	CARE Bangladesh.	No	A review of HIV/AIDS research and HIV/STI prevention education programmes undertaken in Bangladesh, targeted to MSM. The review examines existing research driven knowledge base on this population, considers further research needs as they apply to the development and enhancement of programs of HIV prevention among MSM, recommends further program development and identifies new activities to strengthen HIV prevention among MSM in Bangladesh.	Dhaka	Reviews research by Carol Jenkins ( Varieties of homosexuality in Bangladesh, Anal Sex and Anal STDs, Males who have Sex with Males in Dhaka, and transcripts of 38 life histories interviews with MSM). Meetings were held with a group of 12 hijras and a group of over 40 MSM (self-identified as kothis).

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B5	No information given	Comments on particular categories of MSM: kothis, hijra, and panthi.	No information given	No information given	No information given	No information given	No information given

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B5	No information given	<p>Key general findings of research undertaken is the identification of numerous and more than expected patterns of male-to-male sexual activity that must be regarded as 'high-risk'. The patterning of male-to-male sexual activity is multiform. There is a great diversity of male sexual expression in Bangladesh. Some of the categories of male-to-male sexual practice in Bangladesh pertain to identifiable and self-identifying social groups (kothis and Hijra). It is also clear that other MSM have no common pattern or process of sexual identification. Evidence of considerable interfamilial male-to-male sexual relations in both natal and extended families and family workplace-related sexual activity. Evidence of predominance of anal intercourse among the sex acts men engage in with each other.</p>			
		<p>Strong tendency for men to prefer only one mode of anal intercourse, however, there is some variability in some men's sexual interests. The interface that the boundary between those engaged in male-to-male sexual activity and those who are engaged in male to female sexual activity is anything but firm or predictable.</p>			

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B6	Khan, S.	1997	Sex, Secrecy and Shamefulness: Developing a Sexual Health Response to the Needs of Males Who Have Sex With Males in Dhaka, Bangladesh	The Naz Foundation. London, UK.	No	<p>To develop a strategic response to the reproductive and sexual health needs of males who have sex with males in Dhaka. <b>Objectives:</b> 1) to conduct an action-based study into the socio-cultural dynamics of males who have sex with males in Dhaka, including the range and type of male sexual networks, types of sexual behaviours, safer sex practices, public sexual sites; 2) to develop a strategic response to the sexual health needs of males who have sex with males in Dhaka, through the support and development of appropriate male sexual health projects; 3) to facilitate males who have sex with males and their sexual partners to access appropriate reproductive and sexual health information and services.</p>	Dhaka	<p><b>Part One:</b> Recruitment of 32 individuals from male to male sexual networks to conduct questionnaire. A six day training workshop was held for these men. Respondents were identified by the members of the survey group and were primarily friends, sexual partners and members of their sexual networks. Six focus group discussions were held. One to-one interviews. Sexual diaries and a questionnaire.</p>

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B6	<p>32 participants at workshop. 530 questionnaires completed. Each focus group consisted of 10 people. 101 one-to-one interviews held with 10 rikshaw drivers, 20 hotel staff, 20 street males, 6 tea shop boys, 15 males in parks, 10 truck drivers and 20 males sex workers.</p>	<p>Focus group consisted of: married males, kotis, panthis, gay-identified males (do-parathas), students, and males sex workers. <b>Questionnaire response:</b> kothi, panthi, do-paratha, homosexual and gay.</p>	<p><b>Workshop participants:</b> 7 of these participants had sex on average with 4-5 males every week. 3 stated that they had sex at least once a week and partners were usually different. 5 had sex with different partners about 4 times a month. 1 hadn't had sex for 6 months. 1 had sold sex both for cash and gifts. He would have sex 3 times a week with different partners. <b>Questionnaire response:</b> Frequency of sex over the last 6 months: 4% had no sex within the last 6 months, 15% 1-5 times, 30% 6-14 times, 31% 15-30 times and 20% over 30 times.</p>	<p><b>Workshop participants:</b> All participants who have had sex with females reported significant levels fo anal sex with them. All participants stated that they had experienced oral sex. <b>Questionnaire response:</b> Current sexual practices included; body rubbing (71%), anally penetrate partner (42%), be anally penetrated (75%), masturbate partner (91%), receiving masturbation (90%), give oral sex (72%), receive oral sex (45%), thigh sex (71%)</p>	<p><b>Workshop participants:</b> All the 32 participants were sexually active, with 26 out of 32 having multiple partners and 10 having more than one sexual partner every week. <b>Questionnaire response:</b> Group sex was reported by over 25% of the respondents, where numbers in an particular group could be anything between 3 and 20. The number of different male sex partners in the last 6 months: almost 26% of the respondents were averaging over 10 different partners a month.</p>	<p><b>Workshop participants:</b> Participants: 15 stated that neither they or their partners used condoms. 10 stated they and their partners sometimes used condoms. 2 stated that they and their partners always used condoms. In the condom usage test in the workshop only 2 participants demonstrated condom usage correctly. <b>Questionnaire response:</b> Almost 94% of respondents did not use condoms at all or used them inconsistently.</p>	<p><b>Workshop participants:</b> Some 50% (n=16) of participants had previous sexual encounters with females. 2 of the participants regularly visit female commercial sex workers. 10 continue to have sex with other females. Two were married. 90% of participants stated that they would get married. <b>Questionnaire response:</b> 37% married. Of the 198 married men, some 56 (28% or 10.5% of the total repondents) reported also to have sex with other women, primarily female sex workers.</p>

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B6	<p><b>Workshop participants:</b> 12 participants reported STD symptoms in the last 2 years. <b>Questionnaire response:</b> 35% had experience of STD symptoms. Symptoms experienced included bleeding from anus (40%), burning around anus (24%), itching around pubic area (21%), pain or burning sensation during urination (15%) rashes around pubic area (15%), lesions around anus (15%), discharge from penis (11%), warts on penis (3%), lesions on penis (12%).</p>	<p><b>Workshop participants:</b> All the participants reported visiting a number of parks, streets, religious sites and neighbourhoods which are known amongst MSM networks. Other places are also used, including homes, friends homes, guest houses, hotels, side streets, construction sites, dark alleyways, inside cars, trucks, and behind bushes were sex can take place unobtrusively. Other places also mentioned include public/private toilets, or in restaurants and tea shops with owners/staff. Participants identified 22 public sites in Dhaka where males go to meet other males for sex.stated. <b>Questionnaire response:</b> Relationships to sexual partners: 5% of the respondents would be paid for sex but did not define themselves as sex workers. Strangers 72.5%, friends 36.8%, relatives 30.3%, neighbours 28.7%, male sex workers 10%, domestic servants 9.2% and paying clients 5.1%.</p>	<p><b>Workshop participants:</b> There was clear evidence that the higher the education/income group the participant came from the later the male to male sexual activity started.</p>		<p>Well researched and detailed study.</p>

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B7	Bandhu Social Welfare Society.	2001	The First National Consultation Meeting for Male Reproductive and Sexual Health in Bangladesh	Bandhu Social Welfare Society. Dhaka , Bangladesh.	No	Three day meeting to develop strategies to address health needs of stigmatised males and their sexual partners in Bangladesh.	80 participants brought together from a range of BSWs projects in Dhaka, Chittagong, Mymensingh and Sylhet.	National consultation meeting.

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B7	<p><b>Objectives of meeting included:</b> 1. Develop appropriate strategies to address the sexual health needs of stigmatised males and their sexual partners. 2. Encourage the development of information sharing mechanisms and develop models of good practice in providing local culturally appropriate sexual health promotion strategies amongst stigmatised males and their partners of whatever gender. 3. Developing mechanisms to advocate for the funding and support of locally based sexual health services targeting stigmatised males. 4. Exploring human rights regarding males and behaviours and developing appropriate mechanisms to address these concerns. 5. Identify training needs. 6. Establish a Bangladesh network of sexual health projects working with stigmatised males</p>					No information given	<p><b>Outcomes achieved:</b> 1 established. 2. Bandhu Sor for MSM sexual health pro appropriate sexual health p 4. Training and capacity bi health promotion amor</p>

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		Meeting places of sexual partners: parks (77%), cruising areas (not parks) (70%), neighbourhood (60%), bazaars (29%), personal home (26%), cinemas (25%), hotels (23%), street (22%), friends home (21%), railway/bus station (7%) and toilets (5%). Descriptions of 12 public sex environments are detailed in the report.			
B7	National Network of MSM sexual health projects in Bangladesh Social Welfare Society established as the Model and Training Agency promotion in Bangladesh. 3. Models of good practice for developing promotion services for MSM developed utilising BSWs' experience. Building needs were identified. 5. Appropriate strategies for sexual against MSM identified and elaborated. 6. Advocacy programmes				

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B8	Naz Foundation.	2000	Sexual Health of Males in South Asia Who Have Sex With Other Males: Results of Situational Assessments in Four Cities in India and Bangladesh	Naz Foundation International.	No	Situational assessments about sexual health among males who have sex with males in 4 cities. Two major components to the project. 1. To collect information about aspects of identity, behaviour and vulnerability of the men. 2. To encourage and support the design, funding and setting up of local community based projects to respond to identified needs.	Four cities (Hyderabad, Bangalore and Pondicherry in India and Sylhet in Bangladesh. The information provided here is ONLY on Sylhet in Bangladesh.	<b>Methodology and sample size:</b> 200 MSM interviewed in each city, up to 60 tape-recorded interviews on MSM in each city. 2 focus group discussions in each city (15 MSM in each group). Interviews and discussions with a range of secondary stakeholders, and site observations.

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B8	<p>The reports focus on "feminised" males (khoti), mainly from lower social and economic classes, who mainly practice receptive anal sex, many of whom sell sex, and their "masculine" male partners (panthi) who mainly practice insertive anal sex, most of whom have sex with females as well.. The report describes the khoti identity as self-determined and defined largely by gender (i.e. the idea of being feminine and being attracted to men). The panthi identity is ascribed to other men by khotis and their sexual behaviour it defined as a simple desire for "discharge" rather than an acknowledgement of any attraction to, or desire for sex with, someone of the same sex. The report also acknowledges the emergence of "gay" identified males who see themselves as males who are attracted to other males and who want to construct loving relationships and a lifestyle that reflect and legitimate that attraction within a local context. The assessments found very little interaction between the gay identified males and the khoti/panthi identified males.</p> <p>Self labelling: kothi 68%, panthi 24%, double-decker 5%, heterosexual 1%, homosexual/gay 0% and other 2%.</p>	No information given	<p>Anal sex in previous month (total number of sex acts = 6692) Insertive: 22% Receptive 78%. Of the 39% of respondents who paid for sex during the previous month 18% practiced insertive anal, 52% receptive anal, 5% oral insertive, 19% oral receptive, 4% masturbation, 2% other. Total number of paid sex acts in Sylhet during last month was 5948 (from 56 people involved. Oral sex practices in previous month.</p>	<p>Partners in the previous month 1% 1-3, 6% 4-6, 15% 7-10, 20% 11-15, 19% 16-20, 12% 21-30, 6% 31-50 21% more than 50 partners.</p>	<p><b>Condoms used for insertive acts:</b> 33%, receptive acts 31%. <b>Lubricant use:</b> 56% used saliva, 35% oil products, 56% vaseline, 0% KY jelly and 11% used soap. <b>Male Sex Workers:</b> Condom use with previous 5 clients 9% all times, 39% sometimes, 52% never.</p>	<p>22% of respondents reported being married.</p>	

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B8	<p><b>STI reported symptoms for all respondents:</b> 16% pus/discharge in stools, 4% pus/discharge from penis 4%, 6% genital sores, 1% sores/blisters inside mouth, 16% bleeding when defecating, 11% rash on genitals, 20% pain when defecating, 54% pain while urinating, 60% pain during sex, 2% other.</p>	<p><b>Sexual Networks:</b> All the cities in the study were mapped in regard to public sites for MSM activities. Sylhet 28+ sites. Gay-identified men were primarily accessing their sexual partners through gay networks from the same class background. Kothis accessed men from a broad range of social, occupational and neighbourhood environments. <b>Meeting Places:</b> 8% hotel/guest house, 2% other spaces, 27% private homes, 63% public spaces. <b>Places for Sex:</b> 20% private homes, 49% public spaces, 2% hotel/guest hostel, 11% entertainment venues, 18% others. <b>Relationships with sex partners:</b> 27% friends, 21% strangers, 13% neighbours, 14% males sex workers, 2% relatives, 19% paying clients, 4% others.</p>			

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B9	Mackay, T.	1999	<b>An Evaluation of the Work of the Naz Foundation International and Two of its Partner Projects</b>	Bandhu Social Welfare Society, Dhaka & Sahodaran, Chennai, India. JSI (UK), DFRC/IN0031.	No	To assess the strengths & weakness of the work undertaken by Bandhu, potential replication of the approach in other places, poverty focus of the project, issue of capacity building, and scaling up of the project	Dhaka	Qualitative
B10	Bandhu Social Welfare Society	2000	<b>Hidden Sexualities: Transgenders and HIV</b>	Report on Workshop held October 16-19, Dhaka.	No	Bring together transgender persons and providers working with them from the region (Malaysia, Indonesia, Thailand and Bangladesh). The workshop was conceived in order to start a programme for hijras with shared experience from the region.	No information given	No information given

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B9	No information given	MSM	No information given	No information given.	No information given.	No information given.	No information given.
B10	No information given	Discussion about definitions of hijras. There is a debate and dissent among hijras about a definition.	<b>Topics discussed:</b> Hijras and human rights, obstacles to hijra's sexual health/safer sex, and the obstacles to hijra accessing health care.				

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B9	No information given.	No information given.	The model or framework developed by Naz foundation and Bandhu to respond the needs of MSM is sound. This has proved to be adaptable and produced exciting results so far. It can be used as s starting point for individuals and agencies in other locations in South Asia to create their own responses to their specific needs.		
B10					

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B11	Jenkins, C.	1998	Varieties of Homosexuality in Bangladesh: Implications for HIV Prevention	12th International AIDS Conference, Geneva, Switzerland.	No	To explore the varieties & contexts of same sex experiences among males and the life courses of these men.	Dhaka	Qualitative interviews.

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No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B11	45	MSM, transsexual life styles. Bisexually active.	No information given	No information given	No information given	Most did not use condoms.	No information given.

				COMMENTS	
No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	Problematic aspects of research	Comments about quality of work
B11	No information given.	Initiation of same sex occur among male youth in rural areas at the age earliest (8-9) years and most around 13-15 years with partners around 17-24 years and it happened among relatives. Raped in groups of older boys. Gender roles also varied. Some become professional sex workers. Boy sex is safe substitute. Nearly all informants were married and the rest claimed to be getting married.	Sampling was done to maximize variation among MSM population, however, results reveal that nearly all interviewed MSM were married. The voice of unmarried MSM hence is missing in this abstract.	Professional qualitative study on MSM population in Bangladesh, which is considered the pilot project on institutional studies on MSM population in Bangladesh. MSM peers were recruited and trained as qualitative interviewers which can be considered innovative and efficient strategy for studying this kind of hidden and stigmatized populations.	

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B12	Jenkins, C.	1999	<b>Anal Sex and Anal STDs</b>	Paper presented at the Consultative Meeting on Male Reproductive and Sexual Health and HIV/AIDS in South Asia.	No	Incidence of HIV among those who are receptive partners in anal sex is high. Because the issue of anal sex is very important to the overall spread of HIV and because it is receiving so little attention a few questions were included in the National Behavioural Surveillance surveys for Bangladesh. This paper presents some of the results about anal sex.	Bangladesh	Draws on data from the National Behavioural Surveillance surveys for Bangladesh on the frequency of anal intercourse and self-reported anal STD symptoms, specifically pus and/or bloody discharge.

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B12	Truckers n=411, MSM n=407 (divided into sex workers 207 and non-sex workers 200), hijras n=150.	MSM, hijras, male sex workers.	No information given	<p>Among the sex workers, 95% had receptive anal sex the previous week and 25% had insertive sex. Among the non-sex workers, 41% reported receptive anal sex and 72% reported insertive anal sex the previous week.</p> <p>Among the hijra sample 92% had anal receptive sex and 1% has insertive sex the previous week.</p>	No information given	No information given	<p>About 12-15% of the sample of truckers could be considered behaviourally bisexual, with about 10% having sex both with women and hijras during the past year. A smaller percentage had sex with men and women, about 2% and about 1.5% had sex with people in all three gender groups.</p>

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B12	<p>Those people with the most stigmatised identities, IDUs, hijras, and male sex workers, had the highest reported rates of current STDs, an indicator of lack of access to adequate STD services. Three percent of truck drivers reported anal symptoms previously and 1.5% reported current anal symptoms. MSM sex workers: 21.5% had ever experienced anal STD symptoms with 13.3% having these currently. Among the non-sex workers 18% had previously experienced anal STD symptoms with 4.5% having current symptoms. Hijras, 41% reported ever having anal symptoms and 18% had current symptoms.</p>	No information given			

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B13	Khan, S.I., & Bhuiya.	2001	<b>Situation Assessment of Male to Male Sex Trade in Chittagong, Bangladesh</b>	Oral presentation at the ICDDR,B Scientific External Forum. This final technical report will be submitted to SDC, Dhaka by SBSU, PHSD, ICDDR,B soon.	Yes	To analyze the overall situation of male to male sex trade in Chittagong City area in order to get multidimensional information to contribute HIV interventions.	Chittagong	Quantitative & qualitative (sociodemographic and behavioural survey, in-depth interviews, life history interviews, FGDs, field observations).

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B13	235 MSWs (Age: 12-42 yrs average: 22yrs) and 67 clients (Age: 15-60 yrs average: 33 yrs).	MSM, MSWs, kothi, panthi, do-paratha, giriya/straight, hijra/bisexual/gay.	The number of anal penetration with the last partner: <b>MSWs:</b> active>0-3 Passive>1-5 <b>Clients:</b> active>1-3 passive>0-2. The percentage of anal penetration in the last month: <b>MSWs:</b> always active: 0% always passive: 52 % both: 48%.	<b>MSWs:</b> anal (99.6%), vaginal (37%), oral (57%), High sex (23%), kissing (60%), masturbation (9%) <b>Clients:</b> anal (98.5%), vaginal (87%), oral (52%), High sex (7.5%), kissing (39%), masturbation (6%).	Average number of all kind of sex partners in the last week: 4.4 (0-14).	100% condom use during the last week insertive anal sex: 6.5% 100% condom use during the last week passive anal sex: 2.7%	Average number of new female partners in the last week: .08 (0-2). Average number of previously known female partners in the last week: 0.13 (0-4). Average number of total female partners in the last month: 0.50 (0-6).

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B13	<p>No serological data collected.</p> <p>Self reported data: MSWs' perceived symptoms of current STIs: 32%.</p> <p>Clients' perceived symptoms of current STIs: 20%.</p>	<p>Never been married MSWs: 86%, ever married 14%      Never been married clients: 48%, ever married: 52%</p> <p><b>Types of females sex partners:</b> FSWs, relatives, wives, girl friends.</p>	<p>This project completion report is at the stage of completion. This project has found many important issues regarding male sex trade, sexuality construction of MSM in terms of gender and real life situations.</p>	<p>This project only targeted male sex trade operating at the open contact venues of Chittagong City area. The existence of boarding house and hotel and residence based male sex trade was not possible to include.</p>	<p>This research project is the first project on MSM populations which had received approval from the Research Review Committee (RRC) and Ethical Review Committee (ERC) of ICDDR,B. this study was conducted in Chittagong which is generally considered a conservative district in Bangladesh. This project not only collected data, but also conducted series of advocacy meetings with the power structures. Due to this kind of advocacy meetings, immediately after the end of the project, Bandhu (a local NGO) has been able to conduct their intervention in that conservative city without any remarkable difficulties.</p>

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B14	Kamrul A. et al.	2000	<b>Knowledge and Practices on Sexual Health of Men Having Sex With Men (MSM) Community in Uttara and Tongi, Dhaka</b>	Baseline Findings Report. Organization of Development Program for Underprivileged (ODPUP), National AIDS/STD Program of Ministry of Health and Family Welfare, Bangladesh.	No	To explore personal and sexual experiences, socioeconomic & demographic issues, knowledge & perception about STIs including HIV/AIDS, factors affecting high risk behaviors, sexual practices, health care seeking behaviours.	Uttara & Tongi in Dhaka city.	Qualitative & quantitative (PRA techniques as well).
B15	Khan, S.	1996	<b>Male to Male Sexual Behaviors and Sexual Health Concerns in Bangladesh</b>	The Naz Foundation. London, UK.	No	To explore male to male sex in Dhaka.	Dhaka	Qualitative
B16	Khan, S.	1997	<b>Through a Window Darkly-Males Selling Sex to Other Males in India and Bangladesh</b>	The Naz Foundation. London, UK.	No	To understand and explore how the culture of male sex workers and other related issues	Dhaka	Qualitative (the method is not described any where in the report)
B17	Jupp, D. & Prom P. T.	1997	<b>An Analysis of the Present Situation and Needs of the Project Target Groups</b>	Marie Stopes Clinic Society, Bangladesh.	No	The report is not available.		

No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	SEXUALITY		
					Number of Partners	Condom Use	MSM who have sex with women
B14	150 informants (130 kothis and 20 hijras) were selected by purposive sampling from 400 listed kothis & hijras.	MSM, kothi, hijra, parik (male lover).	All MSM performed receptive anal sex.	Anal sex, vaginal sex, thigh sex, body rubbing, oral sex, masturbation and body massage.	Average 10 clients per week.	11% kothis had ever used a condom & 4% were current but occasional user.	22% were engaged in sex with wives. 31.5% of kothi
B15	No mention about sample size and sampling strategy.	MSM, hijras, jiggery dost (close male friends) kothis, pants, parik.	No information given	Both receptive & insertive anal sex, oral sex.	No information given	Low condom use.	Existence of anal sex with females.
B16	No information given about sample size.	No information given	No information given	No information given	No information given	No information given	No information given
B17							

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B14	No sero-data. All study populations self-reported symptoms of STIs. 22.3% of kothis identified a current STI related problem. 25% of hijras identified a current STI problem.	no specific mention	80% MSM were under the age of 30 years whereas majority of hijras were over 30. 70% kothis had either primary or secondary education & 15% had higher secondary education, whereas 65% hijras had no education. 26% kothis were exclusively sex workers (the report had other findings).	It is not clear how the research had a list of 400 kothis with full addresses since the study area was not the cruising areas for the NGOs. In terms of PRA techniques, the rationale of application of PRA and why and what kind of changes were made to conventional PRA comparing to the said adapted PRA is also not clearly mentioned. Sexual behavioural information was poorly designed and lacked many crucial behavioral indicators.	Conducting a baseline survey before the intervention begins is no doubt an appropriate approach which is unfortunately missing in most NGO interventions in Bangladesh. From that perspective, this baseline survey should be congratulated. However, the question of the scientific integrity and appropriate methodological application should not be compromised. Incorporating professional researchers in the team can certainly enhance the reliability and validity of data.
B15	No information given	Among friends, peers, relatives, MSWs.	No information given	No methodology section. Scientific integrity can be questioned.	Pilot report.
B16	No information given	No information given	No information given	This report has not described any methods.	Naz foundation reports lack scientific integrity in terms of not describing the research methods.
B17					

						METHODS		
No.	Author(s)	Year	Title	Source	Reviewed? yes/no	Stated Goal(s) of Research	Research Site	Notes of Methodology
B18	Masud A.K.M., Mastaque A.K.M., Sarkar R.	1997	Misplaced Childhood: A Short Study on the Street Child Prostitutes in Dhaka City	INCIDIN, Dhaka.	No	Situation assessment of street child prostitutes in Dhaka city area.	11 locations of Dhaka city area	Qualitative (participant observation, interviews, key informant interviews, case studies, and Rapid Urban Appraisal).

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B18	298 street child prostitutes, aged 13-16, and others include clients, dalals, mastans, food-sellers.	Street prostitutes.	No information given	Anal, oral and vaginal sex.	No information given	Low or almost no condoms.	No information given

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B18	No sero-data. 80% reported vaginal oozing, itching, pus. 60% boys reported itching, and penile discharge.	Sex trade both male & female clients.	<b>The report is not available.</b>	This study was done by non-professional researchers and by a non-reputed organization. The validity and reliability of data are questioned by many other researchers in Bangladesh.	Since this project dealt with street based child sex workers, it certainly carries importance. A crucial need is always discussed to address the street children who sell sex in big cities of Bangladesh.

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B19	Naved, R. T.	1996	RTI/STD and Risky Sexual Behavior in a "Conservative" Society	Working Paper. Save the Children (USA), Bangladesh Field Office.	No	Peoples' perceptions & descriptions of RTI/STD related problems, preventive measures, treatment seeking behaviors, and risky sexual behavioral practices.	Two unions north east to Dhaka.	Qualitative

No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	SEXUALITY		
					Number of Partners	Condom Use	MSM who have sex with women
B19	35 key informants interviews & 6 FGDs, 20 female interviews.	Homosexuality, pasamara (anal fucking), paltapalti (both receptive & insertive anal sex).	No information given	Anal sex	No information given	No information given	No information given

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B19	No information given	Sexual relations with younger & older boys, among relatives & non-relatives.	The existence of same sexual behaviours, which according to the author is homosexuality, was found among general populations of a conservative rural setting.	The term homosexuality though used by the author, however, after reading the report, the nature and pattern of same sexual activities do not match to what is generally understood by the term 'homosexuality' in the West. It is understood that since during the report writing period the MSM was not widely introduced among the scientific community, therefore, the popular term of the West occupied any kind of same sexual activities in local setting as well.	It has to be noted that the terms kothi, panthi, or do-parathas were not mentioned by the author probably because those terms were not used in the study area. After in the introduction of Naz foundation's work in Bangladesh, these terms received attentions and increasingly used by the researchers and NGO working on these populations. In fact, during working in Dhaka & Chittagong, we also noticed that many feminine MSM boys did not name themselves as kothis or even they never heard the term. It is interesting to note that the wide introduction of these terms may have a kind of imposing history by the researchers and some MSM people as well. This issue can be explored further in areas where no NGOs are working on MSM populations.

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B20	Khan, S.I.	1997	<b>Sexual Behaviors of Male STD Patients of Dhaka City</b>	Master's Thesis submitted to the Faculty of Social Sciences and Humanities, Mahidol University, Thailand.	Yes	To explore sexuality and sexual behaviors, risk perceptions and knowledge of male STD patients in Dhaka city.	Skin/STD general outdoor of a govt. hospital in Dhaka city.	Qualitative exploratory research.
B21	Pasha, K.	2002	<b>Identity, Inversion and Sexuality: Insights into Health and Cultural Consequences of Males' Sexual Conduct in a Frontier Town in Bangladesh</b>	Masters' thesis submitted to the Department of Anthropology, Shahjalal University of Science and Technology, Sylhet, Bangladesh.	Yes	To explore sexual behaviour, categorization and identity difference between active and passive partner, to investigate the process of social stigma and it's management, to understand the symbolic meaning of STIs and the cause of getting STIs, to know the copying mechanism and decision making process in health or treatment seeking.	Sylhet	Qualitative (in-depth interview and FGD).

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B20	15 male STD patients who were diagnosed with having any STDs by the specialist STD physicians at the clinic by naked eye or sometimes by sero test.	Homosexuality, bisexuality	No information given	Vaginal sex, anal sex, oral sex, masturbation and kissing.	No information given	Low condom use.	Sex with female partners exists.
B21	25 MSM.	Kothi, panthi, doparatha.	5 times per day per MSW.	Anal, oral, thigh sex, vaginal, masturbation.	Not number, but multiple partners.	None used regularly, 2% condoms during last week.	Sex with females present.

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B20	No sero-data, however, all informants were at least clinically diagnosed as male STD patients.	No information given	The sample size of this study was only 15 male STD patients. Among them a few reported to have bisexual sexual relations. They described their male to male sex as situational, not-well planned, rather accidental and opportunistic in nature.	Small sample size, and biased sample in terms of STD clinic attendees. Therefore, nothing can be generalized from this study.	This sexuality and sexual behavioral study, though dealing with a small sample, found many significant issues of human sexuality and sexual behaviors which can be considered for further exploration in a large scale qualitative and quantitative studies.
B21	No sero-data, however, author mentioned around 80-90% kothis suffered from symptoms of STIs.	No information given	This MA thesis contains a lot of information about kothi-panth-doparatha sexual interactions and relationships in a district of Bangladesh where people are believed to be conservative. The existence of male to male sex thus has been proved to exist in several parts of Bangladesh. In terms of identity and sexual practices, meaning of kothi-panthi this study has described many issues.	The study has focused on many issues irrelevant to the title of the paper. Additionally, the issues described in the thesis are very diverse. If the researcher could be specific in terms of focusing the issues to be addressed and then described thoroughly, then it would be more interesting.	

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B22	Bondyopadhyay, A. & Haque, K.M.	2002	The Impact of Legal, Socio-cultural, Legislative and Socio-economic Impediments to Effective HIV/AIDS Intervention with MSM	Final Report Study conducted by Bandhu Social Welfare Society, Dhaka.	No	To study the nature of the rights violations of MSM, and find the legal, social, cultural and attitudinal factors that lead to such violations; to find linkages between violence, poverty, sexual abuse and factors of vulnerability.	Dhaka, Sylhet, Mymensing and Chittagong.	Quantitative and qualitative.
B23	Hossain, M. A.	2002	Follow-up Survey on HIV/AIDS and STD Prevention Education Program for MSM	Organization of Development Program for the Under Privileged (ODPUP). Dhaka	No	To evaluate the existing knowledge of MSM on HIV/AIDS and compare data with baseline and general assessment to see the effectiveness of BCC for promotion of condom, various service systems and potentialities of the project.	Mymensing district and Saver under Dhaka district.	Quantitative survey.
B24	Neilsen, G.	2001	Clinical Management of Anal Sexually Transmissible Infections and Other Conditions	Technical report of Family Health International, Asia Regional Office.	No	Information of the report does not match to the format of the annotated bibliography		

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B22	124 MSM (Kothi-identified) for survey and 8 Focus Group Discussions and 12 in-depth interviews.	MSM, kothi, panthi.	No information given	No information given	No information given	No information given	25% of respondents were married. 32% of the married respondents (n=31 married) also had sex with female sexual partners who were not their wives. 10 out of the 31 married respondents said that their wife knows that they have sex with men.
B23	A total of 425 kothis were collected from Mymensing and saver by systematic random sampling.	MSM, kothis, panthi, parik.	No information given	First sex in life happened at 12 (mean) with a range of 7-20.	73% had single sex partners.	12% always use condoms, 23% mostly used condoms.	No information given
B24	No sample size	Information in the report does not match to the required format of the annotated bibliography	No information given	No information given	No information given	No information given	No information given

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B22	No information given	No information given	<p>This report probably is the first report on MSMs' harassment and socio-legal aspect. This report contains quantitative aspects of harassment issues. Report exposed significant levels of male-on-male rape and sexual abuse of feminised males from early childhood to adult hood. Report highlighted how governmental policies for combating HIV/AIDS are often in conflict with the penal laws and the actions of local law enforcement agents</p>		
B23	No serological data. Perceived symptoms are stated in the document . (anal discharge of pus/blood 6%, anal ulcer 7%, penile pus 1%)	Nothing mention	The evaluation data comparing to baseline data are impressive which indicate the success of intervention	The validity and reliability of data are questionable.	A sub-standard evaluation report. Statistical tools were not used properly to improve the quality of data.
B24	No information given		<p>This is a summary document regarding the clinical approach to common anal problems.</p>		

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B25	Jenkins, C.	1998	A Situational Assessment of the Chittagong Port for HIV/STD Prevention	ICDDR,B. A final report submitted to the Family Health International, Bangkok.	No	To sensitize port agencies for HIV intervention, exploring risk behaviors & knowledge, risk perceptions and other related issues, disseminate findings.	Chittagong port and city area.	Qualitative (in-depth interviews).

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B25	Foreign sailors:20, Local sailors:127, Fishermen: 35, Dock workers:159, Rickshaw pullers: 148, FSWs:112, MSWs:33, Key informants:6.	MSM, kothis MSWs, hijras.	No information given	No information given	FSWs: 15 clients/week. MSWs: 10 clients/week.	Lower use of condom.	No information given

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B25	No information given	Extensive clandestine sex trade.	The existence of huge commercial sex trade both with female and male sex workers. It was estimated that 37,000 clients have exposure to sex workers every week.	<p>This study was exclusively qualitative. No scientific methods were applied to estimate the total number of female or male sex workers in Chittagong. However, the author estimated 5,000 full time and 10,000 part-time FSWs and another 1000 MSWs. There is no explanation of how these estimates were made. There were 640 in-depth interviews were collected in this project. This volume of qualitative data is basically very difficult to analyze.</p>	<p>This project on port population was crucial in terms of addressing a population who can contribute to the rapid spreading of HIV in Bangladesh. Although this project was not designed to target MSM or MSWs, it is an opportunistic sample. The project conducted interviews with MSM and MSWs. However, no separate report was made on MSM data. The estimated number of MSWs (n=1000) in Chittagong. Another project indirectly estimated the number of MSWs by capture-recapture methods in the year 2000 and came up with an estimation of around 250-300 MSWs.</p>

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B26	Alam, N., Khan, S. I., et al.	2002	Prevalence and Risk Factors for STIs Among Workers at the Tejgaon Truck Stand, Dhaka, Bangladesh	Final Report, Reproductive Health Unit, Public Health Sciences Division, ICDDR,B.	Yes	To explore the risk factors for undertaking risk behaviours for the studied population (non-truckers residing around the truck stand area).	Tejgaon, Dhaka.	Qualitative and quantitative (survey, in-depth interviews, key-informants interviews, field observations).
B27	Kamal, K.	2002	Report on Training Workshop on "HIV/IDS and Human Rights" in Mymensing, August 3, 2002	Organized by Bangladesh Manobadhikar Sangbadik Forum and Bandhu Social Welfare Society.	No	To sensitize the journalists about HIV/AIDS and update their level of understanding so that they could disseminate correct information.	Mymensing	Discussions and question answer sessions.
B28	Ahmed, S.	2002	Quarterly Narrative Report for Family Health International on Male Sexual Health Programme (April-June, 2002)	Bandhu Social Welfare Society, Dhaka, Bangladesh.	This is a quarterly report submitted to FHI. The content of this report does not possess informative annotated bibliography.			

No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	SEXUALITY	
						Condom Use	MSM who have sex with women
B26	For survey: 704 men (14-55 years, mean 27.6) & 208 women (15-48 years, mean 28.4) For qualitative part: Male : 7 STD & 5 non-STD; female: 5 STD & 5 non-STD (total 22 informants).	MSM	No information given	Anal sex.	No information given	13% condom use with spouse, 13% condom use in the last commercial sex with FSWs.	No information given
B27	28 journalist attended the workshop.	MSM	No information given	No information given	No information given	No information given.	No information given
B28	on that can be fitted to the	This is a quarterly report submitted to FHI. The content of this report does not possess information that can be fitted to the ar					

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B26	No specific data on MSM populations.	No net work data.	Survey revealed around 4% of the studied population reported to be engaged in anal sexual activities. 13% of all who had commercial sex used condoms during their last sexual encounter with a FSWs, and 13% condom use also reported with spouse.	This study did not specifically address MSM populations. Rather the study targeted a general community who used to reside around a big truck stand of Dhaka city area. Qualitative data did not reveal any history of male to male sexual encounters.	This study is significant because it explores the fact that 4% of a general population who were engaged in sexual activities among same gender.
B27	No information given	No information given.	Journalists actively participated in the workshop and discussed many issues.	The responses of journalists are missing.	Good effort. This kind of advocacy and sensitizing meetings and workshops with journalists is highly beneficial and an urgently needed strategy to reduce vulnerability and to increase tolerance to these stigmatized populations.
B28	Annotated bibliography		This is a quarterly report submitted to FHI. The content of this report does not include information that can be fitted to the annotated bibliography		

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B29	Bandhu Social Welfare Society, Report prepared by Ahmed, S.	2002	Second Annual Narrative Report for Family Health International on Male Sexual Health Programme	Bandhu Social Welfare Society. Dhaka , Bangladesh.	No	This paper has described the activities of the intervention projects and the information actually does not match to the format of the annotated bibliography		
B30	Khan, S.	2000	Situational Assessment of Sexual Health Among Males Who Have Sex With Males and Their Sexual Partners in Sylhet, Bangladesh	Naz Foundation International.	No	Situation assessment of the MSMs' sexual health and other related issues in Sylhet district, Bangladesh.	Sylhet	Qualitative and quantitative (tape recorded in-depth interviews & survey).

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B29	Information provided in the document is sparse						Information in the document does not fit to the format.
B30	200 MSM participated in the survey and 40 in-depth interviews, 2 FGDs and workshop discussions were also analyzed. All MSM were above 18 years.	MSM, kothi, panthi, do-paratha.	Sex in last month with condoms: 1,926 Total sex by 199 respondents in last month: 8,879.	Anal sex in last month: receptive with condoms: 1,628 Insertive with condom: 492	No information given	No information given	8 respondents reported vaginal sex with females.

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B29					This document demonstrates the project activities of Bandhu on MSM and hijras. The report seems impressive and it is appreciable that Bandhu has scaled up their male sexual health activities in different parts of Bangladesh.
B30	No information given.	No information given.	This report contains a lot of information.	It seems a bit surprising that how, within a short period of data collection, such a lot of information was collected and analyzed and then the report was prepared. However, it is encouraging to have this kind of quick situation assessment before a project begins. The only thing that has to be considered that the validity and reliability of quantitative data are crucial to reflect the reality.	This is the first report of Naz Foundation on MSM issues on Bangladesh which has been written following some kind of scientific description of research methods.

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B31	Neogi, M.H.	2002	Report on Project Evaluation: HIV/AIDS and STD Prevention Education Program for MSM	Organization of Development Program for the Under Privileged (ODPUP). Dhaka.	No	To assess the knowledge level of the target population regarding HIV/AIDS, staff capacity, effectiveness of BCC for condom promotion & service system. This evaluation was done after 10 months of operation of the ODPUP project.	Tongi & Uttara at the Northern part of Dhaka City.	Qualitative & quantitative (survey & in-depth interviews).
B32	Aziz, K.M. & Maloney, C.	1985	Life Stages, Gender and Fertility in Bangladesh	Monograph no. 3. ICDDR,B.	Yes	To identify various life stages, their psychosexual development, sexual knowledge along with sex and gender role socialization, maturation process and the expectations throughout the life span.	Matlab, a rural area of Chandpur district of Bangladesh.	Anthropological study (in-depth interviews, key-informant interviews, FGDs, and field observations).

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B31	100 kothis through systematic random sampling.	MSM, parik, kotis, panthi.	No information given	No information given	No information given	35 to 37% condom use.	No information given
B32	32 life-history interviews of both sexes (male: 30-39 years and female: 20-29 years).	Male homosexuality, pundapundi, bisexual, isosexual.	No information given	No information given	No information given	Stated low.	Existence of bisexual activities

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B31	No information given.	No information given.	Many cases of psychosexual problems, increased condom use as intervention effects, increase of knowledge. The evaluation data suggest the intervention worked well.	The overall reliability and validity of evaluation data and recommendations are lacking scientific integrity.	Very low quality evaluation. Condom use has been increased at an unbelievable rate within 10 months. ODPUP is not the pioneering NGO working on MSM population in Bangladesh though it was stated in the report. The intention and utility of this kind of evaluation for a new NGO working with a marginalized population actually has negative impacts on increasing NGO efficiency.
B32	No information given	No information given	Cases of female homosexuality found in rural area. This study was conducted during the early 80s and the existence of male and female homosexual activities were discovered by the researchers before the AIDS era.	It did not focus on unmarried young sexually active rural people. In addition, the urban people's lives and visions were not taken into consideration.	This study no doubt profoundly contributed to our in-depth understanding about Bangladeshi rural peoples' sexual knowledge, perceptions and practices and will be considered a pioneering study in this area of focus in Bangladesh.

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B33	Blanchet, T.	1996	<b>Lost Innocence: Stolen Childhood</b>	Akhter, K.M., Bayzid, M. & Munir	Yes	To conceptualize the vulnerable childhood in Bangladesh.	Dhaka city area.	Anthropological study (In-depth interviews, key-informant interviews and observations).
B34	Khan, S.I.	2000	<b>MSM Sex Trade Culture in Chittagong</b>	Social and Behavioral Sciences Program, ICDDR,B.	No	To explore and describe the situation and pattern of male to male sex business in Chittagong.	Chittagong city area.	Qualitative (in-depth informant and key informant interviews, FGDs, newspaper report analysis and reviewing other documents)
Abstracts of International Conferences								

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B33	75 mothers, 92 prostitutes, 30 clients, 80 child servants, 80 street child in Dhaka.	Homosexuality , guamara.	No information given	No information given	No information given	No information given	No information given
B34	40 MSWs, 10 key-informants, 2 FGDs, several field observation	MSM, MSW, kothi, panthi, do-parata, bisexual (self-identified), parik, gay (self-identified)	No information given	Oral, anal, vaginal, thigh, breast sex, masturbation, kissing, body massage.	Multiple sex partners both at commercial setting and with peers, friends, relatives.	In most cases condoms are not used. No water based lubrication is used, rather in many cases saliva, mustard oil, other creams are used.	No MSM were found to have had sex with males, rather all informants had current and past experience of vaginal sex and anal sex with female partners.
Absti							

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B33	No information given	No information given	Child sexual abuse & diverse vulnerabilities including male to male child abuse.	Focused on a specific group of children, and certainly missing the issues of other diverse groups of children in various different setting in Bangladeshi society.	A thorough anthropological study.
B34	No sero-data were reported. However, self-reported perception of various sexual health problems were reported. Among them anal discharge, penile discharge, ulcer in penis and anus, itching at the genital area, psychosexual problems.	The sexual network is quite big. They were having sex at the commercial setting both with MSWs & FSWs, had sex with girlfriends, relatives of both genders.	Exploitation of clients by MSWs and police, harassment of MSWs by police and <i>mastans</i> . Very low self-esteem, guilty feelings, extensive sexual networking, significant exposure to female sex. Very low or almost no condom use, no water based lubricant use. Silence about male sex trade among all concerned authority, MSMs' lack of access to health services, judgmental attitudes of health professionals towards to MSM.	This report was prepared to publish at the daily newspapers and weekly magazines. However, finally the researchers failed to publish this report due to political sensitivity of the content of the report.	Bengali reports on MSM issue is urgently required to publish in the daily newspapers and other Bengali magazines. Generally people do not have access to read any research articles. Therefore, publishing in Bengali language and in local newspapers and magazines is the best way to disseminate issues of MSM in Bangladesh.
Absti					

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B35	Khan, S. I. & Rauyajin, O.	1997	Bisexual Behaviors of Male STD Patients in Dhaka, Bangladesh (Abstract # A-P 094)	4th International Congress on AIDS in Asia and the Pacific, Philippine.	Yes	To know sexual life history interviews to explore pattern of sexual relationships and practices.	Dhaka (STD outdoor of a govt. hospital in Dhaka).	Qualitative (exploratory unstructured open ended in depth sexual life-history interviews).
B36	Khokan, D. et al.	1997	HIV, Syphilis and HIV Risk Behavior Among Chittagong Bangladeshi Citizen Who Attended STD and Dermatology Clinics [Abstract # A(P) 082]	4th International Congress on AIDS in Asia and the Pacific, Philippine.	Yes	To measure HIV and syphilis seroprevalence and HIV risk behaviour.	Chittagong (Two STD clinic attendees in Chittagong).	No mention about the methods which were applied to explore HIV risk behaviors. However, it sounds from the result section that a quantitative survey form was filled in.

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B35	9 male STD patients.	Bisexual behavior, invisible sex.	No information given	No information given	No information given	Very low condom (no numbers given).	Yes, all informants were purposively selected due to their female sexual exposure.
B36	198 patients.	Heterosexual, homosexual.	No information given	Predominantly male heterosexuals & 13% homosexuals.	No information given	79% never used condoms.	No information given

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B35	All had either gonorrhoea or syphilis detected by STD physician clinically.	Sexual exposure to female partners of different kinds (sex workers, girl friends, wife, relatives).	Have sexual relations with both sexes but informants did not identify themselves as bisexual. Rather their bisexual behaviors (especially male exposure) were described as situational, accidental, opportunistic and unplanned. Their male exposures had various contextual meaning.	Informants were selected from the clinic setting, especially those who were diagnosed as having clinical STDs. Therefore, criticism is made for selecting a bias sample in terms of addressing only those "people who were already engaged in high-risk behaviors".	This was a focused qualitative study on males' bisexual behaviours. Male STD patients who were reported having both male to male & male to female sexual exposure. This study can be considered the first of its kind in Bangladesh. The conclusion part of the study strongly advocated to design STD service delivery based on factual information regarding male sexual diversities.
B36	0.5% prevalence of HIV & 4.5% of syphilis.	No information given	Presence of HIV & high rate of syphilis among STD clinic attendees .	Clinic based study. Although mentioned studying HIV risk behaviour, result section has very limited information. In addition, methodology for measuring HIV risk behaviors is also not mentioned. Predominant focus on prevalence issue.	This kind of study design often claims of looking at sexual behavioral issues but in most cases in the research team no behavioral scientists are included. Therefore, this kind of study results in predominant focus on prevalence issue, a loss of opportunity to collect or analyze behavioral data which could have crucial impacts.

						METHODS		
No.	Author(s)	Year	Title	Source	Reviewed? yes/no	Stated Goal(s) of Research	Research Site	Notes of Methodology
B37	Khan, S.I.	1999	<b>Male to Male Sex in Bangladeshi Society: Implications for STD/HIV Intervention</b>	5th International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, Malaysia.	Yes	Explore and describe the pattern of male to male sex and its impacts on STD/HIV transmission & prevention in Bangladesh.	Dhaka city area.	Qualitative (in-depth interviews).

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B37	This study utilized randomly selected 60 interviews drawn from 316 in-depth interviews.	MSM, alternate sexual outlet.	No information given	Sex with both sexes.	No information given	No number, but presence of unprotected sex.	Existence of female sexual partners.

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B37	No information given	Female exposure of different kinds.	Existence of trafficking to male sex trade, social stigma, family disrepute, socio-legal discrimination and harassment, low level of knowledge, low self-esteem.	Random selection from already collected huge volume of qualitative data was not done for any generalization. This kind of random selection may reduce the richness of information.	The original project collected 316 in-depth interviews from MSM including male sex workers (MSWs). The volume of data is huge and mostly not analyzed.

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B38	Nahar, N. & Ahmed, N.	1999	Hijra and HIV Risk: Transgender Communities in Bangladesh	5th ICAAP International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, Malaysia.	Yes	To explore demographic and behavioral risk pattern of hijra community.	Dhaka city area.	Quantitative survey.

No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	SEXUALITY		
					Number of Partners	Condom Use	MSM who have sex with women
B38	150	Hijra, eunuchs, kothi, guru.	No information given	No information given	Average in the previous week (7) range (2-12).	4% of all penetrative sex.	No information given

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B38	18% current anal STD symptoms (self-reported).	Both commercial and non-commercial sex.	<p>2300 hijras in Dhaka and 12,000 in Bangladesh (informants' estimation), average 12 hijras per guru. Majority had no surgery. Hijras who reported to be undergoing surgery, among them 57% did their surgery in Bangladesh and the rest in India. 37% had no education and the rest averaged 3 years of education. 13% had engaged in group sex in previous month. Most hijras worked as sex workers at least some time in their life. 98% were engaged in commercial sex in the previous week. 69% had non-commercial sex in the past week. In 41% cases they were raped by police, 46% mastans.</p>	<p>This study was conducted by Jenkins when she worked in ICDDR,B. However, the abstract was published by different persons with reference to CARE Bangladesh.</p>	<p>This was the first quantitative work on hijra population in Bangladesh. No research proposal was developed for this work. Jenkins and the research group decided to take the opportunity to develop HIV intervention on hijra populations. Later on she left to work at CARE Bangladesh, and we noted that data were utilized without acknowledging the role of ICDDR,B researchers. The data was presented in the abstract that the survey as having been by them, but it is interesting to mention that none of writers in the abstract were related to the survey work.</p>

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B39	Rahman, H., Khan, S.I., Islam, N., Bogaerts, J., Azim, T.	1999	<b>Sex Workers in Bangladesh: Results of the National Behavioural Surveillance 1998</b>	5th International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, Malaysia.	Yes	To behavioral pattern of both male and female sex workers.	Brothel FSWs form all Bangladesh & Dhaka street based both FSWs & MSWs.	Behavioral survey.
B40	Arafat, S., Islam, A.H., Haque, A.A., Ahmed, S.	1999	<b>Clinical Services for Males who have Sex with Males (MSM) in Dhaka City: Experience for Implication</b>	5th International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, Malaysia.	Yes	To document clinical service experience of a NGO providing services to MSM & MSWs in Dhaka city area.	Dhaka city.	Not research. However, quantitative data was presented.

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B39	1,212 FSWs in 18 brothels and 540 street FSWs, 207 MSWs.	Kothi.	No information given	Anal sex.	No information given	26% in the previous week.	No information given
B40	883 patients.	MSM, psychosexual problems.	No information given	No information given	No information given	No information given	No information given

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B39	No information given	Greater level of non-commercial sex comparing to than that of FSWs.	Though comparatively less, but yet victims of street violence.	Since data were taken from National Behavioral Surveillance, we believe data was in the main report. However, the abstract inadequately mentioned crucial findings relevant to title of the abstract.	National Behavioral Surveillance is a wonderful undertaking in Bangladesh. Data should be well presented for policy implications.
B40	Among the total clinic attendees, 23% reported having STD symptoms, among them 13% ginorrhoea, 5% syphilis, 4% anal discharge.	No information given	Prevalence of psychosexual problems 26%, and non-STD anal problems (8%) , a trained counsellor is urgently required at the STD clinic to deal with psychosexual problems.	The diagnosis of STDs was based only on syndromes, therefore, the sensitivity of diagnosis & categorizing them in mutually exclusive ways by the clinician is important since it has not been mentioned whether clinic was operated by any STD specialist or not.	This kind of documentation is significantly important. However, this kind of documentation can be improved by systematically designed forms and registered book. The high prevalence of psychosexual problems should not be ignored by the service providers. The conventional STD physicians and STD clinic facility in Bangladesh do not accommodate counseling services. It seems crucially urgent to consider the issue of psychosexual problems and non-STD anal problems

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B41	Haque, AHM Azizul	2001	Discovering Unknown Forms of Male-to-Male Sexual Behaviour in Bangladesh	6th International Congress on AIDS in Asia and the Pacific. Melbourne, Australia.	Yes	NGO intervention experience.	Dhaka city, Sylhet and Chittagong.	Not a research in strict sense, rather a documentation on intervention experience.
B42	Ahsan, K., Chowdhury, H.T., & Bayzid, M.	2001	Peer-based Outreach Intervention for MSM at Cruising Venue and Make up Room (dressing room) in Dhaka City, Bangladesh: An Effective Platform to Reach the Hidden MSM	6th International Congress on AIDS in Asia and the Pacific. Melbourne, Australia.	Yes	NGO intervention experience.	Dhaka	NGO intervention experience.

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B41	13,000 MSM including MSWs were reached by the NGO.	MSM, kothi, panthi.	No information given	No information given	No information given	No information given	No information given
B42	No information given	MSM, gurus.	No information given	No information given	No information given	No information given	No information given

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B41	No information given	No information given	No information given	No methodology, not a research and was also not written in the format of intervention experience.	It is excellent that NGOs are trying to document their experience and understanding based on their valuable field experience. However, due to lack of expertise, in many cases the documented articles lack scientific integrity. It is expected that NGOs may have a small research component or at least should work in collaboration with researchers or research organization for taking technical skills for learning documentation strategies.
B42	No information given	No information given	MSM are selling sex due to either poverty or for personal preferences, MSM lack open and health environment to access information and services, make-up rooms are identified as safe places for intervention.	No methodology of documentation, lacking clear understanding of what has been found, since peer based outreach program has nothing to prove its efficiency.	Similar comment mentioned above.

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B43	Bayzid, M.	2001	An Assessment Studies of Sexual Behaviours and Social Norms and Risk Contexts for HIV Infection in Men Having Sex With Men MSM in Dhaka City of Bangladesh	6th International Congress on AIDS in Asia and the Pacific. Melbourne, Australia.	Yes	To assess sexual behaviors and social norms and risk contexts for HIV infection among MSM.	Dhaka	Qualitative & quantitative (structured questionnaire, SGDs, PRA technique).

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B43	150	MSM, kothi, hijras, parik.	No information given	No information given	No information given	11% kothis ever used condom, 4% were current but occasional users.	22% had sex with wives.

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B43	100% of the respondent self-reported of having STI symptoms .	Relation with wife of those who were married.	46% kothis were working as MSWs, 20% live with their pariks, Only 4% clearly knew about STI transmission, significant number of MSWs suffered from ruptured anus, 3% kothis knew about condom prevention of STIs.	<p>Though qualitative methods were demanded to be utilized, the result section had no indication of qualitative data. Which PRA technique was used and why it was adapted also had no explanation.</p> <p>The writer of the abstract is not a researcher by profession, therefore, it is not clear how he became the sole author of this abstract. Research is not something just filling up survey forms and counting the percentages. Conference abstracts are not something that anyone's name can be attached to. Conferences have become attractive venues to attend by submitting abstracts without any obligations and ethical considerations.</p>	<p>Whether this assessment was a baseline or not is not clear. Since another NGO is also working on MSM population in Dhaka city area, therefore, it is important to have clear idea about their coverage areas in the city in order to avoid any confusion and duplicities.</p>

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B44	Khan, S., Bhuiya, A., & Uddin, J	2001	Sexuality Construction of Male Sex Workers in Bangladesh: Implications for STD/HIV Interventions	6th International Congress on AIDS in Asia and the Pacific. Melbourne, Australia.	Yes	To understand and describe the sexuality construction of MSWs in the framework of gender & life expectations.	Chittagong	Qualitative
B45	Haque, AHM Azizul & Ahmed, G.	2001	A Community-based Risk reduction Approach to HIV/AIDS/STD Prevention Among MSM in Bangladesh: The Bandhu Social Welfare Society Program. (Abstract#0685)	6th International Congress on AIDS in Asia and the Pacific. Melbourne, Australia.	Yes	Not a research, rather intervention experience.	Dhaka, Sylhet, Chittagong	Program experience

No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	SEXUALITY	
						Condom Use	MSM who have sex with women
B44	35	MSWs	No information given	No information given	No information given	Mostly unprotected sex.	No information given
B45	Reached 18,470 MSM through outreach activities during October 2000 to March 2001	MSM.	No information given	No information given	No information given	6% condom use during base line by NAZ, now it is around (40-50)%	No information given.

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B44	No information given	No information given	In contrast to Western Gay culture, the local sociocultural, socio-economic scripts of MSM relations should not be ignored in the intervention framework. MSM are not a single group, rather a diverse and overlapping groups based on gender roles & sexual activities as well.	This study only focused on cruising venue based MSWs who basically belong to lower socioeconomic class. However, there are other variety of MSWs who operate their sex business in other setting like residences and hotels. Therefore, all forms of MSWs of Chittagong city were not addressed by this study.	This study on MSM and MSWs was the first in its kind and applied both qualitative and quantitative approaches. Globally researchers are occupied in examining the sero-prevalence or measuring behavioural risk. However, MSWs' real life situations, expectations, sexuality constructions, gender roles, psychosocial crisis are often ignored in the traditional research design. This study is an exception in terms of addressing these issues beyond conventional study questions.
B45	No information given.	No information given.	Success of Bandhu intervention by considering the increase of condom use, increase attendance at social & educational meetings, increase self-esteem etc.	This kind of intervention experience should be based on monitoring & evaluation data. However, this abstract described the success of Bandhu intervention without any indication of the required scientific data collection and documentation strategy.	The strategy used by Bandhu is crucial for other NGOs working in the similar issues. Therefore, documenting intervention experience carries significant importance.

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B46	Jenkins, C	1998	Varieties of Homosexuality in Bangladesh: Implications for HIV Prevention	12th World AIDS Conference, Geneva, Switzerland. 1988	Yes	To explore the varieties & contexts of same sex experiences among males and the life courses of these men.	Dhaka	Qualitative (interviews).
B47	Ahmed, S., Islam, M.A.I., Sohel, R.S.R. Khan, S	1998	Risky Sexual Practices Among MSM in Public Sex Environment in Dhaka of Bangladesh	12th World AIDS Conference, Geneva, Switzerland.	Yes	To explore sexual practices, STD/HIV transmission risk and sexual network	Dhaka	No information given

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B46	45	MSM, transsexual life styles, bisexually active.	No information given	No information given	No information given	Most did not use condoms.	No information given
B47	550	MSM.	No information given	No information given	No information given	No information given	Sex with female partners including wives.

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B46	No information given	No information given	Initiation of same sex occur among male youth in rural areas at the earliest age (8-9) years and most around 13-15 years with partners around 17-24 years and it happened among relatives. Raped in groups of older boys. Gender roles also varied. Some become professional sex workers. Boy sex is a safe substitute. Nearly all informants were married and the rest claimed to be getting married.	Sampling was done to maximize variation among MSM population, however, results reveal that nearly all interviewed MSM were married. The voice of unmarried MSM is missing in this abstract.	Professional qualitative study on MSM population in Bangladesh, which is considered the pilot project on institutional studies on MSM population in Bangladesh. MSM peers were recruited and trained as qualitative interviewers which can be considered innovative and efficient strategy for studying this kind of hidden and stigmatized populations.
B47	No information given	Sex with female partners.	No information given	Though this abstract was written on a need assessment issue, the result section had no data. Not a well-written abstract.	This was probably the first abstract submitted by Bandhu and hence appreciated.

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B48	Lahiry, S	1998	A Study on the Levels of Physical and Verbal Harassment of MSM's in Public Sex Environment	12th World AIDS Conference, Geneva, Switzerland.	Yes	To evaluate the levels, locations & reasons of harassment of MSM.	Dhaka	No information given
B49	Akhter, K.M., Bayzid, M. & Munir	2000	The Challenges of Addressing Sexual Health Issues of Men Who Have Sex wWth Men for Prevention and Care of HIV in Bangladesh Having Socio-religious Barriers	13th World AIDS Conference, Durban, South Africa.	Yes	To develop intervention program for MSM.	Dhaka	Program experience.
B50	Haque, A. & Ahmed, S.	2000	Community Based Risk Reduction Approach Among MSM: Bandhu Social Welfare Society: HIV/AIDS/STD Prevention Program	13th World AIDS Conference, Durban, South Africa, 2000.	Yes	Intervention experience.	Dhaka	Intervention experience.

No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	SEXUALITY	
						Condom Use	MSM who have sex with women
B48	100	MSM, kothi.	No information given	No information given.	No information given	No information given	No information given
B49	No information given	MSM, homosexuality.	No information given	No information given	No information given	No information given	No information given
B50	7,174 MSM were recruited from July to December 1999.	MSM.	No information given	No information given	No information given	Condom use increased to (30-39)% comparing to 6% at the baseline.	No information given

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B48	No information given	No information given	61% MSM were harassed more than one time (sometimes 50 times), 12% once in the life time, 7% never, physical & verbal abuse by police, guards, students, drug users. Financial exploitation as well. Harassment was not only due to homophobia.	Poorly defined research.	The issue of harassment is very important issue to be explored in-depth with exploring the context and nature. Moreover, the harassment issue of MSM should be intervened by the policy planners and program managers to effectively influence any intervention for MSM population.
B49	No information given	No information given	No information given	Providing counselling and educating wives of MSM. This is an urgent, but very sensitive issue to be tackled since MSM alternate sexual preferences are completely hidden to their family lives. Nothing has been mentioned about how this sensitive work has been conducted by the local NGO.	Reaching wives of MSM is a crucial issue. From the abstract it is apparent that ODPUP is doing this sensitive work. But nothing has been mentioned about this issue. It is rather far more important to address this issue rather than merely mentioning the list of activities.
B50	No information given	No information given	No information given		

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B51	Ahmed, S. & Arafat, S.	2000	Clinical Services for Males Who Have Sex With Males (MSMs) in Dhaka City: Experience for Implications	13th World AIDS Conference, Durban, South Africa, 2000.	Yes	To document clinical service experience of a NGO providing services to MSM & MSWs in Dhaka city area.	Dhaka.	Not a research document. However, quantitative data was presented.
B52	Ahmed, S. & Khan, S.	2002	MSM Sexualities, Identities and Behaviors in South Asia Gay vs MSM?	14th World AIDS Conference, Barcelona, Spain, 2002.	Yes	No information given	Dhaka	Not research, rather a kind of program experience.

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B51	1,832 patients were treated.	MSM.	No information given	No information given	No information given	No information given	No information given
B52	No information given	MSM, kothi, gay.	No information given	No information given	No information given	No information given	No information given

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B51	Among the total clinic attendees, among them 11% had gonorrhoea, 4% syphilis, 9% anal problem, 8% UTI, 9% PUD.	No information given	21% clinic attendees were suffering from psychosexual problems.	Nothing to mention since a similar abstract was also submitted 5th International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, Malaysia.	
B52	No information given	No information given	Many MSM who do not identify themselves with a specific label are utilizing the term MSM as an identity, therefore confusion exists around the term MSM.	This is not research, nor a program experience. Rather a kind of article based on long experience of working on MSM population. The integrity and continuation of writings is not well articulated.	This abstract raises an important issue in terms of using or mis-using the term of MSM which to some extent is confusing. However, it's rational. However, the lessons learned and recommendations of the abstract do not correspond to those mentioned in the description.

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B53	Uddin, S.Q.	2002	A Potential Contact Point to Reach the Male Sex Worker (MSW) for HIV Education	14th World AIDS Conference, Barcelona, Spain, 2002.	Yes	Intervention experience.	Dhaka	Not research, intervention experience.
B54	Ahsan, K., Rahman, L. & Bayzid, M. D.	2002	Empowering Men Having Sex With Men (MSM Community) in Bangladesh for Building Own Community	14th World AIDS Conference, Barcelona, Spain, 2002.	Yes	Intervention experience.	Dhaka	Not research.
B55	Azizul, H. Dowsett, G. & Shale, A.	2002	Researching the Dimensions of MSM Activity in Dhaka, Bangladesh, to Assess the Risk of HIV/STD Transmission and Develop Prevention Programs	14th World AIDS Conference, Barcelona, Spain, 2002.	Yes	Program experience.	Dhaka and some other districts in Bangladesh.	Kind of generalized program experience.

No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	SEXUALITY	
						Condom Use	MSM who have sex with women
B53	No information given	Guru, MSW.	No information given	No information given	No information given	No information given	No information given
B54	No information given	MSM	No information given	No information given	No information given	No information given	Sex with wives.
B55	Bandhu reached 67,000 MSM since 1997	Kothi, MSM, panthi, do-parathas	No information given	No information given	No information given	No information given	No information given.

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B53	No information given	No information given	MSWs are busy at night selling sex, then sleep till 11 am and then become involved in daily activities till 4pm. Therefore MSWs lack free time to be accessed for interventions. Thus, make-up rooms have been identified as potential venue for reaching MSW.	Not a well articulated abstract.	The concept of make-up room is not well understood and described. However, if such make up rooms exist in such a number and MSWs if can be accessed there, then certainly make-rooms can be used as cost-effective easy accessible venues to reach MSWs for intervention. However, the question remains as to how long a MSW spends time in a make-up room and how many come together.
B54	No information given	Female network.	30% of reached MSM are married.	The data presented in the abstract lack clear description of methodological issues.	The issue of married MSM and the vulnerability of their wives is really an urgent issue to be thought for immediate intervention.
B55	No information given.	Multiple sex partners.	The great risks of non-kothi MSM are acknowledged for their unprotected sex with multiple partners including females. MSM do not have a singular construction of sexuality, rather multiple sexualities across the MSM population exist.	Among many significant issues, this abstract has made a crucial comment about the construction of MSM sexualities which should be based on scientific data.	This abstract documents the clear and greater vulnerability of non-kothi MSM which has suggested to a move beyond the predominant focus on kothis intervention to include the non-kothi MSM which certainly poses an added challenge for NGOs working on MSM populations.

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B56	Khan, S.I., Bhuiya, A. & Uddin, J.	2002	Vulnerable Female Sex Partners of Males Having Sex With Males (MSMs) in Bangladesh: A Cultural Gap at the HIV Intervention Framework	14th World AIDS Conference, Barcelona, Spain, 2002.	Yes	To explore the pattern of sexual activity of MSM with female partners.	Chittagong	Quantitative & qualitative.

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B56	235 MSWs and 67 clients	MSM, MSWs, kothi (female mind in male body), giriya/straight MSWs (non-kothi MSWs), mama/panthi (clients of MSWs).	No information given	Anal sex among MSM and among MSM and their female partners.	No information given	No information given	Sex with wives and other female partners.

				COMMENTS	
No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	Problematic aspects of research	Comments about quality of work
B56	No information given.	Wider sexual network with various types of female partners.	<p>10% MSWs, 50% clients are married, 12% MSWs &amp; 67% clients are fathers, unmarried kothis, giriya MSWs and clients rarely wanted to be unmarried, 100% clients and 50% MSWs had unsafe female sex in the last month, 90% MSM (MSWs+ clients) claimed their female partners did not know about their male relations, not only to protect themselves from shame but also to protect their masculinity. 50% MSM were engaged in unsafe anal sex with their female partners. Gender normative notion regarding women's silence &amp; apathy about sexuality and men-dependent sexuality issues might contribute to men's control &amp; suppression of women's informed sexual choices and decision making about sexual acts and partner selections.</p>	<p>The reactions and responses of MSM whose female partners are aware of their husbands' male to male sexual encounters are missing. And if the perspectives of those female partners were possible to explore, they could give an insider's views about this crucial and complex issue.</p>	<p>This abstracts has addressed the emerging crucial issue of targeting MSM' neglected and overlooked female partners including wives who are the victims of sociocultural silence about the diversity of male sexualities. The female partners of MSM are no doubt the hardest group to reach, however, NGOs have no choice to find out the best possible but culturally sensitive approaches to address on these emerging vulnerable populations who are yet missing at the conventional MSM HIV intervention framework.</p>

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B57	Fakir, M.	2002	The Outreach Services for MSM Provided by ODPUP-s Situation Analysis in Dhaka City	14th World AIDS Conference, Barcelona, Spain, 2002.	Yes	Program experience.	Dhaka.	Program experience.
B58	Choudhury, M. A.	2002	Follow Up Survey Findings After One Year Intervention Amongst MSM in Dhaka	14th World AIDS Conference, Barcelona, Spain, 2002.	Yes	To assess the changes in terms of knowledge concerning HIV/AIDS.	Dhaka	Quantitative & qualitative.

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B57	No information given	MSM.	No information given	No information given	No information given.	No information given.	No information given.
B58	No information given	Kothi, MSM,	No information given	98% anal sex, 50% oral sex, 43% thigh sex, 12% masturbation	No information given.	No information given.	No information given.

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B57	No information given.	No information given.	There is no IEC materials for anal STIs.	Not a well articulated abstract. The concept of peer educator is already a widely practiced intervention strategy all over the world especially to reach "high-risk hidden" population. Therefore, it is rather expected to document what were the problems or barriers faced by the NGOs to adopt the peer-educator approach in their intervention rather than just appreciating the efficacy of this approach.	The comment about the absence of IEC or BCC materials on anal STIs is very commendable. BCC materials also addressed the fact that the examining of the MSM issue at the local context is missing in Bangladesh and is urgently required.
B58	No information given.	No information given.	67% kothis were involved in selling sex for their livelihood, the mean age of first sex is 12 years	This abstract lacks scientific integrity and contains unacceptable language.	The quality of this kind of report is questionable. The total sample size was not mentioned anywhere. The language is sub-standard especially has used some unacceptable or unprofessional terms.

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B59	Uddin, J.& Rashid, MN	2002	Activities and Experiences of MSM Community-based STD/HIV Intervention Project in the Port City of Bangladesh	14th World AIDS Conference, Barcelona, Spain, 2002.	Yes	Program experience.	Chittagong	Intervention experience.
B60	Hero, Al., Azizul, H., Ahmed, A. and Dowsett, G	2002	Looking Out From the Inside: Male Sexualities, Gender Identities, HIV/AIDS and Dance in Bangladesh	14th World AIDS Conference, Barcelona, Spain, 2002.	Yes	To understand the kothis' pain, silence and marginalization through dance performance.	No specified site.	Performance of a Bangladeshi dancer to express kothis' sexuality and culture in Bangladesh
B61	Khan, S.I.	2000	Sociocultural Construction of Male Sexuality in Bangladesh	Published; Conference Proceeding, Health Social Science Actions and Partnership: Retrospective & Prospective Discourse, Population Studies Center, Gadjah Mada University, Yogyakarta, Indonesia. Also presented at the Asia Pacific Social Science and Medicine (APSSAM) Conference, December, 1998 in Indonesia.	Yes	To explore sexual behaviors of male STD patients.	Dhaka	Qualitative (exploratory study).

No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	SEXUALITY	
						Condom Use	MSM who have sex with women
B59	1454 MSM were reached from July 2000 to June 2001.	MSM, MSWs.	No information given	No information given	No information given	No information given	No information given
B60	No information given	Kothi	No information given	No information given	No information given	No information given	No information given
B61	15 male STD patients.	Situational & opportunistic sex.	No information given	Anal, oral, vaginal.	Multiple	Mostly unprotected.	Sex with females.

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B59	65% MSM were referred to STD clinic for suffering from perceived problems of STDs.	No information given	50% clinic attendees were suffering from psychosexual problems.	The abstract did not mention any data on harassment or discrimination issues, whereas in conclusion suggested to consider those issues in intervention activities.	The recommendation of including the advocacy with the power structure seems urgent for any project dealing with a marginalized hidden population. The suggestion of broadening the intervention activities is commendable.
B60	No information given	No information given	The pain of kothis in terms of separation from his panthi due to marriage custom is a sensitive area to be examined.		A new way of expressing this sensitive issue. This has to be considered a good learning method for its future replication inside the country.
B61	All patients were diagnosed having an STD.	Both male and female exposure.	Existence of pre & extramarital male to male sex. Some stated about influence of porno-films on their practice of anal sex experimentation.	This study was clinic based & informants were collected from STD outdoor facility. The sample size was only 15 which could also limit to understand diversity of sexual acts.	This abstract was based on a master's thesis, thus the study applied theoretical models of study human sexual behaviors. This study also carries significance in terms of studying in-depthly sexual behaviors of male STD patients and found the existence of male to male sex in such a small purposive sample.

No.	Author(s)	Year	Title	Source	Reviewed? yes/no	METHODS		
						Stated Goal(s) of Research	Research Site	Notes of Methodology
B62	Khan, S.I. & Sharmine, T.	1999	<b>Programs on Males Who Have Sex With Males in Bangladesh: Necessity and Barriers</b>	Abstract of the 8th Annual Scientific Conference (ASCON VIII), ICDDR,B Dhaka.	Yes	To explore and describe the reasons for promoting interventions on MSM and identify barriers to addressing the issues.	Dhaka & Chittagong.	Qualitative.

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B62	40 in-depth interviews were purposively selected from already collected 356 in-depth interviews.	MSM.	No information given	No information given	Higher number of sex partners.	Mostly unprotected sex.	Sex with females.

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B62	No information given.	Female networks exist.	<p>Selling sex is initiated and continued mainly due to comparatively easier economic subsistence which probably has enhanced the increasing number of MSWs' recruitment at the sex trade. NGOs in Bangladesh cannot be registered openly by stating their work on MSM population. Rather they hide their original agenda under the banner of male sexual health project.</p> <p>Among various barriers were violation of human rights of MSM populations, socio-legal harassment by law enforcing agency &amp; mastans, exploitation of clients by MSWs &amp; police and judgmental attitudes of health providers.</p>	<p>This study purposively selected 40 in-depth interviews among 356 interviews. Analyzing other interviews is also important to see the whole dimension. This study could be complemented by a quantitative survey as well.</p>	<p>40 interviews were selected to identify various barriers to design intervention on MSM population. However, this study offered many crucial learning both at micro and macro level which cannot be avoided during the designing of MSM interventions. It has to be remembered that without removing, reducing or interacting with various barriers, condom promotion and STD treatment interventions will not work.</p>

						METHODS		
No.	Author(s)	Year	Title	Source	Reviewed? yes/no	Stated Goal(s) of Research	Research Site	Notes of Methodology
B63	Khan, S.I.	1999	<b>Male to Male Sex and Women's Vulnerability: A Cultural Dimension of HIV Transmission in Bangladesh</b>	Abstract of the Second Conference on the Global Strategies for the Prevention of HIV Transmission from Mothers to Infants, Montreal, Canada.	Yes	To explore local pattern of male to male sex and its impact on women's vulnerability to STD/HIV.	Dhaka	Qualitative

		SEXUALITY					
No.	Sample Size	Terms / Definitions Used	Frequency of Sex	Sexual Practices	Number of Partners	Condom Use	MSM who have sex with women
B63	316 in-depth interviews were purposively analyzed to see the MSM's female exposure pattern.	MSM, kothi, panthi.	No information given	No information given	No information given	No information given	Sex with females.

No.	HIV/STI data	Characteristics of Sexual Networks	Other Significant Findings	COMMENTS	
				Problematic aspects of research	Comments about quality of work
B63	No information given	Female network.	Both panthis and kothis were found having pre & extra marital sex with females.	This study examined 316 in depth interviews. However, the results section had no quantitative reflection which could enhance the quality of analysis. Secondly, the meaning and explanation of female relations are not clearly and adequately described.	The vulnerability of female partners of MSM cannot be ignored or overlooked. This abstract has addressed an urgent issue.