

Naz Foundation International

Report for Family Health International

**SITUATIONAL ASSESSMENT OF SEXUAL HEALTH AMONG MALES
WHO HAVE SEX WITH MALES AND THEIR SEXUAL PARTNERS IN
BANGALORE, INDIA**

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SECTION ONE

A SUMMARY OF FINDINGS

India is a male dominated society where the social and public spaces are primarily male and masculine. As a homosocial and homoaffectionalist society, sexual boundaries between males can be readily crossed and may often can become sexual acts. Whereas some of these acts can perhaps be called homosexual (within the context of local identities based upon female gender identification - also self-labelled as *kothis*, or even gay) in that a sexual sense of self is operating within a framework of gender sex roles and desires, the majority of such male to male sexual encounters should perhaps be also seen within a context of semen discharge.

Beyond this of course are those with specific male to male desires, and in this context, four significant, but differing identities emerge. That of a *kothi*-identified man, a *double-decker*, a gay man, or a *panthi*. But the *panthi* is a masculine male given the label *panthi* by *kothis* through sexual access. In himself, he does not have a sexual identity. And the *double-decker* should not be seen as a specific identity, rather as a name behavioural choice.

The term *double-decker*, which is a *kothi* label given to men who penetrate and also are penetrated, was taken on by a considerable number of males in the city, very different from Hyderabad. There are several possible reasons for this. Perhaps primarily because the *kothi* label is more stigmatised and identifying with the *kothi* term *double-decker* could reduce stigmatisation. Also Bangalore indicated much higher rates of police harassment of *kothis* and gay men than Hyderabad, and this led to a greater invisibility and reduction in the public gender performance of *kothis*. Bangalore also has a longer history of gay activism, with a growing gay scene in terms of bars and clubs. Further there could well be an emergent indigenous gay culture framed around mutual sex expression - the *double decker* for lower income groups. However, analysis of the questionnaire data and interviews indicated that behaviourally, *double-deckers* were much closer to *kothis* in terms of actual sex acts, that is higher rates of being penetrated than penetrating, both orally and anally. This tends to support the hypothesis that those identifying themselves as *double-deckers* did so primarily to masculinise their feminised gender identity away from *kothis*.

The Situational Assessment consisted of interviewing 200 MSM through questionnaires with 47 of these men further interviewed in - depth through open-ended questions. These interviews were tape-recorded and then transcribed into English. Two Focus Group Discussions were also held with a number of MSM, and a range of site visits made for observational analysis. All participants were above 18 years of age.

Kothi-identified men appeared to be significantly more sexually active than gay-identified men are or *double deckers* in this study, with higher rates of anal and oral sex (average nearly 2 times for the former but similar levels for the latter). At the same time, the majority of *kothis* met their partners in public sites along with *double-deckers*, whereas gay-identified men tended to meet their partners in private spaces.

While *double-deckers* showed similar levels of sexual activity as gay-identified men, even though they socialised and networked more with *kothis* in public sites, one of the

key reasons for the differences in activity was the absence of a *kothi* performance in these sites. This invisibilised desire and reduced opportunities for attracting males for sex. A key reason for this significant reduction in performance attributes was the constant fear of being harassed either by local men at a site or by police.

Significant levels of unprotected anal sex existed. Actual knowledge about HIV transmission was relatively high, with over 70% giving correct information about anal penetration risks and a slightly higher percentage in regard to vaginal sex. Yet condom use for anal sex was low particularly for *kothis* and *double-deckers* (average about 30%). Condom use was significantly more prevalent amongst gay-identified men than *kothis*, and *double deckers* (up to 60%).

All self-identified male sex workers in the Assessment were also identifying as *kothis*, while the vast majority who were paid for sex (a much higher figure with many not self-identifying as a sex workers) were also *kothi*-identified.

In terms of possible symptoms of STIs, there was a significant difference with those from Hyderabad, with much lower rates of symptoms. This may well be because Bangalore reported just less than 50% less sexual activity than Hyderabad! There appeared to be high levels of non-treatment for these symptoms.

A majority of males in this study were self-identified *kothis* or self-identified *double-deckers*. Very few gay-identified men were accessed, where the Assessment team members reported a lot of resistance from such men to discuss issues. This was also noted in that when the original team members were being identified for the work, no gay identified was willing to join the workshop and participate in the Assessment. Yet Bangalore has very active gay organising over the past few years.

Mostly unmarried, the *kothis* and *double-deckers* all stated they would get married in the range of recorded interviews and discussions. Marriage for them was not so much a choice but a family compulsion. There was no significant evidence that marriage actually substantially decreased the levels of male to male sexual activity. A few of the men that this was discussed with stated that when they got married they originally believed they would stop, but because they received little sexual satisfaction from their wives they continued to seek sex with men. Many others stated that they liked sex with other men and saw no reason to their "duty". Also some of the men stated that they couldn't ask their wives to perform certain sexual acts, and partly because sexual opportunities with their wives were not always available because of social conditions, such as appropriate accommodation, religious and cultural customs, joint families, and so on.

Sexual health issues for males (and females) through the primacy of male sexual behaviours, particularly male to male sexual behaviours, should be seen as a major and urgent concern. The fact that nearly all (to be generous) of the STI treatment services as far as could be determined did not address anal transmission of STIs, is a cause for deep concern.

Appropriate service delivery of STI testing, treatment, care and counselling will need to be developed as a urgent necessity in order to formulate strategies that can effectively deal with different sexual behaviours in a confidential and sympathetic

manner. Promotion of sexual health amongst males who have sex with males will be particularly challenging, but necessary, because of the issues raised in this report.

The lack of understanding and knowledge of many of the NGOs, STI clinics, donor agencies, an MSM AIDS prevention implementing agency, and other institutions (including the State AIDS Prevention Society, regarding the constructions of male to male sexual behaviours and the frameworks of MSM behaviours and/or identities create many barriers to the development of appropriate and effective intervention services.

While it appeared that there was a certain degree of acceptance of MSM existence in Bangalore amongst agencies and individuals, where a local non-MSM NGO working with street children had been funded to develop an MSM intervention programme, this was framed within a Western construction of sexuality. Here the NGO talked of gay men and gay frameworks, being funded to do outreach with 500 MSM (gay men).

But in an Indian sociocultural context such constructions do not "fit", and can actually lead to an increase in the invisibility of the behaviours. It perhaps maybe necessary to separate behaviour from identities, and in developing appropriate responses, focus on both risk behaviours (for the 'penetrating partner') as well as "at risk groups" (for the 'penetrated partner') as two distinct frameworks. At the same time, it would also be necessary to look at the different class and social/sexual dynamics of *kothi/double-decker* identities and gay identities. It would be difficult to incorporate both within one intervention strategy. Sexual behaviours between males are certainly not a practice of only a small minority in Bangalore, but is much more complicated than the so-called heterosexual/homosexual divide.

Police harassment of gay-identified men and *kothis* in certain areas in the city was significantly high (much higher than in Hyderabad) producing intimidation and fear (with a high degree of violence and potential violence), restricting access and making MSM behaviours even more invisible than they already are. Such harassment and possible violence has also had a significant negative impact upon *kothi* public behaviours, local identities, and actual level of sexual acts.

The MSM Context in Bangalore

For some MSM, primarily *kothis* but also some gay-identified men, there are frameworks of male to male desire, identities and visibility which may make it easier to quantify numbers. This is more difficult with those who identified as double-deckers, whose performances will shift from a *kothi* framework to a masculinised framework (creating invisibility) depending on space and context. In a range of public sites this difference was very noticeable, where for *kothis*, behaviour could be relatively extreme, while for the *double-deckers*, eye movement and body stance indicated availability to the knowledgeable.

For the majority of males who sexually access these males and whose desires are around discharge rather than gender, and who perceive themselves as 'manly' and 'normal men', it is almost impossible to quantify. *Kothis* are much more visible than *double-deckers* or gay-identified men. While *kothi* performance is relatively restrained (compared to Hyderabad), there was still a significant degree of public role-play, particularly within *kothi* groups in public spaces. At the same time, a significant

number of *kothi*-type males identified themselves as double-deckers in terms of their behavioural choices, saying that being a *kothi* was more to do with socialising than what one actually did in sex.

In summary what we can say about male to male behaviours in Bangalore is that

- * For many men involved in male to male sex, MSM is not a sexual identity but a behaviour based on desire for discharge. This is primarily true for many of the sex partners of *kothis* and *double-deckers*.
- * Most MSM behaviours are not contextualised within a heterosexual-homosexual paradigm but within a gender framework and role play, where a feminine gender performance signifies the role taken in a sexual act. In terms of *double-deckers*, the identity was not necessarily equated with actual behaviour but more as an avoidance of a stigmatised identity and a masculinising framework. Such men did not call themselves gay because most of them do not interact with gay-identified men and do not have access to the vocabulary or class frameworks.
- * This gendered framework is constructed within a *kothi/panthi* dynamic, where the *kothi* perceives himself and his desire for other males in the context of feminine gender roles in India, i.e. the “penetrated” partner. *Kothis* identify as feminine males, constructing their social roles, mannerisms and behaviours in ways, which attract what they call *panthis* - “real men”.
- * In this context many *kothis* are visible in a range of public environments and neighbourhoods, but *panthis* are not, for they could potentially be any “manly” male.
- * This does not mean that Bangalore does not have any gay-identified men as it is understood in the West. It does. But these men are primarily English speaking, usually middle class, and a minority amongst men who have sex with men. Gay-identified men are much less visible in public arenas because of their identity construction is not based on gender desire
- * Nor does it mean that *kothis* do not penetrate, or that *panthis* are not penetrated. Some do cross over these gender roles. However, this crossover is generally kept secret from other *kothis*. And as for the supposed *panthi*, the *kothi* will now call him a *kothi*, and he will ensure that his penetration is kept secret from his friends also. These crossovers are seen as shameful, but less so in Bangalore than Hyderabad, where male femininity seems to be more stigmatised. The double-decker identity also expresses male to male desire, and Bangalore indicated a greater willingness of *double-decker* males to identify as such than in Hyderabad.
- * There are several *kothi* dynamics as well:
 - i. *nirvan kothi* - a male who is castrated - a transsexual
this is not a *hijra*
 - ii. *hammam kothis* - *hijras* and cross-dressed *kothis* who work
and sell sex in hammams (bath houses)
 - iii. *satla kothis* - *kothis* who cross-dress
- * *Kothis* have their own words and language, a derivative of the language of *hijras*
- * *Panthis*, or “real” men, do not see themselves as homosexuals or less masculine because of their sexual involvement with *kothis*. They penetrate *kothis* who are not “real men” - they are *kothis*. Their personal sense of masculinity is safe.

- * In other words there is a spectrum of masculinities.
- * In a culture that excludes females from public spaces, that socially polices females and controls their access by males, and where sexual behaviours are based on gender identification rather than sexual identity, it is possible that for many “manly” males, sexual access will be with *kothis* or those deemed less “manly”, i.e. young males and adolescents.
- * With this gendered dynamic it may be possible to physical count the number of *kothis* at a range of sites, but this doesn’t address the so-called *gupt kothis* - the ones who are secret. Nor does this address the number of “manly” partners these *kothis* access.
- * Beside the *kothi/double-decker/gay* frameworks, there is also another dynamic of male to male sexual behaviours, which because of a shame-based culture cannot be readily accessed. This includes inter-family male to male sex, sex between friends, sex within male only spaces. Such behaviours are not identity-based where desire is based on same- biological sex, but rather on immediacy, “body heat” and felt “discharge” needs
- * Such behaviours could be significantly high since there is a limited social construction of heterosexuality - perhaps we can call this behaviourally heterosexual” - and where sexual access to females is very limited. What appears to exist in Bangalore, like the rest of South Asia is a core personal identity in terms of gender role, marital status and class. Identities are not based on sexual object choices.
- * Gay identities have evolved (and are evolving) from the globalising of Western lesbian and gay frameworks. In Bangalore such gay-identified men were primarily English speaking, middle and upper class, with extensive contacts with Western gay culture and/or emergent gay groups across India through the internet.
- * Gay relationships are usually based on a personal sexual identity, a mutuality, friendship and exchangeable sexual acts - they are companionate relationships formed within a same sex/same gender dynamic. What this means is that gay men are sexually and emotional attracted to men. They identify as men.
- * *Kothi* relationships are based on gender roles - a “husband and wife” relationship. *Kothis* are not friends with their *panthis*, but “wife”. This is a relationship based on same sex/different gender identification dynamic. *Kothis* make friends with other *kothis* with whom they “never” have sex with. For *kothis* this would be like having sex with their sister.
- * Those identifying as *double-deckers* tended to have social relationships with *kothis*, and while their sexual partners tended to be *panthis*, their use of the *DD* identity was a way of dealing with the stigmatising of male femininity.
- * *Kothis* are attracted to *panthis*. *Kothis* perceive themselves as *kothis*, not "real men. The focus of desire is in terms of penetration.
- * *Panthis* tended to be attracted to the sex act.
- * Many men who sexually access *kothis* do so for semen discharge, not because the other person is a male.
- * Male to male sexual desire should be contextualised differently from male to male sexual behaviour

Gay identities and organisations

Bangalore has had a relatively long history of gay organising, and the city has 2 or 3 gay organisations/groups, but still relatively small. The main gay organisation in

Bangalore is G.A.Y., which is primarily an activist and social organisation and holds regular group meetings and socials. On average some 15-20 gay men attend the group meetings every week. Group meetings are held in English, although there have been attempts to also have Kannada translation. On several occasions there have been considerable, yet unresolved, debates about this issue.

A sub-set of this group has developed Swabhav, an organisation developing a telephone helpline around sexualities and sexual health. However the phoneline would be operated in English.

Members of both groups came from the social elites in Bangalore, well-educated, upper middle-class, and often those who have migrated to Bangalore for high-income work (computer technology, business, etc.) from other areas of India.

These men were well connected to the emerging gay networks in India through the internet, as well as to the global gay networks.

However, from all the anecdotal information and direct observation, there appears to be fewer gay-identified men amongst the MSM networks in Bangalore than *kothis* or *double deckers*. Gay men appeared to be from the upper middle and upper classes and English-speaking groups in the city.

There is another organisation (Sangama) which is a documentation centre on human rights issues with a strong focus on lesbian and gay rights. This organisation holds regular discussion groups, meetings and workshops on these issues, to which a number of individuals and NGOs attend. These discussions are held in English.

There was a considerable class, education and income divide between gay-identified men and *kothis/double-deckers* and their partners. This expressed itself with a very low social mixing between gay-identified men and *kothis* even when sharing the same site, and some levels of verbal abuse and stigmatising of the *kothi*. Members of these networks just did not socialise, nor did the gay organisations reach out to lower-income networks.

Each network was seen as irreconcilably different and separate. In several discussions *kothis* and *double deckers* expressed an uncomfortableness with gay-identified men because of a lack of their English skills, and their class and economic differences. They also often felt marginalised and "looked down upon" by gay-identified men, particularly those *kothis* from low-income sectors. The sexual networks and "cruising" areas often differed, and any socialising and mixing between them was very rare. The divide in language, identities and actual risky behaviours was considered significant enough to make an effective 'joint' strategy covering both these dynamics unworkable.

Situational Identities

Beliefs and practices led the majority of *kothi* participants in this study to act out situational identities. That is, within the family home and neighbourhood they will perform as young (or not so young) 'normal' men, while in specific environments, perform as *kothis* with other *kothis*, or to draw the attention of potential male sexual partners.

There was some evidence to indicate that the *double-decker* label taken on by some men was more to do with avoidance of a stigmatised *kothi* identity as feminised males, and that the *DD* label was also a situational identity. In private spaces where there was no risk of harassment, many *DDs* stated that their sexual desires were based on *kothi* frameworks, that is they also wanted a 'husband', a man with a big penis, and so on. However there was also evidence from such discussions that many *kothi*-identified males also had *DD* behaviours and desires, and that they also penetrated, but maintained a *kothi*-identity for socialising reasons. The fluidity of desire and identity between *kothi* and *double-deckers* was very marked, especially when compared with Hyderabad. This justifies the concept of seeing a *kothi* identity as much about a performance as well as actual desire.

Situational identities acted as a device to invisibilise identity choices, desire and behaviours, maintain social and family stability, and reduce levels of potential harassment and violence. This was more prevalent in Bangalore than Hyderabad because of the higher degree of police harassment in public sites, which most MSM accessed by the Assessment stated. There was a considerable degree of fear of discovery being expressed by both gay-identified men and by *kothis* and *double-deckers*.

Social Contexts

India, while rapidly developing, is still mainly bounded by traditional and conservative value systems expressed through religious and cultural norms and expectations.

Bangalore has the reputation of being the city of high technology and computer programming of international standards. This has led to a growing urbanisation which has also led to significant levels of rural young men migrating to the city in search of employment as often as excitement.

While Bangalore also has many Muslims, the social relationships between Hindu and Muslim *kothis and DDs*, while appearing friendly, were observed to have some undercurrents. For example, Muslim *kothis/double-deckers* were called "Pakistani" by Hindu *kothis/double-deckers*, both in the workshop and the discussion groups. And yet, unlike Hyderabad, more Muslims were accessed by the Assessment Team and Investigator. This needs to be further investigated.

The *kothi/double-decker* social and sexual networks seemed to be extensive and spread across Bangalore (to some extent this was also true of the gay networks), moving around from one site to the other in the course of an evening. But their sense of ease regarding the *kothi* "performance" was greatly tempered because of the constant fear of possible police and local (rowdy) harassment. In comparison to the *kothis* in Hyderabad, Bangalore *kothis* were very much quieter and restrained, with a great deal less of public performance. Several cases of police harassment and arrest and violence from rowdies were reported. These acted as a restraining framework and an increased fear of discovery. A range of cruising sites had also be raided by the police in previous months, which had the impact of reducing activities in those localities, and shifting them to other arenas.

Sociocultural frameworks of male to male sexual availability

Apart from male to male desire, in terms of the sociocultural frameworks, both contemporary and traditional, that appears to shape and construct male sexual behaviours in India, the following points need to be remembered:

- * Marriage is considered a social and religious duty and a family obligation, not one based upon personal desire and choice. It is therefore seen as compulsory and a social necessity.
- * To remain unmarried is seen as strange, if not an aberration. Cultural and religious beliefs dictate that a male achieves social responsibility and thus personhood upon marriage.
- * Marriage may often be delayed till the male is in his late twenties or early thirties because of the economic costs as well as perhaps for a lack of interest and desire
- * The central objective of marriage is the production of children, specifically male children. Marriage is thus seen not as egalitarian and companionate, based upon mutual friendship, but rather as a source of reproduction of children.
- * In this context marital sex is seen as reproductive. Sociocultural traditions in India, frame women as not equal to males, as inferior vessels of male honour, to be sexually controlled, if she is allowed any form of sexuality. Sex with one's wife is often seen as a duty, rather than as pleasure. The statement "I do duty to my wife" is quite common, meaning I have sex with my wife. Also asking one's wife to perform certain sexual acts, such as oral sex or anal sex becomes shameful. She is the vessel of one's children.
- * This often leads to a concept of sexual pleasure of men as only available outside of marriage. Others would be asked to perform sex acts that could not be asked of a wife.
- * Here what matters, is not the pleasure of the partner, but the pleasure of the self. Sexual behaviour becomes one of sexual discharge.
- * Gender segregation, female virginity, loss of honour, and so on, often makes it easier to access other males for sex than females in a homosocial and homoaffectionalist society, because women are more policed and socially controlled.
- * Indian culture focuses on public shame rather than personal guilt as frameworks of social control. It should be recognised that fulfilment of social, religious and family duty is central to an Indian. Here duty is seen as a public duty, to be visibly performed. Thus the sense of shame and dishonour arises from a public (community) perception about visible personal behaviours.
- * Concepts of sexuality, sexual behaviours and sexual identities are bound up within concepts of gender roles (the penetrated and the penetrator, masculine and feminine, male and female) and semen discharge. Such a framework will often leads to high frequency of sexual partners.
- * For some males who sexually penetrate (the *panthi*), the gender of the sexual partner can often be irrelevant. What matters, is to discharge.
- * Because India culture is homosocial and homoaffectional, both in public and private, it is not uncommon for two or more males to share a bed. This makes opportunities for sexual encounters much easier. Very often this takes place in the dark, under the blanket, when partners can disassociate themselves from the act - "it was in my sleep".

All the evidence points to significant numbers of males engaged in sexual encounters with other males, from adolescents to much older men, from close relatives to the domestic servant, from the rickshaw driver to the businessman, from the rag-picker to the shop-keeper. Many will engage in these behaviours sporadically, or over relatively brief periods of time. Many will also continue this behaviour infrequently over longer periods of time, beyond even their marriage. And many will engage in male to male sex as either an exclusive sexual behaviour prior to marriage or as part of the sexual repertoire over their sexually active life.

Mapping

In a city of some 4 million people, sixty-five sites where men can meet other men for sex were identified in the Bangalore. They included parks, bus-stands, auto-taxi stands, public toilets, cinema halls, bath-houses, specific streets, bazaars, market places, shopping centres, any area where a measure of anonymity and access to males was possible. While sexual activities did take place in many of these sites, much also took place in construction sites, guesthouses, lodges and hostels, as well as personal homes, where after meeting partners, the men would go for private sex.

Discussions in the workshop and Focus Groups generated guestimates of

male sex workers:	2,000
<i>kothis/double-deckers</i>	10,000
<i>panthis</i>	100,000

These figures could be much higher or lower. Their accuracy could not be verified.

In terms of the sexual partners (*panthis*) of *kothis/double-deckers* and male sex workers no figure could be generated. This was because the *kothis* kept on referring to their belief that all men are potential *panthis*. The figure quoted above was a rough estimate after considerable amount of "pushing".

A physical count was made by the Investigator at 5 public environments. A total of 150 male sex workers were identified with 500 *kothis/double-deckers*, and approximately 800 *panthi*-type males. Assessment team members provided assistance with the counts.

At one public toilet, this Investigator observed some 50 MSM using this toilet in one hour on a Friday evening between 7.00pm - 8.00pm.

Many of these sites were active during both the day and evening times.

Support and friendship systems

For *kothis* key support and friendship systems were provided by other *kothis* . For gay men, these were other gay men.

In Indian cultural systems, men and women rarely make friendships. The public arena is male dominated. And male to male friendships are expressed in the public domain.

But *kothis* see men as potential *panthis*, and often treat them as such. It was seen as rare for a *kothi* to develop a non-sexual friendship with a "real man".

In a situational context *kothis* will perform as a "normal" male in other public contexts and in the home, and thus will develop friendships with other neighbourhood males and relatives keeping his identity choice and sexual behaviour secret. But even in this arena, *kothis* spoke of sex with friends, with these male friends. But never, never with another *kothi*.

Support systems tended to be expressed within a narrow arena of friendship networks, usually in a public environment, although sometimes *kothis* will visit other *kothis* at their homes, particularly so when that *kothi* has a room to himself. Here again this space can often become sexualised, as *kothi* friends will bring their *panthis* to access the privacy of the space.

It was also noticed that for those who identified themselves as *double-deckers*, most of their social networks and friendship were with either each other and/or with *kothis*. These friendships followed similar patterns as *kothi*-identified males.

Poverty and sex work

A significant minority of *kothis/double-deckers* were from low-income groups. Literacy levels are low as are the number of years of education. For some *double-deckers*, their income levels were much higher as were all those who were gay identified.

A significant number of *kothis* from low income groups, unemployed, or low-paid, were involved in sex work to generate extra income. This group also included those who identified as *double-deckers*, yet whose unidentified sex work followed similar patterns to *kothi*-sex workers.

This study was able to access only *kothi/double-decker* sex workers, although discussions with members of the gay group, *kothis*, and others, indicated that was a smaller network of middle class male sex workers who were available at significantly higher prices than *kothi* sex workers and expressed "normal" masculine behaviours. There was also a network of *double-decker* teenage sex workers, which was larger than the middle-class networks but smaller than *kothi* male sex workers.

Further to this, *satla kothis* in *hammams* were also selling sex to customers under the cover of giving a massage.

While *kothi* sex workers usually played the penetrated role, either in oral or anal sex encounters, the middle class sex workers and *DDs* would play either penetrated or penetrating role and some would also access female sex workers and/or other women.

Many *kothi* sex workers were involved because of their need to have an income for themselves and their families. Poor and/or unemployed, this was often their primary source of income.

Psychosexual issues

Sex education was absent amongst the majority of the participants in the Assessment. Knowledge of male and female bodies, of reproduction, of the sex organs was almost non-existent.

This led to a variety of myths, beliefs and practices, which were accepted as true and helpful. A considerable tension existed regarding masturbation as a source of body and mental weakness, and which reduces the virility and functioning of the penis, if not producing damage of one sort or another. Members of the Assessment team as well as the Investigator were constantly asked about medical treatment for nocturnal emissions, masturbation, penile sizes and shapes. Many of these men used "quack" remedies from street vendors for their perceived weaknesses.

At the same time, the lack of knowledge of their own and female bodies led to a range of risky practice which could cause anal bleeding, produced through dry and rapid penetrative acts.

Reproduction also carried its own myths and beliefs, where several men had no idea how babies are conceived, develop in the womb, or born.

Gender

It was the belief of the Investigator (and validated in the discussion groups and interviews) that the accepted gender bi-polarity of male and female is not so clearly divided in Indian society. In terms of males who have sex with males there appears to be a range of masculinities, a spectrum of possibilities, where at one end are *satla kothis*, *kothis* who wear male dress, *double-deckers*, then gay men (who *kothis* often defined as secret *kothis*) and then what *kothis* define as "real men", *panthis*. *Kothis* are not men believing that they are women, or even that they want to become women. They appear to see themselves as feminine males and less "manly" than *panthis*. While they identify with the feminine, much of the identification is around a gender performance as a means to attract these "real men" as sexual partners.

However it cannot be taken as a given that because *kothis* identify with the feminine, or that they may take the receptive role in the sex act and use feminine terms for each other, that they are always "passive". There is much diversity in all of this, and perceived in how some *kothi*-type individuals would identify as *double-decker*.

It should be recognised that the fact that *kothis* play out the socially accepted gender roles, that their self-definitions, language and behaviours sustains a patriarchal framework of gender relationships and sexual behaviours, and that this has a strong likelihood of increasing their risk of STI/HIV infection and transmission.

Religion

The Assessment did not seek information on religious affiliation, although the issue was raised in the Focus Group Discussions and in some of the tape-recorded interviews by participants themselves.

Kothis and *double-deckers* expressed significant concerns about what their religion has to say about male to male sexual behaviours. No one knew of any specific statement in either Hindu or Islamic texts referring to male to male sex. There was a general consensus from these discussions that both religions condemned such behaviours. This further exacerbated feelings of shames arising from their sense of identity and behaviour.

Religious, social and family expectations followed a seamless context in which conduct, behaviour and expectations arose for all males to follow. *Kothis* felt particularly marginalised in terms of their desires, hopes and aspirations.

Both Hindus and Muslims expressed similar sentiments about family and social expectations, of performing as men, fulfilling duties, maintaining family honour, of marrying and producing children, particularly sons. Choice of marriage partner was still seen as a parental duty and separation from the family as not an option.

For gay men religious issues were of much less concern than that of sociocultural frameworks around marriage. Gay-identified men were more concerned with issues relating to their identities, i.e. avoiding marriage (with females), lesbian and gay rights, and so on.

Family

Joint and extended familial links are strongly held together by custom, tradition, belief, practice and economic need. Their value lies in providing a form of social security and welfare in a society that has neither. The elders are supported, as often are the unemployed, the unmarried, the range of children, the disabled. It is considered a moral duty for the family to stay together in this mutual support system, whether the staying together is physical or psychological. For example, leaving a small town or village to migrate to a major city for work, the individual will often stay with an extended family member already in that city.

Marriage

In India, marriage is a social, cultural and religious necessity, a central issue within people's lives and a mainstay of family and community life. It should be seen as a socially and religiously compulsory duty towards maintaining family and community bonds. Marital status signifies adulthood, social responsibility and the achievement of personhood.

The majority of *kothis*, *double-deckers* and their sex partners in this Assessment accepted the social necessity of compulsory marriage, while some were already married. There appeared to be a fatalism operating here, and a sense of not being able to challenge family and society's strictures

For the gay men accessed by this Assessment, in the main they stated they would not get married, but when this was followed through, most stated they may have to get married to satisfy their family's wishes, but they would attempt avoid it.

AIDS prevention

No *kothi/double-decker* organisation or group existed. However, Jagruthi, an NGO that was working with street children had applied for funding from the State AIDS Prevention Society in Karnataka to implement AIDS prevention programme amongst MSM and had received its first tranche of funds. It had recently begun to conduct a limited outreach programme among MSM in a number of sites in Bangalore at the time of this Assessment.

There were several issues of concern in regard to this, since there was a lack of clarity as to how to achieve and conduct an effective intervention strategy, a lack of

awareness, knowledge and skills among the outreach workers and staff and a lack of understanding of the dynamics of male to male sex and HIV risks in Bangalore. Funding was organised on the basis of outreach to only 500 MSM.

Sexual Activities

Kothis, at least those assessed in this Assessment, appear to be much more sexual active, with a significantly higher levels of anal sex compared with both gay-identified men as well as those who labelled themselves as *double deckers*. On average *kothi*-identified men were having almost 2 times more anal sex in the previous month.

In the previous month there were a 4746 reported sex acts, during which condoms were used for only 45%.

During this time, 115 respondents had more than 7 partners each, with 22% reporting partner levels of 21 or more and 2% respondents reported more than 51 partners each.

In this period, 97% respondents reported 2438 receptive anal acts and 1316 insertive acts, and only 46% of respondents reported using condoms. At the same time, 78% respondents reported oral sex, of which 1155 were receptive and 596 were insertive. Only 13% respondents used condoms for oral sex.

A total number of 3181 partners were reported for the previous month, of which 64% were strangers, 1% were male sex workers, 11% were paying male clients, and 17% were considered friends.

Sex partners were met in parks (29%), streets (10%), railway stations (3%), hotels/guest houses (5%), toilets (14%), bus stations (12%), private homes (6%) and a range of other places such as bars/clubs and cinema halls.

Where people actual did sex varied from public spaces (40%), to private homes (22%), cinema halls (14%), and in hotels, guest houses or hostels (7%). Cars also figured in sexual spaces with 4% doing sex in vehicles.

In terms of the ages of the last sex partner, 26% were between 18-21 and 39% were between 25-30.

Regarding the marital status of the respondents last five sex partners, 17% stated that they were unmarried, 16% did not know, and the remainder stated that at least one of the partners was married, while 15% stated that all were married.

Condoms and lubricant

Some 45% of respondents reported using condoms for anal sex, and 13% for oral sex.

Of those who reported obtaining condoms, 72% said they purchased them from pharmacies, 47% said they got theirs from the local MSM project, and 25% got them from their sexual partners. The primary brands used were Kamasutra or Nirodh.

In terms of not using condoms, 59% said they did not know why, 70% as not satisfying, never used (39%), shameful to buy (35%), not sick (66%), main partner faithful (41%), as reasons given.

Only 31% respondents stated they used lubricant all the time, with the primary lubricant being saliva (61%), while 60% also using oil-based products and only 21% using KY jelly.

Sex Work

Being paid for sex

40% of respondents reported that they had been paid for sex in the previous month, but only 5% identified as sex workers. 38% of these reported more than 16 paid sex encounters in this period. The majority of paid sex was for receptive anal sex, 88% of these respondents reporting 610 such acts, and only 10% reporting insertive anal sex acts. Similarly, 700% of respondents reported 345 receptive oral sex, and 10% of respondents reporting 46 oral insertive acts.

With regard to condom use, 34% of these respondents stated they never used condoms for the last 5 paid sex acts, while 27% said that they used condoms for all 5 paid acts. In terms of who initiated condom usage, it was either the partner (19%) or the respondent (65%).

39% of these respondents reported an income of below 50 Rps for their last paid sex, while 41% reported an income of between 51-2200 Rps.

Paying for sex

22% respondents reported paying for sex with another male. Of these 40% reported paying between 1-4 times a month, 34% paying between 5 - 10 times a month, while 17% reported paying between 16 to 20 times in a month.

49% of these respondents paid to anally penetrate, while only 14% paid to be anally penetrated. 33% paid for oral sex where they inserted.

Out of a total of 362 paid sex acts, 14% were covered by a condom. There were 255 anal sex acts paid for and only for 16% of anal sex acts were condoms used.

Average age of the male sex worker being accessed was between 17-26.

Female Partners

Wives

30% of respondents reported being married, and of this 47% of married respondents reported sex with their wives. Of these 14% said they did sex with their wife between 1-5 times in a month, 36% between 6-10 times, and 50% more than 10 times.

14% of these respondents reported anal sex with their wives and 21% reported oral sex while all reported vaginal sex. Only 11% of these respondents reported using a condom for vaginal sex, None reported condoms for anal sex.

Other females

9% of respondents reported having sex with females (not wives) of which 23% of these reported anal sex acts, 35% reporting oral sex, and all reporting vaginal sex. No respondent reported using condoms all the time with females.

Sexual health

Current symptoms

Only 50% of respondents reported some symptom of which 9% stated they experienced pain during sex. Only 5% reported itchy rash on genitals, while 2% stated they had pus or discharge from their penis, 2% reported bleeding on defecating, 9% itching or burning around their anus, 10% reporting pain while urinating, and 1% reported genital sores. Several reported multiple symptoms.

Those who stated that they had been paid for sex 50% reported symptoms, with 2% bleeding when defecating, 5% itching or burning around anus, and 14% pain while urinating.

Treatment

Regarding treatment, 62% were doing nothing, 1% went to a pharmacy, 7% went to a private doctor, 27% went to a hospital, and 3% went to a street quack, friend or relative. There were similar levels for when respondents had previous symptoms

HIV/AIDS knowledge and self-assessment

85% of respondents had heard of AIDS. AIDS as a "dangerous disease" was stated by 30% of respondents, or some derivative of this and 38% brought about by not using a condom. 7% did not have any idea of what AIDS meant.

Mostly respondents had heard of HIV/AIDS from friends (59%), posters (35%), newspapers (29%), radio (28%), TV (25%), MSM project (13%), and doctor (19%).

In terms of personal risk assessment, 58% of respondents stated they did not know, while only 3% believed they were at high risk.

In terms of HIV infection routes, 27% said yes for oral sex, sexual contact with a woman (23%), vaginal sex without a condom (75%), anal sex without a condom (72%), and sharing needles (56%). This means that over two-thirds of respondents were correct in regard to the main routes of infection.

In terms of prevention, 47% stated always using condoms, while 37% stated they did not know. In regard to what safer sex means, 29% reported not knowing what this was and 40% said this meant always using a condom. 7% said this meant have sex with a "good" partner and 14% stated avoiding penetration.

Risk reduction

With regard to risk reduction strategies, 59% of respondents believed using a condom for anal or vaginal sex would reduce risk, while 13% stated safe sex, and 11% stated they did not know.

Despite this level of knowledge, only 45% of respondents reported using condoms.

Informing your partner

When asked about informing their partners should they experience symptoms of STIs or come to know they have HIV/AIDS, 46% of respondents stated they would inform their male partners, but only 17% stated they would inform their female partners, and 23% said they would inform their wives.

HIV antibody testing

Only 19% of respondents reported having an HIV anti-body test, of which 6 was positive.

Preventive counselling

53% of respondents reported being counselled on how to prevent STI/HIV infection. Of this, 54% said friends counselled, 18% from an NGO, 29% from media, and 5% from hospital.

Drug use

9% of respondents reported injecting drug use, while 12% reported their sex partners injected drugs.

Seeking Help with Concerns about STI/HIV

In answering this question, 21% stated they would go to a local MSM project, but 37% said they could go to a government hospital, 30% could go to an AIDS NGO, and 36% would go to a private doctor.

Sexual behaviours and impact on sexual health concerns: a summary

The *kothi/double-decker/panthi* framework of male to male sex is the predominant pattern in Bangalore. As seen above indications are of high levels of unprotected anal sex, and higher levels of anal sex compared to oral sex, high levels of multiple partners. However, reported current possible STI symptoms appear to be low, and what was reported significant levels of untreated symptoms. This will need to be researched much more.

There was a significant difference in the issues between gay-identified men and *kothi/panthis* in the Assessment, where *kothis* were primarily penetrated orally and anally, while gay men tended towards more equality in terms of penetration or being penetrated, and double-deckers somewhere in between. There were lower numbers of partners for gay men, as well as earlier treatment for STI symptoms.

It was noted that saliva was the common lubricant used for penetration, but that a significant number of assessment participants also reported using oil-based lubricant as an aid to penetration, even with condoms. Only those who could afford it would use KY jelly, a water-based lubricant, and these were primarily gay-identified men, and those *kothis/double-deckers* who knew about KY jelly and who could afford the price.

Surprisingly gay identified men appeared to have a LOWER degree of awareness of AIDS than *kothis* and *double-deckers*. This will need to be looked into further.

While the majority of assessment participants had heard of HIV/AIDS, at the same time personal risk assessment indicated that the majority did not know their own risk.

There was a clear gender-based division about partner notification where female partners of MSM were much less likely to be informed of their partner's status than male partners.

From the range of interviews and the focus group discussions, there was a range of anecdotal reports of early sexual activities of many *kothis/double-deckers*, who often started their sexual life before the age of fourteen, and whose first sexual partner was usually a male relative such as a cousin or uncle. Gay-identified men tended to start sexual activities much later.

Also being reported was a much broader context of male to male sex than only a *kothi/panthi* or gay dynamic, and involved significant levels of males. Such sex encounters were going on in hotels amongst hotel staff and between hotel staff and guests, amongst street children, and street children and others, within a range of all male institutions such as boarding schools, madrassas, military establishments, hostels, prisons and so on. All sorts of males from across the spectrum of age, class and occupation were described as being involved in male to male sex, from police officers to beggars, from rich businessmen to street vendors, from rag pickers to truck drivers.

At the same time, the discussions generated a whole range of reasons why males have sex with males, from male to male desire, to "women don't do oral or anal sex", from protecting a girl's virginity to maintaining one's chastity, from "body heat" to "the anus is tighter than the vagina".

Most male sex workers were *kothi*-identified and primarily involved in anal sex as the receptive partner. The majority was unemployed and poor. A significant number were illiterate or poorly educated.

In such a situation where condom use was low, where anal sex was a common and regular practice, and where multiple partners was also common, the possibilities of STI/HIV transmission is high both between males and between MSM and any female partners they have. Many *panthis* accessing males will also access females for sex, particularly female sex workers.

It is also clear that there are distinct differences in regard to sexual health issues for gay-identified men and for *kothi*-identified males. It is also clear that the levels of risk for STI and HIV infection and transmission are considerable, and that this risk also affects female partners of MSM as well as male.

BCC Materials

No appropriate BCC materials for MSM existed in Bangalore.

STI treatment

Discussions with three doctors (2 who were gay-identified) willing to treat anal sex issues were limited. These doctors had been identified by the Local Focus Person as those to whom some of the gay-identified men and *kothis* would go to. However, the lack of understanding of *kothi* frameworks and behaviours, as well as anal STI issues was clearly obvious. This included both private and government doctors. Most *kothis* did not access doctors but asked friends, "quacks", or received antibiotics from pharmacies for "problems".

There is concern regarding the suitability or appropriateness of these doctors and clinics, particularly in terms of acceptance of *kothi* and/or gay identities, as well as the

stigmatisation of anal sex practices. A significant input on training would be necessary.

NGO and Donor response

The NGO Jagruthi had recently received funds from the Karnataka State AIDS Prevention Society to implement an intervention programme for MSM in Bangalore. This was a part of the National AIDS Control Organisation's strategy of empowering State AIDS Control Societies to fund MSM HIV prevention programmes in their jurisdiction. Discussions with both Karnataka SAPS and Jagruthi indicated a lack of understanding of constructions and risks of MSM, but there was a willingness to develop an effective intervention programme. SAPS however was not willing to consider funding another MSM AIDS prevention programme in Bangalore, even if it was a community-based peer-led initiative, stating that they had already funded an MSM programme through Jagruthi.

Jagruthi believed that it could develop, manage and implement an MSM intervention programme, even though it was not an MSM community-base initiative, nor managed by MSM themselves. However, the Director of Jagruthi believed that in time, the MSM programme could be autonomously managed under Jagruthi.

A lack of clarity and understanding of the context of MSM constructions and issues in Bangalore had the potential to create ineffective strategies for behaviour change, as well as misunderstandings in attempting to reach stated objectives.

It would be necessary to provide capacity and technical skills training to Jarguthi as well as to those working within the MSM programme of the agency to ensure an effective and sustainable service delivery.

Conclusions

In exploring male to male sex in Bangalore this report highlights the following issues (in no specific order):

- * There are significant levels of males who have sex with males where a *kothi/double-decker/panthi* dynamic was the most prevalent framework of MSM in the city
- * Some gay identity and organising does exist but this was very limited and middle class-based
- * High rates of anal sex exist between males particularly *kothis/double-deckers/panthis* with lower rates for gay-identified men
- * Significant levels of male commercial sex work exist in Bangalore, where MSWs were primarily *kothi*-identified males
- * High levels of partner change amongst *kothi*-identified males, less so among gay-identified males
- * Apparent low rates reported of possible STI symptoms
- * Low levels of appropriate health seeking behaviours
- * Inadequate appropriate STI treatment services regarding anal transmission of STIs
- * No appropriate condoms available suitable for anal sex
- * No affordable, accessible and appropriately packaged water-based lubricant available

- * Many males who have sex with males begin their sexual activities in early adolescence, where their first sex partner is usually a male relative
- * There are no appropriate education resources dealing with male to male sexual behaviours and/or anal sex
- * Levels of appropriate knowledge of STIs/HIV/AIDS amongst males who have sex with males was relatively high
- * Medium levels of condom usage
- * Many males who have sex with males will be married and many will get married
- * Gay identified men usually find sex partners among other gay-identified men
- * *Kothis* find partners amongst *panthis*
- * *Double-deckers* find partners amongst *kothis*, other *double-deckers* and *panthis*
- * *Kothis* and *double-deckers* sexually access many different men across Bangalore
- * They have extensive social networks with other *kothis*.
- * They usually come from poor, marginalised and socially excluded communities
- * An MSM initiative has already begun in Bangalore through a non-MSM NGO
- * Significant levels of police harassment existed

Appropriate support and technical assistance should be given to Jagruthi towards developing a community building strategy amongst *kothis*, so as to use this emergent community as a means of education and prevention intervention amongst *kothis* and their partners, where *kothis* can be mobilised on behalf of improving sexual health among MSM generally.

However it should also be recognised that *kothis* do not have the experience, knowledge, or skills to develop, implement and sustain their own sexual health intervention without considerable initial and on-going technical assistance.

Primary recommendations

- * Jagruthi should work towards empowering *kothis* and *double-deckers* to manage and implement their own sexual health programme
- * This should be adequately funded by the State AIDS Prevention Society
- * Technical assistance and support should be provided to Jagruthi to enable *kothis* to develop community-building strategies in Bangalore and to mobilise the resultant emergent community
- * Such technical assistance should also include skills and capacity building
- * Appropriate condoms for anal sex and sachets of water-based lubricant should be made available at affordable prices for the *kothi* MSM programme to distribute
- * It will probably be necessary that initial distribution be free towards building a users habit before social marketing is developed
- * It is an urgent necessity that a STI treatment service be accessible to MSM which is confidential, accepting, affordable and of high quality
- * It is necessary to ensure that the STI service provider has acceptable and appropriate knowledge of MSM issues and concerns, and of anal STIs and related problems.

- * Enabling and empowering Jagruthi to host its own clinic service for MSM should be considered as a priority
- * A *kothi/double-decker* managed drop-in centre should be strategically located in Bangalore to ensure maximum impact, outreach and support towards effective community-building and mobilising
- * Training and sensitisation programmes should be provided for local STI treatment centres, HIV/AIDS and sexual health NGOs and development agencies, as well as government services dealing with MSM issues
- * Appropriate and relevant BCC materials should be urgently developed for *kothis* and their partners using their own terminology, and distributed by themselves.
- * The concept of peer education, community-building, and beneficiary led services is central to any effective and sustainable intervention strategy and this should be supported by any donor

SECTION TWO

BACKGROUND

In the sociocultural context of South Asia, the issue of male to male sexual behaviours and their impact upon the reproductive and sexual health of males and females have profound implications for the effective control and management of STIs and HIV infections in the region. However, the existence of MSM in South Asia, the extent of male to male sexual behaviours and its impact on the HIV epidemic have been largely ignored.

Because of social stigmatisation and public shame leading to invisibility and denial, there are almost no STD/HIV and reproductive and sexual health services focused on the issues of males who have sex with males. Sexual health information and services are primarily focused on so-called "heterosexual" behaviours, i.e. vaginal sex, and ignore the high levels of anal sex, irrespective of the gender of the sexual partner. Formative research is urgently needed to understand how to design appropriate sexual health interventions regarding male to male sexual behaviours and MSM.

Due to cultural and religious practices with family and social pressures, the vast majority of MSM in South Asia are married or will become married.

At the same time, male to male sexual behaviours in the region do not appear to "fit" into a heterosexual/homosexual framework, of fixed sexual identities leading to fixed and oppositional behaviours based on same-sex and gender versus opposite sex and gender patterns. Rather, what appears to exist to a large extent is that of female gender identification by the penetrated or "passive" partner who have (to a significant extent) a socialised, gendered, sexual identity known as *kothi*. These "passive" partners tend to have high levels of sexual partners, with low condom usage, and considerable levels of risk taking behaviours. Many of these "passive" partners are also married or will become married.

The penetrating or "active" partner does not have a homosexual identity. Such males are called *panthis* by the *kothis*, meaning that they are "real men" who behave as "real men". In this way a *panthi* is not "having sex" with another man, but with a *kothi*. In this way, the pattern could be seen as same sex/different gender!

But it should be recognised though that these labels do not always reflect actual sexual behaviours, and that for some, existing "under the blanket" so to speak, more flexible sexual behaviours do exist, so that sometimes the *kothi* will call a *panthi* upon discovering such flexibility a secret *kothi*, or a *double-decker*, meaning giving and taking. Even the term bisexual has been given a different meaning where in this context it means a man who is penetrating and penetrated.

These "passive" partners tend to have significant levels of sexual partners, where condom usage is low, and access to STI treatment is restricted. At the same time many older *kothis* will be married with children,

The dynamics of male sexual practices include significant levels of male to female sexual encounters (other than their wives) of those males who have sex with other males who may be considered as the "active" partners. Because the level of

unprotected sex in the male to male sexual networks is very high, such behaviours increase the vulnerability of these males, as well as any female partners they may have, in particular their wives. Beyond this, social and cultural structures such as homoaffectionalism amongst males in South Asian societies, the “apprenticeship” models in working environments, gender segregation, delayed marriages, and the high levels of poverty and unemployment, indicate the vulnerability of young males to STD and HIV transmission from sexual encounters with other males.

In such a sociocultural situation transmission of STIs/HIV is much more complicated than it would appear to be.

It is now generally accepted that male sexual practices must be taken into account and male involvement must be considered when developing reproductive and sexual health programmes. The issue of male to male sex is a vital component of that strategy if it is to have any significant impact upon reducing the spread of STI/HIV.

The consequences of unrecognised patterns of STI/HIV transmission through denial, invisibility and lack of appropriate prevention and treatment services should be clearly understood. The impact upon the epidemiological, social and economic frameworks need not be overstated where these have been discussed in other forums over the last 10 years. Clearly at the family level, such behaviours, should they lead to infections resulting in illness and possible death, will have a devastating impact upon its economic welfare.

It was in order to learn more about male to male sexual behaviours and MSM contexts in selected cities in South Asia that Family Health International supported Naz Foundation International to conduct situational assessments and design appropriate intervention strategies in these selected cities.

The target cities were

India:	Hyderabad
	Bangalore
	Pondicherry
Bangladesh:	Sylhet

This report is the Situational Assessment findings for the city of Bangalore, state capital for Karnataka, India.

World Health Organisation definition of sexual health

The integration of physical, emotional, intellectual and social aspects of sexuality in a way that positively enriches and promotes personality, communication and love.

METHODOLOGY

Cities in this study had been selected for situational assessments based on population, evidence of increasing levels of HIV (though the evidence is very poor due to the lack of effective surveillance centres), and significant known levels of MSM and male sex worker networks identified through anecdotal materials and through the knowledge of Naz Foundation International (NFI) and its partner MSM sexual health projects.

The initial phase consisted of networking in the target cities to identify appropriate MSM networks through contacts already established by NFI and its partner agencies

This enabled the recruitment of an appropriate Local Focus Person (LFP) who had access to these networks, as well as being a part of them. It was an important principle for this study that all participants in the Assessment would be MSM themselves and from the same networks that were being assessed.

The LFP recruited 15 other individuals from these networks who were interested and willing to participate in the training workshop as well as conduct the assessment.

Prior to the workshop participants and friends were invited to a Social Meeting where food and refreshments were provided. This meeting was used as a socialising space for Assessment participants to get to know each other as well as introduce the project. At this meeting, the Oral Informed Consent Statement was read out to all present in Kannada by the Local Focus Person and assent taken. An outline of the workshop agenda and the purpose of the Assessment was given and discussed.

A 6-day training programme was conducted for these 15 participants and the LFP. The training programme consisted of:

- i. issues relating to sex, sexual behaviours and sexuality in South Asia
- ii. increasing knowledge of the male and female body and psycho-sexual issues p relevant amongst males in South Asia
- iii. discussions on MSM in the context of Bangalore, which included mapping the city for specific MSM public locations
- iv. sexual health issues, including STI/HIV transmission and prevention
- v. methodologies to be used in the Assessment
 - a. use of the questionnaire
 - b. focus group discussions
 - c. taped interviews
 - d. a range of site observations conducted by the Investigator

The workshop was presented in English by the Investigator and translated into Kannada as an on-going process by the Local Focus Person. All documents were also translated and printed in Kannada.

Following the workshop, an Assessment Team was formed with 10 of the participants. The remaining 5 were not suitable, based on levels of literacy and skills required for the study.

From this group of 10, four were selected to conduct the taped interviews. Audiocassette recorders were provided with 60 blank audiocassettes with 90 minutes recording time. A further one-day session was provided for this team to enhance their interviewing skills.

Two hundred survey questionnaires, 46 in-depth taped interviews (14 were poorly recorded), and two focus group discussions were conducted. The discussions generated by the workshop was also taken as a third and on-going six day focus group discussion - this was not the original intention but the quality of information raised during the workshop was too invaluable to ignore.

The Assessment Team was supervised by the Local Focus Person. The LFP was supervised by Naz Foundation International through the Project Manager.

Potential participants were approached by the members of the Assessment Team at a range of sites and asked if they would be willing to be interviewed. These participants were part of the Assessment Team member's own networks.

It should be noted that since the Assessment Team members were all *kothi* -identified (with some stating that they were *double-deckers*), the majority of respondents come from their own networks and were *kothi*-identified themselves. No gay-identified man wanted to be a part of the Assessment Team.

If individual MSM agreed to be interviewed by questionnaire and/or the taped interview, the Oral Informed Consent Statement was read out and signed and dated by the Interviewer.

Taped interviews were conducted in the office of Jagruthi after office hours.

Members of the Assessment Team also invited 30 interviewees (from both questionnaire and taped pools) to participate in 2 Focus Group Discussions, each group consisting of 15 participants and facilitated by the Investigator and the Local Focus Person acting as translator. A room was hired for these two discussion groups. Before the Focus Group Discussion began, the Verbal Informed Consent Statement was read out in Kannada, and following assent, was signed by the Programme Manager.

At all levels, participants were assured of anonymity and confidentiality, where no identifying characteristics would be collected. All participants were 18 years and above.

No remuneration was made for participation. Participants who attended the focus group discussions were reimbursed for their travel costs.

Following the questionnaire and taped interviews, as well as the focus group discussions, participants were given information on STIs/HIV/AIDS, safer sex and condom use, and condoms were distributed.

The survey questionnaire consisted of 66 questions on

- * socio-demographic information
- * sexual behaviours and practices
- * partner numbers and recruitment
- * sex work
- * condom usage
- * possible STD symptoms and treatment seeking
- * HIV/AIDS knowledge

The questionnaire was translated from English into Kannada with special care being taken to use the local colloquial terms normally used by potential participants.

The taped interviews were intended to be semi-structured, consisting of both closed- and open-ended questions. Four broad themes were explored:

- * life story
family, schooling, work, marriage, children
sexual history, partner recruitment, sexual practices,
condom use, previous experience with STIs
- * self-perception
concepts of self-identity, concepts of partner's identity
gender identities, sexual attraction
social support, sex education, notions of friendship and love
- * the future
what will happen and why
marriage and children
changes in practice and behaviours if any
- * health and social issues
STD/HIV/AIDS knowledge and beliefs
STD treatment seeking behaviour
concepts of risk and health
society, religion and self

The two Focus Group Discussions were on the issues and needs of MSM with a focus on sexual health concerns, including STIs/HIV/AIDS. Other issues discussed were:

- * situational and/or self-identities
- * support systems
- * health seeking behaviours
- * social roles and expectations
- * MSM mapping of the city
- * existent access to STD treatment services
- * family and marriage issues
- * sex work

The Investigator also visited six of the main public sites in Bangalore where men can meet other men for sex on. One-on-one discussions also took place at each of these sites with a number of MSM facilitated by the Local Focus Person, following an assurance of anonymity and confidentiality, and an explanation of purpose.

A consultant was also recruited to discuss MSM issues with the Karnataka State AIDS Prevention Society, NGOs involved with sexual health promotion in Bangalore, and to evaluate issues of their concern, support, and possible resistance to an MSM sexual health project developing in the city.

MEETINGS

G.A.Y., a gay organisation in Bangalore

Sangama, a human rights documentation centre

Karnataka State AIDS Prevention Society

Jagruthi, initiating an MSM sexual health programme, and working with street children

Swabhav, a gay directed NGO developing a telephone helpline service

HIVOS, a Dutch donor agency based in Bangalore

Community Health Cell, providing HIV/AIDS information

Samuna, working with female sex workers

Freedom Foundation, working with street children

LGBT India representative (an email network)
3 private doctors providing STI treatment

SAMPLING

As noted above, access to the MSM networks for data collection and interviews was through the personal networks of members of the Assessment Team.

This was because members of the team as well as the Principle Investigator believed (based on prior experience), that with the nature of the questions to be asked, and because of the MSM living in a social context of shame and invisibility, accessing a random MSM sample would be difficult, if not impossible.

Thus, sampling was based on personal networks and friendship, and was a non-random, non-probability sample. It was not intended to develop a behavioural study, but to reflect the levels of understanding, risks and behaviours within certain MSM networks known to the Principal Investigator, the Local Focus Person and members of the Assessment Team.

However, the choices of the Assessment Team was determined by:

- * Local Focus Person access to networks
- * a willingness and desire to become involved
- * the time to do so
- * an ability to be open about their own sexual desires, identities and behaviours
- * MSM

While the Investigator had discussed the Assessment Project with the two gay groups in the city on his first initiatory visit, no gay-identified man agreed to be a part of the training programme and Assessment Team. All of the 15-member group were self-identified *kothis*, or called themselves *double-deckers*. This meant that the members of the assessment team accessed MSM they knew or through people they knew, and since members of the team were *kothi*-identified or *double-deckers*, these were also *kothis* or *double deckers*. A few gay-identified men were accessed by the Local Focus Person.

It was not possible to bring *panthis* or any gay-identified men together for a group discussion (see MSM context below). However the discussion groups held a mixture of *kothis* from different occupational groups, *double-deckers*, and male sex workers.

This selection process limited access to a number of possible networks and ensured that the Situational Assessment was a non-probability, non-random sample. However, while the majority accessed were self-identified *kothis* with a number of *kothi* sex workers, it was felt that it is this network that expressed the higher risk for STI/HIV transmission, as well as often the lowest income, and the largest number of members.

Size of sample population

- * 200 completed questionnaires completed
either on or near site or at the Local Focus Persons home
- * 46 taped interviews completed
near site where privacy could be assured or in the home of the Local Focus Person

- * 30 involved in focus group discussions
two discussion groups of 15 held in a rented accommodation

While this process gives information on the sexual behaviours and practices of *kothis* and their *panthi* partners, it could not perhaps provide adequate information on the level of male to male behaviours in Bangalore or the numbers of MSM. Estimates of the number of "public" (meaning visible by demeanour, behaviour and use of public meeting places) *kothis* and male sex workers were made by the Assessment Team members as well as the Investigator in terms of his field visits, but these can only remain as guestimates. No claim is being made in terms of accuracy, but these guesses are made by those involved in the networks themselves.

DATA ANALYSIS

A code number identified the survey questionnaires. Completed questionnaires were kept in a locked cupboard until all had been done. The Local Focus Person did necessary translation into English. Following this the questionnaires were analysed using SPSS programme.

In terms of the taped interviews, the Local Focus Person translated and transcribed the spoken Kannada into written English. A code number identified each tape-recording. Following transcription the audiocassette were destroyed. After all the audiocassettes had been transcribed, the transcripts were then forwarded to the Principal Investigator for analysis.

While the original intention to record the Focus Group Discussions, the recording quality was found to be very poor. Further the process was very laborious since it required passing the tape-recorder back and forth between individuals all the time. After half an hour the process was stopped, and written notes and summaries were taken for each session. It was also decided to use this method for these discussion groups in the other three cities as well.

Field observation notes were written as summaries and included discussions with individuals at the sites, numbers present, behaviours observed, geographical details, and so. The Principal Investigator was supported by the Local Focus Person who took him to the specific sites, acted as translator while facilitating meetings between him and a range of individuals.

ASSESSMENT PERIOD

1st Workshop conducted:	6th - 11th March 2000
Investigator period in Bangalore:	1st - 28th March 2000
Data collection period:	14th March - 30th May 2000
Focus Groups:	21st and 26th March 2000

ISSUES OF CONCERN

1. *Recruitment procedures*
Recruitment relied on the networking skills and knowledge of the LFP as well as the desire to participate, the time available, and the willingness to be consistent, of the potential team members.
2. *Quality of Assessment Team*

Because of these issues, recruitment of appropriate MSM who were literate and understood the issues was difficult.

No gay-identified man wished to participate either in the training workshop or the Assessment.

3. *Quality of the completed questionnaires*

There were several difficulties with the questionnaire where several questions were either not done or fully completed.

4. *Restrictions imposed*

Because the majority of recruited individuals were *kothis*, with only one being gay-identified, and with no *panthis* (for obvious reasons - see below MSM context), accessing a broad range of differing MSM contexts was limited. Further to this, the majority of the team were from low income groups with limited education.

This also meant that participants in the Focus Group Discussions were also restricted.

5. *Time constraints*

Because of the time constraints in conducting the Assessment due to a very tight schedule for analysis and report writing, a more in-depth study could not be achieved.

Translation and transcription of the tape recordings was difficult to achieve in the time allotted to this, and as a result, English versions were somewhat limited in their clarity and understanding.

6. *Data Input*

It took considerably more time to input the data than expected. Partly this was to do with the daily power-cuts in New Delhi affecting the regularity of input, but also partly due to the inexperience of the data processor, despite initial training.

7. *Tape-recorded interviews*

Quality of the tape recordings was not very good, and some of the responses were garbled and unclear.

SECTION THREE

Demographic Profile of Respondents

The men ranged in age from 18 to 49, of which 58% were between the ages of 22 - 30. 30% were married. 51% of the unmarried respondents reported they were in a relationship with another male.

26% of respondents lived alone.

55% of respondents lived with their families.

10% of the married respondents lived with their wives.

28% of respondents were currently unemployed, 10% identified as male sex workers, and 7% stated they were students.

41% reported incomes below 2000 Rps (\$48), and 22% reported incomes above 5000 Rps (\$119).

In terms of education, 8% reported no formal education, 21% reported completing 12 years, and 20% were either graduates, or completing college/university/post-graduate studies.

36% of respondents labelled themselves as *kothis*, 42% as *double-deckers*, 11% as *panthis*, and 8% identified as gay or homosexual. All those gay-identified were either undergraduates or graduates and English speaking.

SECTION FOUR

MSM contexts in Bangalore

To attempt to use the term men who have sex with men as a bounded framework for this Assessment would have been unrealistic leading to a greater invisibility of differing contexts of male to male sexual behaviours, expressed in an often bewildering variety and range of personal identities, behaviours, gender identifications and practices, which defy such a simple categorisation.

Men who have sex with men should not be seen as an exclusive category of people, defined by a specific occupation or activity, unlike perhaps female sex workers and IDUs, or even truck drivers and slum dwellers, categories used in Bangalore by NGOs and the State AIDS Control Society or the State Management Agency. In Bangalore, like elsewhere in South Asia, MSM can exist in a broad (often bewildering) variety of identities, behaviours, and practices. What seems to exist are a range of masculinities with differing contextualisation of a range of sexual behaviours, partner choices and desires.

What seems to exist are a range of masculinities with differing contextualisation of a range of sexual behaviours, partner choices, perceived sexual needs, and desires.

While for some MSM there are frameworks of male to male desire, identities and visibility which may make it easier to access and quantify numbers, for the majority who sexually access these males and whose desires are around discharge rather than gender/sex roles, and who perceive themselves as 'manly' and 'normal men', it is almost impossible to quantify. Access would probably be easier through their *kothi* partners than directly.

Further, in the broader context perhaps we should be talking about male to male sexual behaviours rather than men who have sex with men (MSM) for the word "men" can be problematic.

Contemporary research on sexuality and gender have clearly shown that bipolar categories, such as man or woman as gender categories, and heterosexual or homosexual as sexual categories, are "not useful to describe the range of identities, desires and practices" (personal discussion with Carol Jenkins, Care Bangladesh, 1999) existing in South Asia generally and Bangalore specifically. The terms "gay" or "homosexual" are too framed by a specific history, geography, language and culture to have any significant usefulness in a different culture from their source. In this we should be talking about sexualities, genders, and at the least, homosexualities and heterosexualities. Where UNAIDS and others speak of behaviourally homosexual, we can also talk about behaviourally heterosexual in the South Asian content.

Even the word bisexual, used to label those who have sex with both men and women, is not a useful category in differing cultures. At the same time the term men who have sex with men is also beginning to lose whatever usefulness it may have had, as this has become a bounded category. What does the word "men" mean? What does the word "sex" mean? This was clearly seen in Sylhet during a range of discussions, where some of those who do not identify as *kothi* or gay are using this term to give expression to their personal desires and behaviours.

In the focus group discussions the word "men" was defined by physical and behavioural characteristics, not some innate quality of masculinity.

*Sex is mutual satisfaction between husband and wife.
Focus Group 1 comment*

*A real man is one who penetrates a kothi and never touches a kothi's penis.
Focus Group 2 comment*

Self-identities amongst MSM in Bangalore varied across the spectrum of divergent categories, where those most public in the expression of same-sex desire, usually identified themselves as a different gender category which was feminised, expressing themselves in feminine language, sometimes through dress, make-up and mannerisms, and who also have access to their own specific "secret" language (*ulti* - a derivative of the *hijra* language) which is unavailable to the majority population. These individuals call themselves *kothis*, but this is a socialising and socialised role, where a "new" *kothi* with emergent desires (and often not so emergent, but in full force) will make friends with "older" *kothis* and learn the characteristics, roles, behaviours (including sexual), mannerisms and language. And it was this *kothi* framework which appeared to predominate among MSM in Bangalore, even though a significant number labelled themselves as *double-deckers* which is a *kothi* term for those who sexually penetrate and are also penetrated.

This emergent framework where a *kothi* term has been adopted as a behavioural choice by many males appears to respond to the stigmatisation of the *kothi* identity as well as the increasing levels of police harassment in the city among MSM in a variety of cruising arenas. It is also an expression of male to male desires and behaviours becoming more visible in Bangalore than say in Hyderabad and may have come about because of the growing gay movement in the city, where local MSM do not have access to English, and where the term "gay" many not be translatable into Kannada.

Look its very simple. I see myself as a double decker, you know. I may act like a kothi, and many of my friends are kothis, but really most kothis are double-deckers. They just don't admit it. To do so will stop them being kothis. Focus Group Discussion.

I like sucking and being sucked. That makes me a double decker. Focus Group Discussion.

But it should be noted that in the Assessment, even though identifying with the *kothi* term *double-decker*, most of the individuals also played out *kothi* social roles in public arenas and in actual sexual encounters.

*We have to be very careful you know. I can't act the way I want to know otherwise I could be beaten up. I can only really express myself when I am in a private space.
Interview BS4*

Kothis see themselves as the feminine in a masculine/feminine sexual partnership, and play out the perceived gender role in the culture. Most *kothis* in this study felt relatively comfortable with their choice, although expressing a varying degree of

shame. The men who access these *kothis* for sex, and sometimes for sexual relationships and partnerships, are seen as "real men" by the *kothis*, men who play the "dominant", "active" and "penetrating" role. Such men do not see themselves as "homosexuals", since the people they have sex with are not "men", but feminised males. They do not have a sexual identity term for themselves, but practice a sexual behaviour, very often based on "discharge" and "body heat". They see themselves as men. The term *panthi* is used by *kothis* to describe them, meaning a "real man", a man who will penetrate them, and who also will have sex with women given the opportunity. Many *kothis* speak of **all** men as potential *panthis*, accessible to them as sexual partners, accessible, not based on male to male desire, but because of what was perceived as an urgent need for sexual discharge.

I can get any man I want. I haven't had anyone say no to me. I stand there at the bus-stand, look, you know with the eyes, put a finger in my mouth, and from there on, well.... we go to the toilet, or sometimes he take me to a local hotel... there are lots around here. Interview BPM3.

As part of their public gender performance, several low income group *kothis* take oral contraceptives (many can't afford, or can't access, hormone injections) as a means of developing breasts, stating that *panthis* like to "squeeze" their breasts as a part of their sexual practice. From the range of discussions, taking oral contraceptives by these males is a significant activity, not as a means to become more like women, but as a tool to attract *panthis* as sexual partners.

Yes, I do take these pills, but only during the winter season when it's not so hot, and then I can wear a thick shirt at home to hide my breasts. And the panthis just love it. It sometimes hurts when they squeeze, but they love it. Interview BPN6.

The Assessment team accessed several *nirvan kothis*. There are *kothis* who have been castrated, but did not perceive themselves as *hijras*, but rather as sex-change persons.

My husband made me do this. He just felt more comfortable with the whole idea. Interview BN5.

Sociocultural, religious and family pressure ensure that the vast majority of *kothis* and *double-deckers* will eventually marry and produce children, no matter how long they attempt to delay this process. The choice is often stark. Stay with your family, or leave! And with no social welfare system available, there is a perception of no choice. This intense pressure produces a range of psychological effects, a depression and fear of non-performance with their wives, to a constant search for a "real man" who will "marry" them and look after them. In the discussions several *kothis* and *double deckers* stated that they would even sometimes use female sex workers "for practice". For *panthis*, marriage and children are key markers for manliness and adulthood.

I am getting married in a couple of months. I am nervous because I have never done it with a woman, and I am not sure I can make it stand. My parents have arranged for my wife. She is coming from our home village. Interview BM8.

Yes I am married. What choice do I have? I respect my parents and have to listen to them. BG2.

What's wrong with marriage? I like sex with woman. I only do boys when I can't get a woman. Interview BR1.

Some of the *kothis* from low-income groups become sex workers as a source of generating and income. Usually this income was to support their family. But it should be noted that not all male sex workers are *kothis*, and not all *kothis* are sex workers. Although in this study *kothi* sex workers by far were the majority in the sex worker category.

Look I have no job. I have three brothers and two sisters. My father is also unemployed. We need the money. And I can make more money in this way then I tried to get a job. Here I can earn maybe 2000 Rps a month, sometimes more. But I am not educated. What could I do? Interview BV8.

Panthis are less clearly defined, being men of all ages and types, married and unmarried, across the spectrum of income and employment, who, at least at times, enjoy sex with other men or stated they could not access females, and they could not control their "body heat" and "needed to discharge". There was a strong sense of immediacy, urgency, opportunity and availability to their sexual behaviours with the *kothis*.

And of course all *panthis* will either be married or will get married eventually, fulfilling the social, religious and family expectations for all men in Indian culture

But beyond this "public" framework of identities, desires, and behaviours is a context even more invisibilised, an issue also relevant to HIV prevention. An unknown proportion of men experience male-to-male sex while young, often before male-to-female sex and often with family relatives such as cousins or uncles, or even with friends. Such behaviours are outside the "public environments" taking place in neighbourhoods, private homes, hostels, guesthouses, hotels, and a range of vendors' shops and other private places. Here the contexts may well play out a *kothi/panthi* framework, but often it is where access, immediacy and opportunity play a significant role in prevalence of this behaviour. Very often both of the partners involved in the sexual activity do not express a sexualised identity, but rather speak of need and urgency, "the heat of the moment", or "I did it in my sleep".

My first was my uncle when I was 11. He had come to stay with my family from Mangalore and he shared my bed. He stayed with us for over a month, and we used to do it regularly. His age? He was 25. His wife was back in the Mangalore. Interview BS3.

Some may well find that their experience of sex between men resonates with their own sexual desires and gender role preferences, and should they meet with *kothis*, develop their own *kothi* identity. Others give no voice or name to their experiences, and may well stop upon marriage, or continue in their neighbourhoods with local *kothis* and boys.

This does not imply that these sexual roles are limited to what they publicly speak of, i.e. "active" or "passive" since it is known that sexual acts and roles may well shift

and change where space and time permit. Behind closed doors and under the blanket much more diverse behaviours may exist, where the *kothi* may well penetrate what was perceived previously as a *panthi*.

I didn't know he was a kothi. He looked like a panthi, acted like a panthi. But after he penetrated me he asked me to penetrate him. I couldn't do it. Interview BVM4.

A *kothi* identity is very much around performance, both public and private, of declaring one's sexual interest and preference. It is a socialising role, a framework to meet similar individuals and share common desires, feelings and behaviours. It is also a mechanism of self-recognition and recognising others. To be socially excluded is devastating. Sexual behaviour is a component of identity, and if behaviour falls outside the identity parameters and it becomes known to others, then the person can fall outside the socialising role.

But such "cross-gender" behaviours are seen by *kothi* and by the so-called *panthi* himself as even more shameful, and both will consistently deny involvement in such behaviours. *Kothis* use disparaging terms (in the context of Hyderabad) such as *gupt kothi* meaning someone who acts like a "real man" in his mannerisms but behaves like a *kothi* in the sex act, i.e. is penetrated.

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Other terms used by *kothis*, often in disparaging ways, is that of "lesbian" for a *kothi* who has sex with another *kothi*. *Kothis* see other *kothis* as "sisters". At the same time, those men who have a broader sexual repertoire with other men and desire to be penetrated as well as penetrate have been termed as AC/DC or "double deckers" by *kothis* usually in a disparaging way. They will still be seen by *kothis* as *kothis*.

This appears to be changing with the increasing numbers using the *kothi* label *double-decker* as a term for themselves.

Labelling seems to be class and education based. Upper and upper-middle class who speak English will call themselves gay, whatever their mannerisms and sexual behaviours. *Kothi* and *double-decker* are terms most used by lower middle and lower class MSM. And these will also call gay-identified men secret *kothis*.

Relationships between these diverse networks are usually class based where gay-identified men will often disparage *kothis* for being shameless, dirty, effeminate, low class and uneducated people.

In Bangalore, the investigator did not observe any social networking or relationships, even at shared public sites, between gay-identified men and *kothis*. And double-deckers would usually socialise within the *kothi/panthi* networks.

In many discussions *kothis* expressed a deep sense of uncomfortableness with gay-identified men because of a lack of English skills, class and economic differences and marginalised by these gay-identified men. The sexual networks and "cruising" areas differed, and rarely was there any socialising and mixing between them.

Secrecy and shame control the frameworks of visibility and denial in regard to behaviours deemed outside the social and cultural norm. Not talking about sex and sexual behaviours is one way of not only invisibilising such behaviours and practices, but also of marginalising them as a peripheral phenomena, particularly in regard to male to male sexual encounters. In Bangalore this was much more manifested than in Hyderabad.

This form of social control is constructed by traditional concepts of honour and shame. Honour, not so much as what is deemed to be personally honourable, but in terms of one's standing in the community and family. Honour as a possession, not a quality. Shame, not so much as what may be deemed as wrongful (or even sinful), but by behaviour and conduct which brings shame to the family and/or community as a whole. These two intersecting frameworks arise out of understandings of value systems around what is public and what is private. What is visible and what is invisible.

What further adds to this has been the growing level of police harassment and the relatively intolerant attitude towards effeminate behaviour by locals. This has resulted in what appears to be a reduction in current sexual activity as well as *kothi* performances.

Public behaviour, behaviour that is visible, is bound within a context of family duty, honour and obligation (both familial and religious). In this context any behaviour, which is visible to the community (and/or family), falls within the scope of public behaviour and therefore falls within concepts of honour and shame.

Night time creates invisibility. Bushes, trees, dark construction sites, badly lit alleyways, behind houses, under blankets, any place where space is available for mutual sex encounters and where darkness reigns. Darkness invisibilises behaviours creating deniability. It is in the dark that most male to male sex occurs.

In summary what we can say about male to male behaviours in Bangalore is that

- * For many men involved in male to male sex, MSM is not a sexual identity but a behaviour based on desire for discharge. This is primarily true for many of the sex partners of *kothis* and *double-deckers*.
- * Most MSM behaviours are not contextualised within a heterosexual-homosexual paradigm but within a gender framework and role play, where a feminine gender performance signifies the role taken in a sexual act. In terms of *double-deckers*, the identity was not necessarily equated with actual behaviour but more as an avoidance of a stigmatised identity and a masculinising framework. Such men did not call themselves gay because most of them do not interact with gay-identified men and do not have access to the vocabulary or class frameworks.
- * This gendered framework is constructed within a *kothi/panthi* dynamic, where the *kothi* perceives himself and his desire for other males in the context of

- feminine gender roles in India, i.e. the “penetrated” partner. *Kothis* identify as feminine males, constructing their social roles, mannerisms and behaviours in ways which will attract what they call *panthis* - “real men”.
- * In this context many *kothis* are visible in a range of public environments and neighbourhoods, but *panthis* are not, for they could potentially be any “manly” male.
 - * This does not mean that Bangalore does not have any gay-identified men as it is understood in the West. It does. But these men are primarily English speaking, usually middle class, and a minority amongst men who have sex with men. Gay-identified men are much less visible in public arenas because of their identity construction is not based on gender desire
 - * Nor does it mean that *kothis* do not penetrate, or that *panthis* are not penetrated. Some do cross over these gender roles. However, this crossover is generally kept secret from other *kothis*. And as for the supposed *panthi*, the *kothi* will now call him a *kothi*, and he will ensure that his penetration is kept secret from his friends also. These crossovers are seen as shameful, but less so in Bangalore than Hyderabad, where male femininity seems to be more stigmatised. The double-decker identity also expresses male to male desire, and Bangalore indicated a greater willingness of *double-decker* males to identify as such than in Hyderabad.
 - * There are several *kothi* dynamics as well:
 - i. *nirvan kothi* - a male who is castrated - a transsexual
this is not a *hijra*
 - ii. *hammam kothis* - *hijras* and cross-dressed *kothis* who work and sell sex in hammams (bath houses)
 - iii. *satla kothis* - *kothis* who cross-dress
 - * *Kothis* have their own words and language, a derivative of the language of *hijras*
 - * *Panthis*, or “real” men, do not see themselves as homosexuals or less masculine because of their sexual involvement with *kothis*. They penetrate *kothis* who are not “real men” - they are *kothis*. Their personal sense of masculinity is safe.
 - * In other words there is a spectrum of masculinities.
 - * In a culture that excludes females from public spaces, that socially polices females and controls their access by males, and where sexual behaviours are based on gender identification rather than sexual identity, it is possible that for many “manly” males, sexual access will be with *kothis* or those deemed less “manly”, i.e. young males and adolescents.
 - * With this gendered dynamic it may be possible to physical count the number of *kothis* at a range of sites, but this doesn’t address the so-called *gupt kothis* - the ones who are secret. Nor does this address the number of “manly” partners these *kothis* access.
 - * Beside the *kothi/double-decker/gay* frameworks, there is also another dynamic of male to male sexual behaviours, which because of a shame-based culture cannot be readily accessed. This includes inter-family male to male sex, sex between friends, sex within male only spaces. Such behaviours are not identity-based where desire is based on same- biological sex, but rather on immediacy, “body heat” and felt “discharge” needs
 - * Such behaviours could be significantly high since there is a limited social construction of heterosexuality - perhaps we can call this behaviourally

heterosexual” - and where sexual access to females is very limited. What appears to exist in Bangalore, like the rest of South Asia is a core personal identity in terms of gender role, marital status and class. Identities are not based on sexual object choices.

- * Gay identities have evolved (and are evolving) from the globalising of Western lesbian and gay frameworks. In Bangalore such gay-identified men were primarily English speaking, middle and upper class, with extensive contacts with Western gay culture and/or emergent gay groups across India through the internet.
- * Gay relationships are usually based on a personal sexual identity, a mutuality, friendship and exchangeable sexual acts - they are companionate relationships formed within a same sex/same gender dynamic. What this means is that gay men are sexually and emotionally attracted to men. They identify as men.
- * *Kothi* relationships are based on gender roles - a “husband and wife” relationship. *Kothis* are not friends with their *panthis*, but “wife”. This is a relationship based on same sex/different gender identification dynamic. *Kothis* make friends with other *kothis* with whom they “never” have sex with. For *kothis* this would be like having sex with their sister.
- * Those identifying as *double-deckers* tended to have social relationships with *kothis*, and while their sexual partners tended to be *panthis*, their use of the *DD* identity was a way of dealing with the stigmatising of male femininity.
- * *Kothis* are attracted to *panthis*. *Kothis* perceive themselves as *kothis*, not “real men. The focus of desire is in terms of penetration.
- * *Panthis* tended to be attracted to the sex act.
- * Many men who sexually access *kothis* do so for semen discharge, not because the other person is a male.
- * Male to male sexual desire should be contextualised differently from male to male sexual behaviour

Gay identity and organisations

Bangalore has had a relatively long history of gay organising, and the city has 2 gay organisations/groups, but still relatively small. The main gay organisation in Bangalore is G.A.Y., which is primarily an activist and social organisation and holds regular group meetings and socials. On average some 15-20 gay men attend the group meetings every week. Group meetings are held in English, although there have been attempts to also have Kannada translation. On several occasions there have been considerable, yet unresolved, debates about this issue.

A sub-set of this group has developed Swabhav, an organisation developing a telephone helpline around sexualities and sexual health. However the phonenumber would be operated in English.

Members of both groups came from the social elites in Bangalore, well-educated, upper middle-class, and often those who have migrated to Bangalore for high-income work (computer technology, business, etc.) from other areas of India.

These men were well connected to the emerging gay networks in India through the internet, as well as to the global gay networks.

However, from all the anecdotal information and direct observation, there appears to be fewer gay-identified men amongst the MSM networks in Bangalore than *kothis* or *double deckers*. Gay men appeared to be from the upper middle and upper classes and English speaking groups in the city. The men identified in this Assessment were all from middle and upper classes, English speaking, and included a significant number of undergraduate or graduate students.

In Bangalore, there is one gay support group, which holds regular meetings and social events. While there have been discussions within the group about accessing Kannada speaking *kothis*, no outreach and networking has been done amongst them. Discussions in the group ranged from lesbian and gay rights, gay activism, and related concerns.

There is another organisation (Sangama) which is a documentation centre on human rights issues with a strong focus on lesbian and gay rights. This organisation holds regular discussion groups, meetings and workshops on these issues, to which a number of individuals and NGOs attend. These discussions are held in English.

There was a considerable class, education and income divide between gay-identified men and *kothis/double-deckers* and their partners. This expressed itself with a very low social mixing between gay-identified men and *kothis* even when sharing the same site, and some levels of verbal abuse and stigmatising of the *kothi*. Members of these networks just did not socialise, nor did the gay organisations reach out to lower-income networks.

Each network was seen as irreconcilably different and separate. In many discussions *kothis* expressed uncomfortableness with gay-identified men because of a lack of English skills, class and economic differences and also often felt marginalised and "looked down upon" by these gay-identified men. The sexual networks and "cruising" areas often differed, and rarely were there any socialising and mixing between them. Several gay-identified men strongly expressed their distaste for *kothis*, calling them "dirty", "low class" and other disparaging epithets.

I can't mix with these men. They are so effeminate, and they are so noisy. Everybody will see me and then I will have problems. They just have no shame. Interview BG2.

This divide was clearly expressed where at one of the major cruising sites only gay men would go on a Sunday evening. *Kothis* will use the site during the afternoon, and at a different location.

As a very rough guide, those who call themselves gay can be seen as English speaking and higher incomes, whilst those who call themselves *kothis* as speaking in Kannada and with lower incomes and also with predominately "feminised" mannerisms and sexual behaviours choices.

In brief, identities, practices, and desires were not completely congruent, allowing for considerable flexibility and producing a complex picture of male-to-male sex that bears little relationship to that described in the literature for most other parts of the world.

Situational Identities

Such beliefs, practices and police harassment has led the majority of participants in this study to act out situational identities. That is within the family home and neighbourhood they will perform as young (or not so young and married) men, while in specific environments, perform as *kothis* amongst other *kothis*, or to draw the attention of potential male sexual partners. But these performances are much more subdued than in Hyderabad, and involve minimalist gestures, such as standing in a particular way, looking directly, putting a fingertip in the mouth, or constantly letting buses or empty auto rickshaws go by.

There was some evidence to indicate that the *double-decker* label taken on by some men was more to do with avoidance of a stigmatised *kothi* identity as feminised males, and that the *DD* label was also a situational identity. In private spaces where there was no risk of harassment, many *DDs* stated that their sexual desires were based on *kothi* frameworks, that is they also wanted a 'husband', a man with a big penis, and so on. However there was also evidence from such discussions that many *kothi*-identified males also had *DD* behaviours and desires, and that they also penetrated, but maintained a *kothi*-identity for socialising reasons. The fluidity of desire and identity between *kothi* and *double-deckers* was very marked, especially when compared with Hyderabad. This justifies the concept of seeing a *kothi* identity as much about a performance as well as actual desire.

Situational identities then act as a device to invisibilise identity choices, desire and behaviours, maintain social and family stability, and reduce levels of potential harassment and violence (of which none was observed by the Investigator). This was much more prevalent in Bangalore than Hyderabad because of the higher degree of police harassment in public sites that most MSM accessed by the Assessment stated. There was a considerable degree of fear of discovery being expressed by both gay-identified men and by *kothis* and *double-deckers*.

This also meant that the *kothi* identity has a significant level of performance as part of it. This was clearly borne out in some of the discussions where several males stated that they perform as a *kothi* with other *kothis* to be able to be a part of a social network, rather than because of the sexual behaviour and identity choice, i.e. they saw themselves as men with both "active" and "passive", or a *double decker*.

Social Context

India, while rapidly developing, is still mainly bounded by traditional and conservative value systems expressed through religious and cultural norms and expectations. Bangalore is become noted for his information technology expertise and the high number of computer programming companies accessed by Western companies such as Microsoft and British Telecom.

A growing urbanisation has led to significant levels of rural young men migrating to the city in search of employment as often as excitement.

It should be noted that only 20 per cent of Indians are urbanised, while the remainder still live in rural areas. And of this 20 per cent urban population, only 15-20 per cent of these can be called middle or upper middle class and English literate. Thus the vast

majority of Indians, (including those living in Bangalore) should be seen as low-income Kannada speaking (with only 60% literate in this language).

While Bangalore also has many Muslims, the social relationships between Hindu and Muslim *kothis and DDs*, while appearing friendly, were observed to have some undercurrents. For example, Muslim *kothis/double-deckers* were called "Pakistani" by Hindu *kothis/double-deckers*, both in the workshop and the discussion groups. And yet, unlike Hyderabad, more Muslims were accessed by the Assessment Team and Investigator. This needs to be further investigated.

The *kothi/double-decker* social and sexual networks seemed to be extensive and spread across Bangalore (to some extent this was also true of the gay networks), moving around from one site to the other in the course of an evening. But their sense of ease regarding the *kothi* "performance" was greatly tempered because of the constant fear of possible police and local (rowdy) harassment. In comparison to the *kothis* in Hyderabad, Bangalore *kothis* were very much quieter and restrained, with a great deal less of public performance. Several cases of police harassment and arrest and violence from rowdies were reported. These acted as a restraining framework and an increased fear of discovery. A range of cruising sites had also be raided by the police in previous months, which had the impact of reducing activities in those localities, and shifting them to other arenas.

Social, religious and family expectations were strongly expressed in the workshop, interviews and discussion groups. The sense of not being able to fulfil these expectations created the context of shame felt. This feeling of shame also strongly factored risky behaviours and practices as well as treatment seeking, particularly those from low income groups.

Public environment sex was very rapid, leading to discharge in a few minutes. Such a methodology involving anal penetration led to several *kothis* speaking of anal bleeding and pain. Combined with a lack of sexual knowledge, low condom usage, low access to treatment, no access to an appropriate water-based lubricant, this type of sexual practice created high risks for STI/HIV transmission.

It's all over in a couple of minutes. Push it in and pull it out. Always feel dissatisfied at the end, so I go an look for another panthi. You won't believe how many panthis ejaculate just as they try to push it in.. Interview B PN4.

Sociocultural frameworks of male to male sexual availability

In terms of the sociocultural frameworks, both contemporary and traditional, that appears to shape and construct male sexual behaviours in India, the following points need to be remembered:

- * Marriage is considered a social and religious duty and a family obligation, not one based upon personal desire and choice. It is therefore seen as compulsory and a social necessity.
- * To remain unmarried is seen as strange, if not an aberration. Cultural and religious beliefs dictate that a male achieves social responsibility and thus personhood upon marriage.

- * Marriage may often be delayed till the male is in his late twenties or early thirties, because of the economic costs as well as perhaps for a lack of interest and desire
- * The central objective of marriage is the production of children, specifically male children. Marriage is thus seen not as egalitarian and companionate and based upon mutual friendship, but rather as a source of reproduction of children.
- * In this context sex is seen as reproductive. Sociocultural traditions in India, frame women as not equal to males, as inferior vessels of male honour, to be sexually controlled, if she is allowed any form of sexuality. Sex with one's wife is often seen as a duty, rather than as pleasure. The statement "I do duty to my wife" is quite common, meaning I have sex with my wife. Also asking one's wife to perform certain sexual acts, such as oral sex or anal sex becomes shameful. She is the vessel of one's children.
- * This often lead to a concept of sexual pleasure of men as only available outside of marriage. Others would be asked to perform sex acts that could not be asked of a wife.
- * Here what matters, is not the pleasure of the partner, but the pleasure of the self. Sexual behaviour becomes one of sexual discharge.
- * Gender segregation, female virginity, loss of honour, and so on often makes it easier to access other males for sex than females in a homosocial and homoaffectionalist society, because women are more policed and socially controlled.
- * Indian culture focuses on public shame rather than personal guilt as frameworks of social control. It should be recognised that fulfilment of social, religious and family duty is central to an Indian. Here duty is seen as a public duty, to be visibly performed. Thus the sense of shame and dishonour arises from a public (community) perception about visible personal behaviours.
- * Concepts of sexuality, sexual behaviours and sexual identities are bound up within concepts of gender roles (the penetrated and the penetrator) and semen discharge. Such a framework will often leads to high frequency of sexual partners.
- * For some males who sexually penetrate (the *panthi*), the gender of the sexual partner can often be irrelevant. What matters is to discharge.
- Because India culture is homosocial and homoaffectional, both in public and private, it is not uncommon for two or more males to share a bed. This makes opportunities for sexual encounters much easier. Very often this takes place in the dark, under the blanket, when partners can disassociate themselves from the act - "it was in my sleep".

These characteristics of Indian culture, which also include extreme over-crowding, poverty, males sharing spaces, a substantial number of males below the age of thirty and unmarried, difficulties in sexually accessing females, lack of privacy which can also be costly, create conditions which frame its male to male sexual behaviours, and in a sense encourage its differing manifestations.

Age can also play a significant role in terms of penetration. As Michael Rocke states in his book *Forbidden Friendships - homosexuality and male culture in Renaissance Florence*, "the restriction of the 'womanly role' to adolescents actually permitted all mature men to engage in sex without jeopardising their 'manly' identity". (Page 13, Oxford University Press, 1996).

The same framework exists to some extent in India, whilst Mughal history is replete of "boy love".

All the evidence points to significant numbers of males engaged in sexual encounters with other males, from very young adolescents to much older males, from close relatives to the domestic servant, from the rickshaw driver to the businessman. Many will engage in these behaviours sporadically, or over relatively brief periods of time. Many will also continue this behaviour infrequently over longer periods of time, beyond even their marriage. And many will engage in male to male sex as either an exclusive sexual behaviour or as part of the sexual repertoire over their sexually active life.

To quote Michael Rocke again, "homosexual activity formed part, at one time or another and with varying significance and degree of involvement, of the life experience of many males" and that there was "an absence of conceptual categories based on sexual object choice" (page 15).

Rocke then goes on to say that male to male sex "...did not constitute a separate world or a truly distinctive 'subculture'. Both casual sexual encounters and more durable relationships occurred or evolved in largely familiar everyday social contexts and were tightly insinuated into other forms of male sociability from the camaraderie of gangs of youth or bonds of work and neighbourhood to relations between patrons and clients or the sodaliture of kin and friendship networks (page 115).

All this does not imply that loving bonds between males does not exist. It does. Intense emotional and sexual relationships do exist, but these will be framed by the cultural necessity of marriage and children. Very few males are able to escape this cultural necessity.

There are frameworks for desire for a specific gender, i.e. males who specifically desire other males and seek other males for sex (and sometimes love). These males will often frame their relationship as "husband and wife", a *panthi* with a *kothi* (with a very few exceptions of mutuality and equality).

Indian public spaces are supremely male. The street, the bus stand, the park, the railway or bus station, these are the arenas of contact. Such publicness leads to quick sex, penetrative or otherwise, in the darkness of parks, behind bushes, in alleyways.

Many workers in the service sector also a part of these networks. Whether just for sexual release, money, or actual desire for sex with other males is a difficult question to answer. Taxi-drivers, auto-drivers, barbers, room service and housekeeping males in hotels, waiters and table boys at restaurants, shop assistants. The framework is ubiquitous. The glance, the second glance, the smile, the appropriate questions, sometimes "for a few rupees more", sometimes just *khel* (play). In Bangalore urban culture, male to male sex does not exist in a few selected areas as in Western cities. It is anywhere, in the right conditions, the right time, the right space.

But perhaps we should accept that often Indian male sexualities are amorphous, opportunistic, spatially bound, discharge oriented, time-based, as well as those based upon same sex desire and love. .

In doing so we have to recognise that the impact upon any STI/HIV/AIDS prevention and control programme which does not address male to male behaviours will be doomed to failure. To deny their existence, or to contextualise it within the limited heterosexual/homosexual paradigm will ensure that no such programme will successfully contain the spread of AIDS.

Mapping

Many *kothis/double-deckers* would move from one site to another across Bangalore every day. But for gay men this tended to be restricted to weekends at one or two specific sites.

In a city of over 4 million people sixty-five sites where men can meet other men for sex were identified in the Bangalore. They included parks, bus-stands, auto-taxi stands, public toilets, cinema halls, bath-houses, specific streets, bazaars, market places, shopping centres, any area where a measure of anonymity and access to males was possible. While sexual activities did take place in many of these sites, much also took place in construction sites, guesthouses, lodges and hostels, as well as personal homes, where after meeting partners, the men would go for private sex.

Discussions in the workshop and Focus Groups generated guestimates of male sex workers:	2,000
<i>kothis/double-deckers</i>	10,000
<i>panthis/sex partners</i>	100,000

These figures could be much higher or lower. Their accuracy could not be verified.

In terms of the sexual partners (*panthis*) of *kothis/double-deckers* and male sex workers no figure could be generated. This was because the *kothis* kept on referring to their belief that all men are potential *panthis*. The figure quoted above was a rough estimate after considerable amount of "pushing".

A physical count was made by the Investigator at 5 public environments. A total of 150 male sex workers were identified with 500 *kothis/double-deckers*, and approximately 800 *panthi*-type males. Assessment team members provided assistance with the counts.

At one public toilet, this Investigator observed some 50 MSM using this toilet in one hour on a Friday evening between 7.00pm - 8.00pm.

Many of these sites were active during both the day and evening times.

Support and friendship systems

For *kothis* accessed by this Assessment, their key support and friendship system was other *kothis*. This also expressed the gendered framework in which the majority of *kothis* identified with. For gay identified men these were other gay identified men.

In Indian cultural systems, men and women rarely make friendships. The public arena is male dominated. And male to male friendships are expressed in the public domain.

But *kothis* see men as potential *panthis*, and treat them as such. It was seen as rarely for a *kothi* to develop a friendship with a man without a sexual component. *Kothis* expressed the desire to "find a husband", or just to find sex, but even in this context *kothis* recognised that this "husband" will get married and live with his wife.

In a situational context *kothis* will perform as "normal" males in other public contexts and in the home, and thus will friendships with other neighbourhood males and relatives, keeping his identity choice and sexual behaviour secret. But even in this arena, *kothis* speak of sex with friends, these male friends. Never with another *kothi*.

Thus it is clearly seen that support systems tended to be expressed in a narrow arena of friendship networks, usually in a public environment, although sometimes *kothis* will visit other *kothis* at their homes, particularly so when that *kothi* has a room to himself. Here again though this space can become sexualised as *kothi* friends will bring their *panthis* to access the privacy of the space, where group sex may take place.

This investigator was able to access several such homes to talk with small groups of *kothis* who had strong bonded relationships with each other, who called each other by feminine names and relationships, such as sister, aunty, mother, and so on.

Within this were several lateral and vertical relationships based on female Indian family structures, which required acknowledgement, as well as "sibling" rivalry and discord over apparel, make-up, appearance, and potential sex partners.

Kothis would always turn to other *kothis* for moral, emotional and financial support.

It was also noticed that for those who identified themselves as *double-deckers*, most of their social networks and friendship were with either each other and/or with *kothis*. These friendships followed similar patterns as *kothi*-identified males.

Poverty and sex work

A significant minority of *kothis/double-deckers* were from low income groups or were unemployed. Literacy levels were low as were the number of years of education. For gay identified men, income was much higher, as were education levels. *Double deckers* to a great extent were in between.

Many *kothis* from low-income groups turn to sex work to generate extra income. This study was able to access only *kothi/double-decker* sex workers, although discussions with members of the gay group, *kothis*, and others, indicated that was a smaller network of middle class male sex workers who were available at significantly higher prices than *kothi* sex workers and expressed "normal" masculine behaviours. There was also a network of *double-decker* teenage sex workers, which was larger than the middle-class networks but smaller than *kothi* male sex workers were.

Further to this, *satla kothis* in *hammams* were also selling sex to customers under the cover of giving a massage.

While *kothi* sex workers usually played the penetrated role, either in oral or anal sex encounters these middle class sex workers and *DDs* would play either penetrated or penetrating role and some would also access female sex workers and/or other women.

Many *kothi* sex workers were involved because of their need to have an income for themselves and their families. Poor and/or unemployed, this was often their primary source of income. For the middle class sex worker the motivation appeared to be the self, extra gifts, increase their own consumer purchasing power, or making potential useful contacts, or even to pay for tuition and/or college fees.

Psychosexual issues

Sex education was absent amongst the participants in the Assessment. Knowledge of the male and female bodies, of reproduction, of the sex organs was almost non-existent.

This led to a variety of myths, beliefs and practices, which were accepted as true and helpful. A considerable tension existed regarding masturbation as a sign of body and mental weakness, that reduce the virility and functioning of the penis, if not producing damage of one sort or another. Constantly the Assessment team as well as the Investigator were asked about medical treatment for nocturnal emissions, masturbation, penile sizes and shapes. Many of these men used "quack" remedies from street vendors for their perceived weaknesses.

At the same time, the lack of knowledge of their own and female bodies led to a range of risky practices, such as rapid discharge, or anal bleeding, achieved through dry and rapid penetrative acts.

Reproduction also carried its own myths and beliefs, where many men had no idea how babies are conceived, developed in the womb, or even born.

Gender

It was the belief of the Investigator (and validated in the discussion groups and interviews) that the accepted gender bi-polarity of male and female is not so clearly divided in Indian society. In terms of males who have sex with males there appears to be a range of masculinities, a spectrum of possibilities, where at one end are *satla kothis*, *kothis* who wear male dress, *double-deckers*, then gay men (who *kothis* often defined as secret *kothis*) and then what *kothis* define as "real men", *panthis*. *Kothis* are not men believing that they are women, or even that they want to become women. They appear to see themselves as feminine males and less "manly" than *panthis*. While they identify with the feminine, much of the identification is around a gender performance as a means to attract these "real men" as sexual partners.

Male and female gender roles are strictly divided through sexual positions, appearance and dress, mannerisms, and work functions. These roles are hierarchical and oppositional. Women are "passive", "servile", "domiciled", wife and mother. *Kothis*, through their gender identification are also supposed to "passive", "servile", "domiciled" and "wife" to their *panthis*. The *kothis* in the Assessment always spoke of "finding a husband", seeking for a "real man" with an "akka likam" (meaning a big penis).

But there were intense contradictions here. *Kothis* in a public space (like *hijras*) can be extremely voluble, sexually assertive (it is the *kothi* who usually approaches the *panthi* in the cruising sites), and will often dominate the sex act, even though he is being penetrated. And it should be recognised that many *kothis* also play the role of husband and father with their wives.

It cannot be taken as a given that because *kothis* identify with the feminine, that they may take the receptive role in the sex act, and use feminine terms for each other, that they are passive. There is much diversity in all of this.

But it is recognised that the fact that *kothis* play out the socially accepted gender roles, that their self-definitions, language and behaviours sustains a patriarchal framework of gender relationships and sexual behaviours, and increases their risk of STI/HIV transmission.

Religion

India, despite being considered a secular country, has strong religious beliefs, traditions and practices.

Here I am not attempting to define the religions of India in terms of their specific and particular beliefs, traditions, and practices. What I wish to briefly attempt to do is to locate these religions within the cultural context of India, the interaction of religion and sociocultural dynamics. For example, Hindus in New Delhi, while having a similar faith as Hindus in Madras, will often have very different customs and traditions, which will also be different from Hindus in Calcutta. Similarly Muslims in Calcutta may have different traditions to Muslims in Pakistan. This is because of different languages, different histories, different geographies, different traditions and so on. Further while sometimes Hinduism and Islam are sometimes seen as monolithic, they are not. Hinduism has many different, often contradictory beliefs and customs, whilst Islam, has several different branches. Each will have their own localised traditions and customs partly based on historical and cultural factors, of the particular locality, and partly based upon their singular interpretation of the religious texts.

What needs to be clearly understood is that religion, culture, tradition and social practice are not isolated from each other, nor do they represent the same thing, but are interwoven in complex dynamics. While Indian religions may specify particular and specific social practices, beliefs and attitudes, very often cultural traditions and customs will outweigh these religious beliefs and statements. What matters, is interpretation, social customs and historical traditions. But who does the interpretation? Where interpretation of religious texts interpenetrate cultural beliefs and customs, then very often these customs and practices will take on a sanctity that never existed in the original sacred text.

It should also be remembered that in contrast to the way that Christianity is viewed and practised, where it is seen as very much a matter of personal choice and individual response, Indian religions relate to how a community functions as a whole. Religious and secular life centres in the temple, mosque, and gurdwara. Religion is a faith of community.

This does not mean that there isn't an intense personal belief and practice for many people. The personal prayer, or the private namaz. Religious belief can provide personal solace, meaning and context to one's life. But with all this goes the daily observances, the food a person eats, his or her relationships with others and the family, interactions with his community and community structures, religious celebrations and festivals. These are all interlinked and interdependent. This is the visible side, the proof of one's religious observance and community participation. Private and public are co-joined.

Religion becomes an obligation to the community, a duty to the community. Not to accept this duty can bring shame and dishonour to the family and to the community. Thus we can say that community participation, more than a personal belief, has a greater relevance. It relates a lot more to what you are seen to do than what you actually do. Participation involves submission to the daily rituals, customs and traditions that surround a specific religious belief. It is public acceptance rather than a private knowing.

While the Assessment questionnaires did not request information on religious affiliation, this issue was raised during the interviews and discussion groups.

All those interviewed professed affiliation to a specific religious tradition accepted their specific religious traditions. None could conceive anything else.

Kothis/double-deckers expressed significant concerns about what their religion has to say about male to male sexual behaviours. No one knew of any specific statement in either Hindu or Islamic texts referring to male to male sex. There was a general consensus from these discussions that both religions condemned such behaviours. This further exacerbated feelings of shames arising from their sense of identity and behaviour.

Yet these respondents somehow found ways to balance their sexual practices, identities and desires within the context of being a Hindu or a Muslim, or a Christian. Whilst many of those who identified as *kothi* would speak of shame, guilt, dishonour, they also believed that what they were, who they were, and what they did, was between themselves and God. Religious belief was still important to them and a central part of their self-definition.

Social, religious, cultural and political tensions did exist between the Muslim and Hindu communities, largely framed by considerations, such as the India/Pakistan conflicts, terrorism, as well as differences in perceived educational and employment opportunities, and some of the broader, all-India, political developments. These tensions were not greatly expressed to the Investigator in any perceivable way but were stated through individual comments about a Muslim's desirability or not as a sexual partner, as well as a perusal through the media at the time.

At the same time, Muslim participants in the workshop and Focus Group Discussions were called "Pakistanis" by their Hindu colleagues. While there didn't appear to be any resentment about this, private discussions indicated that Muslims often feel a greater degree of insecurity.

Religious, social and family expectations followed a seamless context in which conduct, behaviour and expectations arose for all males to follow. *Kothis* felt particularly marginalised in terms of their desires, hopes and aspirations.

Both Hindus and Muslims expressed similar sentiments about family and social expectations, of performing as men, fulfilling duties, maintaining family honour, of marrying and producing children, particularly sons. Choice of marriage partner was still seen as a parental duty and separation from the family as not an option.

In this context marriage is an expected duty to be fulfilled. Very few *kothis* stated they would refuse to marry, whilst the majority expressed a sense of dread and fear. Where family pressure was already being exerted, several *kothis* spoke of depression and mental tensions. What was noticeable was that in this situation, a higher partner level seemed to be in operation.

For gay men, religious issues were of much less concern than that of sociocultural frameworks around marriage. Gay identified men were more concerned around avoiding marriage (with females), lesbian and gay rights, and so on.

Family

Joint and extended familial links are strongly held together by custom, tradition, belief, practice and economic need. Their value lies in providing a form of social security and welfare in a society that has neither. The elders are supported, as often are the unemployed, the unmarried, the range of children, the disabled. It is considered a moral duty for the family to stay together in this mutual support system, whether the staying together is physical or psychological. For example, leaving a small town or village to migrate to a major city for work, the individual will often stay with an extended family member already in that city.

Such extended family systems can be a liberating experience in terms of the social conditions of individual members. To rely on the family for such support, emotional, physical, or financial relieves much of the burden for sustaining the self. But as a consequence, the concept of individuality becomes lost. Personal choice and desire becomes subsumed within family choice and desire. Marriage, children and duty to parents are the focus.

Marriage

In India, marriage is a social, cultural and religious necessity, a central issue within people's lives and a mainstay of family and community life. It should be seen as a socially and religiously compulsory duty towards maintaining family and community bonds. Marital status signifies adulthood, social responsibility and the achievement of personhood.

Traditionally, marriages are arranged between two extended families. Such arrangements are based around economic and inter-family connections. In urban environments there may be a matter of choice and concepts of "love marriage" are growing in the middle classes, but ultimately all in the Assessment saw marriage as no choice. As Herdt states in his book *Same Sex Cultures*, "full personhood is not achievable until people have married and produced children" (p5).

To remain unmarried is often seen by the family and others as an aberration, a sickness, bringing shame and dishonour upon the family, creating social and family disorder. And to have no children can be seen as a curse.

But marriage is not based on mutual friendship, desire and love. None of the married men in this Assessment have informed their wives about their extra-marital behaviour with other males, or for that fact, other woman. They believed that all they need to do is to function adequately as husbands in terms of economic support for their wives and engaging in sexual intercourse in order to have children. Marriage was considered a duty and sex as a means to have children.

The wife is seen as the bearer and mother of his children, not as a friend and lover. Marriages are not seen as companionate and egalitarian. And because of the dominant male ideology and male social spaces, a male should be seen spending more times with other males, otherwise he would be seen as being weak and perhaps "womanly".

The majority of *kothis*, *double-deckers* and their sex partners in this Assessment accepted the social necessity of compulsory marriage, while some were already married. There appeared to be a fatalism operating here, and a sense of not being able to challenge family and society's strictures

For the gay men accessed by this Assessment, in the main they stated they would not get married, but when this was followed through, most stated they may have to get married to satisfy their family's wishes, but they would attempt avoid it.

Sexual behaviours and impact on sexual health concerns

As indicated in the Summary above, the *kothi/panthi/double-decker* framework of male to male sex is the predominant pattern in Bangalore. The Assessment indicated high levels of unprotected anal sex, higher levels of anal sex compared to oral sex, high levels of multiple partners, but low levels of possible symptoms of STIs, and a significant degree of untreated symptoms.

There was a significant difference in the issues between gay-identified men and *kothi/panthis* in the Assessment, where gay men were reporting much lower rates of anal sex, lower rates of multiple partners, with a greater tendency for a single partner, as well as earlier treatment of STI symptoms, and more condom use. *Double-deckers* reported behaviours were similar to gay-identified men, but in terms of being penetrated similar to *kothis*.

It was noted that saliva was the common lubricant used for penetration, but that a significant number of assessment participants also reported using oil-based lubricant as an aid to penetration, even with condoms. Only those who could afford it would use KY jelly, a water-based lubricant, and these were primarily gay-identified men, and those *kothis* who knew about KY jelly and who could afford the price.

Surprisingly gay men reported a lower rate of awareness of AIDS than *kothis* and *double-deckers*. This should be studied more.

While the majority of assessment participants had heard of HIV/AIDS, at the same time personal risk assessment indicated that the majority did not know their own risk.

There was a clear gender-based division about partner notification where female partners of MSM were less likely to be informed of their partner's status than male partners.

From the range of interviews and focus group discussions it became clear that *kothis/double-deckers* appear to start their sexual activities at an earlier age than gay men. There is a range of sociocultural reasons for this, around availability and opportunity. What was significant that many *kothis/double deckers* started their sexual histories in adolescence and usually by 12 to 14 had some experience, usually with a male relative such as an uncle or cousin. In fact this seemed to be a predominant pattern.

During these discussions and interviews it also became clear that there were other frameworks of male to male sex outside of a *kothi/panthi* dynamic or even a gay dynamic.

Participants indicated male to male sex was going on in hotels amongst hotel staff and between hotel staff and guests, amongst street children, and street children and others, within a range of all male institutions such as boarding schools, madrassas, military establishments, hostels, prisons and so on. All sorts of males from across the spectrum of age, class and occupation were described as being involved in male to male sex, from police officers to beggars, from rich businessmen to movie extras, from rag pickers to truck drivers.

At the same time, the discussions generated a whole range of reasons why males have sex with males, from male to male desires, to "women don't do oral or anal sex", from protecting a girl's virginity to maintaining one's chastity, from "body heat" to "the anus is tighter than the vagina".

Most male sex workers were *kothi/double-decker*-identified and primarily involved in anal sex as the receptive partner. The majority come from low-income groups, unemployed and poor. A significant number were illiterate or poorly educated, with low levels of knowledge of STI/HIV/AIDS. Condom use was minimal among male sex workers, and prices were low. There was anecdotal and observational analysis that indicated that there were perhaps more male sex workers than female sex workers in Bangalore. At one major site, when a physical count was done there was some 80 male sex workers operating at this site but only 20 female sex workers. *Kothis* had reported that female sex workers work the same areas as male sex workers do.

Most MSM will also be married, usually by the time they are in their late twenties or thirties, whether they are *kothis* or *panthis*. It was clear from the interviews and discussions that marriage is a central issue in the lives of MSM even those who were gay-identified. A familial and social necessity, the vast majority of those accessed who were not already married believed that they would have to get married, whether it was their choice or not. It was only a few gay-identified men who said they would resist their family's pressure. It was noted that these men also were financially independent and lived alone.

In such a situation where condom use was low, where anal sex was a common and regular practice, and where multiple partners was also common, the possibilities of STI/HIV transmission is high both between males and between MSM and any female partners they have.

Many *panthis* accessing males will also access females for sex, particularly female sex workers.

From this information it is clear that there were distinct differences in regard to sexual health issues for gay-identified men and *kothi/double-decker*-identified males. It is also clear that the levels of risk for STI and HIV infection and transmission are considerable, and that this risk also affects female partners of MSM as well as male.

BCC Materials

No appropriate BCC for MSM and/or anal sex materials existed in Bangalore.

AIDS prevention

No *kothi/double-decker* organisation or group existed. However, Jagruthi, an NGO that was working with street children had applied for funding from the State AIDS Prevention Society in Karnataka to implement AIDS prevention programme amongst MSM and had received its first tranche of funds. It had recently begun to conduct a limited outreach programme amongst MSM in a number of sites in Bangalore at the time of this Assessment.

There were several issues of concern in regard to this, since there was a lack of clarity as to how to achieve and conduct an effective intervention strategy, a lack of awareness, knowledge and skills among the outreach workers, and a lack of understanding of the dynamics of male to male sex and HIV risks in Bangalore. Funding was organised on the basis of outreach to only 500 MSM.

The gay group G.A.Y was not involved in any AIDS awareness/prevention activity, but Swabhav was developing an information "hotline" on sexualities and sexual health. It had not become operational during this Assessment.

NGO and Donor response

The NGO Jagruthi had recently received funds from the Karnataka State AIDS Prevention Society to implement an intervention programme for MSM in Bangalore. This was a part of the National AIDS Control Organisation's strategy of empowering State AIDS Control Society's to fund an MSM programmes in their jurisdiction. Discussions with both Karnataka SAPS and Jagruthi indicated a lack of understanding of constructions and risks of MSM, but there was a willingness to develop an effective intervention programme. The SAPS however was not willing to consider funding any another MSM AIDS prevention programme, even if it was a community-based peer-led initiative, stating that they had already funded an MSM programme through Jagruthi.

Jagruthi believed that it could develop, manage and implement an MSM intervention programme, even though it was not an MSM community-base initiative, nor managed by MSM. However, the Director of Jagruthi believed that in time, the MSM programme could be autonomously managed under Jagruthi.

The lack of clarity and understanding of the context of MSM constructions and issues in Bangalore had the potential to create ineffective strategies for behaviour change, as well as misunderstandings in attempting to reach stated objectives.

Discussions by both the consultant and by this Investigator with a number of local NGOs working on HIV/AIDS issues, and the State AIDS Prevention Society, indicated a degree of support for an intervention amongst MSM in Bangalore. However, the levels of police harassment at a range of sites indicated that this would create a major impediment for an effective outreach strategy.

While a number of the doctors interviewed said they would be willing to accept referrals, actual ability to work non-judgmentally and effectively with these male clients was doubtful. An impression was gained that these doctors were stating what seemed to be appropriate to the Investigator.

It also was clear that training would have to be given to NGOs on MSM issues and the contexts in which male to male sexual behaviours take place.

Conclusions

In exploring male to male sex in Bangalore this report highlights the following issues (in no specific order):

- * There are significant levels of males who have sex with males where a *kothi/panthi/double-decker dynamic* was the most prevalent framework of MSM in the city
- * Some gay identity and organising does exist but this was very limited and middle class-based, but no intervention work
- * High rates of anal sex exist between males particularly *kothis/panthis/double-decker* with lower rates for gay-identified men
- * Significant levels of male commercial sex work exists in Bangalore, where MSWs were primarily *kothi*-identified males
- * High levels of partner change amongst *kothi*-identified males, less so among gay-identified males
- * Apparent low rates of reported possible STI symptoms
- * Low levels of appropriate health seeking behaviours
- * Inadequate appropriate STD treatment services regarding anal transmission of STIs
- * No appropriate condoms available suitable for anal sex
- * No affordable, accessible and appropriately packaged water-based lubricant available
- * Many males who have sex with males begin their sexual activities in early adolescence, where their first sex partner is usually a male relative
- * Many males involved in male to male sex do not have a sexual identity
- * There are no appropriate education resources dealing with male to male sexual behaviours and/or anal sex available
- * Levels of appropriate knowledge of HIV/AIDS amongst males who have sex with males was relatively high
- * Medium levels of condom usage
- * MSM behaviours are usually invisible because of secrecy, shamefulness and denial as well as a lack of understanding the context in which they take place

- * Many males who have sex with males will be married and many will get married
- * Gay identified men usually find sex partners among other gay-identified men
- * *Kothis* find partners amongst *panthis*
- * *Double deckers* find partners among other *DDs* and *panthis*
- * *Kothis* and *double-deckers* sexually access many different men across Bangalore
- * They have extensive social networks with other *kothis*.
- * They usually come from poor, marginalised and socially excluded communities
- * An MSM sexual health initiative has already been funded in Bangalore through a non-MSM NGO, supported by NFI
- * Significant levels of police harassment

To a significant extent MSM in Bangalore do not comprise an easily identifiable or visible target group. There appears to little gay identity and no commercialised gay venues, although there were a few bars where gay-identified men congregated. To insiders, male sex workers are easy to find, but, unlike female sex workers, relatively invisible in most social spaces. Therefore, reaching these men through their own collectivities, a strategy that was very successful in Western nations, is not directly applicable here. The wives and other female partners of MSM comprise a very vulnerable group and will be particularly difficult to reach. Therefore, both for reasons of efficiency and cost-effectiveness, a peer-led process of developing collectivities must begin. The Assessment Team was rapidly becoming a process of community-building by the time this Investigator left Bangalore.

Anal sex is a fairly common practice, placing MSM, particularly *kothis and double-deckers*, at high risk of STIs and HIV, especially when poorly lubricated and not protected by condoms. Anal STIs are not well understood by most doctors and there is no syndromic algorithm for anal infections. Condom usage was low, and with low quality of STI services available, access was marginal.

Accessing adequate STI care is very difficult for the poor and uneducated within these networks. Embarrassment and lack of money, coupled with providers' ignorance of MSM's sexual practices and the lack of a syndromic algorithm for anal STIs adds up to poor treatment and continuing infection.

Anal sex, as it is practised in Bangalore, has a high likelihood of producing anal damage. Any blood present during sex increases the risk of acquiring HIV and this is probably enhanced by the presence of piles.

The considerable level of partner change and sexual networking evident in the Assessment, coupled with the significant levels of reported current anal STI symptoms, demonstrates the potential of this group of men and youth for a concentrated HIV epidemic.

Given their fairly extensive sexual networks and contacts with women, *kothis/double-deckers* and their partners represent a "core group" for transmission. Whether their practices are approved of by society or not, they exist, appear to be numerous, and

have a long history of tacit tolerance. Specialised services and sensitive outreach programmes will be required to address their needs.

Kothis and *double-deckers* sexually access many different men across Bangalore. They have extensive social networks with other *kothis*. They usually come from poor, marginalised and socially excluded communities. If support and technical assistance can be given to Jagruthi, it is possible to develop a community building strategy amongst *kothis*, and use this emergent community as a means of education and prevention intervention amongst *kothis* and their partners, where *kothis* can be mobilised on behalf of improving sexual health among MSM generally.

But it should also be recognised that *kothis* do not have the experience, knowledge, or skills to develop, implement and sustain an MSM sexual health intervention without considerable initial and on-going technical assistance.

Recommendations

1. Behavioural and anthropological research

1.1 Academic and action-based research needs to be done in the constructions of masculinities and male sexual behaviours in Bangalore. Such research can provide information for developing effective and sustainable intervention strategies in regard to male to male sex .

2. Developing an MSM community-based AIDS service agency

2.1 Jagruthi, funded by the Karnataka State AIDS Prevention Society to implement and HIV prevention strategy amongst MSM in Bangalore, should work towards empowering *kothis* to develop, manage and implement their own sexual health programme under Jagruthi's management.

2.2 A safe space for *kothis* to meet will need to be developed where individuals and networks can gain access for confidential information as well as discuss issues around sexualities and sexual health within an appropriate context.

2.3 Acknowledging the lack of technical skills in developing such community-based sexual health promotion programme addressing male to male sexual behaviours, whether it be infrastructure, developing service delivery and implementation, project management, financial accountability, appropriate outreach strategies, monitoring and evaluation, resource design, or producing budgets and accounts, the project must be provided with appropriate technical assistance to access these skills through training and capacity building.

2.4 Different distribution strategies for condoms and lubricant will need to be explored by such a community-based agency, such as social marketing, free distribution as well as distribution in a wide variety of private and public locations. These differing strategies must be supported by Government and non-government agencies by enabling access to sufficient condoms and lubricant of appropriate quality, quantity and affordability.

2.5 Psychosocial support programmes need to be part of any on-going sexual health programme for males who have sex with males. These would include telephone lines (“hotlines”) providing free and anonymous advice and

information, social support groups, sexual health discussion groups, and other services deemed appropriate and needful by males who have sex with males themselves. These services should also be funded.

- 2.6 Effective and supportive relationships with local police need to be developed and facilitated by Jagruthi as well as others.
- 2.7 Further, attitudes of doctors and other medical staff towards such stigmatised identities and behaviours will need to be addressed through sensitisation programmes and appropriate regulations
- 2.8 Because so much male to male anal sex takes place outside "cruising" sites and external to *kothi/panthi* dynamics, Jagruthi and other NGOs developing sexual health services will need to promote safer sex behaviours that include anal sex in their programmes of education and prevention. These include rickshaw drivers, female sex workers, truck drivers, educational establishments, street children, factory workers, prison populations, et al.
- 2.9 There should be regular consultation between Jagruthi's MSM programme and the Karnataka State AIDS Prevention Society to ensure that issues, needs and service development for males who have sex with males is always reflected in any national, regional or State AIDS programmes and strategies.
- 2.10 Jagruthi should be provided with long term funding which would include core costs as well as project costs to develop its MSM HIV prevention programme, and sustainability issues must be thoroughly explored o ensure programme continuity.

3. Education and Prevention

- 3.1 There is an urgent need to address the high levels of incorrect beliefs about sex, sexual functioning, the male and female body, and all aspects of sexual behaviours. These beliefs are damaging and impede any effective development of STI/HIV prevention.
- 3.2 The lack of appropriate and accurate sex education must be addressed and requires governmental action to provide an effective sex education programme which should be made available for both the formal and informal education sectors.
- 3.3 There is an urgent need for a broad range of educational resources, reflecting the sexual practices of males who have sex with males, as well as specifically anal sex, to be made available in appropriate formats and be distributed as widely as possible.
- 3.4 Specifically targeted BCC resources should be developed that are aimed at differing social, economic and behavioural groups, including medical staff, family planning clinics, religious teachers, educational staff, factory workers, hotel staff, and so on.

- 3.5 This would also mean educating and updating all health and social care workers skills with regard to prevention, care, management, counselling and related issues on HIV/AIDS, including issues on anal sex and males who have sex with males.
- 3.6 Resources also need to be developed that cater for those who are not literate.
- 3.7 Further to this there should be educational campaigns that de-stigmatise the public discussion of sexual behaviours through multi-media efforts that involve government, non-government and business institutions and agencies.

4. Condoms and lubricant

- 4.1 Appropriate stronger condoms suitable for anal sex behaviours and which are affordable and easily accessible, must be made available to the general public.
- 4.2 An urgently needed requirement for the promotion of safer sex is the availability of a suitable water-based lubricant in appropriate packaging that allows for a low market price and is easy to carry and use.
- 4.3 Issues of distribution, availability and easy accessibility need to be addressed. Price and distribution would need to reflect affordability and accessibility for the poorest at locations where sexual activities take place.
- 4.4 Considerable education will need to be done on the correct use of condoms.

5. STD Services

- 5.1 Because of the stigmatisation of males who have sex with males, particularly *kothis* any *kothi* community-based programme should be supported to host their own STI treatment service to ensure confidentiality, safety, acceptance and accessibility.
- 5.2 Because of the level of poverty amongst many *kothis*, treatment should be subsidised.
- 5.3 All STD medical staff should be trained in the issues surrounding anal sex behaviours, whether between males or between males and females, in regard to symptoms, treatment and counselling. Further abuse and harassment at such services by staff must be stopped. All staff should be sensitised to the needs of males who have sex with males, particularly those with stigmatised behaviours and identities. Confidentiality and anonymity must be available in accessing such services.

6. Women and sexual health

- 6.1 Appropriate strategies must be developed that address the sexual health issues of wives and other women that arise from the sexual behaviours of males who have sex with males, without a loss of confidentiality and trust.
- 6.2 Women's sexual health programmes must address the issues of anal sex between males and females and also confront the issues of male to male sexual where they impact upon women's sexual health.

7. Psycho-sexual counselling

- 7.1 Trained personnel providing psychosexual counselling should be available, which can offer non-judgmental, appropriate and accurate advice, information and support.

8. The Role of the State AIDS Prevention Society

- 8.1 The State AIDS Prevention Society must play a lead role in encouraging and enabling the development of a peer-led community-based AIDS service organisation by investing in, and empowering them, to deliver appropriate STI/HIV prevention and sexual health services for males who have sex with males.

- 8.2 Such an investment in the development of appropriate sexual health services for males who have sex with males would be in the form of:

8.2.1 provision of long term financial support

8.2.2 provision of, or unhindered access to, technical assistance and financial support

8.2.3 access to capacity-building training

8.2.4 addressing legal and regulatory constraints which may hinder the development of such peer-led community-based agencies

- 8.3 In order for this to occur, the State agency and others will need to ensure that they can gain the trust and confidence of males who have sex with males by ensuring confidentiality, safety, security and anonymity.

- 8.4 SAPS should provide training and awareness programmes to government and non-government agencies providing sexual health services on the social and sexual health needs of males who have sex with males in order to address the lack of knowledge and understanding. Such programmes will provide unbiased information, sensitisation, as well as destigmatise the issue.

- 8.5 Where laws, regulations and policies hinder males who have sex with males to access sexual health services, or discriminate against them through intimidation, fear, harassment, violence, denial or the risk of imprisonment, then these should be amended or repealed to empower such males to access these services. The State AIDS Prevention Society should be providing advocacy support for this.

- 8.6 Training of police staff and the judiciary on issues regarding males who have sex with males and sexual health concerns should be provided

- 8.7 SAPS should develop and/or support advocacy programmes for males who have sex with males to ensure the human rights of individuals are being respected, and that those who are harassed or violently abused can seek legal redress.

- 8.8 All sexual health programmes should include male to male sexual behaviours and anal sex issues, and should also involve schools, colleges and universities, families, business, the military and prisons.

- 8.9 SAPS and associated agencies need to ensure that appropriate condoms suitable for anal sex and suitably packaged water-based lubricants are readily available and accessible to males who have sex with males, ensuring good quality, affordable prices and adequate distribution in a variety of locations. Such distribution should also include appropriate educational materials in the correct usage of such products.
- 8.10 SAPS should ensure that all STD services staff, private or government, as well as all sexual health services provided by government and non-government agencies receive appropriate training on ALL frameworks of sexual behaviours which must include anal sex as a practice both between males and between males and females towards improving the quality, accessibility and delivery of these services to all sections of society.

ANNEX ONE

FOCUS GROUP DISCUSSIONS

1. **Participants**
A total of 30 participants participated the 2 Focus Group Discussions. Each session lasted 2 hours.
2. **Language**
Focus group discussions were held in Kannada, translations being provided by the Local Focus Person. Facilitated by Investigator
3. **Self-identities**

Kothi	15
Double-Decker	8
Male Sex Worker	7

All male sex workers were also kothi-identified
4. **Frame work of Discussion Groups**
The discussions were stimulated through a series of questions exploring identities, behaviours, partners, and issues.
5. **Participants discussed how they defined sex.**
 - * sex is a mutual satisfaction between husband and wife or between kothi and panthi, or a male and female, or between two males
 - * satisfaction of lust
 - * which gives mental satisfaction
 - * sex is not just for reproduction; we get pleasure from it; it makes us young
 - * sex is two people uniting with mutual interest (physical and mental union)
 - * sex is essential part of life
 - * means satisfaction, relaxation/feelings
 - * relation between two human beings
6. **Definitions of sexual intercourse were explored.**
 - * sharing of sexual pleasure and entertainment
 - * between two men they can do oral or anal according to their choice and satisfaction and also two ladies, and also husband and wife
 - * when 2 or more persons doing sex
 - * two people meeting/interacting/having sex
 - * penis penetrating anus or vagina
 - * sex acts
7. **Participants explored identities and gender definitions.**
What are the characteristics of...?

Men	Panthi
strong and muscular	who penetrates a kothi
should never touch kothi penis	never touches a kothi's penis
will penetrate kothis or women	strong muscular body

hey have strong penis
should walk straight
brave and powerful
tall and dark
thick moustache and hairy
husband and father
earning
head of family
hairy and horny
masculine body
will take cigarettes and drink
takes care of the family
keeps the family line
produce children

panthis have qualities of real men
brave
boss
big penis

Women

soft
gentle and tender
show kindness
take care of children
do cooking and cleaning
must show shame
looks like a family lady
good character and nature
follow tradition
child bearer
mother, sister, wife
shows patience
produce children

take care of in-laws
monogamous
has vagina
forgives all her children's mistakes
sensitive
caring and dependent
house worker

Kothi

a male penetrated anally/orally
a male with feminine demeanour
male with feminine gender
always feminine role with panthi
behaves like a lady
do not penetrate other men
soft body
graceful
good housekeeper
nice breasts and figure
should satisfy a panthi
has nice anus
kothis would like to marry
panthis

8. Participants discussed their concepts of manly duties and expectations.

a. *Religion*

To follow all religious rituals
to get married in same caste/religion
follows father's steps in tradition and values
give respect to elders
produce son to perform religious rites on death

b. *Family*

make all funeral arrangements
must marry
must produce a son

must support and look after his father and mother
if eldest must ensure that all sisters are married
must provide financial prosperity and economic security to family
provide for wife and children
develop good personality in society
must show izzat and sharam
must raise children properly

c. *Society*

Show he follows traditions
show respect to elders
be shown respect by community
produce children
be seen as a family man
does his religious duties
behave responsibly
be of good character
command his household
not be seen to be weak

9. Bases on personal experience, who is involved in male to male sex in Bangalore?

politicians	carpenters
doctors	milk vendors
lawyers	bank employees
social workers	railway employees
government employees	screen printers
dancers	hijras
singers	sales reps
musicians	street vendors
actors and film extras	lodge room boys
whole film industry	hostel boys
painters	male nurses
photographers	ward boys
gym instructors	computer shop staff
gym trainees	domestics
all drivers	businessmen
conductors	shopkeepers and staff
cleaners	male relatives
religious leaders	street males
policemen	kothis
defence personnel	panthis
security guards and watchmen	double-deckers
hotel staff	gay men
college students	waiters
school boys	tea-shop staff
teachers	labourers
masseurs	foreigners
factory workers	private tutors

engineers
prisoners
farmers

computer programmers
prison staff

10. Where do males have sex with males?

offices	farm houses
private homes	railway compartments
railway train toilets	lodges
public toilets	guest houses
hotels	factories
buildings under construction	public parks
bus stations/stands	film theatres
market buildings	godowns
shops	buses
lorries	cars
two wheelers	three wheelers
jail	prison
toilets in hospitals	toilets in public buildings
terraces	lifts
hostels	dormitories
bath houses	police stations
parking lots	cellars
dark alleys	behind bushes
cinema halls/toilets	

11. Why do males have sex with other males?

desire for males
for sexual release and pleasure
free sex
for personal safety
for sexual outlet
for masti
late marriages
separation from wife
menstruation and pregnancy
health problems of wife
for money
women don't do oral or anal sex
anus is tighter than vagina
women are not always available
for recreational sex
for the thrill
to experiment
to penetrate a man is more manly
male sex workers are cheaper than female sex workers
it is safer
males don't get pregnant
society does not encourage sex with females outside of marriage

easier to access males for sex than females

12. Who is selling sex?

poor kothis
hijras
unemployed males
students
street males
nirvan kothis
hammam kotis
hotel boys
massage boys
males rejected by families
school boys for pocket money/fees

Ages: 12 +
70% between 14-25

13. Why do they sell sex?

for money
for education
to make contacts
for shelter/food/clothing
for happiness
for enjoyment
for variety
to support family
buy alcohol/drugs

14. Who is buying sex?

panthis
married men who can't get satisfaction from wife
those who want easy and quick sex
over-sexed men
bachelors
men who are drunk
men who like to do anal sex
middle class kothis sometimes buys sex
average age of buyers between 30-60

15. What is the price?

oral	minimum 5 Rps/average 20 - 100 Rps
anal	50 -100 Rps
masturbation	10 - 20 Rps
thigh	25-50 Rps

16. Where is buying/selling going on?
- toilets
 - guest houses
 - hotels
 - bus stands
 - parks
 - any dark isolated spot in city
17. Who is having sex with women
- young men (14 -18)
 - panthis
 - married men
18. Social issues
- a. police harassment including violence, taking money from sex workers and kothis, forced sex
 - b. fear of discovery by family and wives
 - c. fear of violence at cruising sites by local rowdies
 - d. marriage as compulsory
 - e. the need for family and marriage in regard to old age security
 - f. fear of loneliness
 - g. poverty and unemployment
 - h. needing a 'husband'
 - i. family pressure to get married
19. Gay men
- Gay men are really kothis but don't want to admit it
Gay men don't like mixing with kothis. Kothis not invited to gay parties.
20. Significant levels of alcohol use affecting decision making
21. Mapping Bangalore
- a. 65 public sites identified
 - b. estimated 30% of public toilets used for sex
 - c. most cinema halls also used for sex
22. Pornography
- pornographic videos readily available for rent
23. Many social parties occur where group sex can take place.
24. STDs
- a. who can help kothis?
 - b. doctors not sympathetic
 - c. fear of discovery

25. Language
Koti
Nirvan Koti
Hammam kotis

Panthi
Double Decker
Masti Log
for
- feminine males
male who is castrated - transsexual
those kotis who work and do sex in Hammams
masculine males who fuck kotis
will penetrate and be penetrated
males who will do sex with each other
fun and release

English	Vernacular	Koti
masturbation	hastha mythuna	haath vaasi hand shaking
kissing	chumbhana	khomad
oral sex	mukha mythuna	chombu
sucking breast	mole chee pu nudhu	dhavani chombu
sucking	baayi yalli koluvudhu thunne cheepuvudhu	chombu haakuvudhu
anal sex	gudha sambhoga	vaatlu paththuvudgu
rimming	gudha nekkuvudhu	vatal khomad
thigh sex	thoda sambhoga	sepakhck
vaginal sex	yoni sambhoga	sepakh
penis	linga thunne sishna	likkam
big penis	dhodda	jambu likkam
small penis	chikka	khauri likkam
foreskin	mundhogali	billpan likkam
glans	thunne randhra	likkam tutu
testicles/scrotum	tharadua	chamada
circumcision	bod thunne	nagala likkam
anus	thika/gudda	vatak
nipples	mole/thottu	dhavani thottu
vagina	thullu/kappe	sepak
clitoris	chandra nadi	sepak botton
labia		
breasts	mole/bochi	dhavani
erection	thunne nigiradhe/niguru	likkam jambu ho gaye
ejaculation	veerya bantu/sakalana	nirma pathu
semen	veerya	nirma
thick	mandha	gatti nirma
thin	thelu	thelu nirma
pre-cum	jollu	
sexy man/boy	laksjana vaagidhdhaane	chizza panthi

ANNEXE TWO

THE INTERVIEWS

No of interviews: 46
Interviewers: 5
Approximate interview time: 75 minutes

i.	Dev Anand	BDA:	16
ii.	Venktesh	BV	10
iii.	S. Nagaraj	BSN	10
iv.	Ramesh	BR	10

PROFILE

- Ages**

18 - 21	10
22 - 30	26
31 - 40	10
- Marital status**

12 were married
- Identities**

<i>kothi</i>	20
<i>double-decker</i>	15
gay	3
none	8
- Sex workers**

9 were self-identified sex workers - all were *kothis*
- Schooling**

no education	6
below 5 years	8
6 - 10	26
above 10	6
- Occupation**

unemployed	6
student	4
auto-driver	3
sex worker	9
office worker	6
professional	3
service sector	15

7. Accommodation	
living with extended family (parents/wife/children)	3
living with joint family (parents, siblings and their families)	2
living with wife and children	6
living with parents	9
living alone	2
living in shared lodgings	9
living in a hostel	4
living at workplace	3
living with other relatives	6
living with friends	2

8. Early sexual experiences	
below 10	3
10 - 12	5
12-15	20
16-18	12
19-21	4
21+	2

All the *kothi/double-decker* identified males had their first encounter before the age of 16. All the gay identified men had their first encounter after the age of 16. All those who did not label themselves had their first encounter below the age of 18, except for 3 who had their first male to male encounter at 19.

9. First sexual act	
masturbation (doing)	9
masturbation (receiving)	4
thigh sex (being penetrated)	14
thigh sex (penetrating)	5
oral sex (doing)	6
oral sex (receiving)	2
anal sex (penetrated)	5
anal sex (penetrating)	1

10. First sex partner	
relatives	16
neighbours	6
friends	11
work staff	2
education staff	3
stranger	8

1. HISTORY

1.1 Family

In Bangalore, as elsewhere in India, the family is a central focus in one's life, where often it is the source of one's core identity. But here the family is much more than the immediate biological parents and siblings, the nuclear family. It includes all the relatives in usually a close bond; grandparents and their relatives, all the uncles and aunts, brothers and sisters-in law, nephews and nieces, cousins five times removed. The Indian family is a joint and extended family, a community in its own right, defined by, dialect, religious practice, caste, village, and so on.

Economic and social changes are having a dramatic impact upon this family structure, particularly in urban areas, where costs and inflation have increased significantly over the last couple of decades. Traditionally, these extended families often lived in the same household, but space is a premium in urban settings forcing family living to become nuclear. And as males migrate to cities looking for employment, wives and children may often be left behind in the village.

But even in such cases, the male migrating for work will often utilise members of the extended family to provide accommodation in the new setting. The man will initially live with a family relative, his uncle, brother, brother-in-law.

Even in this dispersed structures, joint and extended familial links are still strongly held together by custom, tradition, belief, practice and economics. Their social value lies in providing a form of economic security and welfare in a society that has neither. Family elders are supported, as often are the unemployed, the unmarried, the range of children, the disabled. It is considered a moral duty for the family to stay together in this mutual support system, whether the staying together is physical or psychological.

This cultural framework often generates a tremendous respect for elders and obedience to the father. Of course such extended family systems can be a liberating experience in terms of the social conditions of individual members. To rely on the family for such support, emotional, physical, or financial relieves much of the burden for sustaining the self. But as a consequence, the concept of individuality becomes lost. Personal choice and desire becomes subsumed within family choice and desire. Marriage, children and duty to parents are the focus.

Because of low levels of income and the cost of housing, single accommodation can be relatively rare. Most males live with relatives of one sort or another, or with a group of other males in shared accommodation, or with their wives and families.

Space is at a premium and costly, a growing problem in Bangalore. Shared accommodation, whether with family, relatives or others, is crowded, particularly for those from low-income families. Privacy is often not available.

These crowded living conditions, of sharing "male space" in a culture with high levels of homosociability and homoaffectionalism, will often create conditions of *khel* or *masti*, play with covert sexual overtones, which sometimes leads to a release of "body tension", quick and furtive sexual gropings between male relatives or friends, sometimes consensual, sometimes not. Thus an uncle may sexually access his

nephew, or cousins will have sex with each, when sharing a bed at night. These are invisible behaviours, behaviours of the dark, and therefore not "real". In the morning nothing is discussed, as if nothing had happened. It is not only shame that maintains such invisibility. Other psychological dynamics are at work here, particularly the specific ability to compartmentalise thinking and feelings. Or the contextualisation of such behaviour as just "play", "heat" and "need". So for some shame is a denominator, for others "play" is.

For gay-identified men, because of their usual status as middle/upper class individuals, they usually have more personal space for themselves. All the gay-men interviewed had their own private bedroom growing up. This had an effect upon their first sexual experiences, where they usually started sexual activities at a later age than *kothis* and *double-deckers*.

The need to maintain silence about sexual activities reflected concepts of family honour and shame. Family honour is usually paramount, not so much as what is deemed to be personally honourable, but in terms of one's standing in the community and family. Honour as a possession, not a quality. Shame, not so much as what may be deemed as wrongful (or even sinful), but by behaviour and conduct which brings shame to the family and/or community as a whole. These two intersecting frameworks arise out of understandings of value systems around what is public and what is private. What is visible and what is invisible.

The paradox is that while maintaining family honour means invisibilising pre-marital and extra-marital sexual behaviours, whether it is male to female or male to male, there is also an unspoken consensus that for unmarried males, "boys will be boys", as long as it remains unspoken. No questions are asked. For a male to share a bed with another males draws no assumptions of likely behaviours. For a male to share a bed with a female, well that is different.

However, in terms of the English speaking middle classes, this is beginning to change, because of the growing publicity in the English media about homosexuality, but as yet it has not reached Western proportions of a homophobic response to such sleeping patterns.

But this also means that a process of "coming out" to one's parents is extremely difficult, if not perceived as impossible, for the majority of men. The only ones who have told their parents was one gay-identified men. And he had travelled to America regularly, was a graduate, and would probably leave India to settle abroad. His family's response was, as he said, "benign tolerance", as if he was "passing through a phase which he will grow out of".

For the daughter/sister, she is often perceived as the vessel of family worthiness and honour, women as vessels of male honour. Her virginity before marriage is a prized possession to be nurtured and protected, for it is upon her status as a virgin on her wedding night that will announce publicly the family honour. In this context, unmarried daughters (and at times married women) are more socially "policed" in terms of their behaviour, especially sexual, particularly in the "public domain". Women and their honourable behaviour have to be scrutinised. This often means that sexually active males have little sexual access to women, other than female

commercial sex workers. What access does occur is very secretive, and carries with it a heavy burden of potential violence from her family members and neighbours.

At the same time the public domain is a male space. In this male space, sexual access will often be with other males, more readily available and immediate, then having to travel to specific locations to find female sex workers. This relates to frameworks of opportunistic sexual encounters, immediate, discharge oriented, than planned events.

I live with my brother-in law and his family. I came here from V....to look for work as my family is very poor, and we all thought I could get a good job here and send money home. My brother-in-law is supposed to help me find work. I have been here six months, and so far I am working in this restaurant that he manages. I don't like the work, but what to do. I share a bed with my nephew. He is of my age. We sometimes have sex together at night. Usually thigh sex, but a couple of times he has penetrated me which I like. It is all quiet. We never talk about this afterwards, but I love him and I wish he could talk. He doesn't want to. Always he says to me that this is a bad thing, that we must stop. And then in a couple of days he will start pushing again at night. Yes.... I have had sex with other boys in my village. Ever since I was eleven, we boys would play sex behind the school. Then my other uncle first did anal sex with me when I was thirteen. I learnt to like it. BSN3

I love my family and I would never do anything to hurt them, but this, this I can't stop. I just have to keep it secret. BR1

I live in a lodgings, sharing a room with three other men. No we don't do anything together. I keep it all in the park. They think I am working in a workshop. BR4

I have always had my own room when I was growing up. I could bring my friends there, but they never stayed the night. My first sexual encounter was when I went to college at nineteen. BDA5

I live with my wife and two children. I have a son and two daughters. Sometimes my wife's mother visits and stays with us. We are very crowded in one room, and I don't get a chance to do sex with my wife a lot. She is usually very tired. When she does let me, she just lies there. So I come to the..... and I do with boys there. I have been doing with boys since I was sixteen. It feels nice and my wife won't do this sort of sex anyway.....She doesn't know. BSN4

1.2 Work

While Bangalore is rapidly developing as a city of high technology, often known as a "Silicon Valley of India", significant migration from rural areas of Karnataka and elsewhere, means that there is a constant flow of people into the city looking for work. Low pay, unemployment and under-employment, are serious issues for many people, particularly those from the labour classes, the poor. But middle classes also have the share of unemployment as well, although they tend to be more sheltered from economic vagaries than those from the low-income groups. Parents can be financially supportive.

Costs in Bangalore are inflated, particularly housing costs, while income levels often do not reflect these high costs. Like any other major urban areas, in Bangalore there was a constant tension around money and work.

Members of the Assessment Team were constantly being asked for help to find work, anything. Most of those interviewed complained about either have no job, or poorly paid jobs. The often relentlessness of work, its long hours, the struggle to earn enough each day to secure nourishment and shelter, is impossible to overstate for many. Very few individuals seemed to get any sort of self-respect from their jobs, part from those gay-identified men interviewed who were employed primarily in the computer software industry.

Some work environments can become readily sexualised. These included males who work in hotels, guesthouses, and lodges. Also workspaces are usually all-male spaces such as factories, sweat shops, teashops, restaurants. Often males working in these environments also sleep there.

Some guests in hotels and guesthouses approach service staff for sex. Some staff will also earn extra money from such activities. In other spaces, older males may approach younger males for sex, such as in teashops and restaurants where staff will sleep in the establishment. At times, senior staff may approach junior staff for sex, as a condition of employment. This is also true in other cities. Here a "discharge" framework appears to operate.

The majority of those who earn money from selling sex do not define themselves as sex workers. Their income would be opportunistic, temporary, casual and intermittent, a sometimes necessary supplement to their regular job. A range of sites exists in Bangalore where male sex workers operate, or where a young man can earn money for sexual favours.

Bangalore also appears to have several hammams (bath houses where massage is offered) which are managed by hijras *and/or* *nirvan kothis*, where sex is also offered for money.

I don't have a job right now. I earn money from sex. I am always asking my clients if they might have a job for me. BDA7

I work in this factory where I earn Rps 2000 a month, but this is not enough for my needs. So I come here on a Saturday night, and I can make maybe Rps 200 - Rps 500 in that night. Sometimes I come on Sunday as well. BR9

I have a job as room service in this hotel. Sometimes a guest will make a hint that he would like to have sex with me. I usually oblige and I sometimes get a nice gift, a shirt, a piece of jewellery. Sometimes I may get Rps 50 or Rps 100, like an extra tip. BDA13

I am going to Kuwait. My uncle works there and he has got me a job. I am applying for my work permit next week. We have got a broker to help us. But he is charging lots of money for this. BSN9

My body is my work. BDA15

1.3 Early sexual experiences

Significant differences existed between gay-identified men and those who identified as *kothis* or *double-deckers*, as well as those who did not label themselves, primarily those who *kothis* label as *panthis*.

Kothi/double-decker identified men usually started sexual activities considerably earlier. This may well be because of their living conditions, as much as to do with their own desires. Most *kothis/double-deckers* were from low-income groups where personal space and privacy were almost non-existent. Single room or two-room accommodation with shared bathrooms and kitchens, meant that social intimacy existed throughout the house where often many families often lived cheek by jowl.

Male had to share spaces and beds with other relatives while growing up. Neighbourhoods were crowded and spatial boundaries often crossed. But gay-identified men spoke of larger accommodation, multi-bedroom houses where they usually had their own bedrooms.

This would mean that access to other males or by other males was much easier for *kothis*, *double-deckers* and *panthi*-type males than for gay men in their adolescence, before they began to even construct such identities.

For most *kothis*, *double-deckers* and *panthi* type males, first sexual encounters tended to be male relatives or neighbours, someone older than themselves. This was also sometimes true for gay-identified men, but usually their partner was a school friend, a private tutor, or possibly a male relative such as a cousin.

Male to male desire was at times confusingly expressed. Many *kothis* stated that they had knowledge of their desires at a very early age, as did the gay men and double-deckers, but the opportunities to express their desire varied according to economic class and living conditions. In the majority of these cases, their sexual partners were accessing them in terms of "body heat", except for four gay identified men who believed that their partners were also gay, but "closeted". But *kothis* would speak of "learning to be *kothis*" at an older age, when they met other *kothis*, while gay men spoke of "finding out" they were "homosexual".

Kothis would speak of how their sexual involvement with other males and their pleasure and desire in this would frame a process of feminisation due to the role they played in the sex act, which only became contextualised as *kothi* when they meet other *kothis* in public environments. A sense of identity is named.

For double-deckers, most appeared to start of with a *kothi* sensibility, but as they grew older there sense of mutuality of desires, "to do and be done to" began to override the *kothi* framework of "one way". But in order to maintain their social networks with other MSM, primarily *kothis*, they would perform the *kothi* role in public environments with other *kothis*, but would be express their *double-decker* desires in private. The *double-decker* is about sexual desires and their expression as "two way". However, while this local *kothi* term is not an identity term, an emergent identity

framework appears to be evolving around this behavioural choice. It should be noted that this emergent framework is also being expressed in other cities in India.

For *panthi* type males, desire for male to male sex was expressed not in gender terms but in terms of the penetrative sex role, of need and discharge. "I was hot" was a common expression.

At the same time, several also stated differing degrees of uncomfortableness in that first sex act. Those that did were those who were orally or anally penetrated the first time, and many of these were below 16 years old. One gay man spoke of an inner rage against his older cousin who had forced him to fellate his cousin.

Some 60% of these encounters were not consensual, in that the older male usually forced/persuaded the young male to do sex. Six of these encounters were between males of a similar age. In the majority of cases, age differences were between 5 to 25 years.

Whilst *kothis* would state that their second sex act usually followed within a few days of their first, most *double-deckers* spoke of a few weeks instead. The gay-identified men mentioned months, and one gay man mentioned five years. It would appear that these differences could well relate to opportunities, living conditions, attitudes and desires.

Gay-identified men tended to express a higher degree of initial guilt and confusion about their experiences, whilst the *kothis* and *double-deckers* expressed a higher degree of shame mixed with a desire for more such experiences. Four *kothis* (all anally penetrated) expressed anger and resentment against their first partner.

I was ten years old, not ready for this. What did I know. My uncle just held onto me and forced himself inside me. And all I wanted was for him to hug me and fondle me. It was so painful. I bled. In the morning there was blood on my lungi. I had to wash it myself.... And he didn't care about this pain. I hated him for that. BSN4

For those who did not label themselves, their experience was expressed in terms of "heat" and "need".

My first time was when I was sixteen. We had been playing cricket, and I was all sweaty. I went into my house and took a bath. My family was out at the time. While I was taking a bath I got an erection. I began to masturbate and then through the crack in the bathroom door I saw one of my younger cousins come into room. I was very hot. So I called him over and showed him and then he got excited and we did together. His age? Oh, he was thirteen. BV8

I used to have sex with my elder cousin almost every week, one or twice a week. I was fourteen then and he was between eighteen or nineteen. We would do thigh sex and sometimes he would ask me to do oral sex on him. I would masturbate myself. But he would never let me do him. When I did sex with my younger neighbour then I did him. I like both ways. I now do both, give and receive. BD15

1.4 Current sexual experiences

Kothi-identified males appeared to be quite sexually active. While those who self-identified as sex workers were the most active in terms of partners, all of them were also identified as *kothis*. The level of sexual activity appeared to be approximately twice that of gay men. The least sexually active were the gay-identified men and those without any identity.

For *kothis* and sex workers the primary behaviour was being anally penetrated. This also included those identified as *double-deckers*, although they also stated that they penetrated too. Anal sex was more popular than oral sex. Most of their partners were strangers, people they picked up in a wide variety of sites.

Kothis and sex workers would claim to have sex every day, with sex workers claiming up to 5 or 6 partners in one night.

For gay-identified men, partners tended primarily to be gay friends although they did mention men from a variety of occupations and from lower-income groups such as hotel workers, taxi-drivers, security men, and so on. Two gay men had a regular lover, but with arrangements for sex outside of the relationship.

For those who did not claim an identity, their sexual acts primarily consisted of penetrating *kothis* and *double-deckers*.

Double-deckers spoke of sex with each other, with *kothis*, with *panthis*, and neighbourhood boys.

I want a regular boyfriend, one with whom I go out with, take home to meet my family, a good education so I can talk too. These people are 'dirty'. I just can't do it with them. BD14

For me getting a real man is not difficult. I stand here, look with my eyes and then look down and then quickly look up again. If he is looking at me then I just walk up to him and ask for the time, or which bus should I catch, and so on. Within five minutes I get him hot, and we go of somewhere. BR6

I know several neighbourhood boys I can do sex with, They don't come to places like this. I don't tell them because I don't want them to know how I behave hear. In my neighbourhood we just do things together, I behave differently. BSN2

1.5 Marriage and children

Twelve of the interviewees stated that they were married. Of these 4 were *kothis*, 3 were *double-deckers*, and 5 of those without an identity. All had children.

While two gay men said they would not get married (one had already told his family), all the other unmarried men said they would get married. Five of the men who did not label themselves said they would have a love married. All the *kothis* and *double-deckers* spoke of family marriages.

A few *kothis* briefly discussed issues around "performing their duty", of "being to get an erection", or "keeping it up", but this was an issue that most did not want to talk about.

It is for the future. When I get married I will think about this thing. BDA16

Issues around marriage and children reflected the need to obey parents, to fulfil family and social duty, of being good and obedient sons.

These discussions focused on the need to obey one's parents, to fulfil family duty, to be a good husband in providing for the wife. When asked about stopping male to male sex after marriage, only three men considered the issue as possible, and these were those who did not label themselves. All the others spoke of "impossible", "why should I", or "what the wife doesn't know won't hurt".

Why should I stop? I will do my duty, provide a good home, produce children, keep her comfortable. This is more than enough. I will do sex with her as I should. But I can't stop this. BSN9

Wives appeared to be invisible, a part of another separated world, the woman who looks after the home and children, cooks the food, and ensures the husband is looked after. Some ten men expressed concerns about a wife and her happiness, whether she would be satisfied. There was an element of guilt here, but always there would be this sense of helplessness.

What can I do. This is who I am. BSN2

For the married men, keeping their extramarital sexual behaviour a secret was centrally important. Couched in terms of protecting the wife, it was clear that this also involved a degree of personal shame, as well as maintaining personal and family honour. Many spoke of the separate and discrete roles than a husband and wife have, both sexual and social, as if wives and husbands live in different universes, just coming together once in a while to satisfy the need for children and/or satisfy the wife's sexual need, which all these men saw as being much more limited than their own.

I like sex with my wife. I get home quite late sometimes and my wife is usually asleep at that time. She leaves me food out which I eat. I then have a wash and get into bed with her after changing into a kurta pyjama. If I am feeling hot, I wake up my wife and start kissing her lightly on the face. I then lift up her sari and I push it in. How long does it take?.. Um, maybe five minutes before I discharge. Then what? Well, I turn over and go to sleep. I have to get up early for work, and I am tired? Does my wife say anything? Um.. sometimes she wants more from me... but then I am tired. Its not good when your wife asks for sex from you. BDA12

Like elsewhere in India, some of the men stated that wives don't know what to expect from their husbands when they marry. Some do of course but this is seen in great "romantic dramas", "a love story", just like a film. But "how can you love someone you don't really know", especially since "the marriage has been arranged by the

family". Newly married wives don't know anything about sex, so they don't know what to do or what their husband should do.

But she knows what is good and proper. She won't agree to oral or anal sex. This is not a good thing. The mouth is for eating. The anus is for passing waste.

Why do you want me to do that? my wife said when I asked her. That is not right and proper. You are a dirty perverted man, she called me. And she wouldn't let me do sex to her for a whole month! BV9

But a wife is also at times seen as mother and sister to her husband according to cultural beliefs. And you would not ask for sex apart from reproductive sex.

How can I ask my wife to let me do anal sex on her. This would be a sin. She is my wife, the bearer of my children. It is not right. BDA14

Only one of the married men had not seen their wife completely naked, nor had their wife seen them naked. Only 1 has had sex with their wife with the light on, and only once. Sex in the dark and dressed was the normal pattern.

None of the sexual encounters could be called lovemaking, in the sense that time was spent on ensuring that the wife also enjoyed and fully participated in the sex act. There did not appear to be any foreplay. Sex was vaginal, from the front, usually rapid and quick discharge. Part of this was to do with the environment. Small rooms, lack of privacy, having to be silent in case, children, relatives, neighbours woke up. Also tiredness seemed to play a significant role. Husbands would state that their wives would be tired, and they would be tired.

And in all this there was almost no recognition of a woman's sexuality and sexual desires, and all positively denied that their wife might look elsewhere for sexual pleasure.

Wives don't know, and shouldn't know about the sexual life of these husbands. That was the consensus. They may suspect, but they don't know. How would they? They are not taught to think this way, was a common feeling.

These men would never tell their wives.

1.6 Women

Some five of those self-identified as double-decker, and five of non-labelled men said that they had sex with women, and 4 of the married men said they also had sex with other women. Primarily these female partners were sex workers, but four men mentioned neighbourhood women as well, sometimes married but not always. Two spoke of sex with female cousins and one spoke of sex with a sister-in-law.

I may do sex with males, but I prefer sex with women. BDA16

I like sex with both women and men. BV9

2. IDENTITIES AND SELF-PERCEPTION

2.1 Desire, behaviour and identity

Kothis constantly spoke of how easy it was to "get a man", whilst gay men spoke of how difficult it was to find a partner.

The boundary between a desire to have sex with another male, and the behaviour of doing sex with another male, are very blurred. This may seem an unnecessary divided, but it expresses itself in terms of desire for a person or desire for an act. In other words do these men have sex with other men because they are men, or do they do so because they want to access a specific sex act?

I come here when I am hot because I like anal sex. It is tighter than a vagina and I enjoy that more. Women don't give anal sex. BSN10

Look I am always looking a panthi, a real panthi, who will be nice and make me a nice husband. BR9

For some of the men interviewed, their sex with other males was articulated as doing an act, fun, discharge, easier than with women. This was expressed only by six men who did not label themselves.

For others desire to do sex specifically with a male was central. For *kothis* and some of the *double-deckers* this was constantly articulated as sex with a "real" man. For the gay-identified men it was both emotional and sexual relationships with another man but not based on gender roles. For the other *double-deckers* this was around fun, play, and also desire intermingling. I believe that in developing an HIV/AIDS response to these behaviours the question to ask is whether the behaviour was being constructed around desire for a male or desire for an act.

Developing an identity such as *kothi* or gay evolves around male to male desire. The emergent *double-decker* identity, where a *kothi* label has been claimed, is a very interesting development in terms of male to male desire and could be seen as a means of claiming a sexual identity in an emergent heterosexualised society among those who do not have access to Anglo-Saxon languages and constructs. Films, MTV, advertising, all visible male to female love, and society and family are now constructing marriage as a reproductive necessity as well as heterosexualising them. At the same time the only visible identities around male to male desire is a *kothi* identity. (I don't include hijras here because their construct is primarily socio-religious construct). A gay identity is outside the consciousness of many MSM because of class, language and awareness. So what identities do those who desire other males but within a framework of a same sex/same gender dynamic, when vernacular languages do not have accessible terms and constructs. Most languages have specific terms for different sex acts, and labels of feminisation. What if you do not see yourself in a feminised sex role? Hence the growing tendency of many MSM males to start using the *kothi* term *double-decker* for themselves.

At the same time, Bangalore is seen as a much more conservative and moralistic city compared to Hyderabad, which can only sustain traditional attitudes around compulsory marriage and reproduction, what is now called "compulsory

heterosexuality" in some writings on gender and sexuality. This conservatism, both in its traditional religious form and in contemporary language of homophobia, appears to have highlighted the sense of guilt, shame and fear that lies within so many MSM lives.

It has had a significant impact upon *kothi* behaviour in public sites. Whether this impact is a recent aspect in Bangalore, or whether this has always been so, *kothis* are significant more invisible in public sites than say in Hyderabad. This difference was very noticeable to the Investigator when he visited a range of public sites where *kothis* and *double-deckers* hang out seeking sex partners. Many *kothis* spoke of fear of police harassment, fear of local people creating problems, fear of local rowdies, fear of violence against them. Bangalore *kothis* were much quieter and restrained. Their public demeanour was much closer to double-deckers and gay men. Very little performance as *kothis*. Just hints. A look, a glance, a movement of the hands, a slight swing of the hips, a small exaggeration in the body language.

Both feminisation as well as male to male sex appears to be much more stigmatised in Bangalore than say in Hyderabad. Tolerance was much less. Fear was greater.

This could also be another reason why some double-deckers identified as so as this was believed to be less stigmatised than a "real *kothi*".

We are not effeminate like these kothis. They cause us all the problems. BDA14

To develop these identities requires a significant degree of self-consciousness around desire and behaviour, an exploration of who you are and what you are. For *kothis*, such realisation comes from the fact of their gender identity and their desire around specific sexual behaviours. This often leads them to a conclusion that they must be female-like. Hence the *kothi* identity.

For *double-deckers*, while some stated that they initially were *kothi*-identified when they first came into the "parks", very often this was hedged by the fact that it was another *kothi* that befriended them, and that the *kothi* identity has a strong social and community framework. It allows socialising and friendship to develop.

Some of these self-proclaimed *double-deckers* identified with behavioural choices in that this framework expresses a desire "to do and be done to". For "real" *kothis*, the experience is very much "to be done to". It should be remembered that the term *double-decker* is a *kothi* term, often used in disparaging ways, and not recognised by *kothis* as an identity in the same way that the term *kothi* expresses. To *kothis*, a *double-decker* is really a *kothi* in denial.

Some these "real" *kothis* stated that if a *panthi* touches their genitals as part of their sexual behaviour, then they were not real *panthis*. They were really *kothis*, and therefore not sexually desirable. Several *kothis* said that when this happened they would stop enjoying the sex.

Double-deckers also stated that they might perform as *kothis* (limited as this is) in these public environments, but would "do both ways" when it came to sex. Both frameworks reflect male to male desire but with differing behavioural components. A

kothi identity is significantly performative as well as based on sexual desire. Desire here is gendered.

But for some of the men, these sexual behaviours are not named, or talked about, or rationalised. It is just what they do. This is particularly true for the poor, those who live in slums and in villages. It is fun, discharge, "fooling around". Something to do. Sex is not talked about, not even thought about it. It is spontaneous, in the moment, and forgotten about the next. Discussing male to male sex generates a need to be self-reflective, and this can often create fear, shame and self-stigmatisation. But this is true for other aspects of their lives. Self-reflection requires a visit to the future, and for many the future is avoided. Today is what matters. It rather is like that old hoary statement: "Indian time".

Gay men homosexualised their lives, thoughts and reflections, much more readily than others and centralised their sexuality. They go to gay parties, meet each other in their homes, and they tend to be much more discreet about what they do. All aspects were reflections of their sense of self. Even *kothis* would not do this so much. For many other aspects were independent of their *kothi* selves. Family, marriage, children, work, religious affiliation, these each were at times seen apart from a *kothi*, or even *double-decker*, sense of self.

In Bangalore the word gay was often used indiscriminately, primarily by those who may have some access to English and even by those who did not. The word "gay" is increasingly coming into the public domain of whatever language. So those from middle/upper classes would say "I am gay". These were English educated and speaking men. Others educated in the vernacular, or even in English in somewhat lower class English language school would say, "I am a gay". Others might say instead "I do gaysex", or perhaps "homosex". The word "gay" being used as a noun, adjective or verb.

While it may seem pedantic to quibble about these terms, they do reflect deeply how a person sees himself and constructs a framework to think, feel, desire, act, and live. For the majority of men in this study, a core sense of self was not based on who they were in terms of their desire, but by a sense of space, location, class, gender, religion and family. Gay men believed that their sense of "gayness" was key to their sense of self, from which everything else flowed.

This was also true of some of the *kothis*, particularly those who talked of "real" *kothis*. A deep core sense of themselves as feminine males, almost a "third gender". Several of this type of *kothi* saw themselves closely linked with hijras in a sociocultural construction of the self. Some of them even think of becoming hijras. For others though, other sensibilities were more relevant and important. For those who did not label themselves, being a "real" man, playing the masculine gender role and all its attributes regarding penetration, marriage, sons, occupation and so on were central.

I am gay. I have always been gay since I can remember. Maybe at that age I did know the word, but as soon as I discovered this word I knew who I was. This discovery was so important. I learnt that there were other gay men, that I wasn't sick. It was so liberating. BDA6

I have always felt I was different from other boys since I was four or five. I used to love playing with dolls and all my friends were girls. I didn't like playing with boys and I never did any sport things. When my uncle and I started doing sex together when I was twelve, then it all fit. I loved to hug him and sleep with him. He was so big and strong. When I was fourteen I used to think that I should have been a girl, then I could have married my uncle. I never gave myself a name, or perhaps I did, like hijra, because sometimes I would wear my sister's saris when nobody was in the house. Then I went to this park to sit down. I was tired and I just wanted to rest. I saw this by wearing lipstick - and in the park! I was shocked and at the same time I was very excited. I got up and sat next to him and I was very outright. I asked him about the lipstick and what he was doing in the park. He told me everything. He was my first kothi friend. That is how I learnt I was a kothi. BR8

2.2 Self esteem, social attitudes and roles

India is a patriarchal society with a strong gender divide and very specific roles and attributes regarding gender roles. This gender chasm is often perceived as innate, extra-ordinary, fixed, and absolute. If you do not "fit" into one gender role, then you must be of the other. While there is a space for an "intermediate gender", the so-called "third gender" or hijra, even so those who identify with this "third way" are seen as cursed, feared, and socially stigmatised.

In these frameworks, females are seen as less worthy than males at all levels. This is clearly seen in terms of parental preferences for sons, the higher morbidity and mortality rates for females, the greater levels of education for males than females, and the whole arrangement of family marriages in which the female leaves her natal home for her husband. As a north India saying goes to a newly wed woman, "may she be the mother of a hundred sons".

This has been amply documented. Suffice to say that the man is seen as positive, penetrative, powerful and active, while the woman is seen as negative, penetrated, powerless and servile.

At the same time, Bangalore, as stated above, and despite its high-tech veneer appears to have a strong conservative and a moralistic tradition which reproduces these patriarchal values. For many MSM in the city, the fear of discovery, police harassment, and what they call rowdy violence was always close to the surface. Expressions of homophobia, of antagonism against men who have sex with men, of homosexuals, of gay men, of *kothis*, was felt very keenly. Such expressions, both public and private, were much more stated than elsewhere, and led to what was perceived as higher levels of police harassment and violence at a range of sites.

These sociocultural frameworks make it very difficult for those with clear sexual identities to develop positive self-images and personal self-esteem, whether they are *kothi* or gay identified males. This is not only about homosexual behaviours, but also to do with how they "fit" into Indian society and fulfil their family, social and religious obligations as men. The concept that homosexual behaviour is an alien tradition, imported from the West, a result of, initially, British colonialism, and now of globalisation and MTV seems to be believed here.

For *kothis*, their sense of self is not only in terms of feminisation and the taking on of a feminised gender role, it is also often being the passive partner in anal sex. These two intersect to form a context where by *kothis* are deemed as less worthy than men, both by themselves, as well as by their partners. They are "less manly" than men. They are "alternate females". They are "hijras".

This is often internalised by *kothis*. As young males they grow up within a family and social structure that praises malehood and manliness above that of femalehood and femaleness. They are then confronted with the emergent sense of self as *kothis*. It is inevitable that such a confrontation will generate confusion, despondency, sometimes despair, and a constant search for a "real" man who will affirm their being. This can perhaps lead to alcohol abuse, and constant search for someone to "love them", which of course leads to a significant level of sex partners.

Along side this is the intense family and social pressure around marriage and reproduction. *Kothis* have to get married, and the vast majority of them believe they have no choice in this matter. Performance as a husband becomes important, and where desire does not exist, this also produces a sense of failure as men. A strong sense of failure as men can pervade the sense of self.

Marriage also produces its struggles for many MSM as they try to balance their sense of duty with desire. Keeping secrets, denying opportunities for emotional fulfilment, balancing needs, fears of discovery, sometimes a sense of guilt and shame, can produce stress and tension between husband and wife and children.

For many *double-deckers*, these pressures also exist. This is further contextualised because the *double-decker* framework is stigmatised by *kothis*, and for most these men there is no articulated concept of self that empowers their desire. They are not *kothis*. They are external to any gay structures that are evolving in Bangalore. There is no way to articulate their desires.

Gay men also go through these internal struggles, contextualised within concepts of homosexuality or gayness. A man sexually desiring and loving another man is still perceived as "unmanly".

With no social support systems that validate and affirm such desires, such men can only rely on their friends.

There is some significant class issues here as well. For those from lower-income groups, male to male sex can often be contextualised as fun, discharge, something not serious, as long as both parties play out their "manly" social roles. Certainly the level of opprobrium appears to be less. But India is a homosocial and homoaffectionalist society where male to male bonding and affection can be very intense, and this is socially acceptable.

For other *double-deckers* and *panthis*, then such stresses can be reduced by defining their behaviours within a context of this "need", "discharge", "play", "a man's right", and so on, where the act is just an act and not a identity. And if this act is based on penetrating the other, the sense of masculinity can be sustained.

The terms homosexual, homosexuality, or gay, are not readily accessed by low-income classes, whether rural or urban. At the same time there is a great deal of silence about the whole issue which invisibilises the behaviour. It is the actual condition of feminisation that will be stigmatised.

This means that if a man penetrates another male, the one who is stigmatised is the male who is penetrated because the act feminises him, not only in the penetrator's eyes, or in the society's if it becomes known, but also in the eyes of the penetrated. So if you are a male who seeks discharge and another male can be readily available, and as long as you penetrate that male anally or orally, then there is much less self-stigmatised. Such men can still perceive themselves as fulfilling their masculine role. For gay men and they class they come from, English education and access to Western media carries with it all the "condition" of homosexuality as well as the behaviour. Whether you penetrate or are penetrated it is the state of desire itself, the "condition" of being a homosexual, which is stigmatised. This generates both shame and guilt, which is often very intense.

But once again in the familial context, as long as the person performs his manly duties of marriage and reproduction, and as long as everything is discrete and invisible, the whole issue can be contained, if not ignored.

For both *kothis*, some *double-deckers* and gay men, this means denying their own sensibilities and choices through compulsory marriage and all the constraints for personal sense of happiness and well being. It is male to male desire that can generate this low self-esteem, usually if it involves being penetrated.

There are times I feel so depressed because I am this way. I do not see a future for myself. How can I be happy? BDA6

I often have big arguments with my wife. I come home late because I have been to..... to find a man. But I need this. BV9

I can't get excited with my wife. I have sex with her maybe once a month, but before I do I come here and see the men and have sex with a couple of them. Then I go home and do sex with my wife but I have to think of what I was doing here before I can do anything with her. She must know, but she never says anything. BSN8

I am proud to be gay. Sounds a cliché doesn't it. I've come out to my family and they have accepted. I have my circle of gay friends who I see regular. I am involved in gay rights issues here. I have come to terms with myself and am happy with what I am. BDA11

Of course low self-esteem has a significant impact in terms of risk reduction. If a person believes that he is uncared for, that he is worthless, that perhaps he is disowned by those around him, family, friends and society, then why should he take care of himself, or of others? Why should he be concerned?

I don't use condoms. Why should I. Tomorrow I may get sick with some other disease, or I die in a road accident. Who can tell? Why should I worry about something that

might happen in five years time. My panthis don't like using condoms. I can't afford to drive them away. BV7

2.3 Support systems

For most *kothis*, *double-deckers*, and gay men, their emotional support systems come from their personal networks of others like themselves. *Kothis* and *double-deckers* network, socialise and make friends. Mostly these networks are different from gay men. Class, education, and identity frameworks separate them. These networks provide a supportive affirmation. Friendships are formed through these networks.

While *kothis* will generally not have sex with other *kothis* only with *panthis*, saying that "this would be like having sex with your sister", this may produce an element of competition of desire and attractiveness amongst *kothis* who are attracted to the same *panthi*. Sometimes this can be intense, but usually these competitive struggles will be rapidly discharged. The support mechanism arises from a shared identity framework and behaviour. *Kothis* call each other sister. So rivalries could be seen in a sibling context.

This wasn't so apparent amongst *double-decker* identified males, but this is not different than those amongst gay men. Friendship evolves around a sharedness. *Double-deckers* and *kothis* in many ways arise from the same social and economic class backgrounds so it is easier to make friendships and gain support within this arena.

Gay men, on the other hand, tend to seek out other gay-identified men as partners, and friendship cross over any possible behavioural divide.

Both these frameworks of support tend to be class-based. No friendship appears to exist between gay-identified men and *kothis*. Gay men tend to "look down" on *kothis*, and perceive them closer to hijras at times.

While many gay men are working actively towards building a sense of community with other gay men, *kothis* and *double-deckers* are not so organised or thoughtful. Many gay men are activated towards social organising, developing supportive resources, and working towards a supportive gay community. For *kothis* and *double-deckers* this organising is absent.

Such an absence may be due to a range of factors that constrain forms of activism among the lower income groups. Stigmatisation, constant pressures around income, family, social status, survival which focus attention on these issues. Activism and building social communities require self-reflection, time and commitment. These are difficult attributes to be manifested in the context of many *kothis*.

3. SEX WORK

A sense of poverty pervades male sex work. All those self-defined as sex workers, as doing *danda* (business), saw this as a survival strategy. While none expressed self-disgust because they got money for sex, several expressed shame about the work. This shame was also expressed as a part of their *kothi* identity.

At the same time the sex worker felt that the level of income he could generate in a month far outweighed these of shame. He feels that an ordinary job would not pay him the same level, as usually an uneducated or of poor education levels. Of course not all sex workers were poorly educated. Several here were at least 10th standard, but could not find work.

Even those with work who approach sex work on a part-time casual basis, does so because the income he earns during the day is not enough to sustain himself and his family.

All the sex workers interviewed spoke of family necessity, or being very poor, of needing to survive. Sex work is a survival strategy. If a man was willing to pay then so be it. What was wrong with that? Some sex workers even spoke of providing a "social service".

While some sex work was conducted in public sites, quick, rapid events often filled with fears of the possibility of discovery by police, park wardens, and such like, much was also conducted in guesthouses, lodges and hotels. And not all hotels were cheap. Some of the sex workers spoke of five star hotels and such like if they were lucky to find a client rich enough, usually a foreigner, but not always. Bangalore has many rich locals as well as Indian businessmen visiting.

But because levels of police harassment were deemed to be significant, more and more sex work was reported as being inside in private spaces, rather than in public places.

I never do sex outside. I always choose clients who have a room somewhere, or can afford a hotel room. See around here we can a room for Rps 50. No problem. BD16

The boundary line between a *kothi* and a sex worker seemed easily crossed. Most *kothi*-identified males were from low-income groups, and many were poor. For these *kothis*, many would operate opportunistically. If their partner was more moneyed than they were there were expectations of gifts, meals, and sometimes cash gifts. Here the unemployed, or low paid, would merge with those who self-identify as *doing danda*. They would take advantage that money can be made in some of these environments. They are not professionals, but casual workers in the sex market.

This form of opportunistic and casual sex work was also going on in hotels and guesthouses, and a range of other locations where such opportunities exist.

Poverty also increases risks for infection. If a client will pay more money for unprotected sex, then the sex worker will more likely take the risks involved.

4. HEALTH

Poverty has a significant impact on personal and family health. When you can't afford treatment, good food, and live in conditions of inadequate hygiene and poor shelter, overcrowded and stressful, then these have a major impact upon immune systems, already weakened. This leads to greater vulnerability to a range of general infections as well as to poor treatment regimes and compliance for STIs. And this leads to a greater vulnerability for HIV infection.

But so does stigmatisation. How can many MSM go to a government doctor (or even a private doctor) and inform them that they have been anally penetrated.

More risks are taken by male sex workers and *kothis* because of financial need, through a lack of education, a lack of hygiene, and sometimes a need for some pleasure, any pleasure, in their hard lives. Often overworked, or bored, or frustrated with life.

4.1 HIV/AIDS knowledge

In general the interviewees were aware of the existence of AIDS, but not always clear in regard to its distinction in terms of HIV. Most had heard of AIDS either through the media or through their friends. Some 80% stated that they had heard of AIDS, and would speak of "a deadly disease", "a killer". Actual knowledge was often unclear. They spoke of "going with dirty men", or doing sex with a woman", but some did speak of condom use and both anal and vaginal sex. Thus, 65% of the interviewees gave appropriate responses in terms of knowledge and awareness.

But this awareness did not always translate into safer sex behaviours or into a self-perception of risk. Knowledge had been intellectualised but did not produce an emotional response of personal responsibility.

4.2 Condom use

Condom use varied considerably between the interviewees from 100% condom use among gay-identified men to no condom use at all (*kothis*), with sex workers somewhere between, usually at the lower end of the scale.

Thus we have:

condoms used all the time	8
condoms used some of the time	28
condoms never used	10

Most *kothis* said that *panthis* don't like using condoms, and also that they didn't like *panthis* using condoms because they didn't feel the penis.

Some said there was not a problem because they had cures for any disease they may catch.

Some sex workers said that they would do what the *panthi* wanted. If the client agreed then a condom would be used. If the client did not want to use a condom that would be all right too.

Eight of the interviewees were carrying condoms at the time of the interview.

4.3 Self-perception of risk

To gain an understanding of personal risk requires a capacity for self-analysis as well as the ability to contextualise yourself within a risk framework. This apparently was very difficult for the majority of interviewees apart from the gay men. Even though many had an awareness of AIDS as "dangerous" and stated a need to use condoms to

protect themselves, this was somehow separated from themselves in the need to personally take action.

When risk perception was evaluated most stated that they had a medium risk, but several believed that they had a low risk. When asked why, these individuals spoke of choosing "a clean man", "a good man", "not a dirty man", or "he did not look sick".

Some also believed that anal sex was not so risky as vaginal sex. Several believed that anal sex was not risky at all. They had not heard of anything about anal sex. All they had seen and heard focused around women and AIDS risks.

The gay-identified interviewees recognised their risks most clearly, and all of them stated they used condoms.

The problem for lot of the men was that they felt they couldn't carry condoms with them in case they were stopped by the police. The police could arrest them for this they believed. As it happens this is possibly true based on laws from the British Raj days, where carrying condoms signified immorality.

To compound this condoms were not available at the sites where a lot of MSM got to meet other men.

Add concepts of shame for young men to purchase condoms at shops and pharmacies, one sees a whole range of factors that impede regular use of condoms. Disempowerment, a lack of negotiating skills, accessibility, and so on.

Further Bangalore does not have any condoms appropriate to anal sex. Lubrication is also a problem, with most of the sex being dry or with saliva. Knowledge of how to put a condom on correctly was also problematic. These factors produce a situation where there is also a significant level of condom breakage. Other issues were around putting on a condom as a form of masturbation where some *panthis* ejaculate so quickly that by the time the condom is on he has discharged. *Panthis* spoke of the uncomfortableness. For some *kothis*, the use of condoms by their partners was a factor in regard to their self-perception as *kothis*!

Immediate condom accessibility was certainly an issue, since many of the interviewees spoke of responding to potential partners "in the moment". Planning and forethought appeared to be absent.

Others also spoke of semen as strengthening the body, so that a condom stops this function. This was just one of a number of myths around semen and the body.

Treatment for STIs was also problematic. Several *kothis* believed that washing their anus in dettol would protect them from disease. Sex with a virgin was believed to be a cure by one *panthi*. Use of a range of auryvedic, and/or "quack" treatments would be OK. Going to a doctor was seen by some as a measure of last resort, especially by *kothi* identified males. Many would go to pharmacies and ask for an unspecified antibiotic or treatment for "rashes", "itches" and "boils".

But all the gay-identified men had access to a private doctor and would go to them if a problem occurred.

Piles were a common feature amongst the *kothis*, some *double-deckers*, and sex workers, and most reported occasional anal bleeding.

5. The future

Apart from the gay-identified men and those well educated, most of the interviewees found this to be a difficult question to conceptualise for themselves. The future was something vague when expressed in years. The next year was perhaps as far as they were willing to explore.

I can't think five years ahead. BSN10

Some saw their future in terms of employment, of climbing up a corporate ladder, of bettering their life and economic opportunities.

All but three of the unmarried spoke of becoming married, of producing children. Two said they would stop their sex behaviour once they got married.

For most individuals, it was the present that was of deep concern. Survival. Finding a job, earning enough money, coping with their daily pressures. Thoughts of five years ahead could not be contemplated other than in either resolutions of their current difficulties through some miraculous intervention, "a kind man", "finding a husband", or some external agency of luck and good fortune, or life continuing on as it was currently being experienced, a fatalistic approach that gave no scope to a brighter tomorrow, but a sameness, endlessly repeating itself.

Most had not really thought about their future in any coherent way. This is understandable in a context where for many, life was seen as a daily struggle to survive, to live as well as possible for today and hopefully tomorrow. Projecting the self into what was seen as a distant future was perceived as a waste of time, but within this was also a hope that the future would take care of itself