



**risk and needs assessment amongst males who have sex
with males in Lucknow, India**

Shivananda Khan

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in Lucknow, India**

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Naz Foundation International

Naz Foundation International is a non-government HIV/AIDS and sexual health agency providing technical support, training and consultancy to local networks, groups and organisations in Asian countries, with a primary focus on male to male sexual behaviours.

It conducts feasibility studies; risk and needs assessments; provides technical assistance in the development of community-based non-government agencies to provide sexual health services for males who have sex with males; advocates on their behalf; develops and conducts training programmes exploring sexualities, sexual behaviours and sexual health issues as they pertain to male to male sexual behaviours and their impact upon male and female sexual health; helps develop policy and addresses human rights concerns. It works in Asian countries with a specific focus in South Asia.

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PREFACE

The issue of males who have sex with males¹ in India is politically, socially and religiously sensitive and extremely difficult to address in conventional approaches to sexual health promotion. Further such behaviours are illegal under the old British law incorporated into the Indian Penal Code². It therefore has profound implications for the control and management of STIs/HIV.

Because of these cultural, religious and social reasons male to male sexual behaviours are to a great extent invisible, if not denied, difficult to access in terms of current frameworks of sexual health promotion, with all that this implies for women's reproductive and sexual health. Such sexual behaviours do not appear to be contained within a heterosexual/homosexual framework. In fact anecdotal and direct research indicates that levels of males who have sex with males in South Asia are significantly high³, that the majority of such males are married or will become married, and that many boys and men are involved in these activities.

What appears to exist throughout South Asia is a range of sexual networks that cut across class, religion, age, ethnicity and income status. These networks may overlap to some extent, but not always. However male to male transmission of STDs and HIV will be invisible because of the low levels of testing by men, the lack of anal and oral testing and because such behaviours are denied by the males themselves. Most of male to male sex appears to be unprotected.

Very little work has been done in India to explore these issues, to find levels of risky sexual behaviours amongst males, social constructions of male sexual behaviours, and needs assessment in the context of STI/HIV control and management⁴.

It was to address this gap in information, knowledge and services that a risk and needs assessment was conducted towards developing a local response to the sexual health needs of males who have sex with males in Lucknow

A project was developed incorporating action-based, peer-led, research, developing a risk and needs assessment amongst males who have sex with males in both Lucknow and empowering the development of a local response to these needs. This required the provision of appropriate training for recruited individuals from the male sexual networks to conduct such research and to encourage the development of appropriate service agencies.

Lucknow is the State capital of Uttar Pradesh, just north and east of Delhi. It's population is about 2 million people in a state of some 180 million people. Uttar Pradesh is considered the Hindu heartland of India

1. Whilst generally HIV/AIDS agencies have used the term men who have sex with to describe the context of homosexual behaviours by those who are gay-identified, homosexual identified as well as those who do not so identified, what work Naz Foundation has done in South Asia, including India, that the term "men" was also problematic within the cultural context. Whilst legally males were adult (in a Western sense) by the age of eighteen, socio-cultural factors played a role in other definitions. For example in early marriage, is a fifteen year old husband a "man"? Is a twelve year old male working to support his family a "man"? Also the research indicated significant levels of early sexual behaviours, below the age of sixteen, much of it consensual, but also much of it not. It was therefore with these factors in mind, that it was decided to use the term male rather than the term men.

Similarly the word boy will have a different connotation in India, and often does not signify so much a male of a particular age, but will be linked with issues around marriage, having children, status, and so on. In the context of this report I use the term male to

refer to any biological male, and the term boy as used in an Indian context, age notwithstanding. For example in one public sex site in New Delhi, a male of 45 years, married with three children, but selling sex to others as the penetrated partner, was still labelled a “boy”.

2. Section 377 of the Indian Penal Code reads: “OF UNNATURAL OFFENCES: Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal, shall be punished with imprisonment for life or imprisonment of either description for a term which may extend to ten years and shall be liable to fine.

Explanation: Penetration is sufficient to constitute carnal intercourse necessary to the offence described in this section.”

3. See Naz Reports: Making Visible The Invisible, 1997; Perspectives on males who have sex with males in India and Bangladesh, 1997.

4. ditto

INTRODUCTION

Purpose

To develop a strategic response to the reproductive and sexual health needs of males who have sex with males in Lucknow, India, so that they are empowered to access appropriate sexual health information and services.

Objectives

1. to conduct an action-based study into the socio-cultural dynamics of males who have sex with males in Lucknow, India, including the range and type of male sexual networks, types of sexual behaviours, safer sex practices, public sexual sites, marriage issues, gender relationships and access to HIV/STD information and services
2. To develop a strategic response to the sexual health needs of males who have sex with males in Lucknow, India through the support and development of appropriate male sexual health projects
3. To facilitate males who have sex with males and their sexual partners to access appropriate reproductive and sexual health information and services.

Strategies

1. Develop and conduct sexual behaviour surveys in targeted areas to indicate levels of male to male sex and their locations, levels of safer sex practices, types and range of sexual networks and the specific entry points into these sexual networks to ensure the most effective, appropriate and localised intervention programmes for STD/HIV education and prevention
2. Provide skills training programmes for individuals recruited from males who have sex with males sexual networks so that they can conduct the research
3. From the research analysis develop a needs and risk assessment regarding STD/HIV transmission
4. Through the provision of training and technical support empower the development of local responses to the sexual health needs of males who have sex with males in Lucknow
5. Utilise the networks of Naz Foundation to ensure that such initiatives can access appropriate donor agencies and technical support as on-going service agencies

Potential benefits

1. male sexual behaviour study and STD/HIV/AIDS needs assessment of males who have sex with males
2. promoting behaviour change towards safer sex practices amongst males who have sex with males
3. developing counselling and support systems for males who have sex with males
4. developing appropriate programmes for the reduction in STD levels and HIV transmission amongst males who have sex with males
5. improving the reproductive and sexual health of males and females through increasing condom use amongst males who have sex with males, accessing STD/HIV testing clinics, treatment and care
6. encouraging more responsible sexual practices amongst males who have sex with males and their sexual partners

PROCESS

1. Personnel
Recruitment of 20 individuals from male to male sexual networks.
in Lucknow
2. Sexualities, Sexual Behaviours and Sexual Health workshop
A two day workshop addressing
 - a. STD/HIV/AIDS
 - b. sexualities, sexual behaviours and identities
 - c. safer sex and males who have sex with males
 - d. sexual health promotion models amongst males who have sex with males
 - e. local strategies for intervention
3. Survey guidelines workshop
A two day workshop on
 - a. action based research models
 - b. questionnaire surveys
 - c. appropriate interview techniques
 - d. focus group discussions
 - e. collection of anecdotal materials
 - f. one-to-one interviews
4. Surveys conducted over a 5 month period
This research included :
 - 4.1 Questionnaire Survey
A detailed questionnaire was designed which looked at
 - a. home and family
 - b. sexual history
 - c. paid sex work
 - d. women
 - e. sexual health
 - f. feelings

The questionnaire designed for self-administration, and was translated from English into Hindi.
A total of 400 questionnaires were completed. These individuals were identified by the members of the survey group and were primarily friends, sexual partners and members of their sexual networks.
 - 4.2 focus group discussions
Six focus groups were held consisting of
 - a. married males
 - b. *kotis*¹
 - c. *giryas*²
 - d. gay-identified males
 - e. students
 - f. male sex workers

Discussions focused on personal feelings, identities, behaviours, sexual practices, family, religion, family, and desires.

Each group consisted of 10 people recruited by members of the survey team

- 4.3 Anecdotal material
reflecting personal sexual experiences and sexual health issues
- 4.4 One-to-one interviews
 - 10 rikshaw drivers
 - 10 hotel staff
 - 10 street males
 - 6 tea -shop “boy”s
 - 15 males in parks
 - 10 truck drivers
 - 15 male sex workers
 - Total of 76 interviews
 - focusing on life histories
 - including sexual feelings and experience
 - family
 - current beliefs and practices
 - family,
 - marriage and children
 - identities
 - behaviour
 - desires
 - religion
 - health
 - STD management
 - personal sexual histories
 - anecdotal stories
- 4.5 Sexual diaries
 - 40 sexual diaries were maintained for 6 months in which were noted
 - a. sexual feelings, desires and expectations
 - b. sexual experiences including solo masturbation/games
 - c. and include with whom, where, what, when and any condom usage
- 4.6 Identifying Sexual Networks
 - This included
 - a. site visits to a range of public sex environments
 - b. identifying differing sexual networks and other locations
 - c. type of participants: class, occupations, area of origin
 - d. identifying main types of sexual activity at these sites
 - e. condom usage within these sexual networks
 - f. access to STD services by those from these networks

- 5. Project Management
 - Project administration and management was managed by Friends India

After the survey phase the office continued to be used for the development of the sexual health projects arising from the programme

- 6. Project Development Workshop
 - A workshop was provided for the survey team on capacity building towards developing specific services for males who have sex with males

The workshop focused on

- a. infrastructure development for projects
- b. financial management
- c. monitoring and evaluation
- d. education resources
- e. funding proposal, budgets and work reviews

7. Project Development

Project proposals were developed and submitted to donor agencies for funding.

1. Koti - see Part Two, section on labelling and identities

2. Giriya- as Note 1

THE TRAINING WORKSHOP

Sexual Behaviours, Sexuality and Safer Sex

Workshop Agenda

- Day One:** **Sexual Behaviours and Sexuality**
Introductions
Sexual language
Sexual behaviours
Desire of Discharge?
Culture, Sexuality and Sexual Behaviours
Sexual Stereotypes
Women and Marriage
Sexual identities versus sexual behaviours
Sexuality and Sexual Health: Definitions
- Day Two:** **STI/HIV/AIDS and Safer Sex Behaviours**
Welcome
HIV Questionnaire: Knowledge and Attitudes
Risk Behaviours
Safe sex or safer sex?
Personal Risk Analysis
Practising Safer Sex
Prevention Strategies
Gay Men's Guide to Safer Sex
Risk Groups or Risk Behaviours?
The Way Forward
- Day Three:** **The Project (1)**
Research Methodologies
The Questionnaires
Sexual Diaries
Recording Information
- Day Four:** **The Project (2)**
Observational Analysis
Focus Groups
Interviews
STD services
Project Management
Conducting the Survey
Results and Follow On

At certain intervals during the workshop, role play and drama was used to illustrate certain points. This was very successful. These mini-dramas included:

- a. two *kotis* discussing sexual behaviours and other males
- b. talking with truck driver/rickshaw driver about safer sex
- c. picking up a rickshaw driver for sex
- d. sexual cruising in a park

(note: *koti* - a self-identified label, based on effeminate behaviour)

Language

Language created specific issues, since the majority of participants were not English speakers. It was therefore necessary to an appropriate translator and interpreter to work with myself. This was Arif Jaffar, Project Administrator from Lucknow. The process, while extending the time frame of each day, actually worked very well. It was also necessary to translate and print workshop documents into Hindi. This include STD/HIV/AIDS information booklets, as well as a range of Naz Foundation documents.

Participants

Participants were aged between 18-40 and all attended the workshop consistently over the 4 days. There were 20 participants from Lucknow. These participants consisted of:

- a. *Kotis*
This is the label that many males use who are anally penetrated as the preferred sexual act and had “effeminate” behavioural characteristics as a means of “picking up” their sexual partners who may not necessarily be “homo sexuals” themselves. *Kotis* have access to a code language which is similar to the language of the Hijra in the use of hidden meanings and slang terms. For the *kotis* the effeminate behaviour is usually restricted to selected sites where access to male sexual partners was available.
10 participants
- b. *Giriyas*
The label used by *kotis* to identify males who prefer to anally penetrate other males and whose behaviour could be deemed “masculine”.
2 participants
- c. Others
Males who have mutual sex with another males
5 participants
- d. gay-identified men
3 participants

Recruitment

Participants were recruited through using three key informants and their friendship and sexual networks. This allowed a certain random selection to come into play.

Participants Sexual Histories

All participants were sexually active.

14 were sexually active from the age of 12

6 sexually active from the age of 16 - 17

5 had been sexually abused at the age of five by

- a. older brother
- b. uncle
- c. neighbour

5 of the participants stated that their first male sexual contact was with their older brother

7 with other male relatives

2 with their servants

6 with neighbours

10 of the participants had previous sexual encounters with females

2 of the participants regularly visit female commercial sex workers

10 continue to have sex with other females
2 were married

All participants who have had sex with females reported significant levels of anal sex with them.

All participants stated that they had experienced oral sex.

Only one of the participants stated that they would not get married.

Condom Usage

11 stated that neither they or their sexual partners, used condoms
8 stated they and their partners sometimes used condoms
1 stated that they and their partners always used condoms

Where lubricants were used for anal sex these were all oil-based: ghee, butter, vaseline, motor-oil, hand-cream. In most cases, saliva has been used.

Only two men stated that they used KY jelly. These two were English speaking, gay-identified men.

In the condom usage test in the workshop only 2 participants out of 20 demonstrated condom usage correctly.

It should also be noted that no appropriate condom for anal sex, nor a suitably packaged and accessible water-based lubricant is available in India.

STI/HIV/AIDS Knowledge, Attitudes and Treatment

An HIV Knowledge and Attitudes questionnaire was used at the beginning of the workshop.

Out of 20 participants only 3 were able to distinguish between HIV and AIDS. All participants however had very limited knowledge (if any at all) about any of the issues around HIV/AIDS.

There were clear indications that none of the participants had really thought through the consequences of HIV infection and living with AIDS.

There was no knowledge about the relationship between sexually transmitted infections and the risks of HIV infection.

Apart from 3 participants, all the others had very little knowledge of sexually transmitted infections and treatment.

Those who had been anally penetrated stated that

- a. none had been tested for anal infections
(We already know that at STD clinics, the clinicians never ask about anal sex)
- b. 50% of them stated that they experience piles and some bleeding

Some 8 participants reported STD symptoms in the last 2 years.

- 1 of them went to a clinic for treatment.
- 2 went to pharmacies for syndromic treatment
- 4 went to “quacks” and used “homeopathic” remedies
- 1 went untreated

Sexual Knowledge

Participants indicated very limited levels of sex education and information, including knowledge concerning physical and sexual responses and anatomy (both male and female).

Sexual information was primarily obtained from friends, peers, at “cruising” sites, sexual partners, and cultural myths (i.e. masturbation weakens the body, i.e. one drop of semen is equivalent to 40 drops of blood). Similarly any knowledge about sexually transmitted diseases was obtained through such frameworks. One participant reported that a friend of his had stated that his sexually transmitted infection was the result of a neighbour’s curse. Another stated that he had been told by one of his sexual partner’s that anal sex was safe rather than vaginal sex. He was of this opinion because he had been told that having sex with a woman was dangerous because they had diseases.

Over 15 participants asked personal questions about their own body and its sexual responses, masturbation, sexual behaviours, sexual desires, sex with women, size and shape of their penises, and other issues. Many myths were articulated which needed to be deconstructed and shown to be only myths.

It was very clear that the lack of appropriate sexual education, has a major impact upon psychological and sexual health and the frameworks of sexual behaviours.

Desire and Identity

A significant issue explored within the workshop was the question of identities; who was “gay”, who was a homosexual?

For the majority of participants, their personal identities reflected primarily socio-cultural issues rather than sexual identities. That is the identities reflected marriage status, family position, etc. There were only 3 participants who clearly identified themselves as gay men, but even in their context marriage was a part of their identity.

Further to this, in many cases the sense of sexual identity reflected whether the person penetrated or was penetrated.

These identities placed considerable constraints on changing sexual behaviours towards safer sex practices. For example a married male would not use condoms with his wife because of she uses other forms of contraceptives and would become suspicious, or the environment in which sex takes places may preclude use of condoms, or there is no connection with the sexual partner, but a person in the dark.

The sense of personal self as a primary agent was imbedded in larger frameworks of identities. This was reflected in low levels of self-esteem amongst the “kothi” participants, the high levels of depression amongst all participants (4 had expressed previous suicidal feelings) the expressed need for a “partner” but the recognition of the social constraints within Indian culture and society. Personal sexual health choices become limited within these constraints.

What could be understood from the workshop and personal conversations was that identity was not fixed, but rather fluid, based upon time, space and who they were with. Perhaps we could call them locational identities. A person’s identity at home will be different on the street and again reframe itself in the park. This could be an important area for psycho-sexual research towards developing appropriate strategies for behaviour change.

Who is engaged in male to male sexually activity?

Participants were asked to list those engaged in male to male sexual activity from their own personal experiences. The following resulted:

teachers with students
brothers
uncles with nephews
cousins
other male relatives
neighbours
with domestic servants
between domestic servants
between friends
“elder brothers”. i.e. residential school hostels
students
truck drivers with helpers/others
rickshaw/taxi drivers
construction labourers
amongst bus/train passengers
male prostitutes with clients
police/army/airforce personnel
security guards
doctors
ward boys in hospitals
hotel staff amongst themselves and with customers
landlords with tenants
students in hostels

street children with each other and with others
private tutors with their students
amongst prisoners and prison staff
in orphanages
in boarding schools
between shopkeepers and staff, i.e. restaurants/tea shops
beggars
businessmen

Why do males have sex with males in India?

Participants were asked to list the reasons from their own personal experiences

personal desire
sexual pleasure
females don't do anal/oral sex
males are easily available for sex
anus is tighter than vagina
males are more available than females
nobody is suspicious if we mix with other males
females are more socially controlled
sexual adventure and curiosity
sexual play
no chance to be friendly with girls
females unavailable
meeting physical needs
males can sleep in the same bed without a problem
to be aloof from girls
girls virginity must be protected
no chance of being pregnant
easier to seduce boys than girls
easier to get along with males than females
no financial involvement
no marriage involvement
living together with other males
poverty leading to selling sex
attraction to other males
migration and separation from wife
maintaining chastity

Where do you go for sex?

All the participants reported visiting a number of parks, streets, and neighbourhoods which are known amongst the male to male sex networks as places where males come to meet other males for sexual pickups. At some of the sites the sexual act takes place on location where there are many bushes/trees. Other places are also used, including personal homes, friends homes, guest houses, hotels, side streets, construction sites, dark alleyways, inside cars, trucks, and behind bushes where sex can take place unobtrusively.

Some also stated that they have sex in public/private toilets, or in cinemas, restaurants and tea shops with owners/staff at an appropriate time.

Conclusion of Workshop

At the conclusion of the First Training Workshop there were significant changes in all participants attitudes towards HIV/AIDS and safer sex behaviours indicating an increased willingness to modify personal sexual behaviours towards safer sex practices including changing the type of sexual behaviour to non-penetrative sex and also increased use of condoms.

However, such attitudinal changes would require constant reinforcement and access to appropriate sexual health products, as well as accessible sexual health services and information, It will further require that the workshop group maintains levels of group solidarity and peer reinforcement of safer sex messages. This can be achieved through the Research Phase as the group work together to collect information.

A further approach that will be used will be through the Project Office which will enable regular group meetings and discussion groups to be held, thus reinforcing the messages.

All participants agreed to be a part of the Research Phase, collecting information and being involved in the questionnaire survey, interviews, focus groups and keeping of sexual diaries.

This First Training Workshop achieved its goals of

- a. training and recruiting peer researchers
- b. increasing knowledge of STI/HIV/AIDS
- c. enabling changes of sexual behaviours towards safer sex practices

RISK AND NEEDS ASSESSMENT

PROFILE OF QUESTIONNAIRE RESPONDENTS

Respondents for completion of the questionnaires were self-selected by members of the survey team, and usually represented friends, sexual partners, and members of sex networks with great care being taken to ensure that no duplication occurred.

The one-on-one interviews tried to address this social bias by focusing on those from lower middle and working class groups.

Table 1 Respondents Age		N = 400
Age range	Frequency	% of respondents
16-21	118	29.50%
22-35	201	50.25%
35-49	68	17.00%
50-	13	3.25%

Table 2 Professional status		N = 400
Profession	Frequency	% of respondents
Students	68	17.00%
Professional (teacher/doctor etc.)	62	15.50%
Business*	127	31.75%
Service (includes servants/hotel staff)	60	15.00%
Unemployed	41	10.25%
Labourer/Working class	42	10.50%

* Note: many have stated that they were business in that they owned a small tea-shop/paan shop or other small business. These also include those who worked in a business as an employee.

Table 3 Language Skills		N = 400
Language Skills	Frequency	% of respondents
Literate in Hindi	337	84.25%
Excellent literacy in English	7	1.75%
Some literacy in English	9	2.25%
non-literate	63	15.75%

FAMILY

In India, like other South Asian countries, the family is a major focus in one's life. It is the source of one's personal identity, different from the West where individuality is central. But here the family is much more than the immediate biological parents and siblings. It includes all the relatives; grand-parents 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.

However, economic and social changes are having a dramatic impact upon this family structure. Families are now living as nuclear families because of housing costs, and with migration from rural to urban areas where wives and children may be left in the village.

But even in such cases, the male migrating for work will utilise members of the extended family to provide accommodation in the new setting.

Table 4 Where do you come from? N = 400		
Where do you come	Frequency	% of respondents
Lucknow	361	90.25%
Elsewhere	39	9.75%

Familial links can still be strongly held together by custom, tradition, belief, practice and economics. 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.

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 is the focus.

Because of the low levels of income and the cost of living, single accommodation is 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.

Table 5		Where do you live?	N = 400
Location	Frequency	% of respondents	
With parents	161	40.25%	
With relatives	72	18.00%	
With wife	110	27.50%	
With others	42	10.50%	
Alone	15	3.75%	

Space is at a premium. Shared accommodation, whether with family, relatives or others, is cramped. Privacy is not available.

These cramped conditions of sharing “male space” in a culture with high levels of homosociability¹ often create conditions of *khel*² or *maasti*³, play, with sexual overtones, which sometimes leads to a release of “body tensions”, quick and furtive sexual gropings between male relatives or friends, sometimes consensual, sometimes not. These are invisible behaviours, behaviours of the dark, and therefore not “real”. Shame maintains such invisibility.

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.

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.

Public behaviour, behaviour which 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.

Through all this, the daughter is 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 are more socially “policed” in terms of their behaviour, especially sexual, particularly in the “public domain”. Women and their honourable behaviour has to be scrutinised. This often means that sexually active males have little sexual access to women, other than female commercial sex workers.

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, than 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.

-
1. homoaffectionalism - in the sense that I use the word hear it means social acceptance to the public display of male to male, or female to female physical affection. See Hardman's Homoaffectionalism -from Gilgamesh to the present, GLB Publishers, 1993
 2. Khelna - to play
 3. Maasti - Hindi, meaning mischief

MARRIAGE

In India, marriage is a central issue within people's lives, where it is the mainstay of family and/or community life. It can 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. Nowadays amongst middle and upper class families, parents may ask their children with regard to the suitability of their choices, and there are processes whereby the two prospective partners can meet each other regularly before a wedding. Very often such meetings will be chaperoned by some parental figure to ensure nothing untoward occurs. And even while such choice maybe significant, ultimately there no choice about marriage itself. As Herdt states in his book *Same Sex Cultures*, "full personhood is not achievable until people have married and produced children" (p5).

Where there is resistance from a son or daughter towards marriage, enormous pressure is brought to bear upon the them to submit to the parent's/family's wishes. As the child gets older, such pressures increase and some families will utilise a range of options to enforce the family dictates. Emotional blackmail, financial inducements, threats, excommunication, and sometimes violence, will be used.

To remain unmarried is often seen as an aberration, a sickness, bringing shame and dishonour upon the family, creating social and family disorder.

Table 6 Marriage		N = 400
Marital status	Frequency	% of respondents
Married	162	40.50%
Unmarried	238	59.50%
N = 238		
Intending to get married	230	96.64%

Children are a social, cultural and religious necessity, particularly male children. Male children are seen as essential for performing funeral rites, for looking after the parents in old age. The daughter may be seen as superfluous as after her marriage she becomes a member of her husband's family. In that sometimes she is seen as a loss.

To have no children is often seen as a curse.

Table 7 Children		
Children	Frequency	% of respondents
With children (N = 162)	130	80.24%
expect to have children (N=230)	230	100.00%

Of course the pressures upon the young women are even more intense. At least the young man can often make a greater range of excuses. Business, education, travel, etc.

I'll have to get married soon. Already my parents have selected my wife. She is in my village, and I will have to go there for the marriage. I have made enough excuses.

Do I want to get married? Sometimes yes, because my parents want me to , sometimes no, because I don't know if I can get it up. I am planning to go to a female prostitute to see if I can.

Krishna 24, shop assistant

None of the married men in this survey have informed their wives about their extra-marital behaviour with other males. In the main, many believe that all they need to do is to function adequately as husbands is in terms of economic support for their wives and engaging in sexual intercourse in order to have children. Marriage after all is considered a duty. Sex as a means to have children. There are many men who will only have sexual intercourse with their wives a few times a year specifically to get their wives pregnant. There is no joy or mutuality in such intercourse.

For many males, sex with other males is seen as an option, an opportunity for discharge, as fun. Or perhaps the wife will refuse to do certain types of sex, which could be done with another male.

The wife is seen as the bearer of children, not as a friend and lover. Marriages are not seen as companionate and egalitarian. Further, 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".

Being with another male brings no suspicious, whereas being with a female not your wife brings a great deal of suspicion. In the vast majority of hotels and guest houses, taking a woman into your room would be forbidden. Taking another male is perfectly respectable, whatever the age of that male.

Children and filial duty. Reproductive sex as an obligation. As one person stated in the sexual health workshop, "I do duty to my wife".¹

The wife as Mother, Sister, as bearer of one's children. Sexual desires are part of another construction. Sex for procreation is what occurs in marriage. Sex for pleasure is what occurs outside the marriage. And even though the Qu'ran speaks of sexual pleasure between husband and wife, the socio-cultural patterns of South Asia as a region tends to be stronger, where often sexual relations are fraught with psychological risks.²

It is considered natural for men to be "lustful". Sex for pleasure and sex as lust are often seen as synonymous. This leads to significant numbers of married men who have sex outside of their marriages. As long as this behaviour is invisible, it brings no shame and dishonour to the family. Public life is separated from private life. And if women are not accessible or cannot be afforded, then other males (younger) are. It is not so much sexual desire as semen discharge.

Sex with my wife. Yes, perhaps once a month. Sometimes more. We have two children, and my wife doesn't really want sex. She thinks its dirty. So what can I do?

Arjit, 27

Our home is very crowded. No space to do sex, except late at night when the children are asleep. They sleep under the bed, and if we make too much noise they wake up. But my wife is always tired, and won't give me what I want. So what can I do?

Ram Singh , 33

My wife doesn't know. It would make for a big problem.

Arif, 28

1. In a workshop held in Orissa amongst a group of village women, women defined sex with their husbands as "work", anecdote, 1996

2. See Sudhir Kakar, *Intimate Relations - exploring Indian sexuality*, Penguin Books, 1989

RELIGION

Belief	Frequency	% of respondents
Hindu	233	58.25%
Muslim	137	34.25%
Sikh	12	3.00%
Christian	18	4.50%

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 socio-cultural 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 the community functions as a whole. Religious and secular life centres in the temple, mosque, gurdwara. Religion is a faith of community.

This, does not mean that there isn't an intense personal belief and practice for many people. Of course there is. The personal prayer, 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 the 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. But there will be those for whom only the public observances matters, whose private practices may not be in line with public observance. This cannot truly be seen as hypocrisy though, because the public and private spheres have different contexts to those in the West.

Religion becomes an obligation to the community, a duty to the community. Not to accept this duty brings 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.

And yet....

During the workshop, the many of the workshop participants regularly attend the local temple or mosque for prayers. All those who professed affiliation to a specific religious tradition and were questioned and interviewed said that they participated in the religious festivals and community prayers. All accepted their specific religious traditions. None could conceive anything else.

Yet these respondents found ways to balance their sexual practices, identities and desires within the context of being a Hindu, a Muslim, a Sikh or Christian. Whilst many of those who identified as *khoti* 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.

I always celebrate all our festivals. I usually go to the temple once a week and offer prayers.
Pramod, 19

So what we have here is a range of responses to religious belief and custom within an Indian context. From those who will seriously question religious tenets around sexual behaviours and practices, to those who segregate the issues into private and public practice, to those who seek a measure of solace in the pain of their personal grief at their disempowered sense of self.

LABELLING AND IDENTITIES

There are several male to male sexual behaviour frameworks that are interlinked and inter-penetrate each other. Identities within these networks are centred around that of the feminised male who acts as the penetrated partner. All other labels arise from this context and are named by these males, except with the exception of those who self-defined themselves as gay.

For the majority, the modern Western terms of gay, homosexual, bisexual, heterosexual, even transgender or transvestite, have little significant meaning or content.

Table 9. Self-Identity		
N = 400		
Identity	Frequency	% of respondents
Khoti	156	39.00%
Giriya	56	14.00%
Gay	20	5.00%
Homosexual	15	3.75%
two-in-one	26	6.50%
no label given	127	31.75%

1. Khoti

Almost always self-defined, *khotis* are characterised by “feminised” behaviours (often exaggerated), particularly in specific sexualised spaces, and taking the penetrated role in anal sex. Their exaggerated behaviour makes them visible in such public arenas and is used as a mechanism to attract *giriya* males for sex. These males in need of sexual discharge, often irrespective of their gender choices, may then respond to these *khotis* for oral sex, masturbation, and where space and a measure of invisibility permits, anal sex, as the penetrator.

The *khoti* is, as Gary Dowsett states in his book *Practising Desire - homosexual sex in the era of AIDS* (Stanford University Press, 1996) “coming to his identity through practice”. That is, the *khoti* identifies himself with this term through social interaction with other *khotis*, and through his sexual practice. Often this is based on “the pursuit of discharge” by other males. The *khoti* is a collective sexual construction, socially framed.

Observations of *khotis* in a variety of settings, walking down specific street, in a restaurant, in a hotel, at a railway/bus station or in public sex environments, it is noticeable that in the vast majority of cases, soliciting another male for sex

appeared to be extremely easy. The sexual urgency of many of these males was clearly obvious. Such responses relates to discharge sex.

At the same time, it should also be recognised that some *khotis* have a regular partner, a “husband”, with whom ties of affection, love and support can develop.

Many *khotis* are also married with children .

Male sex workers in the surveys were *khoti* self-identified. This is completely different from the countries of South-East Asia, where it appears most male sex workers appeared to act as the penetrators of clients. While this appeared to be class related, it is not always so, but in general male sex networks were primarily *khotis* from low income groups. The difference was defined by

- a. *dhurawan khotis* - those who do not sell sex
- b. *khanjra khotis* - those who sell sex

There are no substantial difference between these two groups in terms of behaviours and self-perception, only the exchange of money. However many *dhurawan khotis* will accept gifts from their sexual partners. At the same time, many *dhurawan khotis*, particularly those from low income groups, will accept cash for sex on an irregular basis and will not define themselves as *khanjra khotis*.

It is not unusually for a *khoti* to speak of having between five and ten sexual partners in one evening, where sexual penetration and ejaculation takes between five and ten minutes.

Khotis speak of wanting “real men”, a *giriya*, where “real men” do not show desire for other males. They just penetrate. To show desire is to indicate that they are not real *giryas* but are really *khotis*. In the sexual act, the penetrator does not touch the genitalia of the *khoti*. This of course is the public discourse. In privacy, affection and desire between *khoti* and *giriya* does happen.

Similarly *khotis* will also state that do not have sex with each other. Named by them as *chapati-chapati*, for *khotis* such behaviour is considered shameful. However in personal and private discussion, several have admitted that they have had sex with other *khotis*. They has even been admission by some *khotis* to penetrate other males. This they can never discuss this with their peers. From this it can be inferred that there is a public discourse of behaviour and identity which may not be the same as private practice.

Khotis also have their own language, terms that appear to arise from that used by *hijras*. A secret language that binds *khotis* together as an emergent sexual “community”.

2. Gay and/or homosexual men

A few educated and English-speaking men have begun to use the term *gay* as a form of self-identity. All those in the survey who identified themselves as such were English speaking, educated and from an upper-middle/middle class background. These males have a considerable access to privacy and personal economic power, and are often in regular contact with gay men in the West.

However, it was noted that in terms of response to the cultural need for marriage and children, these self-identified gay men also stated that they would get married and have children.

In the surveys there were also some males who have sex with males who desired long term relationships with other males based on equality of status and power, or at the very least sexual encounters with other males based on mutuality. Sometimes they also defined themselves with the *khoti* term, *chapati-chapati*. It is in this context that the word *gay* or the term *homosexual* could possibly be used, where such males have developed or are developing some sort of sexual identity recognisable in the use of Western terminology. Such males like those who are self-identified as gay men, are primarily from middle and upper classes.

Some of the interviewees also used the terms *homosex* or *gaysex*, as descriptive terms for their sexual practice, and a few described themselves as homosexuals, again these being primarily from middle-income groups.

3. Giryas

This label is given to “real men” men by *khotis* and is not usually used as self-identification marker. They are males who are actual or potential sex partners of *khotis* through anal penetration, or as recipients of oral sex and/or masturba-

tion, Such males generally do not label themselves, and for most of them do not have a sexual identity. Likewise, for most of them, they have sex in the pursuit of semen discharge.

However, those males who did label themselves as such in these surveys did so to define their relationships with *khotis*.

Giriyas are males who exhibit so called “normative” behaviours, and while some may sexually desire other males, it is the act of sexual penetration and discharge that is important. For many the gender of the partner is less important than the act itself.

My wife’s vagina is very loose. We have three children. I find the anus tight which I like. I get more enjoyment this way. Ashok, 25

Many males sexually penetrate based upon concepts of sexual need and semen discharge. In a culture where masturbation is seen as producing weakness and disfigurement of one’s penis, where ejaculation produced by masturbation is seen as wasteful, the need to ejaculate into something becomes a necessity. The something can be a male or a female. But males are often easier to access, where a wife may be in menstruation, or breast-feeding, or away, or just not interested or will not do what her husband wants to do.

“Real males” are perceived as lustful, constantly needing to discharge and many *khotis* will often state that getting a man, any man, is easy. Here the ability to sexually penetrate defines manhood, not the age of the person.

Some *giriyas* may well visit specific locations where he knows *khotis* are available for sex, whether he has to pay for it or not. Or they may be sexually active in social and working environments, i.e. hotels, restaurants, shops, or solicit young sexual partners in bazaars and streets. But in many cases a male may just be present at a particular place without specifically looking for sex, and will respond to an approach by a *khoti*. This can happen outside public sex environments. On the street, shop, restaurant, park, cinema, bus, railway, wherever.

In interviews and discussions many of these males have stated that they like anal sex because it is “tighter” than vaginal sex. And recent anecdotal evidence has indicated that several of these males see females as vectors of sexual diseases and therefore unsafe to have sex with, where vaginal sex is seen as more dangerous than anal sex.

Within the socio-cultural frameworks of India, these *giriyas* will centralise their lives around marriage and children. Further it should also be noted that many of these males do not see this sexual behaviour as “real sex”, not even as sex, but rather as *khela*, or play.

4. Two-in-one

Another *khoti* term is the *two-in-one* male. Here the defined male indicates desire for mutuality in the sexual act, and is willing to be both penetrator and penetrated.

5. Gupti

This is also a *khoti* term for some-one who keeps his sexual behaviours with other males secret and will always deny such behaviours, even when he is with *khotis*. The *gupti* will generally be a secret *khoti*., that is he will be the penetrated partner in a male to male sexual encounter

6. Hijra

Hijra is a self-identified term used for those males who define themselves as “not men and not women”, people of a “third gender”. Such biological males have a social, religious and cultural identity within which they will dress up as women with exaggerated behaviours, and are often religiously castrated as a sacrifice of malehood to the goddess Renuka Devi. They are often seen in some streets of New Delhi and Lucknow (but also exist throughout South Asia) aggressively begging. Some will also act as sex workers. They will often be called to the birth of male son or to a wedding where the belief is that their blessings will bring prosperity and good luck.¹

This report does not explore the issues of *hijras* and sexual behaviours, but it has been mentioned here as one aspect of identities.

In a spectrum of “masculinities” involved in male to male sex we can then see the following:

hijras - khoti - two/in/one - giriyas

1. See Nanda, *Neither man nor woman - Hijras of India*, Wadsworth, 1990.

SEXUAL HISTORIES

Table 10 Age of first sexual encounter N = 400		
Age	Frequency	% of respondents
5 - 10	67	16.75%
11-14	213	53.25%
15-18	111	27.75%
18 +	9	2.25%

Table 11 Gender of sexual partner N = 400		
Gender of sex partner	Frequency	% of respondents
with a male	357	89.25%
with a female	43	10.75%

Table 12 First sexual act		
Sexual act with males (N=400)	Frequency	% of respondents
being anally penetrated	108	27.00%
anal penetration of partner	5	1.25%
masturbation (to ejaculation)		
a. receive only	26	6.50%
b. give only	67	16.75%
c. mutual	53	13.25%
oral sex		
given to partner	21	5.25%
receive oral sex	3	0.75%
mutual	4	1.00%
thigh sex		
do	10	2.50%
be done to	103	25.75%
with females (N=43)		
vaginal penetration	35	81.39%
thigh sex	3	6.98%
anal penetration	5	11.63%
oral sex		
receive	-	-
give	-	-
mutual	-	-

Table 13 Age of first sexual partner N = 400		
Age	Frequency	% of respondents
below 14	20	5.00%
14-16	57	14.25%
17-21	98	24.50%
22-30	132	33.00%
31-45	60	15.00%
45+	33	8.25%

Table 14 Relationship to first male sexual partner N = 400		
Relationship	Frequency	% of respondents
friend	68	17.00%
neighbour	88	22.00%
relative	183	45.75% *
stranger	61	15.25%

* Table 15 Actual family relationship		N=183
Relationship	Frequency	% of respondents
older cousin	47	25.68%
younger/same age cousin	18	9.84%
father's brother	13	7.10%
mother's brother	39	21.31%
older brother	18	9.84%
sister's husband	23	12.57%
father's sister's husband	10	5.46%
mother's sister's husband	10	5.46%
younger brother	4	2.19%
father	1	0.55%

The sexual histories of the respondents were explored; when respondents first had sex, with whom and what they did. This was to provide a framework for exploring personal constructions of concepts of childhood and “sexual abuse”, as well as constructions of shame, and the whole framework within which sex takes place.

Early sexual activities were found to be quite consistent, where in the surveys 70% of the respondents had at least one sexual experience by the age of 14. Significantly, over 16% of respondents had a sexual encounter by the age of 10.

When asked about their feelings about these early sexual encounters, only 7% of respondents expressed feelings of anger, whilst the remainder expressed feelings from indifference to increasing levels of guilt and shame. The remainder expressed statements regarding maasti or play.

It should also be noted that 45.7% of the respondents stated that their first sexual encounter with another males was with a family relative.

What can be seen here are high levels of “sexual abuse” of young male children, the majority within the family. Apart from any psychological or physical damage that may have occurred, this also reveals increasing potential risks for STD/HIV infections within families brought about by the sexual behaviours of one or both male partners outside of the family context. An uncle, or brother, or cousin may well be having sex with others, female and/or male. Patterns of infection become complex and difficult to untangle, since there are no clear boundaries between so-called heterosexual, homosexual, bisexual behaviours.

There is a lack of recognition by government and NGOs on this whole issue of early sexual activities, or what is often being termed as non-commercial sexual abuse.

This report is not focused on child sexual activities, nor looks at child prostitution, child sexual abuse or any related issues. What does become clear through the interviews, questionnaires and focus groups is that for the significant majority of respondents, early sexual activity was a fact of their lives.

Several people reported bleeding incidents in that first penetrative act. Varying degrees of pain were also reported. There were also reports of feelings of shame and secrecy. What trauma of such an early encounter that was reported

appeared to be focused on the potential shame of the experience and less in regard to the experience itself.

There appeared to be some links with early sexual activity and class and privacy, that is where an individual had his own personal privacy levels of early sexual activity dropped, although this depended upon sexual access to male servants.

Further to this, links could be made between early penetration by another male and the development of *khoti* identities. Some 70% of the respondents who were *khoti* identified reported early and regular anal penetration by the age of 14. Sexual practice appears to be a determining factor for such an identity construction.

Such sex acts were not prolonged, ending upon the semen discharge of the partner, usually after a few minutes. That is they fit into a construction not so much of desire for a child - a paedophiliac framework, but rather one of immediacy, availability, and "heat", that is of discharge sex. This is not to deny that there are not paedophile constructions amongst the Indian population.

Other issues that arise from such sexual activity in India are the differing cultural meanings and frameworks around the terms, child, adult, sexual maturity, sexual abuse, and so on.

This data may well be different if a more randomised sampling had been done. All respondents in this survey were males who have sex with males within identified male to male networks. It should also be noted that of the first sexual partner of the respondents, 76.75% in Lucknow, were below the age of 30, the vast majority would have been unmarried males.

What this survey pointed out was the relatively high level of anal sex being practised in first sexual encounters, some 27%, whilst, 25.75% of the respondents experienced thigh sex, that is the penis placed between the respondent's thighs. There was also a significant level of sexual activity with females, where 10.75% of the respondents reporting that this was their first sexual encounter.

What can be said from these surveys is that early sexual activity with young males below the age of 14 is not uncommon, that anal sex is often the preferred choice of their sexual partners, that definitions of sexual abuse, incest, and childhood sexual activities need to be explored within the cultural framework of India, and that risks of STD/HIV transmission to young male children (and female of course) are significant within the context of such early sexual activity.

SEXUAL BEHAVIOURS

It is extremely difficult to determine the numbers of males who are involved, or have been involved, in male to male sex, for a number of reasons that include, sampling techniques, honesty of responses, levels of denial, invisibility and so on. In a culture where shame, secrecy and lies affect public discussions on sexual behaviours and self-disclosure, all that could be determined from the respondents, focus groups and one-on-one interviews was the social spread of male to male sex. Hence in relation to the question, “who is engaged in male to male sexual activity from your actual experience?” the answers given included:

teachers with students	doctors
students with each other	hotel staff amongst themselves and with guests
brothers	foreigners
uncles with nephews	rag pickers
cousins	landlord with tenant
neighbours	students in hostels
with domestic servants	street children with each other and with others
between domestic servants	private tutors with their students
between friends	amongst prisoners and prison staff
“elder brothers”	in orphanages
i.e. residential school hostels, community groups	in boarding schools
students	between shopkeepers and staff i.e. restaurants/tea shops
truck drivers with helpers/others	beggars
construction labourers	businessmen
amongst bus/train passengers	politicians
<i>khanjra khotis</i> with clients	military personnel
<i>dhurawan khotis</i> with any male	entertainment people
<i>hijras with males</i>	farmers
police	construction workers
security guards	labourers

One can see from this list of people’s professions and occupations which respondents had stated that they had sex with, it is clear that male to male sexual encounters are not some small marginalised behaviours within selected social and occupational groups but rather appears to ubiquitous and part of the male social space.

At the same time, the question was asked as to “why do males have sex with males in India from your personal experience?”, the answers included:

- | | |
|---|---|
| personal desire for other males | males can sleep in the same bed without a problem |
| sexual pleasure | girls virginity must be protected |
| fun | no chance of being pregnant |
| by accident | easier to access boys than girls |
| females don't do anal/oral sex | easier to get along with males than females |
| males are more easily available for sex | no financial involvement |
| anus is tighter than vagina | no marriage involvement |
| males are more available than females | living together with other males |
| nobody is suspicious if we mix with other males | poverty leading to selling sex |
| females are more socially controlled | attraction to other males |
| sexual adventure and curiosity | migration and separation from wife |
| sexual play | maintaining chastity |
| no chance to be friendly with girls | girls must remain virgins |
| females unavailable | sexual practice before marriage |
| meeting physical needs | to be aloof from girls |

The breadth of response is amazing, and indicates that social constructions of male to male behaviour can be extremely broad and extensive. These responses give a clear indication that the use of the terms homosexual/heterosexual/bi-sexual do not reflect the reality of the situation. It is clear that the frameworks of male to male sex are complex, particularly when developing appropriate sexual health responses. Who do you target? What do you target? How do you target?

In conducting this survey in Lucknow care was taken to avoid dishonesty and duplication by utilising the friendship/sexual networks of the survey team members themselves.

Respondents reported high rates of sexual encounters and number of different partners

Table 16 How many times have you had sex with males over the last six months?		
N = 400		
Quantity	Frequency	% of respondents
0	-	0.00%
1-5	11	2.75%
6-14	62	15.50%
15-30	115	28.75%
over 30	212	53.00%

Respondents stated that it was very difficult to stay with one partner, because social conditions did not enable this to easily happen. Meeting spaces were often sexual spaces, and so many opportunities existed for a range of sexual encounters.

Group sex was also reported by over 34% of the respondents. Numbers in an particular group situation could be anything between 3 and 20. Most of these activities would take place at sex parties, private homes, hotel rooms or guest houses.

Table 17 How many different males have you had sex with in the last six months? N = 400		
No. of partners	Frequency	% of respondents
0	0	0.00%
1-5	12	3.00%
6-14	72	18.00%
15-30	104	26.00%
31 - 60	124	31.00%
61+*	88	22.00%

* Note: The highest reported number of males in 6 months for one person was 212.

Here we can see that some 53% of respondents had more than 30 sexual partners over the previous six months.

Table 18 Relationships to current sexual partners N = 400		
Relationship	Frequency	% of respondents
strangers	336	84.00%
friends	115	28.75%
relatives	126	31.50%*
neighbours	168	42.00%
male sex workers	15	3.75%
domestic servants	19	4.75%
paying clients	72	18.00%**

* see Family sex, Table 27 for breakdown

** None of these respondents defined themselves as male sex workers (the term used was prostitute/*khanjra khoti*). Payment was in gifts, meals, sometimes in cash “donation”.

Table 19 Where did you meet sexual partners N = 400		
Location	Frequency	% of respondents
parks	343	85.75%
neighbourhood	236	59.00%
“cruising areas” (not parks)	215	53.75%
friends home	215	53.75%
bazaars	201	50.25%
cinemas	197	49.25%
personal home	156	39.00%
street	147	36.75%
hotels/guest houses	76	19.00%
railway/bus stations	56	14.00%
toilets	27	6.75%

With the large numbers of male to male sex taking place amongst strangers, with multiple partners of high frequency, there is a clear indication of high risks for STD/HIV transmission.

From focus groups and interviews with rikshaw drivers, commonly, sex partners were those they either slept with, male sex workers, and/or those in the work place.

All student respondents and interviewees indicated that they were having sex with other students in “shared rooms”, student hostels, and teachers, as well as amongst those they meet at “cruising sites” and parks. Some 30% of student respondents indicated that they were also “selling sex” to earn money towards their studies.

Such frameworks of sexual encounters indicate that intervention strategies should not only include specific sites, but look at other spaces such as schools and colleges.

Another issue of sexual partnering and identities indicate that whilst a significant number seek male sexual partners, either to be penetrated or to penetrate, there are a significant number of males who sexually respond opportunistically as and when they are directly approached, or in certain situations, such as sharing a bed. This means then that two significantly different approaches towards intervention and promotion of safer sex amongst males who have sex with males need to be explored. That of targeted interventions towards specific behavioural and identified groups, i.e. *khotis*, *giryas*, gay identified men, and that of a general programme aimed at behaviours within the general male population, i.e. anal sex.

Table 20 Where did you have sex N = 400		
Location	Frequency	% of respondents
park/cruising area	321	80.25%
partner's home	98	24.50%
hotel/guest house	121	30.25%
friends home	184	46.00%
street/alley	205	51.25%
hostel	96	24.00%
own home	97	24.25%
relatives house	121	30.25%
cinema	197	49.25%
construction site	156	39.00%
public toilet	27	6.75%
in a car	26	6.50%

Issues of space and time would constantly arise. Parks were the most popular because of their poorly lit spaces, and opportunities for anonymous encounters, but we can see that a wide variety of spaces are also used. Condom usage was extremely low in such environments because of the possibilities of being seen by others, or through police, security and hooligan harassment.

Table 21 Current sexual practices N = 400		
Sexual practice	Frequency	% of respondents
body rubbing	298	74.50%
anally penetrate partner	121	30.25%
be anally penetrated	273	68.25%
masturbate partner	396	99.00%
receiving masturbation	256	64.00%
give oral sex	342	85.50%
receive oral sex	198	49.50%
thigh sex	373	93.25%

The reported behaviours show indications that sexual partners include opportunistic encounters in a variety of locations of males who wish discharge only.

Sex with females

Over 40% of the respondents stated that they were married. All respondents reported continued sexual activities with their wives.

Married Males

Table 22 Sexual behaviours of married males with wives N = 162		
Sexual act	Frequency	% of respondents
vaginal penetration	162	100.00%
anal penetration	53	32.72%
receiving oral sex	12	27.78%
deep kissing	45	37.19%
cunilingus	1	0.62%

Note the level of anal sex with wives.

31.48% of married respondents reported sexual encounters with other females.

Table 23 Female sexual partners of married males other than their wives N = 51		
Sexual partner	Frequency	% of respondents
female sex workers	41	80.39%
other females	16	31.37%
female relatives	21	41.18%

Table 24 sexual behaviours with these other women N = 51		
Sexual act	Frequency	% of respondents
vaginal penetration	51	100.00%
anal penetration	21	41.18%
receiving oral sex	32	62.75%
thigh sex	121	41.17%
cunilingus	-	0.00%

Unmarried males

In terms of the unmarried males, 30% (71) of respondents stated that they also have sex with females.

Table 25 Female sexual partners of unmarried males N = 71		
Sexual partners	Frequency	% of respondents
female sex workers	53	74.65%
female relatives	36	50.70%
other females	36	50.70%

Table 26 sexual behaviours with these other women N = 71		
Sexual act	Frequency	% of respondents
vaginal penetration	63	88.73%
anal penetration	27	38.03%
receiving oral sex	21	29.58%
thigh sex	36	50.70%
cunilingus	-	0.00%

SEXUAL NETWORKING

Public sites

by Sameer

Lucknow is the capital of Uttar Pradesh, the largest, most populous state in India, with a population of 140 million people, and a gender ratio of 970 females to every 1000 males.

The history of Lucknow has mythological beginnings dating back to about 3000 BC. It is believed that the city was founded by Ram's younger brother Lakshman. However, recorded history dates Lucknow to about 1000 years ago. At the height of the British Raj, Lucknow was the capital of Awadh (Oudh). The Nawab of Awadh was originally a Subedar of the Mughal Emperor at Delhi, but with the decline of Mughal power and its substitution by the British, became a sovereign himself.

The Nawabs, over a period of time built several monuments and gardens. Today many of these are used for males to meet other males for sex.

Temples:	Shesh Tirth (Laxman Tila) Suraj Kund Aligang Mahavir Temple Chachi Kuan Hanuman Temple Sheetla Temple
Tanks	In local parlance popularly known as 'Bawli' and Talaabs' Shahi Bawli Nakti Bawli Bawli Saadathhain Raja Tikait Rai Talab Bakshi ka Talaab Hussainabad ka Talaab Chandgang la Talaab
Gates (Darwarza)	Akbari Gate Gole Darwaza Roomi Gate
Palaces	Moti Mahal Sheesh Mahal Firangi Mahal Chatal Manzil
Porches (Dyodhi)	Dydohi Agha Mir Dyodhi Nawab Badshah Mahal

Bungalows (Kothi)	Kothim Marain Saho Kothi Beiley Garad Kothi Dilkusha Kothi Alambagh Begum Kothi
Baradari (court place)	Lal Baradari Qaiserbagh Baradari
Gardens (Bagh)	GPO Park Neembu Park Charbagh Mossa Bagh Sikandar Bagh
Imambaras	Asifi Imambara Shahnajaf Imambara
Maqbara (tombs)	Saadat ALi Ka Maqbara Nadan Mahal ka Maqbara

Whilst most of these sites are used by males to meet other males for sex, the most prominent sites are:

Site One

Located in the heart of Lucknow next to the fashionable market of Hazratganj, it is next to the General Post Office. With its central location, many visitors come to this park during the day time. In the evenings it is popular too, with people strolling around the park and around the Gandhi statue just outside the park.

The park is used for meeting and no sexually activity takes place. Negotiations take place and partners will go elsewhere for sex. These can be cheap hotels, the MLA hostel - Darulshafa, one of their own homes, or on the dark banks of the Gomti river close by.

Approximately 30 MSMs use this park each evening.

Across from the park on the other side of one of the surrounding roads there is a popular restaurant popular in the evening with middle and upper class young males, those who drive scooters and motorbikes, or in cars. Here cruising can also take place.

Site Two

It is the railway station of the city. In front there is a large park. Most of the year, with the exception of the cold winter months, one can find a large number of squatters and passengers resting and loitering around. In the evening and night times, a large number of MSMs and professional sex workers, with a significant number of young males around 16 years old cruise the area. Sex negotiations are made, and once agreements have been reached, partners will go to nearby cheap hotels where rooms can be rented by the hour. There are also a range of dark areas of the park where sex can also take place.

In the yard of the railway station, there are a large number of empty rail coaches. With the connivance of the railway security guards, for a few rupees, these coaches can be used for sex also. Here sex is primarily anal and oral.

Site Three

Popularly known as R.D, the complex comprises of N.P., GV, RD and HCT. It is a leading tourist site with the famous SM where a large number of Shia Muslims come to offer Friday prayers. The area is predominantly Muslim.

During the day time, particularly holiday, large crowds gather at the site, and its possible to cruise amongst these crowds for sex partners.

At the RG and around the stairs leading to the top of the complex, significant levels of male to male sex takes place, usually anal and oral. This space is available because it is hidden from the public gaze, even though it is an open site. In the evenings, NP itself offers bushes and trees where sexual activity can take place.

Site 4

Located in the heart of Lucknow, it is a popular tourist spot. There are two large tombs raised above a large lawn and gardens. In the evenings it provides a dark space for cruising and males meeting other males, and is also used for sexual activities.

Site 5

Close to the centre of the city is on the banks of the Gomti. Lucknow University is close by as is the sports complex and stadium. This complex houses a large hostel and library.

This site is not normally frequented by the general public. Usually its sports persons, athletes and students visit here. Male to male activity continues throughout the day, which increases during the evening. Both anal and oral sex practised here.

The survey team had identified a further 30 public sstes where males can meet other males for sex

OTHER SEXUAL FRAMEWORKS

Not all *khotis* got to these public sites looking for sex. They may get their *giryas* through other *khotis* through the male being passed on from one *khoti* to another. They may “pick-up” a potential sex partner in a restaurant, hotel, guest house, hostel, the street, bazaar, cinema, bus, train, anywhere where males congregate or are present. Or it may be a visiting family relative or family friend. Or it may be the taxi/rikshaw driver, a security guard on duty, a door-to-door salesman, or the local shop-keeper.

When I am using a rikshaw, and if the driver is handsome, or when I am “hot”, I will sometimes start talking to the rikshaw driver. I ask about his age, where he is from, his family, is he married and so on. While I am talking I will start to touch his back. If he doesn’t tense up then I will keep my hand on his back and slow move my hand down. While I am doing this I will ask about sex, how he manages, and so on. If by this time the driver has had a negative reaction, then I know I can have sex with him.

Amir, 22

I have a lot of nice middle class friends who are too well known to go to parks and such places, even NP. So they ask me to find them a nice man for them. These guys usually like to get fucked. So I look around, ask my friends, pick up people from restaurants, hotels, shops, other places. After I persuade them to have sex with me, I tell them about my friends. Usually they are quite eager to meet them. Once they meet one of my friends and have sex, then he is introduced to the other friends in the circuit. Then he begins to bring his friends for sex. This way the circuit is always getting new guys.

Suresh, 23

Jiggery Dost

This framework primarily relates to young unmarried males, who, in a homosocial¹ and homoaffectionalist environment find themselves sexually aroused through physical contact, either through play or sleeping next to each other.

The sharing of a bed by two males in South Asian cultures is very common, where space can be at a premium. Where males are of a different age, then usually both males are part of the same joint and extended family, i.e. uncle and nephew, cousins, brothers. Where they are of a similar age, then usually they are close friends - *jiggery dost*.

The line between homoaffectionalism and male to male sexual acts is very narrow in this context, particularly at night, where it is easily transcended in a variety of sex acts, which once again are not seen as sex but as *khela* - play. Where there is a similarity of age and power the sexual act is usually mutual masturbation or thigh sex. but may also include mutual oral and anal sex. Where there is an age hierarchy, oral and anal sex usually will occur, the younger partner acting as the receptive partner. This type of sexual activity can be called *Dosti* sex and is to some extent linked with semen discharge. Mutuality is a main aspect of this sex. Both partners give each other sexual release, but there is no construction of sexual identity. Desire is primarily focused on females, possible future wives, whilst the sexual behaviour will be with other males who are friends, but maybe, perhaps, acquaintances. The issue here is immediate accessibility and the naming of the process. “This is not sex. Sex is what you do with your wife”.

Spaces for such sex acts were in homes where male relatives may sleep together, in shared accommodation rooms, dormitories, hostels, student halls of residence, and even on streets amongst street males.

Rajesh is a young student of 17. During his recent examinations, he studied with three other students in his room till quite late at night. His student friends would usually spend the night. Sometimes, as a release from studying they would

sometime wrestle each other. Usually during these physical games, the boys would get an erection. There would be a period of teasing, which always would lead to clothes being taken off, followed by mutual masturbation, or on occasions, oral sex and/or anal sex. All the boys have had anal sex with each. Condoms were never used, and there was no discussion of these activities during the day time.

We do it because it is fun. It helps our studies. You know, once you ejaculation you feel so relaxed. It's great.

Love, Romance, Sex and Discharge

What has love got to do with marriage? This is question that was often raised. The socio-cultural expectation and hope is that love will grow after the marriage. Anecdotal evidence indicates that for many women and men, this only remains a hope.

Look, we have to get married. We don't have a choice. Our parents tell us what to do, and so we get married. They choose our wives. We do our duty, and produce children.

Vinod, 25

India is filled with romance, always visible, always present. Watch any of the ubiquitous Bombay style films. The hero and the heroine sing romantic and chaste love songs to each other. They go through the trials and tribulations that the three hours demand, and if their families will agree to the match, then they can get married and sexual fulfilment will follow. The key is if the families agree. For if such romance cuts across race, religion, class, or economic group, then the likelihood will be that such a romance cannot be fulfilled. The family wins.

In terms of Indian cultural norms, direct relationships between men and women before marriage, social or sexual, are frowned upon and often socially unacceptable. This is changing to some extent in larger urban areas, where males and females are socially mixing, but relationships are hidden and kept secret from the parents.

In India the public domain is owned by males. For a woman to be seen with man who is not a relative or husband can create damaging and dishonouring gossip. Families will often police their young women. Physical affection for a woman, if any at all, must be behind closed doors. But if there isn't that privacy available....?

For many young males, women are just not accessible. Romantic longings are at a distance, unfulfilled, and chaste. Visits to female commercial sex workers are not romantic and love does not enter the equation. It is just sexual release, quick, with a cash transaction which for many males, may be beyond their financial reach. The visit to the female prostitute will be infrequent after saving the necessary amount. For many urban males, these are the only socially sanctioned females sexually available.

For many males all this emotional and sexual energy, the romantic longing and affectional needs, tend to be channelled between themselves. Intense friendships are formed within homoaffectionalist frameworks which includes extensive male to male touching, holding of hands, body contact, and sleeping together in crowded spaces or in shared accommodation.

This does not imply that all males in India are having sex with each other! India, as a male homosocial culture where women are difficult to access either for friendship or for sex, has male social spaces where it is acceptable, if not encouraged, for males to show affection to each other, both publicly and in private.

Despite these intense friendships which produce visible physical affection between males of all ages, and which sometimes may well lead to sexual acts between friends (and if there is an age difference between the two males, the older one may penetrate the younger), and where such feelings may be defined in Western terms by the word "gay", this identity is just not there in the person. Sex with another male is not so much a permanent feature but an additional outlet. The constant expectation is that one day the person will be married and have children, and that perhaps on occasion, they may be able to afford sex with a female prostitute. Here sex is discharge.

But this is not true of all. Many khotis seek to find a permanent partner, a male lover, "a real man", with whom they can settle down with and live as "husband and wife". Whilst in urban settings amongst the middle class, there are those with emergent gay identities, or even gay-identified, who fall in love, conduct romances, and seek long term relationships.

Whilst male to male friendships can often develop intense romanticism, and erotic environment, and love.

Discharge Sex

This is centrally based on releasing sexual tension, and is primarily opportunistic and immediate. There are many males who will visit specific locations when they feel sexually “hot”, because they know that there will be other males present whom they can penetrate. Or males will be directly approached by a *khoti* for sex in any number of situations. Situational sex is prevalent here in a male social spaces, i.e. restaurant owners who will sexually penetrate table boys, and so on. Many males will use *khoti* for semen discharge at any opportune moment. These males may also have sex with females other than their wives if they are married, and may often visit female sex workers when they can afford it.

Gift Sex

This could be seen as a form of male prostitution which will range from gift payment for sexual service to sex as a barter mechanism for small gifts such as a piece of clothing, a present, or even a meal or sleeping space.

Male prostitution certainly exists in Delhi and Lucknow at what appears to be relatively high, but as yet undetermined, levels. However, the sensing was that gift sex was more prevalent than that of full time male prostitution. Where such male sex work exists, many of the boys are gendered through effeminate behaviour and identified as *khotis*.

Gift sex is casual, opportunistic, unplanned, whereas male sex work for money is the opposite. A lot of gift sex appears to be happening in hotels and guest houses through room service and house-keeping, through assignations made in restaurants and tea-shops with table boys and waiters, through massage boys and young barbers, through chance encounters with cycle rikshaw and auto-rikshaw drivers, with taxi drivers, through street males needing food or shelter. Much of this appears to be because of low income issues, but evidence exists of discharge and desire based frameworks as well, operating through such opportunistic encounters. The exchange of gifts can frame a mutuality of desire with sex as one side of the gift exchange and thus reduce the shame level.

Driving my rikshaw, I get approached my several men, and sometimes boys. They are richer than me. They talk nice to me, touch me , ask me all these questions. Well I'm not married yet, since I have to get my younger sister and brother married of first. That will take money. I go to a woman perhaps twice a month. And I like sex. So what to do. They make me hot, so I do. They take me for a meal, or will give me money, and several times I was taken to the market and I was given a shirt, or something.

Arvind, 25

AND OTHERS....

Hotel/guest house staff

A total of 20 staff from Lucknow were interviewed.

8 room waiters

6 housekeeping staff (including room cleaning and lobby staff)

4 reception staff

2 security guards

These discussions were held at a local park during the day time, or at a cafe during evening. Whilst conversations related to general topics, sexual issues could easily be discussed once a friendship and trust had been built.

The age of the hotel staff was 19-25. English was very poor, and education levels were low. Most of the staff worked in guest houses, with 4 being from a three star hotel.

1. All staff were currently sexually active with others.
2. 16 of the staff have had sex with other males previously. For 12 of the staff this included anal and oral sex. For the 4 others it was only mutual masturbation and/or thigh sex.
3. 10 of the staff have had sex with male hotel/guest house guests, usually for cash of gifts, but also because they liked the guest and responded when the guest made a sexual contact. This involved anal sex, oral sex, thigh sex and masturbation.
4. All these staff masturbate themselves regularly to “release night pressure”.
5. 15 of the staff have had sex with females, either a girlfriend in the city, a wife, or a female sex worker.
6. 7 of the staff were married, of which 5 were in Lucknow.
7. 3 staff use female sex workers once a month.
8. 4 stated that they have never had sex with either a male.
9. No condoms were used.
10. None of the staff involved in male to male sex saw themselves as homosexuals or “gay”. All saw male to male sex as “not real sex”, but “sex” as a way of releasing “body tension, as “play”.
11. None of these staff felt ashamed about their sexual behaviours. Shame would only arise if others found out. Those sexually active staff believed that no one else in the hotel/guest house, or their family, or friends, knew about their sexual activity.
12. None of the staff had close friendships in the hotel with other staff.
13. None of the staff admitted to having sex with another staff member. However, certain comments were made to indicate that at least mutual masturbation did go on usually in toilets. There was no privacy, except in the toilets.
14. 5 of the staff involved in male to male sex visited parks to meet other males on their day off.
15. None of the staff, including those who stated they did not have sex, felt that male to male was intrinsically bad or wrong. They understood it as a sexual need and release. However, all felt that a girl who had sex before marriage was not a “good girl”.
16. Several of the staff asked about sex between women, where two used the term lesbian. The interest was one of curiosity and there appeared to be no judgement.
17. All staff expressed personal concerns about the shape and size of their penises, about possible physical consequences of their sexual behaviours, and expressed the range of sexual myths existent in India, i.e. masturbation causes weakness and deformation of the penis. Further sex diseases were seen as a curse or could be cured by drinking certain potions, and that females are vectors of disease.
18. 5 of the staff stated that they had sex with males because it was safer than having sex with females.
19. 2 staff stated that he had sex with males because they wanted to remain virgins until marriage.
20. Discussions with these staff about other hotels/guest houses indicated that behaviours were not significantly different. At some of the higher star hotels taxi drivers located outside the hotel also acted as “pimps” enabling guests to have access to males or females for a fee.
21. In most hotels/guest house there is no suspicion in taking a male into your room. However if you take a female into your room it is automatically assumed that she is a prostitute and may well be barred, and unless a payment is made to the appropriate person or you can prove otherwise.
22. 8 of the staff watch blue films regularly, which are easy to obtain locally from video rental shops.
23. All these staff expressed psycho-social issues and problems around sex and sexual behaviours, describing a series of psychological and physical symptoms relating to penile size and shape, ejaculation frequency, content and type, masturbation, vaginal and anal sex, lack of sexual knowledge, anatomy, females, desires, discharge, and night discharge.

The first time I had sex with a guest was when I started as a sweeper in my guest house. I was 16. This man asked me to give him a malaish (massage) and said he would give me 50 rupees. I agreed right away because my salary is very low, only 500 rupees a month. I said I would come back in the afternoon during rest period.

When I came to his room he was only wearing underwear. OK, I thought. I gave him a massage, and while I was doing so he got an erection. His hand began touching my own penis, and I quickly got hot. I had done sex with a boy before, so I knew what was going on. I let him fuck me and then he masturbated me. It felt nice too. The money was good also. My family is poor and I need the money to help. Now I offer to give a massage when I think the guest will respond nicely. Sometimes I get refused, but usually most guests agree. And most guest will want to do sex after massage.

Rakesh, 18

Male Street Children

Akhbar is 14 and is homeless, He lives on the street doing casual labour with local shops who give him a few rupees for doing odd jobs, such as cleaning, making deliveries. He has been living on the streets in Lucknow since he was 8, after running away from his family following a beating from his father.

I had been living on this street for about maybe 6 months to a year, when one evening a policeman came up to and began harassing me. He pushed me while I was lying on the ground, and told me to get up. He asked me many questions and always was pushing me.

There is a small park nearby and he told me to come with him there. I was frightened, but what could I do. He was a policeman.

The park is dark with several bushes. He took me behind a bush and while he was holding me with one hand, he took his penis out with the other. It was standing straight. He told me he wanted me to take his penis in my mouth. He said it was like sucking a lollipop. If I didn't do that he would beat me and take me to the police jail.

I did what he told me to. It felt strange, and several times I nearly choked. He kept pushing it into my mouth when I tried to take it out. In a few minutes he shot into my mouth. I immediately spat it out.

He then gave me 5 rupees and left me in the park. I suppose I was lucky because other boys on the street told me, when told them what had happened, that they had the same experience but usually they don't get money.

I have had sex with the other boys on the streets, and sometime some of the local shopkeepers ask me to do it with them. They will give me money. Now I have hair down there I can fuck some of the boys as well.

Rikshaw drivers

The following conclusions were drawn from a series of conversations with 10 rikshaw drivers in Lucknow between the ages of 19-40 years.

1. All were sexually active.
 2. All had visited female sex workers
 3. None knew of HIV or AIDS
 4. None used condoms
 5. Out of the 10 drivers, 6 have had anal sex with women
 6. 6 were married
 7. None had ever gone to an STD clinic
 8. 6 have had sex with other males in their villages
 9. 7 have had sex with males in the city
 10. 5 stated that currently they only penetrate, and 2 stated that they penetrate and also are penetrated.
 11. 4 have done oral sex with other males
 12. 6 reported previous STD symptoms of discharge and "fire" in the penis.
 13. Currently none reported a symptom
 14. 5 have had sex with male passengers who "touched me and I got hot". This had happened several times in a month. The customer routine was to make friendly chat, then ask if the driver is married, and if not what does he do for sex. If driver is married, the customer will ask whether he gets enough sex. After this talk about sex, the driver gets "hot". When the customer gets off the rikshaw, the customer will either touch his leg or brush his hand against the driver's penis. Negotiations then ensue as to where they can have sex, and if there will be a fee/gift involved. Sometimes sex is at the customer's home, and sometimes at any nearby park, alley, construction site.
 16. Monthly income was between 1500 - 3500 rupees
 18. The drivers reported that the age of their first sexual encounter was between 13- 16
 19. The gender of the their sexual partner was
 - 4 female
 - 6 male
-

-
20. Age of their sexual partner was between 14-35
 21. The sex act was:
 - 4 had penetrative sex with females
 - 2 had been penetrated by males
 - 1 had oral sex with other male
 - 3 penetrated the other male
 22. Relationship to the partner
 - 2 friend
 - 5 cousins
 - 2 uncles
 - 1 neighbour
 23. currently 6 have paid for sex with female sex workers
 24. Over the last six months, the rikshaw drivers reported an average of 30 sex acts.
 25. The drivers were living with
 - family/relatives 5
 - shared rooms 5
 26. None new what HIV was, but 3 had heard that AIDS was a “dangerous disease you catch from women”.
 27. Central concerns reflected money and family issues

Truck drivers

Several workshop participants and other males reported that they often go to truck stops to have sex with truck drivers, usually anal sex where the truck driver penetrates the other male. Certain truck stops have a notorious reputation for the easy sexual availability of truck drivers. Condoms are used very rarely, and if so, they are at the insistence of the partner being penetrated. Most of the drivers are married, many with children. They are away from their wives and female sex workers cost money. It was also reported that many of these truck drivers also have sex with their helpers.

The following information was obtained from interviewing 10 truck drivers in Lucknow

1. Age range of interviewees was between 26 - 40
2. The truck drivers lived with
 - a. wives and/or relatives 5
 - b. shared rooms 3
 - c. alone 2
3. Monthly income ranged between 6000 rupees to 20000 rupees
4. Age of first sexual encounter
 - 5 at 14
 - 3 at 15
 - 2 at 18
5. Gender of partner
 - 4 were male
 - 6 were female
6. Sex act with first partner
 - 7 penetrated partner
 - 2 were penetrated
 - 1 was masturbated
7. Relationship to first partner
 - 2 was female prostitute
 - 2 was male friend
 - 5 were cousins
 - 1 was uncle
8. Age of first partner
 - 2 were 12 years old
 - 2 were 13
 - 2 were 14
 - 3 were 15
 - 1 was 17
9. All reported having sex with female sex workers
10. 8 reported having penetrative sex with truck cleaners and helpers
11. Average number of sex encounters in the last six months was 32

-
12. 4 did not know anything about STDs
 13. 10 did know anything about HIV
 14. All defined AIDS as a dangerous disease you catch from women

Tea shop/restaurant “boys”

I remember the first time I did sex with a man. I was 14 cleaning tables at this posh restaurant. This customer came and I cleaned his table before Amir, the waiter, came to his table. He put his hand on my hand and smiled at me. Then as he was finishing, he called me to the table and said he wanted it cleaned before he had tea. He gave me 10 rupees, and whispered for me to meet him outside when he left.

He was the only customer at the time, so it was easy to make an excuse. Outside he asked me about my duties, and said I could come to his room. I said I would early the next morning. I did. He was very nice and gave me a sexy massage, which made me very hot. Then we did some fun things. We masturbated.

I used to go every week to his home. Sometimes we would suck together, sometimes he would fuck me. I liked it all.

Now he has left Lucknow. But I am always hot, so I started having sex with the other boys in the restaurant, and sometimes I can get a customer’s attention. Sometimes these customers give me money, but usually I just do because I like it.

Ashan, 16

Students

If I want to do sex, I just go to the park outside my hostel. There are always boys there who want to do. It is easy. No effort really. Girls are so hard to get here. Everybody is watching you.

Ranjit, 21

My teacher is a really good teacher. He helps several of us boys with extra tuition. We always pass our exams because of his help. There are four of us who go to him for extra teaching after school hours.

The first time I did sex with him was when we were studying for our exams. When we were going home, he asked me to stay behind for a little while. He said he wanted a massage. He took his kurta off and lay down on the floor on his stomach. I began to massage his back, and as I did I got an erection. I wasn’t embarrassed because we had asked teacher all about sex, erections, masturbation, and even about anal sex.

But as my teacher turned around for me to massage his stomach, I could see he had an erection too. This made me even more excited.

My teacher had his eyes closed, so as I massaged his stomach I deliberately moved my hands down towards his penis. He just groaned softly but didn’t move my hand away. Then he suddenly grabbed my hand and moved then onto his penis. By now I was very excited. He opened his eyes and smiled, and this gave courage. I took hold of his penis and began to move my hand up and down. The door was closed so I was frightened of discovery. But he stopped me and quietly said we should take off our clothes. We had a nice time that night.

I had masturbated with my friends before, but this was different.

I was fifteen then, and we continued to do sex with each other for the next 3 years till I moved to go to college.

I always have thought that he may have been doing sex with the other boys in the special tuition class because he was always so friendly to all of us, always giving us hugs, talking to us on personal issues, like sex and so on. All the boys loved him.

Prakash, 22

This work did not look at a range of male to male sexual networks that included:

prison populations, both inmates and prison guards

police

military barracks

orphanages

boarding schools

Gulf workers

business travellers

other male institutional and social networks

There is enough anecdotal reports to indicate that male to male sexual encounters occur within these frameworks at significant levels

1. Homosocial - similarly I use the term homosocial to mean a social framework of strong male bonding or female bonding, and gender segregation of social spaces.

For example in India, it is very common to see two women or two males holding hands, or putting arms around each other, of sharing beds, sleeping together, and so on. At the same time, the public space is socially owned by males. Sufficient anecdotal evidence exists in the work that I have done to indicate the boundary line between homoaffectionalism and homosexual behaviours, particularly “under the blanket” in the shared spaces. See Khan’s chapter *Under The Blanket in Bisexualities and AIDS*, edited by Peter Aggleton, Taylor and Francis, 1996.

FAMILY SEX

Intra-family sexual encounters between males is very common in South Asia, India is not different.

Table 14 Relationship to first male sexual partner N = 400		
Relationship	Frequency	% of respondents
friend	68	17.00%
neighbour	88	22.00%
relative	183	45.75%*
stranger	61	15.25%

* Table 15 Actual family relationship N = 183		
Relationship	Frequency	% of respondents
older cousin	47	25.68%
younger/same age cousin	18	9.84%
father's brother	13	7.10%
mother's brother	39	21.31%
older brother	18	9.84%
sister's husband	23	12.57%
father's sister's husband	10	5.46%
mother's sister's husband	10	5.46%
younger brother	4	2.19%
father	1	0.55%

Here, as can be seen, the first sexual contact was primarily through a family member. These sexual encounters with family members may also continue in later years.

Relationship	Frequency	% of respondents
strangers	336	84.00%
friends	115	28.75%
relatives	126	31.50%*
neighbours	168	42.00%
male sex workers	15	3.75%
domestic servants	19	4.75%
paying clients	72	18.00%

Relationship	Frequency	% of respondents
older cousin	64	50.79%
younger/same age cousin	39	30.95%
mother's sister's husband	25	19.84%
mother's brother	29	23.02%
sister's husband	25	19.84%
younger brother	9	7.14%
father's sister's husband	19	15.08%
father's brother	15	1.4%
older brother	8	6.35%
father	-	0.00%

We had gone to my mother's brother's village to attend a family wedding. I was about 12 years old at that time. I had to share my mother's brother's bed because everything was so crowded. During the night, he kept pushing against me. I felt his cock was hard, and it sort of excited me. Still pretending to be asleep, I turned around to face him. My hand sort of lay against his cock.

Then he started to push his cock between my thighs. I felt his hand move to my own cock which was hard by now. Slowly he started moving his cock in and out of my thighs. Soon I felt a stickiness. He then turned over.

All this time nothing was said. The next day, he kept smiling at me, but still nothing was said. I still felt excited, so that night, I made sure that when my uncle came into bed, I had lowered my underpants. This time I pushed against him. He felt me, and his hands discovered I did not have my underwear on. He whispered to me how nice my body felt, and he began to play with my cock. Then he ask me to use my hands on his cock. Again I soon felt a stickiness.

We did this every night for the week I stayed in the village.
Ramesh, 27,

SAFER SEX AND SEXUALLY TRANSMITTED DISEASES

The level of awareness regarding STDs, HIV/AIDS was generally very poor amongst the respondents, as were issues regarding safer sex practices.

Knowledge	Frequency	% of respondents
Good knowledge	24	6.00%
Poor knowledge	127	31.75%
No knowledge	249	62.25%

Good knowledge of HIV/AIDS was understood to mean a clear understanding of the difference between HIV and AIDS and what the terms meant, the means of transmission of HIV, and methods of protection and safer sex.

Poor knowledge was defined as having an awareness of the terms HIV and/or AIDS, and perhaps some understanding of a relationship regarding infection, illness and sexual practice.

No knowledge was defined as not having an understanding of HIV/AIDS and safer sex.

A statement made by some people in Lucknow was: “The body has two immune systems, one that you acquire when you ‘catch AIDS’ from unprotected sex or needles. It is this acquired immune system that makes you sick which leads to death.”

On further questioning, it turned out that these respondents had attended a workshop organised by the State AIDS Cell (a government body supposed to educate the population in Lucknow and the State of Uttar Pradesh on HIV/AIDS and provide support to government and non-government initiatives) where this statement had been made.

The survey indicated that possession of “good knowledge” did not necessarily relate to income group and class. Of the 6.00% who had “good knowledge” some 30% were from low income groups.

Information was usually obtained from foreigners, access to literature/newspapers, as well as sexual partners.

But 94.00% in Lucknow had poor knowledge, or no effective knowledge at all.

There was a great deal of confusion and mythology between HIV and AIDS. These included:

- * you catch STDs and AIDS from dirty people
- * you catch AIDS from having vaginal sex
- * you are safe when you do anal sex
- * washing with lime water after sex will protect you from sex diseases.

-
- * Women give you AIDS
 - * You can't catch AIDS from anal sex
 - * You can cure AIDS
 - * HIV means sickness
 - * AIDS means a fatal illness

Further to this were the usual mistaken beliefs about catching "AIDS" from toilet seats, mosquitoes, shared utensils, etc.

There was also the myth that you could be cured from STDs/AIDS by having sex with a virgin female, or a pre-pubescent male. Some 54 participants had stated this.

What was worrying was the number of respondents who did not believe that you can get HIV from anal sex with males. It appeared that what HIV/AIDS information was available related only to sex with female sex workers, so women were seen as disease carriers and vectors for HIV transmission. Sex with males was seen as safer for many.

Further, many middle class respondents stated that they were safe because they only had sex with those from the same class background. That is, that they only have sex with "clean men". This reflected class prejudices very strongly prevalent amongst upper/middle class males, who labelled those from low income groups as "dirty" people.

Another issue that arose was that the term STD, or even sexually transmitted disease was problematic in terms of understanding. Very few respondents had heard of these terms. The phrase "secret disease" was more common.

Awareness of risky sexual practices was extremely low, if existent at all. Only 4% of the respondents knew of safer sex as a method of STD/HIV prevention.

Table 29 Condom usage N = 400		
Condom usage	Frequency	% of respondents
never	328	82.00%
sometimes	58	14.50%
all the time	14	3.50%

As can be seen over 96% respondents did not use condoms at all or used them inconsistently. This is particularly worrying when approximately one-third of respondents identified themselves as *khotis* - males who are penetrated - whilst a further 40% admitted that they are also penetrated with varying degrees of frequency, and a high proportion indicating multiple partners. This demonstrates the very high risk of STD/HIV transmission that many males who have sex with males take.

Reasons given for not using condoms were

- no time
- no privacy
- don't have condoms at the time
- condoms are expensive
- loss of feelings and pleasure
- condoms are for family planning
- "how? - by the time he will put a condom on he will come"
- partner won't agree

Lubricant

Use of appropriate lubricant is low. Saliva appears to be the primary lubricant used, if any is used at all.

Lubricant	Frequency	% of respondents
saliva	346	86.50%
ghee (clarified butter)	151	37.75%
vaseline	56	14.00%
no lubricant	74	18.50%
hand cream	56	14.00%
motor oil	67	16.75%
KY jelly	5	1.25%

Reported use of lubricants was not consistent. That is the above figures relate to what had been used in the past 6 months. Most respondents stated that many times they would not use lubricant at all, including saliva. It all depended on where the sex act was taking place, and what was available. For example, in public environments, such as parks, toilets, and alleyways, the main lubricant would be saliva, if anything at all. In private spaces, such as personal or friend's homes, other lubricants may be used.

As reported from the focus groups and interviews, the methodology of sex also increased the risks taken. Many males who are penetrated reported immediate full penetration and rapid penile thrusts of the penetrating partner increasing risks of anal fissures and bleeding.

Further, high numbers of males reported multiple partners, often several in an evening, with a rapid succession of males. This means that the penetrator was also increasingly at risk, not only from the potential bleeding of his partner and his possible STD/HIV status, but also from previous sexual partners whose semen would still reside inside the rectum of the person he was penetrating.

The issue of the wife's vulnerability seemed not to be a factor of concern amongst the married males, or those who would become married. It was rarely ever mentioned. Yet over 40% of respondents were married. None of them reported using condoms with their wives. Those males who reported having sexual encounters with other females also stated that no condoms were used.

Among the 20 workshop participants, only 3 knew how to use condoms correctly. This also appeared to be true amongst focus group participants and those interviewed. Over 70% of these males in both cities did not know how to use condoms correctly. This lack of education about condom usage is itself a problem that needs to be addressed.

One factor that affected condom use was the high level of anal sex taking place in public spaces where time and space is a critical factor. Location was important. Sex encounters usually takes place in the dark and for many, sex takes place in spaces where others are around. At the same time for many, penetration to ejaculation takes place within 5 minutes or so. Putting on a condom under these conditions could be difficult, if not impossible for some. A constant refrain from many males was the issue of "premature ejaculation". Many *khotis* spoke of looking for males who could last for more than a few minutes!

It should be noted that there are no water-based lubricants packaged in sachets available in India, use of which, with condoms, would make anal penetration safer. Further, there were no extra strong condoms available which also might increase the safety factor.

Sexually Transmitted Diseases

Incidence of STDs amongst males who have sex with males cannot be quantified, since no private or government clinic monitors male to male sexual behaviours. At the same time, no clinical service actually asks their patients about anal sex behaviours. The survey attempted to gather some information about experiences of sexually transmitted diseases amongst respondents.

Table 31 Experience of STD symptoms in previous 2 years N = 400		
Experience	Frequency	% of respondents
Yes	192	48.00%
No	208	52.00%
Piles	167	41.75%

Table 32 Symptoms experienced N =- 192		
Primary symptoms	Frequency	% of respondents
bleeding from anus	81	42.19%
burning/itching around anus	81	42.19%
itching around pubic area	126	65.63%
discharge from penis	50	26.05%
pain or burning sensation during urination	48	25.00%
rashes around public area	63	32.81%
lesions around anus	37	19.27%
warts on penis	15	7.81%
lesions on penis	15	7.81%

several times multiple symptoms were reported

The high level of piles was also producing bleeding during defecation and during anal sex. It should also be noted that genital hygiene amongst low income groups appeared to be very low due to lack of access to clean water and inadequate genital washing techniques.

Table 33 Previous treatment for STD infections N = 192		
Experience	Frequency	% of respondents
Yes	153	79.69%
No	39	20.31%

Table 34 Where did respondents go for treatment N = 153		
Location	Frequency	% of respondents
STD clinic	10	6.54%
<i>Private</i>	10	6.54%
<i>government</i>	-	0.00%
personal doctor friend	19	5.88%
street Ved/Hakim	87	56.86%
friend's remedy	47	30.72%

There was considerable resistance to attending STD clinics, both private and government, due to shame in reporting sources of infection and behaviours. There was a general sensing that doctors would shun and stigmatise individuals.

Also, since the behaviours were illegal there was a general fear of being reported to the police.

MALE SEX WORK

There are no estimates as to how many males sell sex to other males in Lucknow, whether it is for cash, clothing, food or shelter. Nor of how many male customers they may have. Estimates given by several male sex workers in Lucknow ranged from 1000 to 3000. In conducting this survey at a range of sites, some 300 male sex workers (*khoti* -identified) were physically counted. There will be many more in other sites not visited, those from middle-classes, those with different identities, as well as those who operate irregularly, or opportunistically, or in hotels, tea-shops, restaurants, slum areas, bazaars, and other localised areas. Such male sex workers would include the full-time workers in many parks and other sites whose main income would be from selling sex, to those who do sex work but also have a regular job, whether full-time or part-time, to those who are students, rikshaw drivers, taxi drivers, truck drivers, hotel staff, tea/restaurant boys, and other service industries who may also offer sex when an opportunity arises for some form of payment as a supplement to their regular income. Further, many of the male sex workers we met spoke of anything between 5 to 10 sexual partners in any particular day. The number of customer events every week could therefore run into several thousands.

The sex workers involved in this survey were those who operated from parks.

No. of customers	sex workers
1-6	0
7-15	7
15- 20	11
above 21	22

Taking the lower end of the estimates for the number of male sex workers who are operating in a range of public sites in Lucknow, and a medium range of say 4 customers per day for 5 days a week, 50 weeks a year.

Lucknow: 1000
 x 4 customers per day x 5 days a week x 50 weeks a year
 = 1,000,000 customer events per year

In India the majority of males who sell sex are considered “passive”, *khotis*. sexually penetrated by other males. The range of sexual practices of these *khotis* selling sex was from masturbation of their customers, giving oral sex and receiving anal sex. Anal sex occurred always where there was a measure of privacy and space. A room, behind a bush in the dark, in a deserted construction site.

Table 36 Primary sexual behaviours with clients N = 40	
Sexual activity	Frequency
giving oral sex	40
receiving anal sex	40
giving anal sex to customer	-
masturbate customer	40
customer masturbating you	-

Table 37 Where do you perform sexual acts with your customer N = 40	
Location	Frequency
parks	40
bus/railway stations	16
cars	1
customer's home	11
hotels/guest houses	17

These *khanjra khotis* service a broad range of males from different income groups, classes and educational levels. However, *dhurawan khotis* (those who do not sell sex) and *guptis* (those who are secret *khotis*), especially those from the middle and upper income groups, will sometimes buy sex from a range of *giriya*s who will oblige the offer. These *giriya* (labelled so by *khotis*) are not sex workers, but could be considered opportunistic sex workers. Such *giriya*s, those who penetrate, could be students, policemen, soldiers, shop-keepers and assistants, teachers, rikshaw drivers, truck drivers, in fact any male who wishes to discharge through anal penetration, and who may need money or gifts to supplement his income.

Classifying males who have sex with males as gay men, homosexuals, or even as male commercial sex workers can be problematic. Whilst there were clear identities such as *khotis*, *giriya*s (perhaps), and even *two-in-ones*, mostly these identities are specified by *khotis* themselves only, and are often spatially as well as behaviourally constructed. There were also not clearly delineated. Such identities can perhaps be looked as identities that are performed. That is, whilst *giriya*s and *khotis* both stated that their sexual behaviour was distinctly and always “one way”, private anecdotal evidence indicated that these were just public statements to what were deemed shameful acts, i.e. for a *khoti* to admit that he also penetrates, or for a *giriya* to state that he also gets penetrated was considered shameful.

When two *khotis* have sex with each other it is called *chapati-chapati* and is likened to sisters have sex with each other.

There is also the *gupti*, a male who keeps his sexual behaviours secret, even amongst others who share the same behaviours, something disgusting.

These identities are often mobile and situational. That is there will be a site/park identity, a street identity and home/family identity. There is no continuity, where space, time, location frames a specific operational identity. And many *khotis* speak of exaggerating their behaviours, their *khoti* identity, within a given location as a means to attract males.

Many working class *khanjra khotis* will also take oral contraceptive pills (easy to buy over the counter from pharmacies) as a means to increase the size of their breasts. They state that their customers like to squeeze their breasts while doing sex. In fact “breast pumping” is a common sexual behaviour whether between males or between males and females. Enlarging the breasts, the *khotis* believe, makes them more attractive to the *giryas*.

But this is usually done during the winter season where they can hide their enlarged breasts under a shirt or sweater from those outside the sex site. During the summer they will stop taking these pills to reduce their breasts to normal size as usually this is the time when they will often need to be bare-chested because of the heat.

The physiological and psychological implications, and any medical consequence, of males taking oral contraceptives need to be urgently explored. Many of the males identified taking such pills were under the age of 20 years.

At the same time, those *khotis* who are penetrated and receive cash or gifts are situationally within a context of family need, marriages, poverty, hunger and sometimes homelessness.

As stated previously, a majority of *khotis*, including those selling sex, had their first sexual encounter at a early age, usually before 14. Their first sexual partner was usually a male relative, an uncle, cousin, older brother, a male in-law, or perhaps a neighbour . Many *khanjra khotis* start selling sex at a young age.

Table 38 At what age did you begin to charge for sex? N = 40		
Age	Frequency	% of respondents
11-16	33	82.50%
17-21	7	17.50%
22-30	-	0.00%

The *khanjra khotis* spoke of their family needs and economic conditions. Getting cash or gifts for sex was a method of sustaining themselves and their families.

Table 39 Reason for doing sex work (allowed a choice of up to 4) N = 40		
Reason	Frequency	% of respondents
only work I can find	24	60.00%
I enjoy it	35	87.50%
most of my friends do it	25	62.50%
this is all I know	24	60.00%
pays better than other work	40	100.00%
I need the money	40	100.00%

Table 40 Do you have other work? N = 40		
Response	frequency	% of respondents
Yes	26	65.00%
No	14	35.00%

Average monthly income from sex work

1000-2000 rupees

The family context and poverty were two major parameters that shape the marketing of male to male sex, whilst the issues of gender segregation, homosociability, homoaffectionalism, male power and social spaces, as well as male to male desires, shape the buying and the doing of sex.

There appeared to be few boundaries between the differing sexual dynamics. What boundaries did exist as such were based on social class, education, economic power and “feminine” gendered behaviours. *Giriyas* and gay men do not socialise with *khotis* except - perhaps - in sexual environments. And *two-in-ones* were seen as potential *khotis* by both *giriyas* and *khotis*, or as potential gay men by other gay identified men, and were often more stigmatised than either in these park sexual/social networks as those who “can’t make up their minds” or were “confused” or were “secret”. These identities for many of these males, were also clearly separated by time and location. A park identity and a street identity, a home identity, a family identity, a marriage identity.

A majority of *khanjra khotis* (primarily those above 30 years), like the *dhurawan khotis*, are married, often with children, while those who are not married will take it as a fact that they would get married at a later date. This is a cultural, social and religious obligation a necessity to sustain family honour and duty. However, getting married, being able to perform as a husband, maintaining the family create specific psycho-sexual issues of concern for the majority of the *khanjra khotis*.

Table 41 Age of respondents N = 40		
Age	Frequency	% of respondents
up to 16	7	17.50%
17-21	15	37.50%
21- 25	11	27.50%
25- 30	5	12.50%
above 30	2	5.00%

Table 42 Marital status N = 40		
Marital status	Frequency	% of respondents
Not married	30	75.00%
Married	10	25.00%
N = 30		
Would get married	30	100.00%
Would not get married	-	0.00%

A significant number of *khanjra khotis* speak of a *khoti* friend taking them to a particular park or other site for the first time where they discover male sex work going on. Often these *khoti* friends were also selling sex at the particular site.

Table 43 Who taught you about sex work and to bargain? N = 40		
Teacher	Frequency	% of respondents
older male sex worker	30	75.00%
younger male sex worker	3	7.50%
self-taught	7	17.50%

At many sites there are emergent social networks amongst *khanjra khotis* operating at that site. Often there will be a *guru* (teacher, leader), a focal point of this network, usually represented by the oldest worker at the site. It is this person who acts as a social glue amongst the network, controlling site prices, dealing with the police and security, acting as “aunty” to the network, offering advice and information, as well as controlling the framework within which sex work operates.

When a new *khoti* comes into a site he will be quickly absorbed into the social network and taught the rules of the site by a member (s) of the network.

This is not always true of all sites or of all *khanjra khotis*. Many are independent, or on the fringe of these networks, or working at a different section of a specific site. However, competition can be quite severe, and the networks reduce the levels of friction between *khanjra khotis* that could arise from such competition. Prices however tend to be consistent within a specific site.

My uncle, who I was living with then, first brought me to this park when I was 12. We came for a picnic. We sat here, in the grass. There were several khotis (at that time I did not know the name) wandering around. We were just sitting there, and then my uncle got up, told me to stay where I was and not to talk to anybody, and went to talk to a khoti. After a few minutes they both went behind some bushes. At that time I didn't know what they did.

We would come regular to this park, and always my uncle would go behind bushes with some khoti, and then return to me. Always he told me not to talk to any others.

I was always a bit effeminate, and I could see khotis walking around, you know, swinging hips, like girls, some wore

make-up, they fluttered their hands, and sometimes I heard them talk of this giriya, or that giriya, the size of their cocks and so on.

My uncle starting doing sex with me when I was thirteen and a half. We had not been to the park for some time, and I suppose he just got too hot. This was my first time. I really enjoyed it. But I also remembered the park, and put two and two together. So that was what my uncle was doing behind the bushes.

Then, when I was 14 I started going of to the park on my own, secretly, without telling my uncle. There I made a friend. Just like me. He was seventeen, and would come to the park regularly to do sex with customers. He was the one that taught me what to do with the men, how much to charge, and he made me a part of his group. I have been with them since.

Rashid, 21

I keep my park life separate from my family and work life. Nobody knows there what I do on Sundays, when I come here. I have been coming here for the past five years when I moved to Delhi from my village in Bihar. Here I have my true friends, who know my heart. What money I make here I send to my wife and family in Bihar. I use my work money to pay for my room rent and food and clothes. Sometimes I also go to cinema. Even there I can get sex when I am restless.

Here I get so many soldiers from the local barracks. Tall, handsome men, but al the time they are so quick. I want to meet someone who really take time, will take care of me, and really love me.

I go back home maybe twice a year. My wife is always pestering me to bring her and the child to Delhi, but I keep resisting. It would interfere with my own life. I send her money, I visit, and then do sex with her. That is enough for me. Here in the park I can be true to myself. My friends are all khoti. At work I hide this, although I have had sex with some of the workers in the factory. But they don't know about my Sunday life.

Ramesh, 25

Most of the *khanjra khotis* shared similar needs. Food, shelter, clothing, love, affection, acceptance. "I want a husband, a real man who would love me and look after me. I would make him a good wife", was a constant refrain from so many of the *khotis* working the parks. "I only like "real men" was another. To receive or give anally or orally becomes the measure of one's identity.

Amit is a student, 20 years old and from a middle-class family. But the family struggles to pay for Amit's education.

I do this so as to help my family. Apart from my own education, there is the marriage dowry for my sister to consider. My father drinks a lot, and the money goes on this. Selling my body is a way of getting money to get me through college.

In these frameworks, privacy, money, and other luxuries of the middle-class operate and the "sex workers" are less visible than those from the lower income groups. Middle class male sex workers organise themselves individually in different ways, through the telephone, through magazine adverts, through social/sexual networks, through parties.

Sexual behaviour patterns are often different as well. There is less of a *khoti* construction. Sexual practices are often mutual, where the sex worker will also penetrate and/or be penetrated. Many of these sex workers will also have regular girlfriends too.

STDS

All the *khanjra khotis* mentioned the speed of anal sex and the rapidity of penetration. From their statements, the average time was about 5 minutes for penetration and ejaculation. Penetration was immediate. Condom usage was low, and levels of symptoms of sexually transmitted infections high. Use of water-based lubricants was non-existent. Lubrication was primarily saliva in public spaces, and in private spaces often cooking oil, vaseline or butter used. On some occasions it was reported that Vick's vapour rub was used "because it makes the hole tighter".

Table 44 Do customers use condoms regularly? N = 40		
Response	Frequency	% of respondents
Yes	2	5.00%
No	38	95.00%

Table 45 Do you ask customers to use condoms? N = 40		
Response	Frequency	% of respondents
Yes	3	7.50%
No	37	92.50%

Table 46 Current experience of STD symptoms N = 40		
Response	Frequency	% of respondents
Yes	15	37.50%
No	25	62.50%
Piles	23	57.50%

Table 47 Previous treatment for STD infections N = 40		
Response	Frequency	% of respondents
Yes	34	85.00%
No	6	15.00%

Table 48 Method of treatment N = 34		
Method	Frequency	% of respondents
Ved/Hakim	15	44.12%
friend	18	52.94%
STD clinic	1	2.94%

Table 49 Knowledge of HIV/AIDS N = 40		
Knowledge	Frequency	% of respondents
Good knowledge	2	5.00%
Poor knowledge	9	22.50%
No knowledge	29	72.50%

It is hard. Some days I get perhaps 4 or 5 clients. They don't care. They just shove it so fast, and don't use anything. I often bleed. I get piles all the time. They just come and go. My friend gives me a cream to rub there.
Ranjit, 21

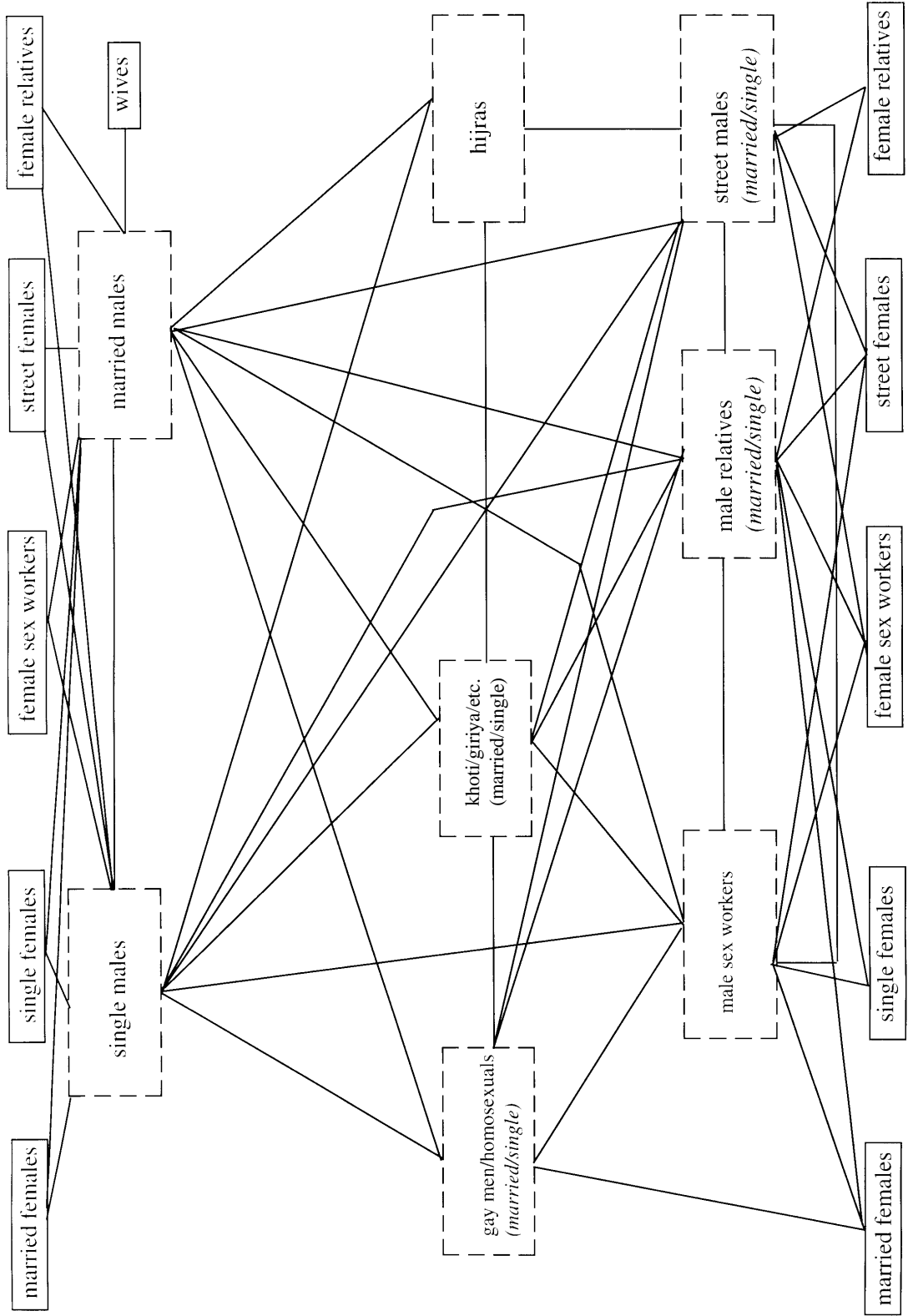
Many *khanjra khotis* complained of piles. Where they took notice of their symptoms due to personal discomfort, very few would actually go to a doctor for treatment because of shame. Beyond this of course is that very doctors will ask about anal sex, or even willing to deal with the issue.

What the *khotis* will do, if they do anything at all, is to go to a friendly pharmacist or a "street doctor" - a *ved* (Hindu) or *hakim* (Muslim) - and take what is given. They may be lucky enough to personally know of a *khoti/giriya* doctor, usually a client, and would go to them for treatment. But many of the *khotis* stated that they would follow whatever remedies their friends told them about. There was significant evidence to indicate that many of the *khotis* had a range of sexually transmitted infections, whilst continuing to sell sex.

Knowledge of HIV and AIDS was almost non-existent. Many had heard of AIDS but did not know anything about HIV. Several *giriya* clients interviewed said that doing anal sex was safe because only vaginal sex with women was dangerous. This was what they had heard.

It can be clearly seen then that the risks of transmission of STDs and HIV are very high, not only from *khoti* to *giriya* but also from *giriya* to *khoti*, and from *khoti/giriya* to wives, other females, children and youth.

MAPPING MALE TO MALE SEX



A SUMMARY

India is a male dominated society where the social and public spaces are primarily male. As a homosocial and homoaffectionalist society, sexual boundaries between males are easily crossed and often can become sexual acts. Whereas some of these acts can perhaps be called homosexual (within the context of local identities based upon penetration) in that a sexual sense of self is operating based upon a desire for anal penetration by another male, such appears to be a minority framework. The majority of sexual activity between males should be seen as opportunistic discharged based.

The majority of males in this study were married or will get married, but apparently there was no significant evidence that marriage actually substantially decreased the levels of male to male sexual activity. Several males that this was discussed with stated that when they got married they believed they would stop, but because they received little sexual satisfaction from their wives they continued. Partly this was because they felt 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 STD treatment services do not address anal transmission of STDs, is a cause for deep concern.

Appropriate service delivery of STD testing, treatment, care and counselling 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 frameworks discussed in this report.

The lack of understanding and knowledge by many of the NGOs, donor agencies and other institutions regarding the constructions of male to male sexual behaviours and the frameworks of their identities, creates many barriers to the development of appropriate services. Such lack of knowledge may well be based on denial and homophobia, but much of it is also because these individuals and agencies utilise Western constructions of sexuality to attempt to define such behaviours. In an Indian cultural context such constructions do not "fit", and actually increases the invisibility of the behaviours. It is necessary to separate behaviour from identities, and in developing appropriate responses, focus on risk behaviours to a large extent, rather than only on "risk groups". Sexual behaviours between males is certainly not a minority practice.

Socio-cultural frameworks of male to male sexual availability

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

1. Marriage is considered a social and religious duty and family obligation, not one based upon personal desire and choice. It is therefore seen as compulsory and a social necessity.
2. To remain unmarried is seen as an aberration.. Cultural and religious beliefs dictate that a male achieves social responsibility and thus personhood upon marriage.
3. Marriage is often delayed till the male is in his late twenties or thirties, because of the economic costs.
4. 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.

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5. In this context sex is seen as reproductive. Socio-cultural traditions in South Asia, 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.
 6. 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.
 7. Here what matters is not the pleasure of the partner, but the pleasure of the self. Sexual behaviour becomes one of sexual discharge.
 8. 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.
 9. Indian cultures 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.
 10. Concepts of sexuality, sexual behaviours and sexual identities are bound up within concepts of penetration (the penetrated and the penetrator) and semen discharge. Such a framework will often leads to high frequency of sexual partners.
 11. For some males who sexually penetrate, the gender of the sexual partner can be irrelevant. What matters is to penetrate and to discharge.
 12. 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 more 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 the extreme over-crowding, poverty, males sharing spaces, a substantial number of males below the age of thirty and unmarried, low sexual access to females, lack of privacy, low incomes, 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 extremely young males to much older, from close relatives to the domestic servant, from the rikshaw driver to the businessman. Many will engage in these behaviours sporadically, or over relatively brief periods of times. 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 sexual 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 *giriya* with a *khoti* (with a very few exceptions of mutuality and equal. 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 sectors also join in these networks. Whether just for sexual release, money, or actual desire for sex with other males is a difficult question to answer. Taxi-drivers, rickshaw 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 *khela*.... In Lucknow 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.

We could perhaps label male to male sexual frameworks to some extent (and with trepidation) in the following manner:

age stratified
gender structured
status stratified
professional defined
religiously or culturally based
egalitarian and companionate
economically framed
transgenerational
patron-client
situational
opportunistic
discharge based
same sex desire
penetrative

But perhaps we should accept that Indian male sexualities are amorphous, opportunistic, spatially bound, discharge orientated, time-based, as well as those based upon same sex desire and love. We need to move away from the reductionist, scientific, and naming process, and accept a more wholistic approach to the issues.

In doing so we have to recognise that the impact upon any STD/HIV/AIDS prevention and control programme which does not address male to male behaviours will be doomed to failure. To deny their existence will ensure that no such programme will successfully contain the spread of AIDS.

Unfortunately, India primarily focuses on targeted groups and within these targeted groups only on vaginal sex as a transmission route for STDs/HIV. Truck drivers, female commercial sex workers, intravenous drug users (but all their education material is about the risks of shared IV use and nothing on their sexual behaviours). It forgets that males also have sex males as well as with females, that for significant numbers of unmarried males, sex between males is often their only sexual outlet, either desire based or discharge-based. That males also have anal sex with females. It has adopted Eurocentric constructions of identities and sees things in a heterosexual/homosexual framework, and thus misses the majority of male to male sexual behaviours. It continues to invisibilise and deny significant levels of male to male sex.

Further its STD services often denies anal transmission of STDs, where there apparently are no investigations into rectal gonorrhoea. STD clinicians have no training on such issues, where shame and denial will invisibilise these behaviours and make them difficult to access in terms of such services.

In exploring male to male sex in Lucknow this report has highlighted the following issues (in no specific order):

1. Significant levels of males who have sex with males
2. These behaviours are invisible because of secrecy, shamefulness and denial
3. High rates of anal sex between males and between males and females
4. Significant levels of male commercial sex work
5. High rates of STD symptoms
6. Low levels of health seeking behaviours
7. Non-existent or totally inadequate STD treatment services regarding anal transmission of STDs

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8. No appropriate condoms and water-based lubricants available suitable for anal sex
 9. Many males who have sex with males having pre-pubescent sexual encounters, where often the first sexual partner was a male relative
 10. For the majority of males involved in male to male sex there is no specific sexual identity construction
 11. Those who evolve an identity based upon anal penetration call themselves *khotis* and label their sexual partners as *giryas*.
 12. Shame and dishonour create the conditions for secrecy, lies and shamefulness around male to male sex
 13. No previous work has been done on sexual health promotion amongst males who have sex with males
 14. No appropriate education resources dealing with male to male sexual behaviours and/or anal sex is available
 15. Poor knowledge of STDs/HIV/AIDS amongst males who have sex with males
 16. Low levels of condom usage
 17. Many males who have sex with males will be married and many will get married
 18. There are no agencies providing sexual health promotion services for males who have sex with males
 19. Female partners (including wives) of males who have sex with males are very vulnerable to their sexual practices
 20. The Indian legal code prohibits non-reproductive sex (defined as 'carnal intercourse')

The development of a range of preventative strategies that are necessary if there is not to be the huge potential personal, social, cultural and economic impact, is now an urgent necessity. Is India to enter into the next millennium with an uncontrolled spiral of illness and death which it can ill afford, as increasingly individuals, families and communities do not have the capacity to cope?

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**FOR AIDS TO TRIUMPH IT IS ONLY
NECESSARY FOR PEOPLE TO DO NOTHING**