

SITUATIONAL ASSESSMENT OF SEXUAL HEALTH AMONG MALES WHO HAVE SEX WITH MALES AND THEIR SEXUAL PARTNERS IN CHENNAI, INDIA, 1999

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Sahodaran Baseline Assessment

BASELINE ASSESSMENT AMONGST MALES WHO HAVE SEX WITH MALES IN CHENNAI, INDIA

Conducted by Sahodaran staff between May 1999 - July 1999.

Following the Project Implementation, Sahodaran, utilising its 5 Field Workers and Project Coordinator conducted a range of interviews utilising a set questionnaire with 400 identified MSMs either in the field at particular sites, or at the drop-in centre to which MSM were being referred to.

The questionnaire interviews were conducted in the period May 10th - July 15th, 1999

The study also accessed members of the Chennai Mitra group for gay-identified men which is housed in the Sahodaran office and meets weekly.

A total number of 400 questionnaires were completed.

Analysis of the questionnaire was done manually by the Sahodaran Project Coordinator and field officers during the period August - October 1999. Originally a FOXPRO programme had been obtained for data input and analysis, but unfortunately no staff person was trained to use it, and when inserting the programme, it created difficulties for the other programmes on the Sahodaran computer.

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Executive Summary

Unlike female sex workers and IDUs, MSM is not a bounded category of people, defined by a specific occupation or activity. Contemporary sexuality research has made it clear that bipolar categories, such as heterosexual and homosexual or even bisexual, are not very useful to describe the range of identities, desires and practices existing in most cultures. The terms “gay” or homosexual are also too bounded by history, geography and culture to have universal usefulness.

Other studies of MSM in India have revealed several important points pertinent to HIV behavioural risks. They found that an unknown proportion of men experience male-to-male sex, usually anal intercourse, while young, often before male-to-female sex and often with brothers-in-law or cousins. Some proportion of these young men find that their experience of sex between men resonates with their own sexual desires and gender role preferences. Still within the realm of the masculine, but feeling gratified in the receptive role, these men are called *kothis* (in Chennai, the term *danga* is also used). Their insertive partners are called *panthis*. *Kothis* are sometimes feminine in behaviour and some even take female hormones in order to develop breasts. They are not intersexed or *hijras* but prefer to attract males as partners. Due to the social and familial pressure to marry and produce children, most *kothis* eventually marry, though many delay as long as possible. Sex within marriage is performed as a duty, but sex with other men continues for pleasure. Some *kothis*, particularly if poor, become sex workers. But it should be noted that not all male sex workers are *kothis*, and not all *kothis* are sex workers. Although in this study *kothi* sex workers by far were the majority in the sex-worker category.

Kothis seemed quite comfortable with their own sexuality, despite social disapproval, and had numerous male partners, both for pay and not-for-pay. *Panthis* are less clearly defined, being men of all ages and types, married and unmarried, who, at least at times, enjoy sex with other men. The sexual practices engaged in were generally according to preference, i.e. insertive for *panthis* and receptive for *kothis*, but these were, by no means, totally restrictive. The term *double-decker* was used for those who switched sexual roles.

In brief, identities, practices, and desires were not completely congruent, allowing for considerable flexibility and producing a complex picture of male-to-male sex that bears little relationship to that described in the literature for most other parts of the world. In the behavioural surveillance questionnaires, no attempt was made to relate practice to identity, although that would be most useful for developing educational interventions. Instead, only behaviours were described and analysed.

Sampling

The sample of 400 men who have sex with men (MSM) in Chennai (Madras) was obtained at 8 major locations around the city in the period May 10th - July 15th. Interviewers were conducted by the 5 field officers and Project Coordinator of Sahodaran. Most men were interviewed at or near cruising sites, such as parks, where male sexual partners are found, but a significant proportion (20%) were interviewed at the Sahodaran drop-in centre also.

All Field workers were self-identified *kothis/dan gas*, and interviewed men through a questionnaire. In this sense the survey was not random, and a range of biases may have operated in interviewee selection. The field worker interviewed people he probably knew at particular sites.

Demographic Profile

The men and boys ranged in age from 14 to 55. 84 respondents were self-identified sex workers, and their age ranged from 15 - 25. Very few respondents lived alone (3.5%) whilst the majority lived with family members who in some cases also included their wives (74.75%), and the remainder (21.75%) lived with their wives/children only. 71% of the respondents stated they were employed, 3.5% were students, 29.50% were in "business", whilst 21% were self-identified sex workers. 7.75% were labourers.

66.25% had been educated to at least 9th standard, while 18.75% had reached 12th standard, and 15% were graduates.

On income, 25.50% stated that they earned less than 1000 Rps per month, the majority (40.75%) earned between 1000-2000 Rps per month. 10.75% earned more than 5000 Rps per month. Sex workers were primarily in the 1000 - 2000 Rupees bracket.

It should be noted that 10.75% (43) respondents were members of the English speaking gay group developed by Sahodaran as one of its support groups. These were all well educated, graduates, and high income earners.

In the total sample, many more were single (71.75%).

Identity

The majority of respondents (53.25%) were self-identified *kothi*, with 8.75% labelled as *panthis*, and 13% self-identified gay men. Some 18.25% did not have any label.

Sexual Activities

A total number of 1970 different male sexual partners were accessed by respondents in the previous week, with 5441 partner the previous month. It may well be that some respondents accessed partners that other respondents had accessed previously. 21% of respondents (all male sex workers) accessed 55.80% of all the partners in the previous month. The majority of the remaining MSM (63%) were accessing male partners on average of 1 to 2 per week.

During the previous month, there were a total of 1893 anal penetrative acts, of which 84(21%) of respondents reported insertive acts (228 - 12%) and 225 (56%) reported receptive acts (1665 - 88%). 18(4.5%) respondents (all sex workers), experienced 304 receptive penetrations (18%) in the previous month, average 4 penetrations per week.

The majority of the penetrations were without condoms. Only 26% of penetrative acts in the part month were covered with condoms, and only 73 respondent (1 8.25%) stated that they used condoms at any time.

Oral sex was more popular, where the sexual act was either one of choice or because the location made it difficult for anal sex activity (a public space). During the preceding month a total of 5872 oral sex acts were reported, where 351 respondents (88%) reported receptive oral sex acts, and 120 respondent (30%) reported insertive acts. Here several respondents (71) reported mutual oral sex. No condoms were used for oral sex.

In terms of relationships with male sex partners, the majority of respondents reported sex with strangers

(32% of the partners were strangers), but sex workers reported the majority of male partners as clients (57%).

Meeting sex partners was primarily in public spaces (59% of partners). The next highest meeting space was suburban trains (9%), railway stations (8%), cinemas (5%), and bus stations (4%). Other locations were neighbourhoods (3%), bazaars (3%), toilets (3%), and the street (2%).

The primary location where sex acts took place were public sites such as parks and the beach (40%), but significant number of sex acts also took place in hostels, hotels and guest houses (27%). Meetings may be in public spaces, but sex takes place in private places. Also significant amount of sex took place in cinemas (4%), public toilets (5%), on suburban trains (5%), at transport depots (4%). Personal or friends' homes were only (4%).

The age of the majority of male partners was between 21-30 (44%), with only 6.5% between 16-20, and 1.5% below 16. A significant number of respondents (26%) could not estimate the age (or did not) of the last two male sex partners.

In relationship to the marital status of their sex partners, respondents (72%) reported they did not know. Of the remaining (28%), respondents averaged in the answers to between 2 to 3 of their partners were married.

Condoms

Only 73 respondents (18%) reported using condoms, and of these 18 were male sex worker (21% of N =84). 46 of the 73 respondents purchased condoms from pharmacies, and 30 stated that they bought their condoms from *paanwalas* (local cigarette stalls). 21 reported using *Kama Sutra* (and all these were from the gay group which reflected class and price of condom), while 21 said they used *Kobinor* (a mid range price) and 34 said they used *Nirodh*, the cheapest brand.

28 of the 73 respondents reported difficulties in using condoms either by themselves or their sex partners. Issues included condom slipping of (10 respondents) condoms tearing or splitting (6), condoms were not "big enough" (3), and 9 reported difficulties in putting condom on.

65% of respondents stated that buying condom made them feel shame; while 85% respondents stated that condoms were not satisfying (this was true for those who were penetrated as well as those who were penetrating). 295 respondents (74%) stated that condoms were not easy to use and take to long to put on and 292 respondents (73%) said that they don't have condoms when needed.

When asked if they had condoms with them at the moment, only 46 (11.5%) said yes, and were able to demonstrate this.

Lubrication was certain a significant issue. Whilst 77% said they used lubricant all the time, this turned out to be saliva. And 91 respondents (22.75%) said they didn't use lubrication because they don't do anal sex. Only 21 respondents (7%) used KY jelly (water-based), and all these respondents were from the gay group, reflecting a price and class issue. But 33 (11%) of respondents stated that they had used oil, 14 (5%) had used ghee or butter, and 41 (13%) had used vaseline, all which can cause damage to condoms.

Sex Work

In the questionnaire, 84 (21%) of respondents were self-identified male sex workers. But 116 (29%) had stated that they had been paid for sex by a man previously. In the previous week 82 (20.5%) had been paid for sex, and in the last month 92 (23%) had reported being paid for sex. 62 respondents (15.50%) each reported 40+ paid sex acts the previous month.

In the previous month, the 92 respondents reported 3343 paid sex acts, of which 988 (29.55%) were receptive and 15 (0.45%) were insertive anal sex acts while 2340 (70%) were receptive oral sex acts.

Again condom use was low. Out of the total of 92 respondents reporting paid sex work, only 18 reported condom usage over their previous 5 paid sex acts. And condom usage was not every time, but averaged 2 out 5 times. Condoms were only used for anal sex.

For the majority, oral sex was priced between 30-40 rupees (54 respondents), whilst anal sex was priced

at between 40-50 rupees.

61 respondents (15%) stated that they had paid for sex with another male. This is an indication that interviewers had not accessed a significant number of *panthis*, or clients, or even any from the general male population that use *kothis* for sex, for reasons that are do with a) difficulties getting such men to talk, and b) shame and shyness of such males. This is certainly an issue of concern, and ways and means will need to be found to collect more data on the male partners that respondents are accessing for sex.

Over the last month, 57 (93%) reported an average of 3 sex acts per month that they paid for. All 61 respondents paid for oral sex as the primary behaviour, but 16 (26%) paid for insertive anal sex. None had paid for receptive anal sex.

57 (93%) respondents report that the age of their last male sex worker partner was between 17 -25. Only 4 respondents reported an age below 16.

Female Partners

113 respondent (28% were married. 15 reported no sexual contact with their wives in the last month, while 49 (43%) reported 2 sexual encounters with their wives in the previous month. Only 7(6%) reported regular sexual contact In the previous month, with 16 (14%) stating that had sex with their wives once a week, sex being a duty to perform.

All sex encounters with wives was for vaginal sex.

In regard to other females, only 31 of the married respondents (27%) and 36 of the remaining 287 respondents (13%) stated that they had sex with other females making a total of 67 respondents (17%). This again reflects who the interviewers interviewed and the low access to general *panthis* population. These men had sex with 131 different females in the previous month. 63 of the men paid for sex with a female in the previous month.

Vaginal sex was the preferred sex act (117 acts out of a total of 131 sex acts), with only 3 anal sex acts and 11 oral sex acts being reported in the previous month. Condoms were used 48% (56) of the vaginal sex acts, but none for anal sex. 112 of the encounters were female sex workers, while 12 were with relatives, and 11 were with neighbours.

None of the respondents could report on the marital status of the female sex workers, but 3 of the relative were married, and 4 of the neighbours were married.

In terms of where the women were met, 65 were met at bus stands, 47 were met through brokers at guest houses, and the remainder were met in private residences.

85% of the sex acts took place in guest houses or hostels where it was possible to rent rooms by the hour.

STDs

115 respondents (29%) reported some sort of symptom, with 33 out of 92 sex workers (36%) and 82 of the remainder (27%). Multiple symptoms were being reported. A further 92 respondents (23%) reported symptoms during the past year, making a total of 207(52%). Not all of the reported symptoms reflect STDs of course, but indicate the level of risks in sexual activity.

Of those with current symptoms penile discharge: 3(3%) sex workers and 21 (7%) other anal discharge: 13(14%) sex workers and 20(7%) other bleeding when defecating: 21(23%) sex workers and 21 (7%) others genital sores: 5(5%) sex workers and 26(8%) others

10% of sex workers reported blisters of sores in the mouth, and 7% of the others did likewise.

25% of sex workers reported piles as did 17% of the others.

Treatment

In terms of what these respondents are doing about their symptoms, 35 (30%) have gone or will go to the pharmacy for antibiotics, 21(18%) will go or have gone to a private doctor, 35 (30%) will go or

have gone to a traditional practitioner, and only 15 (13%) will go to a government clinic. It should be noted that private doctor charge for their services, while government clinics do not.

In terms of what respondents did the last time they had symptoms, of the 356 (89%) who reported previous symptoms in their life, 12(3%) did nothing, 91(26%) went to a pharmacist, 64 (18%) went to a private doctor, 48 (14%) went to a government clinic, 25 (7%) went to a friend, and 116 (33%) went to a traditional practitioner.

In terms of the treatment received, 46% stated they were happy, and 25% stated they couldn't say. While, 12% said they were happy with the person giving the treatment, 69% couldn't say one way or the other. The main reasons why respondents were not with the person giving treatment were to do with stigmatisation and using negative terms. Many respondents feel shame and fear in front of doctors, in particular government doctors. For those who couldn't say anything about the performance of the practitioner, primarily it was because there was no discussion of symptom and behaviours with pharmacists and traditional practitioners, or they pretended that their symptom was through an encounter with female sex worker.

HIV/AIDS knowledge and self-assessment

100% of respondents had heard of AIDS, but only 36(9%) had heard of HIV as well. 91% had heard that AIDS is a "deadly disease".

Primary sources of information (poor or otherwise) were radio/tv (96%), street posters (52%), newspaper/magazines (29%), and NGOs (15%). Many respondents reported multiple sources of information.

In terms of self-assessment of risk, 76% couldn't grade this. Only 3% reported high risk, whilst 16% of respondents reported low risk.

Lack of knowledge about the routes of infection was clearly obvious, where significant numbers of respondents were either clearly wrong, or just were not sure. For example, whilst 142(36%) respondents stated they could not catch HI V/AIDS having anal sex with a condom, 248 (62%) were not sure, while 122 (28%) said they could not catch HI V/AIDS through anal sex WITHOUT a condom, 58% stated they were not sure. Similar discrepancies existed for vaginal sex with or without a condom.

In regard to knowledge about prevention, 81% were not sure, and only 15% stated use of a condom.

Condom use and responsibilities

Respondents clearly had problems regarding future use of condoms. When asked if they would ask their partner to use a condom the next time they were penetrated in anal sex, only 25% stated they would, whilst 43% said they were not sure, and 33% stated "I don't get penetrated". The bright side was that no-one said no to this question.

But when asked if they would use a condom the next time they penetrate anally another male, only 8% said yes, 7% said no, 27% said they didn't know, and 58% said they don't penetrate.

There were similar issues of concern regarding condom usage with respondents' wives and other female partners. When asked if they would use condoms the next time they did anal or vaginal sex without being asked, 149 respondents answered, and of this 51% said no they would not, whilst 56% were not sure. However, when asked if they would use condoms if their female partners asked them to, 68% said yes they would, but still 13% said no they would not and 19% said they weren't sure.

In regard to risk taking, when asked about the Increase in risks in infecting their wife/female partner by having sex with males, 16% responded that this was true, 26% said false, and 58% said they were not sure. The reverse question drew reverse answers. When asked if having sex with females increased the risks of infecting their male partners, 51% stated yes that this was true, 16% stated that this was false, and 33% stated they weren't sure.

Regarding personal responsibility for protecting their sexual partners, 16% stated that yes they were personally responsible for protecting with their male or female partners, while 23% stated that they were responsible for protecting their wife. 84% and 77% respectively were not sure. At the same time, no one stated no they were not responsible.

Risk reduction

Only 63 respondents (16%) had heard of safer sex. To these respondents, while they had heard the term, 77% were not sure what it meant. 16% stated that it meant using condoms, while 7% thought it meant stop having sex.

Reducing risks for STI/HIV infection was also an unsure issue. Using condoms always for anal/vaginal sex was agreed by 16% of the respondents, but 84% were not sure. Doing only non-penetrative sex was agreed by 6%, but 85% were not sure. And reducing the number of ex partner was agreed by 31%, but 40% were not sure and 29% did not agree. 75% of the respondents stated they did not know what they could do personally to reduce the risks of infection or transmission. 16% did state they should use condoms all the time.

Partner notification

Informing one's partner(s) if one had an STI was problematic. 56% stated they did not know, but 42% said no they would not. For female partners, 70% said they didn't know, but 30% said no. For informing their wives, 67% said no they would not inform their wives, and 33% said they didn't know. The main factor here was the issue of shame and publicness.

HIV antibody testing

Only 5 respondents had been tested for HIV antibodies, and these were all from the Chennai Mitra gay group.

Preventive Counselling

114 respondents (28%) stated that they had been counselled to prevent STI/HI V/AIDS in the previous 2 years. But looking at the data above, this counselling appears to be very problematic.

Seeking Help with Concerns about STI/HIV

Most men stated they would seek help with their concerns about STI/HIV from Sahodaran (295 = 74%). Whether this response arose because they knew that the interviewer was from Sahodaran and that Sahodaran was an MSM sexual health project is another matter. 17% stated they didn't know, and 4% said from private doctors or from NGOs. No one made a government hospital a choice.

Conclusions

MSM in Chennai do not comprise an easily identifiable or visible target group. There is very little gay identity and no commercialised gay venues. To insiders, male sex workers are easy to find, but, unlike female sex workers, relatively invisible in most social spaces. Therefore, reaching these men through their own collectivities, a strategy that was very successful in Western nations, is not directly applicable here. The wives and other female partners of MSM comprise a very vulnerable group and will be particularly difficult to reach. Therefore, both for reasons of efficiency and cost-effectiveness, a peer-led process of developing collectivities must begin. Sahodaran has initiated that process.

Anal sex is a fairly common practice, placing them at high risk of STIs and HIV, especially when poorly lubricated and not protected by condoms. Anal STIs are not well understood by most doctors and there is no syndromic algorithm for anal infections.

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

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

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

Given their extensive sexual networks and contacts with women (over 28% of the men were married); they represent a core group for transmission. Whether their practices are approved of by society or not, they exist, appear to be numerous, and have a long history of tacit tolerance. Specialised services and sensitive outreach programmes will be required to address their needs.

The Findings

SECTION ONE: YOURSELF

1. Age of respondents

<i>Age</i>	<i>Respondents</i>	<i>%</i>
below 16	5	1.25
17-21	64	16.00
22-30	228	57.00
31-40	86	21.50
41+	17	4.25

This was a young population that Sahodaran accessed and indicates that it is this population group which utilises public sites for sexual partners. 74.25% were 30 years old and below, with 17.25% 21 years and younger.

2. Marital status of respondents

<i>Status</i>	<i>Respondents</i>	<i>%</i>
Married	113	28.25
Unmarried	287	71.75
not married but in a regular relationship with a male	62	15.50
married but in a relationship with male	31	7.75
married and sexually active outside marriage	113	28.25

In India, marriage is a central issue within people's lives, where it is the mainstay of family and/or community life. It is 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 may be significant, ultimately there is 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 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.

Children are a social, cultural and religious necessity, particularly male children. Male children are seen as essential for performing funeral rites and for looking after the parents in old age.

To have no children then is often seen as a curse.

For many males who sexually penetrate, 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 time 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.

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.

I do sex with my wife perhaps twice a month. Sometimes more. We have three children. My wife doesn't really want sex. She thinks its dirty.
Sunil, 27

We live in a very crowded one room space. We can only do sex late at night when the children are asleep. And then my wife is always tired
Raman, 33

My wife doesn't know. It would make for a big problem.
Arif, 28

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.

Usually by the age of 30, men are married.

It wasn't only the “manly” males who were married. *Kothis* also get married due to family pressure.

It was members of the Chennai Mitra group that expressed the most resistance, but even here some 30% were married.

3. Accommodation

Status	Respondents	%
alone	14	3.50
with family	299	74.75
with wife	87	21.75

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; grandparents and their relatives, all the uncles and aunts, brothers and sisters-in law, nephews and nieces, cousins five times removed. The Indian family is a joint and extended family, a community in its own right, defined by, dialect, religious practice, caste, village, and so on.

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.

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.

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

These crammed conditions of sharing “male space” In a culture with high levels of homosociability¹ often create conditions of *khe²l* or *maast³i*, play, with sexual overtones, which sometimes leads to a release of “body tensions”, quick and furtive sexual groupings between male relatives or friends, sometimes consensual, sometimes not. These are invisible behaviours, behaviours of the dark, and therefore not “rear. 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 5 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 have 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, then having to travel to specific locations to find female sex workers. This relates to frameworks of opportunistic sexual encounters, immediate,

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

discharge oriented, than planned events.

For many respondents this was a confusing question. The respondents could not distinguish easily between living alone, living with family or living with wife. Where 87 married respondents stated that they lived with their wife, and a further 26 stated that they lived with their families, in fact, further questioning led to the understanding that actually 54 lived with their wives and husband's family, 23 lived with their wife and children without other family members, and 36 lived with their wife, children and family relative.

The concept of living alone was also very confusing for some. While 14 stated that they lived alone, what they meant was that they had a room within a family household.

In actuality, no one lived alone in the way it is understood in the UK. All respondents were imbedded in some framework of familial relationships.

4. Can you tell us in what area do you live?

This question was seen as very sensitive by respondent and only 45% of respondents were willing to complete it. The data is being kept as confidential.

It is suggested that this question be removed from the next survey.

5. Employment

<i>Status</i>	<i>Respondents</i>	<i>%</i>
Employed	284	71.00
Unemployed	116	29.00

The total unemployed consisted of students, sex workers, and those who stated they had no work. However a several of those who stated they had work, were in reality casual labourers hired day by day. Some times they had work, sometimes they did not. This also included several respondents who stated that they worked in small tea-shops, restaurants, and dhaba stalls.

6. Occupation

<i>Status</i>	<i>Respondents</i>	<i>%</i>
Students	14	3.50
Professional	43	10.75
Business*	118	29.50
Service (includes restaurant/hotel staff)	92	23.00
Labourer	31	7.75
sex worker (full-time)	84	21.00
no occupation	18	4.50

Many respondents stated that they were in business in that they owned a small tea-shop/pan shop or other small business. These also include those who worked in a business as an employee, such as a tailor shop.

A significant number of sex workers were accessed as respondents because of the field work, whilst 43(10.75%) who classified themselves as professionals were all Chennai Mitra group members.

7. Monthly income

<i>(Indian Rupees)</i> <i>Income level</i>	<i>Respondents</i>	<i>%</i>
below 1000	102	25.50
1000-2000	163	40.75
2000-5000	92	23.00
5000-	43	10.75

Several students reported income from their parents, and a few also stated they earned some money from part-time sex work.

1000 Rps = US\$23 or £15

All those earning above 5000 Rupees were members of the Chennai Mitra group.

8. Education

<i>Educational level</i>	<i>Respondents</i>	<i>%</i>
below 10th Standard	265	66.25
complete HSC	75	18.75
graduates	60	15.00

10th standard would be equivalent to 15-16 years age

HSC means High School Certificate when graduating at 18.

All those who classified themselves as gay or homosexual were graduates and members of Chennai Mitra. However not all graduates were in the high income group. And not all graduates were also proficient in English.

9. Identity

<i>Identity</i>	<i>Respondents</i>	<i>%</i>
koti/danga	213	53.25
panthi	35	8.75
double decker	36	9.00
heterosexual	00	00
homosexual i/gay	43	13.00
no label	73	18.25

There are several male to male sexual behaviour frameworks that are interlinked and interpenetrate 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.

Kothi/danga

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

Danga is another term for *kothi* used in Chennai.

The *kothi* 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 *kothi* identifies himself with this term through social interaction with other *kothis*, and through his sexual practice. Often this is based on “the pursuit of discharge” by other males. The *kothi* is a collective sexual construction, socially framed.

Observations of *kothis* 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 relate to discharge sex.

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

Many *kothis* are also married and have children.

Further it should not be assumed that *kothis* are ONLY penetrated. This is not valid, and many *kothis* will penetrate others - but not other *kothis*.

Male sex workers in the survey were primarily self-identified *kothis*. While this appeared to be class related, it is not always so, but in general male sex networks were primarily *kothis* from low income groups.

It is not unusually for a *kothi* speak of having between three and five sexual partners in one evening, where sexual penetration (oral or anal) and ejaculation takes between five and ten minutes.

Kothis speak of wanting “real men”, a *panthi* where “real men” do not show desire for other males. They just penetrate. To show desire is to indicate that they are not real *panthis* but are really *kothis*, or *double deckers*. In this context in the sexual act, the penetrator does not touch the genitalia of the *kothi*. This of course is the public discourse. In privacy, affection and desire between *kothi* and *panthi* does happen.

Similarly *kothis* will also state that do not have sex with each other where such behaviour is considered shameful. However in personal and private discussion, several have admitted that they have had sex with other *kothis*. They has even been an admission by some *kothis* 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.

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

Panthi

This label is given to “real men” men by *kothis* and is not usually used as self-identification marker. There are males who are actual or potential sex partners of *kothis* through anal penetration, or as recipients of oral sex and/or masturbation, such males generally do not label themselves, and for most of them do not have a sexual identity. Likewise, for most of them (but not all), they have sex with *kothis* in the pursuit of semen discharge.

However, those males who did label themselves as such in this survey did so to define their relationships with *kothis*.

Panthis are males who exhibit so called “normative” male 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 *kothis* 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 *panthis* visit specific locations where he knows *kothis* 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 *kothi*. 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 *panthis* 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.

Double decker

Another *kothi* term is the *double decker* male. Here the defined male indicates desire for mutuality in the sexual act, and is willing to be both penetrator and penetrated. Increasingly several of these males have taken this label for themselves.

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 survey 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 *kothi* term, *double decker*. 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.

All members of the Chennai Mitra group defined themselves as gay or homosexual

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 Chennai (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.

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

SECTION TWO: YOUR SEXUAL ACTIVITY WITH OTHER MALES

10. How many different males have you had sex with in the last...?

Week <i>Quantity</i>	<i>Number</i>	<i>%</i>	<i>No. of partners</i>
0	0		
1-3	256	64.00	517
4-6	59	14.75	296
7-10	21	5.25	191
11+	64	16.00	966

Total number of male sexual partners reported in the past week were 1970 16% of respondents (64) reported 49% of the partners. These were all male sex workers.

Month <i>Quantity</i>	<i>Number</i>	<i>%</i>	<i>No. of partners</i>
0	0		
1-3	41	10.25	88
4-6	131	32.75	670
7-10	81	20.25	729
11-15	43	10.75	554
16-20	20	5.00	364
21+	84	21.00	3036

Total number of male sexual partners reported in the last month were 5441. 62 respondents reported more than 40 partners a month. All these were sex workers.

10a. Condoms used

Week			
<i>Number of partners</i>	<i>Number of condoms used</i>		<i>%</i>
1970	77		3.91
Month			
<i>Number of partners</i>	<i>Number of condoms used</i>		<i>%</i>
5441	315		5.79

It will be seen from below that several respondent had different sexual encounters with the same partners

11. How many times did you do anal sex in the past...?

Week		
<i>Insertive acts</i>	<i>% of total acts</i>	<i>No. of Respondents</i>
95	17.92	55
<i>Receptive acts</i>	<i>% of total acts</i>	<i>No .of Respondents</i>
435	82.08	122

223 respondents did not have anal sex in the past week.

10 respondents had experienced 72 receptive penetrations in one week

42 respondents had experienced 190 receptive penetrations in one week

Combined total of penetrations (receptive + insertive) = 530

Month		
<i>Insertive acts</i>	<i>% of total acts</i>	<i>No. of respondents</i>
228	12.04%	84
<i>Receptive acts</i>	<i>% of total act.</i>	<i>No. of respondents</i>
1665	87.96%	225

91 respondents did not have anal sex in the previous month

10 respondents experienced 240 receptive penetrations in the preceding month:

Average of 6 penetrations per week

18 respondents experienced 304 receptive penetrations in the preceding month:

Average of 4 penetrations per week

Total number of penetration (receptive + insertive) = 1893

11a. Condoms used

Week			
<i>Number of acts</i>	<i>Number of condoms used</i>		<i>%</i>
530	122		23.02
Month			
<i>Number of acts</i>	<i>Number of condoms used</i>		<i>%</i>
1893	496		26.20

Only 73 respondents (1 8.25%) of respondents used condoms at any time.

12. How many times did you do oral sex to ejaculation in the past..?

Week			
<i>insertive acts</i>	<i>% of total acts</i>	<i>No. of respondents</i>	
292	24.17	114	
<i>Receptive</i>	<i>% of total acts</i>	<i>No of respondents</i>	
916	75.83	345	

Several respondents reported both receptive and insertive roles in oral sex

Total number of oral sex acts (both receptive and insertive) was 1208

All respondents participated in oral sex (insertive or receptive) in the previous week

Month		
<i>Insertive acts</i>	<i>% of total acts</i>	<i>No of respondents</i>
896	15.26	120
<i>Receptive</i>	<i>% of total acts</i>	<i>No. of respondents</i>
4976	84.74	351

Several respondents reported both receptive and insertive roles in oral sex

Total number of oral sex acts (both receptive and insertive) was 5872

All respondents participated in oral sex (insertive or receptive) in the previous month

12a. How many of these times did you use condom in the past..?

Week

No condoms were used

Month

No condom were used

No respondents believed that oral sex was risky for HIV transmission.

13. What were their relationships to you?

<i>Relationship</i>	<i>No of sex partners</i>	<i>% of total</i>
friends	213	3.91
strangers	1724	31.69
neighbours	156	2.87
male prostitutes	105	1.93
relatives	92	1.69
servants	15	0.28
paying clients	3136	57.63

Total number of sex partners in the previous month: 5441

14. Where did you meet the males you had sex with in the last month?

N = 5441

<i>Meeting place</i>	<i>No of partners</i>	<i>% of total</i>
bars/clubs	15	0.28
street	115	2.11
personal home	36	0.66
parks/beach/cruising area	3222	59.22
friends home	45	0.83
toilets	181	3.33
railway stations	416	7.65
guest house/hotel	35	0.64
magazine ad	00	0.00
neighbourhood	176	3.24
health club	15	0.27
bazaar	165	3.03
cinemas	256	4.71
hotels/restaurants	42	0.77
bus stations	235	4.32
on trains	487	8.94

15. Where did you have sex with these males?

N = 5441

<i>place</i>	<i>No. of partner</i>	<i>% of total</i>
personal home	116	2.13
friends home	126	2.32
park/beach/cruising area	2186	40.18
hotel/guest house	1086	19.96
hostel	364	6.69
cinema	206	3.79
bar/club	00	0.00
public toilet	281	5.16
in a car	16	0.29
on a train	296	5.44
train/bus depot	230	4.23
other sex partner's home	534	9.81

In the main anal sex is performed indoors because of the additional risks involved this would cause in a public sex, even during evenings and nights. There are many rooms available in guest houses that can be rented by the hour reasonably close to a range of "cruising site" which are used. However, there is some anal sex that will take place in certain areas after dark and some distance away from space where there is a significant public presence.

The sexual activities in public spaces are usually masturbation or oral sex.

16. What was the ages if your last two male sex partners?

<i>Age of partners</i>	<i>No. of respondents</i>	<i>% of respondents</i>
below 16	6	1.50
16-20	26	6.50
21-25	96	24.00
26-30	81	20.25
+30	86	21.50
don't know	105	26.25

This should not be taken as an accurate reflection of partners' ages. A lot of sexual encounters take in darkened paces with minimal conversations, and it would be difficult to find out the sex partner's ages,

where personal conversing is discouraged. The above reflect what respondent wrote down after some urging on the part of the interviews to “take a guess”.

17. Of your last 5 male sex partners how many were married?

Similar difficulties as those In question 16 were encountered here. A substantial majority of respondents (72.00%) did not know the marital status of their sex partners. Of the remaining 28%, the respondents stated approximately 2 or 3 of their last 5 male sex partners were married.

This would indicate a substantial number of male sex partners of the respondents were married men.

18. Where do you usually get your condoms from?

At the time the survey was done, only 73(18.25%) of respondents used condoms at any time with male sex partners. Of these 46 stated they purchased their condoms from pharmacies and 27 stated they bought theirs from *paanwalas* (street side cigarette stall).

19. What brands type do you usually use?

N =73

21 stated they use KamaSutra

21 stated they used Kohinor

31 stated they used Nirodh

20. Out of the last 5 times you or your male sex partner used condoms, how many times were there problem?

28 of the 73 respondents who used condoms reported problems. Between one of two times was being recorded by these respondents

21. What were the problems you or your male sex partner experienced if any?

Responses

- | | | |
|----|---|----|
| a. | condom slipping of | 10 |
| b. | condoms tearing/splitting (discovered after withdrawal) | 6 |
| c. | “condom not big enough” | 3 |
| d. | difficulty putting condom on | 9 |

Some of the problems may be due to a range of factors such as

- No lubricant jelly was used by these respondents.
- The usual methodology of penetration is very forceful and rapid
- Poor knowledge of correct condom usage

All could cause condom damage, or slippage, as well as an appearance of condom being too small.

22. Choose up to four reasons you do NOT use condoms

N = 400

<i>Reason</i>	<i>No. of respondents</i>	<i>% of respondents</i>
don't have any when needed	292	73.00
not satisfying	340	85.00
hard to dispose	00	00.00
never used before	141	35.25
shameful to buy	261	65.25
am not sick	57	14.25
partner not sick	2	00.50
not easy to use	295	73.75
main partner is faithful	21	5.25
not needed for doing oral sex	92	23.00
too small	45	11.25
difficulty putting condom on	66	16.50
don't know	99	24.75

22 Do you have any condoms with you now?

Yes: 46 11.50%
No: 354 88.50%

23. Can we see them?

Yes: 46

25. How many times did you or your male partner use lubricant for anal sex in the last month?

<i>Lube used</i>	<i>No. of respondents</i>	<i>% of respondents</i>
none of the time	91	22.75
some of the time	00	00.00
every time	309	77.25

91 respondents reported that they did not do anal sex, and so did not use lubricant

26. What lubricant do you usually use?

<i>lubricant</i>	<i>Respondents</i>	<i>% of respondents</i>
N = 309		
oil	35	11.33
saliva	309	100.00
KY jelly	21	6.80
ghee/butter	14	4.53
vaseline	41	13.27
soap	00	00.00

Several respondents used different lubricant during the period. Lubricant other than saliva was used exclusively for sex in private spaces. All those using KY jelly were from the gay group Chennai Mitra

27. Have you ever been paid by a man for sex?

Yes. 116 29.00%
No. 284 71.00%

28. How many times have you been paid for sex in the last week?

Week

82 respondents reported being paid for sex in the previous week

<i>no of clients</i>	<i>respondents</i>	<i>% of respondents</i>	<i>no. of paid acts</i>
1-5	3	3.66	10
6-10	15	18.29	115
11-15	41	50.00	491
15+	23	28.05	463

Total paid sex acts: 1079

Month: 92 reported being paid sex in the previous month

<i>no of clients</i>	<i>respondents</i>	<i>% of respondents</i>	<i>no. of paid acts</i>
1-5	0	00.00	0
6-10	3	3.26	19
11-15	1	1.09	14
16-20	4	9.78	69
21-30	17	13.04	399
30-40	5	5.44	181
40+	62	67.39	2661

Total paid sex acts: 3343

29. What sort of sex were you paid for in the last week/month?

Week

<i>anal sex:</i>	<i>act</i>	<i>respondents</i>	<i>quantity</i>
	insertive	2	6
	receptive	41	318

<i>oral sex:</i>	<i>act</i>	<i>respondents</i>	<i>quantity</i>
	insertive	0	0
	receptive	82	755

masturbation none

other none

Month

<i>anal sex</i>	<i>act</i>	<i>respondents</i>	<i>quantity</i>
	insertive	3	15
	receptive	61	988

<i>oral sex</i>	<i>act</i>	<i>respondents</i>	<i>quantity</i>
	insertive	0	0
	receptive	92	2340

masturbation none

other none

30. in the last 5 times you were paid for sex, how many times were condoms used?

N =92

Condoms have only been used for anal sex.

Only 18(19.57%) respondents reported using condoms in the last five paid sex acts. Total number of condoms used: 53 (this would have been during the last week). Apparently respondents were counting both oral and anal paid sex acts as part of the last five acts. Condoms were only used for anal sex.

31. The last time you were paid for sex by a man, how much were you paid?

<i>for anal sex Payment</i>	<i>respondents</i>
40-50 Rps	54
51-100 Rps	10

<i>for oral sex payment</i>	<i>respondents</i>
30- 40 Rps	73
31-60 Rps	19

Interviewers noted that many sex workers will charge much higher rates for foreigners.

32. Have you ever paid for sex with a male?

yes:	61
no	339

Interviewers asked this question in regard to the last month.

33. How many times have you paid for sex with a male in the last week?

<i>Week</i>	<i>quantity</i>	<i>respondents</i>	<i>no. of acts</i>
	0-1	19	19
	2-5	7	17
<i>Month</i>	<i>quantity</i>	<i>respondents</i>	<i>no. of act</i>
	0-1	4	4
	2-5	57	181

From interviewer notes, some respondents spoke of repeated paid sex with the same sex worker.

34. What sort of sex did you pay for in the last month?

<i>anal sex</i>	<i>act</i>	<i>respondents</i>	<i>quantity</i>
	insertive	16	26
	receptive	0	0
<i>oral sex</i>	<i>act</i>	<i>respondents</i>	<i>quantity</i>
	insertive	61	159
	receptive	0	0

35. How many times did you NOT use condoms when you paid for sex during this time?

None of the 61 respondents who paid for sex reported using a condom during the past month.

36. The last time you paid for sex, how much did you pay?

<i>for anal sex payment</i>	<i>respondents</i>
40-50 Rps	16
51-100Rps	0

<i>for oral sex payment</i>	<i>respondents</i>
30- 40 Rps	61
31-60 Rps	0

37. What was the age of the last male you paid to have sex with?

<i>Age</i>	<i>respondents</i>
below 16	4
17-21	21
22-25	36
+25	0

SECTION THREE: YOUR SEXUAL ACTIVITIES WITH FEMALES

A. MARRIED MALES

38. How many times have you had sex with your wife in last month?

N = 113

<i>times</i>	<i>respondents</i>
0	15
1	16
2	49
3	10
4	16
4+	7

39. What sex did you do?

vaginal sex	276	no condoms were used
anal sex	none	
oral sex (to ejaculation)	none	
other	none	

B. ALL MALES

40. How many DIFFERENT FEMALES (not your wife) have you had sex with in the last month?

Of the 113 married respondents, 31 stated that they had had sex with other females in the last month.

Of the 287 unmarried respondents, 36 stated that they had had sex with females in the last month.

Total number of DIFFERENT females in the last month: 131

41. In the last month, with females, how times did you do:

<i>sex act</i>	<i>number of times</i>	<i>condoms used</i>
vaginal	117	56
anal	3	none
oral sex (to ejaculation)	11	none
masturbation	none	
other	none	

42. What were the relationships of these females to you?

<i>relationships</i>	<i>quantity</i>
friend	none
stranger	none
neighbour	12
relative	7
servant	none
female sex worker	112
other	none

43. Of the last 5 of these female sex partners, how many were married?

relatives	3 were married
neighbours	4 were married

44. In the last month where did you meet the females you had sex with?

your home	10
relatives home	4
neighbours home	5
bus stand	65
broker/guest house	47

45. Where did you have sex with females?

your home	10
relatives home	4
neighbours home	5
guest house	85
hostel	27

46. With the last five female sex partners you have had sex with, how many times did you use a condom?

None of the respondents completing this section had sex with females (other than their wives) more than 2 times in the last month. According to the interviewers, many respondents could not remember whether they used condoms or not in terms of their last five female sex partners.

In terms of condom use during the past month, condoms were used 56 times, and all those times were with female sex workers.

47. Have you paid for sex with a female in the last month?

N =67
Yes: 63
No: 4

48. What sex did you pay for?

vaginal sex	98
anal sex	3
oral sex	11
masturbation	none
other	none

49. Of the last five times you paid for sex, how many times did you use a condom?

Condoms were only used with female sex workers.

Only for 56 encounters for female sex workers were condoms used, and these were for vaginal sex only.

SECTION FOUR: YOUR HEALTH

50. Do you have any of the following problems now?

115 people reported symptoms (28.75%). Several also reported multiple symptoms.

33 sex workers (SW) (35.87%: N = 92)

82 others (26%: N = 308)

<i>symptom</i>	<i>SW</i>	<i>%</i>	<i>others</i>	<i>%</i>
pain when urinating	3	3.26	25	8.09
itching and burning around anus	26	28.26	23	7.47
pus or discharge from penis	3	3.26	21	6.82
pus or discharge from anus	13	14.13	20	6.49
pain on defecation	18	19.57	21	6.82
bleeding when defecating	21	22.83	21	6.82
genital sores	5	5.44	26	8.44
itchy rash in genital area	16	17.39	52	16.88
blisters of sores Inside mouth	10	10.87	24	7.79
pain during sex*	21	22.83	32	10.39
piles	23	25.00	53	17.21

- respondents preferred to be receptive partners in anal sex.

51. How many times have had any of these symptoms in the past year?

Of the 115 who reported current symptoms, 36 stated that they had previous symptoms in the past year.

Of the 285 who stated that they do not have current symptoms, 56 stated that they had symptoms during the past year.

This means that 207(51.75%) respondents reported symptoms for the past year, including those with current symptoms.

Of these 92 additional reports for the past year:

SW =21
others =71

In terms of their whole life, 356 respondents (89%) reported having one or more of the above symptoms

52. What are you doing /will do to treat your current symptoms?

N=116

<i>action respondents</i>		<i>%</i>
nothing	6	5.17
pharmacy/self-treatment	35	30.17
private doctor	21	18.11
hospital clinic	15	12.93
friend/relative	4	3.45
traditional medicine/street quack	35	30.17

53. The last time you had any of these symptoms, what did you do?
N = 356:

<i>action respondents</i>		%
nothing	12	3.37
pharmacy/self-treatment	91	25.56
private doctor	64	17.98
hospital clinic	48	13.48
friend/relative	25	7.02
traditional medicine/street quack	116	32.59

54. If you did seek treatment, where you happy with the treatment?

N = 356

Yes	163	45.79%
No	106	29.77%
Can't say	87	24.44%

54a Were you happy with the person giving the treatment

N = 356

Yes	43	12.08%
No	69	19.38%
Can't say	244	68.54%

55. If No, then tell us why

Interviewers reported that for those who stated that they could not say yes or no to questions 54a was that so many went to pharmacies and traditional practitioners where they did not describe their symptoms (I need some antibiotics” in the case of pharmacies), or In terms of the traditional practitioners, they just stated that they had a sex disease, but not the symptom.

Many also expressed feeling a great deal of shame in discussing their symptoms with a practitioner, particularly with hospital clinics and private doctors, particularly when a symptom was anal.

56. Have you heard of HIV and/or AIDS?

All respondent have heard of HIV/AIDS.

57. If yes, tell us what you have heard

Only 36 respondents (9%) stated that HIV was a virus which you catch and develops into AIDS.

The remaining 364 respondents all stated that AIDS is a deadly disease that will kill you

58. If yes, from what source did you get the information?

N = 400

<i>source</i>	<i>respondents</i>	<i>%</i>
doctor	34	8.50
radio/TV	384	96.00
social worker	00	00.00
NGO	61	15.25
hospital	34	8.50
clinic	14	3.50
family member	00	00.00
friends	74	18.50
sex partners	4	1.00
newspaper/magazines	114	28.50
posters	208	52.00

Many respondents marked several sources of information

59. What risk do you think you have in getting HIV/AIDS?

<i>level</i>	<i>respondents</i>	<i>%</i>
high risk	11	2.75
medium risk	21	5.25
small risk	64	16.00
don't know	304	76.00

All those reporting a high risk were from the Chennai Mitra gay group. Knowledge appeared to be a reflection of educational level.

Those identifying medium risk were concerned about female sex workers and a few in regard to anal sex with males.

Those identifying a small risk were because

- a. they don't do sex with women
- b. they don't do anal sex

60. Tell us how you would know If someone has HIV

a.	I don't know	71	17.75%
b.	they will look sick	318	79.50%
c.	you can't tell	11	2.75%

61. Tell us how would you know If someone has AIDS

a.	don't know	0	00.00%
b.	they will be sick	392	98.00%
c.	you can't tell	8	2.00%

62. Tell us whether you think you can catch HIV from...

	<i>yes</i>	<i>no</i>	<i>not sure</i>
sharing needles	10	38	352
anal sex with a man without a condom	23	122	230
anal sex with a man with a condom	00	142	248
vaginal sex without a condom	190	42	168
vaginal sex with a woman with a condom	00	197	203
only sexual contact with a woman	35	201	164
sucking a penis	00	268	132
swallowing semen	00	268	132
licking a vagina	00	21	337
masturbating someone	00	135	265
rubbing bodies	00	156	244
thigh sex	7	215	178
licking anus	5	115	280
deep kissing	7	166	227

63. Tell us all the ways you can prevent/passing HIV/AIDS/sex diseases

a.	stop having any sex	6	1.50%
b.	use a condom	58	14.50%
c.	stop doing vaginal sex	23	5.75%
c.	stop anal sex	8	2.00%
d.	don't know	325	81.25%

64. The next time you are penetrated in anal sex will you ask your partner to use a condom?

yes	98	24.50%
no	00	00.00%
don't know	170	42.50%
"I don't get penetrated"	132	33.00%

65. The next time you penetrate a male in anal sex will you use a condom?

yes	30	7.50%
no	30	7.50%
don't know	107	26.75%
"I don't penetrate"	233	58.25%

66. The next time you have vaginal and/or anal sex with your wife or other female partner will you use a condom?

N =149

without being asked

yes	5	3.36%
no	76	51.00%
don't know	68	45.64%

if asked to

yes	101	67.79%
no	19	12.75%
don't know	29	19.46%

67. Can having sex with males Increase the risk of infecting your other male sexual partners with sex diseases/HIV/AIDS? True of False?

<i>statement</i>	<i>respondents</i>	<i>%</i>
true	35	8.75
false	149	37.25
don't know	216	54.00

68. Can having sex with males increase the risks of infecting your wife/female partners with sex diseases/HIV/AIDS? True of False?

<i>statement</i>	<i>respondents</i>	<i>%</i>
true	63	15.75
false	105	26.25
don't know	232	58.00

69. Can having sex with females Increase the risks of infecting your male sex partners with sex diseases/HIV/AIDS? True of False?

<i>statement</i>	<i>respondents</i>	<i>%</i>
true	205	51.25
false	65	16.25
don't know	130	32.50

70. Are you responsible for protecting your sexual partners from sex diseases/HIV/AIDS?

with males

<i>statement</i>	<i>respondents</i>	<i>%</i>
yes	63	15.75
no	00	00.00
don't know	337	84.25

with females

<i>statement</i>	<i>respondents</i>	<i>%</i>
yes	63	15.75
no	00	00.00
don't know	337	84.25

with your wife

<i>statement</i>	<i>respondents</i>	<i>%</i>
yes	92	23.00
no	00	00.00
don't know	308	77.00

71. Have you heard of safer sex?

<i>statement</i>	<i>respondents</i>	<i>%</i>
Yes	63	15.75
No	337	84.25

72. Tell us what safer sex means to you? Please describe

use condoms	65 respondents	16.25%
stop having sex	25 respondents	6.75%
don't know	310 respondents	77.50%

73. Can you reduce the risk of getting or passing on sex diseases/HIV/AIDS through...?

always using a condom for anal or vaginal sex

yes	65	16.25%
no	00	0.00
don't know	335	83.75%

only doing non-penetrative sex

yes	24	6.00
no	35	8.75
don't know	341	85.25

reducing the number of sex partners

yes	126	31.50
no	116	29.00
don't know	158	39.50

74. Describe what you could do to reduce the risks of getting or passing on sex diseases/HIV/AIDS

use a condom	65 respondents	16.25%
stay with one partner	11 respondents	2.75%
change the type of sex you do	24 respondents	6.00%
don't know	300 respondents	75.00%

75. If you were experiencing symptoms of sex diseases will you tell your sexual partners?

male partners

yes	5	1.25%
no	169	42.25%
don't know	226	56.50%

female partners

yes	00	
no	121	30.25%
don't know	279	69.75%

wife

yes	00	
no	268	67.00%
don't know	132	33.00%

From a number of discussions it is the shame factor that inhibits most respondents informing their sexual partner if they should have an 811.

76. Have you ever been tested for HIV ("AIDS Test"?)

yes	5	1.25%
no	395	98.75%

if yes, where did you have the test?

hospital clinic	2
private clinic	3

All were members of the Chennai Mitra group.

77. Were you counselled before/after taking the test?

yes	5
no	00

78. In the last two years have you been counselled on how to prevent sexually transmitted diseases/HIV/AIDS?

yes	114 28.50%
no	286 71 .50%

The quality of the counselling and information provided appears to be problematic.

79. Have you or one of your sex partners ever Injected drugs in the last year?

Self

yes	00
no	400
don't know	00

Partner

yes	00
no	00
don't know	400

80. Where would you go to get help if you were worried about sex diseases or AIDS?

<i>location</i>	<i>respondents</i>	<i>%</i>
government hospital	00	00.00
AIDS NGO	15	3.75
religion	00	00.00
private doctor	15	3.75
Sahodaran	295	73.75
clinic	10	2.50
peer educator	00	00.00
don't know	65	16.25

81. Tell us what information you think you need to have about sex diseases/HIV/AIDS

The following list was generated by this question. What are HIV/AIDS/sex diseases transmission/infection routes?

Safer sex how to use condoms

Where to get good treatment sex behaviours sex education

Where to get strong condoms and water-based lubricant