

Masculinities, (homo)sexualities, and vulnerabilities in South Asia

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South Asian countries are male dominated societies where social and public spaces are primarily male. Male bonding is central to this, where public affection tends to be demonstrated between males, rather than between males and females. Within such a framework sexual boundaries between males can often be easily crossed and sexualised in appropriate spaces.

Most male-to-male sexual behaviours in the region do not exist within a socio-sexual context of a heterosexual/homosexual binary and as exclusive categories. Rather they are based on gendered self-identities and sex roles, where same sex sexual desire is either framed around gender performance and feminisation, or that of desire around specific sexual acts, what many males define as a need to discharge semen to reduce 'body heat'. This is all within a context where males are usually more accessible in societies and where females are socially policed and often segregated.¹

The most visible of these male-to-male sex frameworks involves feminised males who self-identify and label themselves as *kothis* (in the vernacular) and who are generally sexually penetrated, along with males who take on the penetrating role (labelled as *giryas* and *panthis* - meaning real men - by *kothis*). Males who are penetrated are usually perceived by *giryas* and *panthis* to be "not-men", which enables a *girya* or *panthi* to maintain his sense of manliness and be seen as a part of the normative male society. Thus for *kothis*, any masculine male in the normative sense would be seen as a potential *panthi*. For self-identified *kothis* then, the distinction between themselves and their male partners is based on gender identity and not sexual identity. They identify more with females than as males. As one *kothi* reported, "Why do men have sex with men? This is not normal. We *kothis* are here for them". Or as another stated, "When my *parik* (husband) beats me, I feel as helpless as a woman. Since I want to be a woman, it actually makes me feel good."

This gendered identity framework of male-to-male sex appears to primarily exist among low-income populations, where poverty, low levels of literacy, and economic disempowerment act as drivers to the HIV/AIDS epidemic.² For middle and upper class MSM, mostly English speaking and educated, the term gay would be used.

Other dynamics of male-to-male sex include males who access other males for discharge and/or desire to be penetrated, males who desire male to male sex and do not gender themselves and usually indulge in mutual sexual activity - 'giving and taking', friends having sex with friends for mutual pleasure, and males in all male institutions. Along side these indigenous forms of labelling, gay-identified males, primarily among English speaking, middle and upper classes also exist with their own networks, mainly in urban areas. There are also *hijras*, biological males who cross-dress regularly, often castrated, and belong to a socio-religious community with its own rules and regulations. Their sexual partners are also masculine males from the general male population.

It is difficult to estimate the size of any of the MSM populations, particularly in such a gendered framework, since the penetrating partner could well be any masculine male whose sexual desire is based on 'body heat' and discharge rather than the gender of his partner. In one study conducted in Orissa amongst males in rural areas, it was 50% of respondents stated that their first sexual partner was another male, while 20% reported anal sex with another male in the previous year.³ In a study conducted by Naz Foundation International in Hyderabad, India, 200 self-identified *kothis* were interviewed, and between them they claimed to have had sex with 8000 different male partners in the previous month.⁴

Thus what does exist in South Asia is a range of (homo)sexualities expressed through a spectrum of masculinities with differing contextualisation of sexual behaviours, sex partner choices, perceived sexual needs, pleasures and desires, where male-to-male sex is seen primarily within a gendered dynamic, rather than in terms of sexual orientation or identity. This means that for many who could be categorised as males

who have sex with males (MSM) would not define themselves as such because they would see themselves as normative penetrative males or as penetrated “not-men.”

Further, cultural tradition makes marriage socially compulsory. Many MSM, of whatever framework or gender identification/orientation, are married or going to be married, even those who self-identified as *kothis*. Many manly sex partners from the general male population would also be married or going to be married and may well have other females as sexual partners.

This makes male-to-male sexual behaviours a significant bridging behaviour in regard to HIV/AIDS spreading into the general population, both female and male.

MSM, Vulnerability and Stigma⁵

The male being anally penetrated by another male is highly stigmatised, both by the penetrator, as well as general society, and those who are perceived to be recipients of penetration are usually treated with contempt. Such stigmatisation around feminisation produces a range of human rights abuses, blackmail, violence, and male-on-male rape by local men, thugs and local police. This stigma, discrimination and social exclusion produce a disempowering environment which creates considerable vulnerability to HIV/AIDS.

Not only does poverty, class and education levels stigmatise individuals along with the fact of HIV infection, but also the specific gendered role and identity that some MSM identify with. Thus many MSM are doubly stigmatised because as biological males, they are sexually penetrated and thus not perceived as men along with their feminisation, their crossing of the gender roles and barriers accepted as social norms, reinforcing the stigmatisation, leading to exclusion and denial of access to services and to the social compact. This often results in such males who are living with HIV/AIDS to be stigmatised by others who are also living with HIV/AIDS but whose routes of infection are deemed “normal”.⁶

On the other hand, the masculine partners of *kothis* easily merge into the general normative male society, their sense of masculinity maintained because they are the penetrators, not of other men, but of “not-men”.

The consequences for HIV prevention strategies focused on male-to-male sex are obvious. Questions, such as ‘who is MSM?’, size estimations, addressing female sexual health concerns, not to forget males who do not have an identity, but come from the general male population.

Power inequality dynamics arising from South Asian constructions of masculinity, social attitudes towards feminised males and their sexual practices, sexual abuse, assault and rape, stigmatisation and poverty, discrimination and disempowerment, all configure the lives of most *kothis*. As a consequence they play a significant role in the emotional, sexual, physical and economic exploitation of feminised males, and give rise to a range of physical, psychological, and emotional problems, which further increase vulnerability and disempowerment. This disempowerment creates significant levels of suicidal impulses and self-damage, an expression of self-hatred and despair. And this of course leads to further increases to risks of STI/HIV as well as impeding successful implementation of risk reduction strategies.

Many *kothis* not only face harassment, sexual violence and rape from law enforcement agents, but also from those whom they have called friends in schools and colleges, from those in positions of trust such as relatives, neighbourhood elders, elder friends, and teachers. Gang rape is not uncommon, along with violence and abuse from sexual partners.⁷ And of course such forced sex is always unsafe and often results in serious physical injury such as a ruptured rectum, internal haemorrhage and so on.

The National AIDS Control Organisation in India has two sentinel sites which target MSM, and in a report in 2000 reported 23.94% rate of infection in Mumbai.⁸ However the impact of male-to-male sex upon the epidemic is not known as no studies have been. However, from the observed high risk behaviour, and the disempowering environment reported her, it is fair to assume that the impact is significant.

One of the central issues that have arisen from NFI research and understanding is that often it is effeminacy and not the factual knowledge of male-to-male sexual behaviour that leads to harassment and violence. Harassment and sexual violence results from the fact that many *kothis* do not live up to the expected

normative standards of masculine behaviour. It is this belief that leads to the notion that those who are feminised can be exploited and abused and that being feminised somehow weakens the person, a notion often harboured by the *kothis* themselves. This is reinforced by the illegality of male-to-male sexual behaviours as defined in Section 377 of the India, Bangladesh and Pakistan Penal Codes, which speaks of “acts against the order of nature”.

Accepted notions around effeminacy are therefore one of the major factors that lead to disempowerment and opens *kothis* to abuse and assault and to a refusal of service provision. The fact that *kothis* themselves have internalised these notions so strongly, means that specific tools will need to be developed for *kothi* in order to empower them to start valuing their lives and enhancing their self respect so as to reduce their risks for HIV infection.

These tools would include gender sensitivity training programmes that address differing sexualities and genders and not only females and education and vocational training programmes for *kothis* to begin to address some of the self-esteem issues.

Along with this, the legal, socio-cultural and economic impediments to MSM sexual health interventions urgently need to be understood and addressed also. Empowering MSM to develop their own self-help services will be central as this community-based organising is often the best approach to sustaining behaviour change, and this will require adequate funding, access to skills building, and institutional support.

Unless the issue of vulnerability to HIV among MSM is clearly dealt with by appropriate strategies, HIV/AIDS will continue to grow in South Asia, where estimates currently stand at over five million infected with HIV.⁹

¹ See Situational Assessment study reports on the Naz Foundation International website www.nfi.net.

² See the range of Situational Assessments and Briefing papers published by Naz Foundation International on its website www.nfi.net.

³ Homosexual activity among rural Indian men: implications for HIV interventions, Ravi Verma and Martine Collumbien, *AIDS* 2004, 18: 1845-1856.

⁴ Situational Assessment Report, Hyderabad, 2000, NFI website www.nfi.net.

⁵ See also NFI Briefing Paper No. 7: Social Justice, human rights and MSM, available on the NFI website (www.nfi.net).

⁶ reported by several members of NIPASHA – Network of Indian People with Alternate Sexualities living with HIV/AIDS.

⁷ See NFI report *Against the Odds*, a study conducted in Bangladesh on human rights abuse of *kothi*-identified males, www.nfi.net.

⁸ NACO: <http://naco.nic.in>

⁹ *Ibid.*