



Perspectives on males who have sex with males in Bangladesh and India

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Introduction

In the socio-cultural frameworks of South Asia, the issue of male to male sexual behaviours and their impact upon the reproductive and sexual health for both males and females has profound implications for any effective control and management of STDs and HIV infections. But because of cultural, religious and social reasons, these behaviours are to a great extent invisible, often difficult to access, and not framed within heterosexual and/or homosexual dichotomised constructions. Male sexual behaviours in South Asia appear to be much more polymorphous than the simplified reductionisms of heterosexual/homosexual identities would indicate, whilst anal sex between males and females and between males and males is much more common than is assumed.

Anecdotal and direct research by Naz Foundation and its partner agencies in a number of South Asian countries, as well as newspaper reports and magazine articles and surveys, indicate significant levels of males who have sex with males in both urban and rural areas, as well as the existence of male commercial sex workers in urban areas. With this are the high levels of sexual activity and multiple sexual partners by these males, significant levels of sexual access to females by many of these males including their wives, low levels of condom use and safer sex practices, with the concomitant high risks for HIV and STD transmission from these males to their sexual partners. Further many young males (both pre-adolescent and adolescent) are also involved in these activities. These behaviours are exacerbated by gender segregation, economic and age and gender power differentials, adult male ownership of social spaces, low levels of knowledge of STDs/HIV, and adult male sexual privileges.

At the same time male to male transmission of STDs and HIV will be largely invisible because of the low levels of testing by males, the lack of anal and oral STD testing in many clinics, and because such behaviours are denied by the males themselves.

This invisibility of much of male sexual behaviours is further exacerbated by the claim that transmission of HIV in South Asia is based on “heterosexual” intercourse, i.e. vaginal sex, which allows government, non-government, international and donor agencies to ignore the possibilities of wide-spread anal transmission. Whilst it is recognised that the substantial levels of STD/HIV infections in South Asia are caused by vaginal sex, it needs also to be recognised that, with the public and social denial of anal sex behaviours between males and between males and females, its significant role in STI/HIV transmission is vastly underplayed. Such focusing on vaginal sex as the sole (almost) route victimises females (particularly female sex workers) as the source of infection, and it also denies the male role in STD/HIV transmission.

All current research into constructions of male to male sexual behaviours in South Asia indicate that they do not fit the patterns of heterosexual/homosexual behaviours so common in HIV literature. There is no such clear cut dividing line. Sexual identities of South Asian males do not fit this Western pattern, and this creates further invisibility of sexual behaviour patterns. Many males who have anal sex with other males also have vaginal and anal sex with females. Many males who have sex with males are married. Early sexual encounters by many males are often with another male. It becomes an urgent necessity to discover the true patterns of male sexual behaviours if any effective approaches to HIV management and control is to be conducted in South Asia.

The consequences of unrecognised epidemiological patterns of STI/HIV transmission, whether through denial or invisibility, regarding the management and control of the epidemic should be clearly understood. The impact upon the epidemiological, social and economic frameworks need not be overstated where these have been discussed in other forums over the last 10 years. Clearly at the family level, such behaviours, should they lead to STD/HIV infections, have a devastating impact upon its economic welfare. At the social level, the economic impact upon the country is also clearly recognised.

Because of social stigmatisation, invisibility and denial, there are almost no STD/HIV services focused on the issues of males who have sex with males and/or anal sex behaviours. Sexual health information and services are focused on so-called “heterosexual” behaviours, i.e. vaginal sex, and ignore the high levels of anal sex, irrespective of the gender of the sexual partner.

With there being almost no effective and appropriate research conducted on the sexual health issues of male to male sexual

behaviours, nor on any risk and needs assessments amongst such males, nor any effective and appropriate education and awareness programmes, or sexual health promotion campaigns targeting male to male behaviours, the situation needs urgent clarification, if South Asia is to have any realistic hope in enabling the control and prevention of STDS and HIV, and reduce the risks of increasing numbers of people living with AIDS in the region.

This collection of essays is an attempt to explore the socio-cultural-sexual dimensions of male to male sexual behaviours in South Asia, to begin to construct a dialogue as to what is really happening “under the blankets” of countless millions of males, and to begin to look at developing appropriate strategies for dealing with the hidden frameworks of STI/HIV transmission in South Asia.

Whilst the essays in this book focus on male to male sexual behaviours in India and Bangladesh, there is no reason to suppose that such behaviours in Nepal, Pakistan and Sri Lanka are substantially any different. From a wide range of newspaper articles, magazine reports and reports from a number of NGOs working in the field of HIV/AIDS and sexual health, as well as anecdotal reports from individuals involved in male to male sexual behaviours and networks in these countries, we know that the patterns and dynamics of male to male sexual behaviour are similar. The issues are the same.

Sexual Naming

In the growing debate amongst sexual health agencies and workers, the difficulties in finding appropriate terminology around same sex encounters has been problematic.

Western terminology based on personal identities, sexual orientations and sexual desires are based upon medicalisation of behaviours into concepts of conditions, whilst the radical sexual cultures of the 1960s ensured the visibility of lesbian and gay frameworks. This was further refined with concepts of bisexuality, transvestism and transsexuality.

All these terms were problematic in the field of actual sexual behaviours, particularly in cultures very different from the Euro-American frameworks. A new terminology arose: men who have sex with men. This was an attempt to recognise that identity based sexualities were insufficient to address the needs of large numbers of men who had no specific sexual identity, or did not identify with a stigmatised sexuality. In other words there were significant numbers of men who have sex with men, but did not identify with the labels, gay or bisexual. At the same time different cultures had different understandings and meanings in terms of what in the West is loosely term transvestism and transsexuality. For example in India, Hijras have a different construct from transvestites and transsexuals or transgendered people.

Further historical constructions of social and sexual identities differed from culture to culture. For many Asian cultures, based on shame, honour and marriage, identities were centred around family, marriage and children. Constructions of masculinity and femininity reflected this, and to a significant extent boys, while being male, were not men. Boys in this context had a sexuality separate from men. As such often they were objects of sexual desire by men.

Exploring actual sexual behaviours in a South Asian context (and I suspect in many other areas of Asia itself), all the terms used have shown their limitations to address the real and lived needs of male to male sexual behaviours. This is because whilst the current terminology may recognise that men who have sex with men may not have a homosexual or gay identity, and that the sexual behaviour does not reflect a medical condition called homosexuality, it ignores the fact that large numbers of young boys, adolescents are also involved in such activity.

Considerable anecdotal evidence indicates that many boys experience homosexual behaviours at a early age. They are not men. In Asian contexts the word MAN carries certain social signifiers around adulthood defined by marriage and children. Post-pubescent boys may be seen as men in one context, whilst in other contexts still seen as boys until they are married with children. "Beardless youths" with full genital development would still be seen as boys. In other words, it is not only men who have sex with men. Boys of varying ages also have sex with boys and men.

In the arena of developing appropriate sexual health information and effective delivery of reproductive and sexual health, this must be recognised. More effective terminology has to be developed that reflect the real, lived experience of people. Thus, the term men who have sex with men, like the terms homosexual, gay, bisexual, and so on should be understood to have very limited practical value except in very specialised environments and behavioural groups.

Currently, The Naz Project is beginning to use the term male to male sexual behaviours. Within this behavioural group there may well be gay men, homosexuals, bisexuals, men who have sex with men, transvestites and transgendered people. What we are exploring is a movement away from hierarchic, dimorphic and oppositional frameworks towards a more amorphous frameworks of a wide variety of genders, sexual behaviours and identities that are multiple, transitional, and flexible, that reflect time, place and context.

December, 1996

Sexuality and sexual health in India

The debate concerning the development of effective prevention programmes in regard to STDs and HIV/AIDS in India, has become an issue of deep urgency for these countries. But unless these programmes are specifically appropriate to the cultural frameworks of India in which sexual behaviours occur then they will be ineffective, and may actually lead to the opposite effect.

To begin to consider developing appropriate strategies and programmes, we must explore the dynamics of gender constructions, sexuality, sexual behaviours and sexual health within these cultures. For if we do not construct the debate effectively, if we cannot clearly define the parameters of what we mean by the term “sexuality”, if we do not understand the cultural frameworks within which sexual behaviours arise and operate, then we will not be able to develop effective prevention methods.

India already has an STD, Hepatitis B and HIV/AIDS epidemic. The ability of South Asian governments to cope with the health care needs of people living with AIDS is already compromised by the strains placed upon health delivery systems that currently exist. Primary, secondary and tertiary care are stretched beyond their capacity to deliver effective sexual health promotion and care because of funding shortages, other priorities, denial, invisibility of issues, economic pressures, fear, sexism, sexophobia, homophobia, and ignorance.

It is currently estimated by the World Health Organisation that there are some 1.5 - 2 million people living with HIV infection in South Asia. Further, within the next decade, this figure is likely to reach up to 20 million such infections. The Harvard AIDS Institute’s estimates are even higher, some 40 million infections. South Asia has the fastest rate of increase of HIV infection in the world, and by 2020 will have more people living with HIV/AIDS than the combined numbers of the rest of the world (if not before). While currently, it is estimated that one in four reported STD infections in the world is given by an Indian.

The main route of transmission in South Asia appears to be penetrative sexual behaviour. Whilst WHO estimates are defined within heterosexual/homosexual dichotomies, stating that 70% of all transmission is through heterosexual intercourse, such use of this terminology can be challenged in the context of sexual dynamics and behaviours within South Asia.

Within the context of South Asian cultures, the terminological use of heterosexual and homosexual frameworks do not exist in the sense they are understood in the West. The diametric oppositional frameworks of this terminology creates an artificial understanding that has no specific relevance to the actuality of people’s lives. Therefore, we cannot realistically say that there is a heterosexual or homosexual transmission. All we can say is that there is sexual transmission within a specific behavioural basis, i.e. vaginal or anal intercourse. What this means is that while sexual behaviours exist across the range of human sexual behaviours, they cannot be fitted into an identity based structure which the terminology of “heterosexual” and “homosexual” implies.

The fluidity of South Asian male’s sexual experience, the framework of sexual invisibility, gender segregation, South Asian homosociability, male ownership of public space, South Asian shame cultures, sexual invisibility, community “izzat”, compulsory marriage and procreation, the current lack of personal identity-based sexual behaviours, South Asian gender constructions, male and female roles as frameworks of adulthood, and so on have a central impact on actual sexual behaviours that are not clearly defined within the terms “heterosexual” or “homosexual”. Similarly actual sexual practices and with which gender they are practised, are not clearly defined either by these terms.

The impact on women’s sexual and reproductive health HAS to be seen within this context.

In other words, determining male sexual practices in the larger context as well as the personal, is an essential component of any women’s reproductive and sexual health strategy.

To develop appropriate strategies for addressing these issues, we therefore need to understand the dynamics of sexuality, the constructions of gender, the psycho-social frameworks of sexual behaviours and the contexts in which they exist. And these must be developed and understood within appropriate cultural frameworks. Unfortunately, in the development of HIV and STD prevention and outreach programmes within South Asia, sexuality, identities, and sexual behaviours have been conceptualised within Western understandings and constructions. In the context of these programmes, we can almost say that our gender constructions, sexual behaviours and identities have once again been colonised through the casual adoption of a specific understandings and conceptualisations of human behaviour that have arisen through Western cultures. Not that these Western constructions are invalid, but they are inappropriate within the South Asian cultures.

The whole discourse of sexuality and sexual behaviours, and thus prevention strategies, arises from Western constructions of individuality, personal identities and sexualities. Gender identities, sexual roles and thus personal identities, arise within the context of a psycho-social and historical dynamic. Perceptions of who we are, what we are and what we do will therefore have different meanings within different cultures.

The urgent necessities that have arisen from the rapid spread of HIV infection and the lack of any specific “cure” for AIDS, has meant that the only strategy available to governments is prevention. There are really only two specific methods of prevention:

- a. “Don’t do it!”
- b. “Do it safely!”

The first approach regarding sexual behaviours is often the one most favoured because of its tone of high morality. Both governmental and non-governmental agencies, particularly in developing countries in utilising this approach have stated recourse to a perceived historical dynamic and corrupt Western influences. In other words, risky sexual practices have arisen in our cultures because of the influence of the West. The other part of this strategy is to utilise specific religious and scriptural texts to support the “don’t do it” strategy.

Neither of these approaches will work. Firstly because there is a denial of sexual histories within our countries, and in a perverse way, this denial, and often suppression of such histories, arise within a Western context as part of their “guilt” cultural frameworks. Thus Indian officials can say that there is no homosexual behaviours, or there is no extra-marital sex, or pre-marital sex, or if they do exist it is at very small levels. The actual evidence states dramatically otherwise. While the use of religious and scriptural texts as the mechanism of prevention denies actual human behaviour, and the histories of these religions and their social interactions in the cultures which sustain them. After all professing to be a Hindu, Muslim, Christian, Sikh, Buddhist, etc. has not stopped behaviours which have been deemed against the specific tenants of these religions. And, of course what about those who have no specific religious faith? The truth of the matter is that South Asian cultures, based on the dramatic differences between public and private spaces and framed within concepts of shame and honour, lead to risky behaviours and particularly sexual behaviours to be psycho-socially invisible. Public messages around culture, religion, anti-West, etc. will not have the desired effect because they ignore the constructions of sexual behaviours. Or why do people do what they do? How? When? Where? With whom?

Sexual behaviours do not arise into practice out of nowhere. They have a context, a history based both on time and place, they arise from frameworks of desire which also have a construction based upon cultural and social dynamics.

For example, in a culture where girls and women are “policed” in terms of their behaviour, particularly sexual, where female virginity is prized, where family and community duty and honour is centrally important, where males own the social spaces, where marriage and procreation is seen as compulsory, where adulthood is defined by these parameters, a culture which is particularly homosocial, where income levels are low, where sexual access to women is therefore marginalised, limited, and sometimes costly, where sexual behaviours are not so much constructed around personal identities but rather around penetrator and penetrated, a culture where non-penetrative sex is not seen as sex but as “masti” - “play”, who is the most sexually available object?

The denial of histories of gender constructions, sexualities and sexual behaviours by various discourses of both Western and South Asian origin have had a central impact in understanding the conceptualisation of gender identities and sexuality in South Asia. No Indian research institution has dealt with this denial. Instead they have only perpetuated the invisibility of these histories. Further, the current construction of sexuality arising from Western discourses is often ahistoric and the only sexuality that is seen as relevant is that of penetrative heterosexuality. Perversely, any other form is categorised as deviant and Western.

This reduces the rich histories of sexualities to an oppositional dichotomy between concepts of heterosexuality and homosexuality which are a consequence of certain Western historical frameworks and understandings of sexuality.

Further, the construction of patriarchal social systems, the enforcement of compulsory marriage, procreative necessity of boy children, and the frameworks through which sexual behaviour and desire manifest themselves over the centuries, has created a pattern of destruction, marginalisation and denial concerning alternate sexualities and their histories. A dominant sexuality has historically emerged which has claimed precedence over all others as a system of social control which enables male power to take on a singular social role.

Alternate histories which often existed as traditions of the periphery are being lost at various levels due to the dominance of procreative ideologies at the rural level and the overwhelming construction of any tradition from solely a procreative heterosexual basis. Older alternate mythologies and histories are manipulated, deformed, and mutilated to suit rural male patriarchal ideologies which leads to women being the repository of tradition but not its interpreters. This creates rural economies where there is a gender segregation of labour, boy children as rural capital, and control of land, economic and cultural resources by men which are recreated within urban spaces. This also leads to the construction of desire and sexuality only from the standpoint of the rural patrilineal male which is then romanticised by various urban discourses as traditional authenticity. In other words denial of alternate sexualities and matrilineal traditions are perpetuated both from within and without.

Further with the impact of various forms of colonialism, dating from Vedic times, monotheism, orientalism, various forms of nationalism, fundamentalism, orthodoxy, etc., have all contributed to the destruction of much localised alternate traditions, whether of dance, theatre, literature, visual art, songs and lifestyles. This has meant an almost complete invisibility of alternate sexualities. Rather than a pluralistic vision emerging, only procreative and penetrative sexuality is seen as socially acceptable. Traditions expressive of sexual diversity are seen as dirty, deviant *and perverted, and the work of evil, over sexual, devouring women.*

This overwhelming denial and silencing of histories and cultures of sexualities means that the only framework available is that which has emerged in the Western countries. Though these can be useful as comparative tools, they cannot be the main basis of understanding the complex psycho-sexual social matrix of South Asia.

The world view as expressed in South Asia, has been formed by the central concepts of Vedic Brahmanism, Islam, Christianity and also of Ayurvedic and Western medicalisation of the body and sexuality. Male and female roles have been strictly defined, and any public transgressions of these roles is severely punished through stigmatisation, social exclusion, exile, physical abuse and even death.

The resultant psycho-social constructions of sexualities, the denial of different expressions of sexualities, the socio-political control of sexualities, has resulted in a cultural development that demands compulsory marriage and procreation, that gives no validity and social space for autonomous women, that demeans unmarried individuals, particularly single women and that only confers adulthood and thus social status and responsibility to married people.

Sexual behaviour takes the place of sexuality. Women's sexual behaviour becomes controlled and marginalised, if not denied. Male sexual behaviour becomes self-absorbed, and is reduced to one of discharge rather than based upon a desire for the other person. Sex behaviour becomes depersonalised. Sexuality has no construction. The sex act becomes brutalised whether it is between male and female or male and male. For women who desire other women, there is no social space for such a development. Concepts of personal choice, of privacy, become lost. There can be no development of individuality.

Desires have a history, both personal and social, as well as political, in the way they are expressed and manifested. They do not cease to exist as these histories are changed and reformulated. Nor do they cease to exist if such histories are denied or made invisible. But desires are constructed to fit in with the social constructions.

As a consequence, the contemporary South Asian situation with regard to sexualities and their physical expression, indicate a brutalised sexual behaviour, shown by the significant levels of vaginal and anal tearing; of an almost indiscriminate sexual activity by men without regard to the gender of the sexual partner which is not defined by any form of identity, but rather by the concept of availability and discharge; by the levels of severe sexual repressions which leads towards moments of brutalised sexual release.

But because of this terrible silencing and denial of these histories from various ideologies, an almost total exile situation has emerged. In trying to resist this exile a closeted and schizophrenic state of being has emerged where the person tries to assimilate into society through marriage and having children, yet expressing alternate sexual desires in purdah, in darkness, shame and in silence.

Within the context of the current concerns (if not panic) about sexual health in South Asia, in particular, rape, cervical cancer, STDs, Hepatitis B and C and HIV infection, as well as the alarming increases in sexual dysfunctions amongst women and men, it becomes an urgent necessity to explore the issues outlined above, to formulate strategies that make visible these alternate histories, that deconstruct the frameworks of contemporary sexuality, and to reconstruct them in the light of the historical discoveries being made.

If we are to move towards societies that enable all people to express their best, that gives people the opportunity to develop personhood, that enables people to make choices about their sexuality and sexual/emotional desires, that empowers people to make positive decisions about their own sexual health and others, then this whole voyage of discovery becomes a social imperative. It is only through such positive choices that any effective prevention programmes can be developed, that women's sexual health be addressed appropriately.

Summary

Within South Asian cultures, personal identities are not based upon the sense of self, but rather of an extended family. This consists of our siblings, our biological parents, uncles, aunts, brother and sister-in-laws, all their resultant children, and so on. In other words, who we are arises from where we are in the extended family network. The person has a family and a community identity in which the sense of personal identity is subsumed. The focus of the self is not upon individuality but upon kinship. Our languages clearly express this, in that we have terminologies for all these relationships.

Within our cultures there are specific understanding of malehood and femalehood. These are defined by duties and obligations to the marriage partner, family and community. The man is not a man until he is married. The woman is not a woman until she is married and with her first child (often this could mean a boy-child). To be a single person after a certain age is seen as shameful, a dishonour to the family, often an aberration or sickness. Marriage is often seen as a “cure” for loneliness.

South Asian languages do not have specific expressions for homosexuality, heterosexuality, bisexuality as nouns or as adjectives. What exist are terms that express differing forms of sexual behaviours but these terms are often abusive and male dominated and refer to specific acts of penetration. In the context of these terms, the viewpoint is very much imbedded within what is malehood and femalehood. Sexual behaviours are within constructions of what is deemed appropriate behaviour for men and women. In these constructions, who does the penetrating in a sexual act becomes important for self-definition.

Sexual behaviour therefore is not an expression of a personal identity. Rather it often becomes one of opportunity, accessibility and personal desire for sexual discharge. The phrase “body tension” is an expression of this discharge. In terms of the cultural frameworks that construct South Asian sexual behaviours, the following points need to be remembered:

1. Marriage is considered a duty and family obligation, not one based upon personal desire and choice.
2. Marriage is also seen as socially compulsory.
3. To be single is seen as an aberration. Cultural beliefs dictate that a person is not an adult until married.
4. The central objective of marriage is the production of children, specifically male children.
5. Sexual pleasure based upon desire, or lust, for one's wife is sometimes considered shameful. The Wife holds a special place in this regard. She is the Mother. A place of honour, for it is she who is charged with the responsibility of upholding family tradition, and the rearing of children. Sex with one's wife is often seen as a duty.
6. This leads to a concept of sexual pleasure being permissible outside of the marriage context.
7. Since there is no identity structure around the gender choice for sexual pleasure, what matters is more to do with the sense of malehood and concepts of masculinity.
8. Thus, concepts of identity revolve around ideas of penetration. The penetrator is still “manly”, the penetrated is “not a man”.
9. Further what matters is not the pleasure of the partner, but the pleasure of the self. Sexual behaviour becomes one of sexual discharge.
10. Gender segregation, female virginity, loss of honour, and so on often make it easier to access other males for sex than females.
11. Such accessibility is also made easier because of the extended family systems, and the homosociability of South Asian cultures.
12. The sense of shame and dishonour arises from a public (community) perception about personal behaviour and the need to fulfil one's (public) duty.
13. Since the concept of sexuality and sexual behaviours is bound up within concepts of sexual discharge, this often leads to frequent sexual partners, rather than forming continuous sexual liaisons with a single person.
14. Often the gender of the sexual partner is irrelevant.
15. This can be expressed by the statement “The person has a relationship with his wife, but has sex with others”.
16. Women are much more supervised and policed by family and community, than men.
17. This makes it somewhat difficult for women to carry out socially illicit sexual encounters/relationships.

18. The penalties for women are of a much greater intensity.
19. It is easier for women to access other women than men.
20. Within these contexts, women's sexual and reproductive health is to a large extent dependent upon male sexual behaviours and the methodologies of their practice. Their constructions are framed by space, time, availability, gender roles, personal desires, opportunity and so on.

Bibliography

- Al-Khayyat, Sona : *Honour & Shame - women in Modern Iraq*, Saqi Books 1990
- Blackwood, Evelyn edited by: *The Many Faces Of Homosexuality- anthropological approaches to homosexual behaviour*, Harrington Press 1986
- Bouhdiba, Abdelwahab: *Sexuality in Islam*, translated by Alan Sheridan. Routledge & Keegan Paul Ltd, 1985
- Caplan, Pa,t editor: *The cultural construction of sexuality*, 1987 Tavistock Publications Ltd
- Cohen, Lawrence: *The pleasures of castration: The post-operative status of Hijras, Jankhas and Academics* (from *Sexual Nature/ Sexual Culture*, edited by Paul Abramson and Steven D Pinkerton, University of Chicago Press, 1995)
- Delumeare, Jean, translated by Eric Nicholson: *Sin and Fear - the emergence of Western guilt culture*, St. Martin's Press Inc. 1990
- Goodwin, Jan: *Price of Honour*, Little, Brown & Company Limited, 1994
- Greenburg, David: *The Construction Of Homosexuality*, University of Chicago Press, 1988
- Hardman, Paul D.: *Homoaffectionalism*, GLB Publishers, 1993
- Herdt, Gilbert, edited by: *Third Sex Third Gender - beyond sexual dimorphism in culture and history*, Zon Books, 1994
- Hyam, Ronald: *Empire and Sexuality - The British Experience*, Manchester University Press, 1990
- Khan, Shivananda: *KHUSH*, a report on the needs of South Aian lesbians and gay men in the UK, Naz Publications, 1991
- Khan, Shivananda, editor: *History of Alternate Sexualities in South Asia*, a report on a 3 day seminar, New Delhi, India, Naz Publications, 1994
- Khan, Shivananda: *Contexts - Race, Culture and Sexuality, a report and needs assessemnt on South Asian commnities*, Naz Publications, 1994
- Khan, Shivananda: *Conference Report: Emerging Gay Identities in India - Implications for Sexual Health*, Naz Publications, 1995
- Kakar, Sudhir: *Intimate Relations - exploring Indian sexuality*, Penguin Books, 1989
- Kakar, Sudhir: *The Inner World - a psycho-analytic study of childhood and society in India*, Oxford University Press, 1981
- Mane, Purnima and Maitra, Shubhada A.: *AIDS Prevention - The Socio-Cultural Context in India*, Tata Institute of Social Sciences, 1992
- Parker, Andrew , edited by: *Nationalisms and Sexualities*, Routledge, 1992
- Patten, Cindy: *Inventing AIDS*, Routledge, 1990
- Ratti, Rakesh, editor: *A Lotus Of Another Colour*, Alyson Publications, 1993
- Said, Edward: *Culture and Emperialism*, Chatto and Windus, 1993
- Schmitt, Arno and Sofer, Jehoeda, edited by : *Sexuality And Eroticism Among Males In Moslem Societies*, Haworth Press, 1992
- Sharma, S K : *Hijras - The labelled deviants*, Gian Publishing House, New Delhi, 1989
- Swidler, Arlene, edited by: *Homosexuality And World Religions*, Trinity Press International, 1993

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Observations on male to male sexual behaviours in India and Bangladesh

Research has been, and continues to be, conducted in Dhaka, Bangladesh and in India, Calcutta, Chennai (Madras), Cochin, Lucknow, New Delhi, Salem, regarding the socio-cultural constructions of male to male sexual behaviours and their impact upon sexual health with its consequences for STD/HIV prevalence and control. The following presentation is a preliminary socio-cultural analysis based upon information so far collected.

While the current terminology used in HIV prevention programmes to define “homosexual behaviours” has been men having sex with men, it may be more appropriate to use **male to male sexual behaviours**. Significant evidence exists in Bangladesh for including substantial number of boys, both pre- and post-pubescent, as well as male youths, within the frameworks of male to male sexual behaviours. The term men who have sex with men invisibilises such boys and male youths in this behaviour.

Anecdotal evidence is also available indicating a considerable amount of sexual activity between male domestic servants, as well as between male domestic servants and their male patrons, including adolescents. In one family, the 30 year old male cook was penetrating the 13 year old male house boy who was also soliciting sex from outsiders, while the 20 year old son of the household admitted being sexually penetrated by his father’s driver when he was 11, the sexually activity continuing for several years. Who seduced whom appeared to be a debatable point.

There are several male to male sexual behaviour frameworks that are interlinked and inter-penetrate each other:

1. **Kothi**

Amongst males who have sex with males networks are several boys/men who are self-defined as *kothi*. They cut across income group, class, caste, religion and region. These boys/men gender themselves through effeminate behaviour in specific spaces. Their exaggerated behaviour make them visible in a public arena and is used as a flirtation mechanism. Males in need of sexual discharge irrespective of their sexual choices, may often then respond to these feminised males for oral sex, masturbation, and where space and a measure of privacy permits, anal sex.

In observing several *kothi* in a variety of settings, from walking down a street, in a restaurant, in a hotel, at a railway/bus station or in public sex environments, we have found that in the vast majority of cases, soliciting another male for sex was extremely easy. The sexual urgency of many of these males was clearly obvious. Such responses relates to discharge sex.

However, many *kothi* are also married with children . Further significant number of these *kothi* also sell sex in certain environments. It is not unusually for a *kothi* to speak of having between five and ten sexual partners in one evening, where sexual penetration and ejaculation takes between five and ten minutes.

Kothis speak of wanting “real men”, where real men don’t show any desire for other males. They just penetrate. In the sexual act, the penetrator does not touch the genitalia of the *kothi*. To do so is to show that the male is not a “real man”. Such a “real man” is called a *panthi*. (Bangladesh) or *giriya* (New Delhi)

Kothis will also state that do not have sex with each other. For them such behaviour is considered shameful. Yet in personal and private discussion, several have admitted that they do so. However they can never discuss this with their peers.

Condom usage also appears to be almost non-existent, since not only is the behaviour spontaneous and opportunistic, but also the penetrators do not want to use a condom.

A wide variety of settings are used for such sexual activities. During the day time, lodges, guest house, hotels, inside shops, behind

bushes, derelict locations, cinema toilets, other toilets. At night time, railway tracks, toilets, cinema halls, derelict ground, construction sites, hotels, inside shops, behind bushes inside parked buses, trucks, railway carriages.

2. Panthis/Giriyas

The males who sexually access the *kothis* are called *panthis* in Dhaka or *giriya* in New Delhi. These are males who exhibit so called “normative” behaviours, and while some may sexually desire other males, for many it is the act of sexual penetration and discharge that is important. The framework appears to be sexual discharge, that is the male is sexually “hot”, and may well 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. Many of these males have stated that they like anal sex because it is “tighter” than vaginal sex. And recent anecdotal evidence has been collected which indicates that many of these males see females as vectors of sexual diseases and therefore unsafe to have sex with, or that vaginal sex is more risky than anal sex. The vast majority of these men will be married or will become married.

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 *maasti/khela mauja*.

3. Gay and/or homosexual men

Some of these males who have sex with males may desire long term relationships with other males based on equality of status and power or at the very least sexual encounters with other males of mutuality. 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 are primarily from middle and upper classes who have access to English, and a considerable degree of privacy and economic power.

4. Jiggery Dosti/Jaani Dosti

Jiggery Dosti (Calcutta) or *Jaani Dosti* (Dhaka) are terms meaning close friends. These are primarily boys and young men, usually unmarried, who, in a homosocial environment find themselves sexually aroused through body contact either through play or sleeping next to each other. 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 *maasti/khela mauja*. Where there is equality of age and power the sexual act is usually mutual masturbation or thigh sex. Where there is an age hierarchy, oral and anal sex may also occur, the younger partner acting as receptive partner. This type of sexual activity can be called *Dosti* sex and is to some extent linked with discharge sex. 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 boys/men who are friends and acquaintances. The issue here is accessibility, the social and financial costs and the higher risks of sex with unmarried females. Males are just more easier to access and explain. Here also the vast majority of these boys/men will be going to get married or are already married.

Spaces for such sex acts were in so-called private homes where male relatives sleep together, or domestic servants can be accessed, mess rooms, dormitories, hostels, student halls of residence, streets, and any all male institutions and/or spaces.

What was particularly interesting in such situations was the naming process. Very often such sexual activity takes place at night time. Here sleep and dreams were named as the owners of the sexual behaviours. Displacement of behaviour to some intangible force, or spirit - “jinn” - meant that the person displaces responsibility for the behaviour. This would have major implications for the current promotion of safer sex activities based on personal responsibilities.

5. Discharge Sex

This is primarily 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. Situational sex is prevalent here in a male social space, i.e. restaurant owners who will sexually penetrate table boys, and so on. Many males will use *kothi* at an opportune moment. The male will be given oral sex, or will anally penetrate the younger males. These males may also have sex with females other than their wives, often visiting female “prostitutes” when they can afford it. All these males will be married or going to get married, where often the behaviour continues after marriage.

6. Gift Sex

This could be seen as a form of male prostitution which will range from direct 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 Bangladesh, but at levels as yet not determined. However, the sensing was that gift sex was more prevalent than full time street male prostitution. Where such exists, many of the boys are gendered through effeminate behaviour and can also be called *kothis*.

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 rickshaw and auto-rickshaw 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 creates a mutuality of desire with sex as one side of the gift exchange.

7. Male Sex Workers

It could be said that most male prostitutes are *kothis*, but not all *kothis* are male prostitutes. Several dynamics co-exist, where identities and labels reflect class issues. As stated above, considerable “gift-sex” exists. However, at several specific public sex environments Bangladesh, evidence exists of the existence of a wide variety of male sex workers, operating across class and religion.

There are also numbers of youths who are “looked after” by clients, in terms of accommodation, clothing and food, whilst in other cases, particularly amongst the middle/upper classes, the “gigolo” and “hustler” also exists.

Most male sex workers appear to work in public sex environments, where clients may range from the street sweeper to businessmen. Sometimes, clients will take them to a guest house, private home, or some other location away from the “pick-up” area. The younger males in these environments would average some four to five clients per day. At one park in Dhaka, there were 50 such males operating every day averaging between five and ten clients per evening, where the youngest sex worker was 14. Similarly in a park in New Delhi there were over 50 young men working the park where their clients were primarily soldiers from a near-by barracks.

Many of these male sex workers, may well have other jobs, but because of the low pay scales, extra earnings from sex work add to their income. Many may well be married, as much as their clients would be. There is also anecdotal evidence of street “hustlers” who will have sex with clients for a fee and then go onto to rob them of their personal belongings. Further several of these sex workers speak of local police accessing sex without payment through the threat of violence and/or arrest.

8. Other frameworks of male to male sexual behaviours.

Bangladesh and India also have *hijras* who sell sex, primarily anal, but also oral. The fees appears to much smaller than either male or female prostitutes.

Other sexual networks exist in all male groups, such as:

student hostels and boarding schools, police hostels. military barracks, work environments including service industries, such as hotels, tea stalls, restaurants, prisons, orphanages, rail and bus terminus (i.e. porters, etc.) and amongst street children

In discussing sexual behaviours with one young man of 17 years, a student and English speaking, he told of small groups of male students hiring blue films regularly, and then having group masturbation. If there were only two of them then they would possibly have mutual oral sex or anal sex. He also stated that he has had sex with older men, including anal sex whom he has met at restaurants, tea stalls, or just walking on the streets.

Likewise, the male housekeeping and room service boys, all stated that they had been approached by other males inside and outside the hotel. Because of financial issues, many of them have responded to these sexual approaches.

Many of the people we have talked with originate from villages. Anecdotal stories from them consistently mentioned male to male sexual activity in their village environments.

There is considerable anecdotal evidence of significant sexual abuse and use of male street children of varying ages for sex, as well as significant levels of male rape. Further, we have found young boys of 8 upwards involved in such sex *work*.

There was also evidence to indicate that anal sex between men and women existed at significant levels.

Marriage

Many of the married men stated that for them sex with their wives was duty a duty to have children. Sexual desire for the wife appeared to be limited, if existent at all. The wife could be seen as the bearer of his children, but not as a lover. Further, because of the dominant male ideology and male social space, a male should spend more time with other males, otherwise he was often seen as weak and perhaps, “womanly”.

Socio-cultural traditions as well as religious values dictate marriage, usually arranged, as the common practice. To be unmarried passed marriageable age is seen as aberrant creating social and family disorder. Considerable family and social pressure exists to enforce the rules of marriage.

Women

Many of the males who have sex with other males also desire sex with a female. However, in exploring this sense of this desire it was difficult to state whether this was based on sexual desire for vaginal sex or because such a desire was a social expectation and a way of naming sexual desire. Out of one network of twenty men who have sex with males we discussed this with, it appeared that only one specifically mentioned that they wanted vaginal sex, whilst all stated that sex with other males was expedient because females could not easily be accessed. When asked about female prostitutes, there appeared to be issues around shame(!), cleanliness, pollution, and cost. Going to female prostitutes appeared to be a more visible behaviour than having sex with other boys and men!

Visibility

Whilst shame, dishonour and visibility controlled the behaviours to a great extent for many male to male sexual encounters, sexual need for discharge predominated. Male to male sex by its very nature was invisibilised. No one would question two or more males congregating in a private space, or sleeping together, or holding hands. Whilst a male with a female not his wife or relative would raise suspicions of sexual impropriety. Going with a female prostitute meant being visible in sexual behaviour.

Sexual and Reproductive Health

Females, boys/male youths and *kothis* are extremely vulnerable to male sexual behaviours in terms of STD and HIV transmission. Discussions with the wide variety of males indicated extremely low prevalence of condom usage for anal and vaginal sex (“it spoils enjoyment”). Discussions with STD clinicians and others indicated no acknowledgement of oral or anal sex, even though one such STD specialist mentioned that in the locality of his clinic he knows of significant levels of male to male sex in the local restaurants where the males sleep together. The assumption was that transmission of STDs was through vaginal sex only. No oral or anal swabs were done and no-one appeared to seeking sexual histories that include oral or anal sex either as penetrated or penetrator.

However, many of the males I discussed this with stated that they would not reveal such behaviours even if asked by a doctor, because they would be ashamed to speak of such things. So if they had an STD symptom they would say they got it from a woman. Further many males would not attend an STD clinic even though they may be symptomatic because of the shame they felt at having such symptoms. They would rather take some “homeopathic remedy” from a Hakim or street “doctor”.

Summary

To summarise, evidence exists of significant levels of male to male sexual behaviours across the religious, class, economic and age sections of society. Bangladesh is a male dominated society where the social and public spaces are male. As a homosocial and homoaffectionalist society, sexual boundaries between males are easily crossed and can become sexual acts. Whereas some of these acts can be called homosexual in that an identity formation may be operating and sexual behaviour is based upon desire for sex with another male, such behaviours appear to be in the minority. The majority of sexual activity between males should be seen as opportunistic and due to immediate availability. Sexual tension was palpable in many environments, and the sexual urgency of many males was a potent factor for the speedy crossing of boundaries.

As the vast majority of males were married or will get married, there was no significant evidence that marriage actually substantially decreased the levels of male to male sexual activity. Several men that I discussed this with stated that when they got married they said they would stop, but they received little sexual satisfaction from their wives. Partly this was because they couldn't ask their wives to perform certain sexual acts. And partly because sexual opportunities with their wives was not always available because of social conditions such as appropriate accommodation, joint families, and so on.

Sexual health issues both for males and females through the primacy of male sexual behaviour, including male to male sexual behaviours, should be seen as a major concern. Service delivery of STD testing, treatment, care and counselling need to fundamentally explore to formulate appropriate strategies that can effectively deal with the different sexual behaviours in a confidential and sympathetic manner. Promotion of sexual health amongst male to male sex practitioners will be particularly challenging based on the frameworks discussed above.

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

January 1997

Sexual health workshops in Bangladesh and India for males who have sex with males

In October, November and December, 1996, a series of workshops were conducted by The Naz Foundation for males who have sex with males in Dhaka, Calcutta, Chennai (Madras), and New Delhi. Whilst each group expressed differing socio-cultural-economic dynamics, expressing differing identities, sensibilities, class, and needs, there was a high degree of concurrence on major issues.

This report highlights certain issues of major concern that arose from these workshops and other work being done by The Naz Foundation elsewhere in India and Bangladesh. From such work we have found very high levels of male to male sex (and not necessarily males who identify as gay/homosexual/bisexual) but also high levels of anal sex between males and between males and females. And because very little effort has been made by government or non-government agencies addressing the issues of male to male sex and anal sex between males and females, the presumption being made that anal sex is only a “homosexual” issue and that “heterosexuals” apparently only practice vaginal sex, The Naz Foundation has been challenging these assumptions to ensure that all sexually active people have the right to access appropriate information, sexual health products and sexual health services appropriate to their needs, behavioural practices and socio-cultural constructions of identity and community.

If there is to be any successful effort towards empowering males who have sex with males toward health seeking behaviours then there needs to be major efforts to:

- a. increase access to and usage of appropriate sexual health products and services,
- b. reduce STD/HIV infections amongst males who have sex with males and their male and female sexual partners

To ensure that the possible socio-economic impact of AIDS at the personal, familial, community and national level is reduced then the following issues need to be urgently explored.

1. Sexual Behaviour research

Before appropriate strategies can be developed towards STD/HIV control programmes by government and non-government agencies, there needs to be effective research conducted in regard to the full range of sexual practices of individuals, and sexual behaviour patterns of families and communities. For such research to be appropriately used in such a development, then it must be contextualised within socio-cultural-economic frameworks. The problem is that very little of this has been done. No-one really knows what is happening in terms of sexual behaviours and their socio-cultural constructions. Sexual behaviour is not the isolated phenomenon of the individual but lies within a context of culture, social and economic conditions.

“.... it would have to focus not only on the incidence of particular attitudes and practices, but on the social and cultural contexts in which sexual activity is shaped and constituted. Research attention would have to be drawn not merely to the calculation of behavioural frequencies, but to the relations of power and social inequality within which behaviour takes place and to the cultural systems in which it becomes meaningful.

“In relationship to HIV/AIDS, as in relation to gender, inequality and sexual oppression, an understanding of sexuality and sexual activity as socially constructed has thus refocused attention on the inter-subjective nature of sexual meanings - their shared, collective quality, not as the property of atomised individuals, but of social persons integrated within the context of distinct and diverse sexual cultures. This emphasis on the social organisations of sexual interactions, on the contexts within which sexual practices occur, and on the complex relations between meaning and power in the constitution of sexual experience, has thus increasingly shifted attention from sexual behaviour, in and of itself, to the cultural rules which organise it. Special emphasis has been given to analysing the local or indigenous categories and systems of classification that structure and define sexual experience in different social and cultural contexts.

“In a remarkably short period of time, it has become apparent that many key categories and classifications used in Western medicine to describe sexual life or epidemiology are in fact, far from universal - unshared by people living in the diverse historical contexts ... or cultural settings that have increasingly become the focus for HIV/AIDS research. On the contrary, categories as diverse as “homosexuality” “prostitution” (*we can include lesbian, gay, commercial sex workers, men who have sex with men...SK*) or even “masculinity” and “femininity” may be altogether absent, or quite differently structured, in these societies and cultures - while other, local categories may be present that fail to fit neatly into the classification systems of Western science.” (*Conceiving Sexuality - approaches to sex research in a post-modern world - page 11, edited by Richard Parker and John Gagnon, 1995, Routledge*)

Very little of such research has been done in India often leading to ill-thought out strategies for HIV prevention, and an almost invisibility of the issue of anal sex as a sexual practice between males as well as between males and females. What may be recognised are the terms, homosexual, gay, men who have sex with men, male commercial sex workers, and so on, where very often these terms carry no significance or meaning amongst males who have sex with males amongst the indigenous population.

Preliminary research conducted by The Naz Foundation amongst *males who have sex with males* have found a range of issues that are not easily visible or even acceptable for socio-cultural reasons. These include amongst others

- a. male rape
- b. adolescent males as sexual objects of older males
- c. high levels of anal sex between males and between males and females
- d. very early experiences of sexual activity and sexual abuse amongst males
- e. inter-family male to male sex, with sexual partners including brothers, uncles, nephews, cousins, male-in-laws, etc.
- f. sexual encounters with servants
- g. male to male sex without identity constructions of homosexual/bisexual
- h. identity structures around marriage, penetration, age, family, religion, caste and class
- i. feminised identities primarily of males who are penetrated
- j. Hijras as a socially constructed identity of biological males who are “feminised” through social/sexual interactions in pre-pubescence
- k. sexual desire of many males based on discharge and activity not on gender of partner
- l. some male to male sexual behaviours based on females being seen as disease vectors
- m. gender segregation and limited sexual access to females within a socio-cultural framework of homosociability and homoaffectionalism increasing options for male to male sex

This research is limited by time and available funds, but already it can be clearly seen that what currently exists as HIV prevention strategies amongst *males who have sex with males* are very limited. We have only identified an extremely few intervention strategies. These are:

- a. Humsafar Trust in Mumbai (Bombay)
- b. CAN MSM project in Chennai (Madras)
- c. Naz Delhi Project
- d. Naz Calcutta Project

and a number of local gay groups in Bangalore, Lucknow and elsewhere. For a variety of reasons, primarily identity constructions, but also including financial, none of these look at male to male sexual behaviours in its broadest frameworks.

At the same time, we have not been able to clearly identify any agency that looks at anal sex between males and females and is developing appropriate STD/HIV prevention strategies taking this on board.

In conducting such research though, several significant questions must be asked:

- a. who is going to conduct the research
- b. how is it going to be conducted
- c. how is information going to be collected and by whom
- d. what questions are going to be asked, how are they asked, and in what language
- e. what terminology will be used
- f. how will the information be analysed and who will do the analysis
- g. how will the data be used in developing appropriate STD/HIV prevention and sexual health services
- h. who will develop such services and who will work in them

Recommendation

The need for appropriate information towards developing strategies for sexual health promotion amongst males who have sex with males must be urgently addressed as a priority. This will require developing appropriate behavioural and anthropological models of research that include the subjects of such research, both as subjects and as observers. Such research should also recognise the wide diversity of cultures, languages, terminologies and behaviour of participants, which include those whose primary behaviour is male to male, as well as those whose male to male sexual behaviours are intermittent, secondary and discharge based.

2. Sexual Behaviours and Identities

The workshops as well as issues identified through research conducted by The Naz Foundation, have shown that the range of identities of those involved in male to male sexual behaviours are socio-culturally constructed and very often have nothing to do with identities as understood within Western science.

The terms gay/homosexual have very little significance for the vast majority of males who have sex with males, and only seem to have some meaning to those with access to English, and who are primarily middle/upper classes, a small minority in India. Even in their context, marriage becomes a primary focus of identity. Some of those under thirty may well identify with this terminology, but after this age, marriage as a family commitment becomes the primary identity. There may well be those who carry both identities and situate them within specific social contexts, i.e. a “park”/social network identity and a home/business identity.

For those from the lower-middle/lower income/labour classes, different, more gendered, frameworks exist. Thus the terms, *kothi* and *danga* exist as identities of those males who are sexually penetrated and behave in “feminised” ways. These males stated that they never penetrate other males, nor have sex amongst themselves. This is considered shameful. Their ejaculation is usually produced through the act of anal penetration by their partner, or through self-masturbation. However, whilst this is what is usually stated, private one-on-one discussions indicate that some *kothis* do have sex with each other and do anally penetrate as well.

There are also *hijras*, a socially constructed group of males who have a historical socio-religious sanction in specific contexts, who dress as women, feminise their behaviours in exaggerated forms, and live upon earnings gained through performing certain rituals at marriage and birth occasions, through aggressive begging and through prostitution (oral and anal sex) in urban settings. Many of these males are also ritualistically fully castrated as a religious sacrifice, and they will speak of believing that they are females in a male body. Yet listening to their stories, many speak of an early involvement in anal penetration in their villages, and since this is seen as a female activity, feminise themselves as part of their socialisation. Those *hijras* that are not castrated, state that they never have sex with each other, nor do they penetrate, but again through one-on-one discussions in a *besharam* (shameless) environment, some have revealed the opposite.

At the same time, those males who sexually penetrate (and never are penetrated, so it is believed) are called *panthis/giriyas*, “masculine” males, males who are “real men”. And “real men” never touch their male sexual partner’s genitalia. Yet, again, some of these “real men”, in private situations, have also revealed that at times they enjoy being sexually penetrated and have asked for this. In such occasions they will select a “double-decker” as a sexual partner. However, their public “park” identity is secured through only being seen to be going with *kothis*.

Then there are the *jiggery dosto*s, close male friends of approximately equal age, who may also have sex with each other, sometimes involving mutual penetration. Or *double deckers*, those whose sexual acts include both penetrator and penetrated, and whose sense of sexual desire may be the closest to what would be understood by the term “gay”.

There are of course a significant number of males who have sex with other males who do not have any of these identities. Two males sharing a bed in a shared room, finding themselves sexually “hot” who will then go onto having sex, where, as one stated “I dreamt I was having sex”, or another “a ‘jinn’ made me do it”. Males living away from their wives, young males not married. Truck drivers, tea shop “boys”, restaurant “boys”, taxi drivers, rickshaw drivers, business men, hotel-“boys”, students living in hostels, military personnel, well the lists can go on.

Recommendation

If we are going to empower individuals, sexual networks, social groups and communities towards an increase in health seeking behaviours, then more research needs to be done to identify as to who, how and why various sexual identities are constructed, their specific meanings, and how they can determine sexual behaviours.

Understanding these constructions enable more effective designs for intervention strategies that enable the promotion of sexual health amongst males who have sex with males.

3. Empowering Behaviour Changes

Why do individuals modify their sexual practices towards safer sex practices? Why should they? Under what circumstances? What forms of persuasion work?

Our evidence from the workshops, research, and direct intervention, indicate that myths, environments, identities, behaviour modalities, socio-cultural frameworks, religious ideas, poverty, accessibility to appropriate sexual health products, empowerment, class, economic power, and so on, all play a role in determining whether a shift towards safer sex practices can be maintained over a long period of time.

It is not simply a matter of telling people the risks involved in their behaviours, the possibilities of infection, or the resultant potential death from an AIDS related illness. Fear can be a possible motivation for an individual to change their behaviour, but can this fear

be sustained?

Little work appears to have been done as to what effective strategy or strategies would work amongst the differing sexual networks amongst males who have sex with males. What might work amongst one group or class may not work in another. What might work for self-identified gay men may not work for those involved in *jiggery dost* or *discharge sex*.

What has clearly been shown by the range of workshops, is that any strategy that may be developed needs to be underpinned within frameworks of community development, social networks, peer pressure, personal empowerment, and familial frameworks.

It should be remembered that in South Asian cultures, individuality, and thus a sense of the personal self separated from its social surroundings is weak. Rather, identity is given shape by the family and marriage which play a more central role in a person's life.

Empowering behaviour change requires intervention strategies to contextualise such work within these multi-levelled dynamics to make any sense and to be effective.

Beyond the actual structures and models of intervention, access to appropriate sexual health products becomes essential. How can one tell an individual to practice safer sex when identity is configured around anal penetration, where the environment is not conducive to safer sex behaviours, where poverty can be one of the dynamics that socially constructs sexual behaviours, and where access to appropriate condoms and lubricants is not possible?

At the same time, sexual health services need to be sensitised to the needs of males who have sex with males. If a clinician does not have the knowledge around anal sex issues, or is too ashamed to discuss these issues, or finds them offensive to deal with, how can such a service deliver an appropriate framework which can be accessed by males who have sex with males?

This is the challenge for South Asian agencies developing sexual health work amongst males who have sex with males.

Recommendation

More research needs to be conducted with regard to developing appropriate messages, sexual health products, and sexual health services. This research should look at frameworks of support for males who have sex with males towards encouraging them to practice safer sex, the levels of knowledge, understanding and acceptance by medical staff and social service agencies regarding males who have sex with males and their sexual practices, and what would work in the differing sexual frameworks and networks of males who have sex with males.

4. Sexual Health Education Resources

In the workshops consistent attention was drawn to the fact that there is almost nothing appropriate available with regard to sexual health education materials specifically targeting anal sex and/or males who have sex with males in South Asia.

This means that males who have sex with males are not able to gain any specific knowledge regarding their sexualities, practices or issues around the risks of STD/HIV infections.

Nor is there any specific information available regarding symptoms of STDs. Many of the workshop participants could not recognise some symptoms as STD related and very often stated that they would not access STD services because of this.

At the same time, those who practice anal sex with females are also not able to access information on the levels of risk of this behaviour.

Anecdotal material from a number of different sources indicate that STD/HIV transmission is surrounded by new myths that have evolved partly through the educational resources being made available. These include:

- a. women as disease vectors, arising from many campaigns which target female sex workers as infectors of HIV and therefore to be sexually avoided
- b. anal sex is safer than vaginal sex, because no one talks about it
- c. pre-pubescent males/females are safer and sex with them may cure AIDS - since discussions on sexual behaviour and HIV/AIDS usually speak of adults. i.e. men who have sex with men
- d. STDs/HIV/AIDS can be cured through so-called homeopathic remedies bought from "quacks".

Recommendation

There is an urgent need for a broad range of educational materials reflecting the sexual practices of males who have sex with males, including specifically anal sex, to be made available. Such resources should include that which is part of an ongoing general campaign around raising awareness and knowledge about sexual behaviours, STD/HIV infection symptoms and risks, and condom usage, and those resources specifically targeting behavioural groups specific to the needs of each such group. These resources should not only be available in the local language as written resources, but should also cater for those not literate. Resources also

need to be developed that cater for those who are visually impaired and other marginalised and physically impaired groups. For example, in one city, a young male of 16 years, with a below normal mental age was being regularly sexually accessed for anal sex by other young males in his neighbourhood.

5. Sexual Health Products

Figures received by The Naz Foundation indicate that in India, only 360 million condoms are sold each year in a population of over 900, million people. These condoms vary in quality and strength, with the higher quality condoms being relatively more expensive.

Condom promotion is usually left to family planning clinics (which are primarily visited by women), some ad-hoc local government poster campaigns (which of course necessitates literacy), STD clinics (if you attend them), and a range of HIV agencies, either through free access or through social marketing principles.

There are no condoms available appropriate for use in anal sex encounters either between males or between males and females. Further, the only water-based lubricant available in the market is Johnson and Johnson KY jelly sold in tubes by pharmacies and is relatively expensive.

Several points need to be made

1. There are insufficient condoms in the market place to cope with the specific needs for a major reduction of STD/HIV infections through safer sex practices.
2. There is insufficient education to promote correct condom use as a safer sex practice. Condom promotion historically has been seen as an aid to family planning.
3. There is no clear cut strategy to deal with the difference between procreative sex and recreational sex. This issue is clouded with morality, shame and ignorance.
4. Condom quality varies considerably, with the cheaper brand (Nirodh in India, and Raja in Bangladesh) being seen by potential users as a government condom, aimed for family planning, and of poor quality.
5. The vast majority of individuals having risky sex come from lower income groups because of population size and social frameworks. The middle-classes only make up 10% of the population, whilst 80% of the population live in rural areas. Cost and access is a major factor controlling use.
6. Sexual environments, whether indoors or outdoors, are not generally conducive to condom use. A lack of privacy and intimacy in sexual encounters also control condom usage.
7. Sexual taboos against the public discussion of sex, particularly anal sex.
8. The majority of campaigns regarding condom use are focused on female sex workers and those who access them. What about other females and males who are also sexually accessed?
9. Condom promotion is seen as targeting “high risk groups” and not a part of general education campaign.
10. The methodology of the actual penetrative act increases the risk of condom damage. That is, rapid penetration and thrusts leading to quick ejaculations, and occasional use of oil-based lubricants.
11. No suitably packaged and priced water-based lubricant in the market.

Recommendation

1. Increased availability and accessibility of good quality condoms at prices every one can afford.
2. Increased usage of condoms through regular and on-going condom promotion campaigning, recognising the high levels of recreational sex including anal sex.
3. Marketing and promotion of appropriate condoms for anal sex.
4. Increased availability of education resources regarding correct condom usage.
5. Easy availability and promotion of suitably packaged water-based lubricants to be used with condoms.
6. Destigmatising the public discussion of sexual behaviours through multi-media educational campaigns.

6. Sexual Health Services

Anal sex is perceived as a highly stigmatised behaviour in the public arena, particularly for the penetrated. These workshops as well as other research conducted by The Naz Foundation, indicate that anal sex is not some small minority behaviour, but is a significant sexual practices amongst many males of differing ages, socio-economic groups, religions, castes, class, and marital status. Anal sex is not only occurring between males, but also between males and females.

Yet, this sexual practice appears to have a low priority in regard to STD/HIV infections through the use of the terminology heterosexual/homosexual, through denial and shame. Can anal sex between males and females be defined as a heterosexual practice?

As a result, sexual health services often ignores the possibility of STD/HIV transmission resulting from such a sexual practice both for males and females. Even where a clinician may consider the possibility it usually is in the circumstances of addressing the needs of a *kothi* or *hijra*. In these circumstances, with these identities being heavily stigmatised results in individuals with these identities often being intimidated and/or abused if or when accessing such services.

As has been constantly stated in other Naz documents, shame is a significant controlling factor with regard to people's lives and access of services. There appears to be very little education of clinicians and medical staff regarding anal sex and any resultant infections through anal sex, nor the socio-cultural constructions of this practice. There are few appropriate sexual health services addressing these concerns. Rather it is assumed that any patient, male or female, attending such a clinic, comes through the result of infections through vaginal sex. Anal swabs are not often a part of the investigation.

Recommendation

1. All STD services staff, private or government, as well as all sexual health services provided by government and non-government agencies should receive training on ALL frameworks of sexual behaviours which must include anal sex as a practice both between males and between males and females.
2. Such training should also include the sensitising of staff regarding the needs of individuals and families in regard to possible infections through anal sex, and that the quality of service delivery regarding this issue should be regularly investigated to ensure that all individuals can access sympathetic and high quality services.

7. Legal Issues

Section 377 of the Indian Penal Code criminalises male to male sex with up to 10 years imprisonment. One of the consequences of this is to make it very difficult for males who have sex with males to access sexual health services because their behaviour is against the law and through this accessing makes them visible. It further makes the availability of sexual health services for prisoners difficult.

The second issue, and related to the first, is the high level of reported harassment and violence directed towards males who have sex with males both by police and members of the general public. Very often there will be a demand for sex and/or money. Reporting of these incidents is obviated by Section 377, and further compounded by the unsympathetic and sometimes violent attitudes of the police.

For effective sexual health promotion amongst males who have sex with males, both these connected issues must be appropriately and adequately addressed.

Recommendations

1. Repeal of Section 377 of the Indian Penal Code and its equivalent in Bangladesh as a step towards increasing the confidence of males who have sex with males to access legal, judicial and sexual health services.
2. Training of police staff and the judiciary on issues regarding males who have sex with males and sexual health concerns.
3. Developing advocacy programmes for males who have sex with males to ensure the human rights of individuals are being respected, and that those who are harassed or violently abused can seek legal redress.

A lot of work needs to be done.

January 1997

Under the blanket

BISEXUALITIES AND AIDS -IN INDIA

INTRODUCTION

The debate concerning gender constructions, sexuality, sexual behaviours and sexual health, and the development of effective and appropriate prevention programmes in regard HIV/AIDS, has become an issue of deep urgency for India. For if we do not construct the debate effectively, if we cannot clearly define the parameters of what we mean by the term sexuality, if we do not understand the cultural frameworks within which sexual behaviours operate, then we will not be able to develop effective prevention methods to decrease the rates of infection.

India already has an HIV/AIDS epidemic. The ability of the Indian government to cope with the health care needs of people living with AIDS is already compromised by the strains placed upon health delivery systems that currently exist. Primary, secondary and tertiary care are stretched beyond their capacity to deliver effective sexual health promotion and care because of funding shortages, other priorities, denial, invisibility of issues, economic pressures, fear, sexism, sexphobia, "homophobia", and ignorance.

It is currently estimated (1994) by the World Health Organisation that some 1.5 - 2.5 million people are living with HIV in India. Further that within the next decade, this figure is likely to reach up to 20 million such infections. The Harvard AIDS Institute's estimates are even higher, some 50 million infections. South Asia has the fastest rate of increase of HIV infection in the world, and by 2020 will have more people living with HIV/AIDS than the combined numbers of the rest of the world (if not before).

With the current configuration of the development of HIV related illnesses in infected people within India having a shorter time frame than that in the West, we can generally say that by the end of the century, some one million people will be dying from AIDS.

The main route of transmission appears to be penetrative sexual behaviour. Whilst WHO estimates are defined within heterosexual/homosexual dichotomies, stating that 70% of all transmission is through heterosexual intercourse, this is being challenged, not in terms of the actual figures, but in terms of the terminologies used. Within the context of Indian cultures, heterosexual and homosexual frameworks do not exist in the sense that they are understood in the West. The diametrical, oppositional and identity-based frameworks of heterosexual/homosexual terminological labelling does not explain what is sexually happening in India. We cannot really say there is heterosexual/homosexual transmission. All we can say is that there is sexual transmission, anal and/or vaginal. In the context of India, sufficient anecdotal as well as quantitative data exists to indicate that anal intercourse is highly relevant in transmission data. It is the denial of the existence of these sexual behaviour patterns and their relative public invisibility that allows Government as well as WHO to state the idea that this transmission is "heterosexual".

To develop appropriate prevention strategies, we therefore need to understand the dynamics of "sexuality", the constructions of gender, the psycho-social-cultural frameworks of sexual behaviours and the contexts in which they exist in India. Unfortunately, in the development of HIV prevention and outreach programmes, "sexuality", identities, and sexual behaviours have been conceptualised within Eurocentric understandings and constructions.

The fluidity of the Indian male's sexual experience and behaviour (and here I am generalising but with significant anecdotal evidence), the frameworks of sexual invisibility, gender segregation, Indian homosociability, male ownership of public space, shame cultures, community "izzat", compulsory and arranged marriages, joint and extended families, lack of personal identities, or at the least, subsumed within a family/community identity which has precedence, male and female roles as definers of adulthood, have a central impact upon the constructions of sexual behaviours, and the specific genders upon (sic) which sexual behaviours are expressed. And it is in this that the weakness of Eurocentric constructions of identities and sexuality is problematic. If not downright dangerous when developing HIV prevention strategies.

This reports focuses on the male sexual behaviour in India and in the context of this essay, male "bisexualities". This does not imply

that Indian women are not sexually active either before marriage or after, or in other arenas, but in terms of HIV prevention and the actual construction of male sexual behaviours, it is our belief (The Naz Project) that the impact on women's sexual and reproductive health has to be seen in this context.

I might also like to add that this is also relevant to the other countries of South Asia and the surrounding countries.

So before we can progress to look at "Bisexualities and AIDS" we first need to look more closely at the constructions of "bisexualities" in India, seek its relevance to the increase in HIV/AIDS in India, and then explore what steps can be taken in this context to prevent its spread.

Space and time do not give us adequate address to the issues. What follows is somewhat simplistic, generalised and iconoclastic, and it is understood that there will always be exceptions. But like the adage, exceptions prove the general rule. The analysis has arisen from 7 years work in the issues of sexuality, sexual behaviours and HIV/AIDS within a South Asian context.

It should also be pointed out that very little research has been in India into the actuality of sexual behaviours, particularly amongst men who have sex with men. Most studies have been within the Eurocentric constructions, with questions and methodologies providing ready-made responses. People have not been allowed to speak for themselves, except in very limited ways.

With these provisos let us proceed.

LANGUAGE

"the human mind cannot think a thought unless the words to express the thought exists"

George Orwell - '1984'

Language is centrally a cultural artefact. While languages are learned, they are not learned in isolation. The process of learning takes place within the context of interacting perceptions, beliefs and personal experiences of the past and present as well as expectations of the future. And the words themselves carry a socially constructed history of their own. All these mediate and condition the learning of language, and the meanings we imbue to words.

In communicating thoughts and ideas, of sharing information, this has enormous implications. More specifically, in terms of sexual health, of HIV/AIDS, of sexual behaviours, how do we ensure a shared understanding of the issues and what we are speaking about. Most cultures have tabooed sexual behaviours, of sex itself, particularly those which are not seen as socially and/or religiously acceptable, or defined as "abnormal", "sinful", "evil", words that can carry strong emotions of guilt, shame, dishonour and fear. For many cultures sex is within the invisible realm, and very often there are no commonly available appropriate terms to even discuss sex and sexual behaviours in the public arena.

Different cultures place differing values on the various sexual aspects of our lives. These values are often hidden within the words used by these cultures to describe and/or name these sexual aspects.

Direct correlations between words used in one language and those used in another do not always exist. Translations between one language to another can carry enormous risks of misinformation, misunderstandings, and downright censorship.

With the medicalisation of sexuality and sexual behaviour in Western cultures since the 19th century, a whole new language has evolved to describe sexual behaviours. A naming process developed that categorised and labelled peoples by their sexual practices, creating the terms homosexual, heterosexual, bisexual and all the categorisation of personality and traits for such labelled persons. A person expressing same-sex behaviours became a homosexual, a new construction. Procreative heterosexuality became the normative process. The dichotomised and oppositional structures of male and female, also framed the "homosexuality" and "heterosexuality", and the new language of sex was also dichotomised and made oppositional within hierarchical frameworks. One was either masculine or feminine, heterosexual or homosexual (despite the special category of "bisexual"). The discourse of sexuality carried its own seeds of self-definition and was to some extent tautological. Within all this, the heterosexual was sexually defined as *only* having vaginal sex, whilst the homosexual was defined as *only* having anal sex. For the man to have anal sex with a woman was often not considered. An invisible behaviour.

The word homosexual, as it is understood in the West, does not have a direct equivalent in Indian community languages. This does not imply that "homosexual" behaviours do not exist. What it does mean is that these behaviours have different histories, different contexts, different constructions and are thus named differently.

For example, the act of penetration is a definer of phallic power, a male signifier. For a person to be penetrated is to define that person as "not man". The language then of male penetration is around gender and power. So "gandu", "khusra" are words sometimes used synonymously with the term homosexual, but they are not the same. They represent men who are penetrated and have meanings

around a lack of masculinity and malehood, a person who is “not a man” and “not a woman”, but a third gender. In the same way that the term hijra means a person of a third gender. Generally though, the word applies specifically to “men” who become hijras. These terms are abusive, derogatory and degrading. But be careful here. In India, malehood and femalehood is also defined as family, community and social duties. A man can be extremely “effeminate” in behaviour (as the term is defined in the West), but because he fulfils his community duties as a married man with sons, he is defined as manly, a proper man. Further a boy (male who is not yet a man in terms of social duties and responsibilities) maybe extremely masculine (in a Western sense), but is still defined as not-yet-man. He is not married with sons. In that sense there is a framework for a specific gender construction around post-pubescent boys who are not “men”. The “beardless youths” of Arab and Mughul India sexual histories. This construction also has strong sexual availability overtones.

CULTURE

Culture is taken to mean the wholeness of a particular community, the social values, contexts of family, religion, marriage, personal relationships, lifestyles, language, traditions and customs. How we conduct ourselves and how our lives are constructed, how they are given meaning and content, what value systems we abide by, the world view that we have, these are the elements that go into the meaning of a culture.

The following attempts to articulate some of the areas within a cultural dynamic that have a bearing on the issues. It focuses broadly (very broadly) on three main areas: Family, Marriage, and Religion. This does not represent the whole issue of what culture is and means. Nor does it pretend to. That would require several volumes.

Family

Within Indian communities, there are extremely strong links with the family and within the family. 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 language, dialect, religious practice, caste, place of origin, and so on. Often whole villages are made of one inter-connected families.

These links are held together by custom, tradition, belief, practice and economics. Their value lies in providing a form of social security and welfare in a culture that has neither. The elders are supported, as 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.

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. There is no space for it. Personal choice and desire becomes subsumed within family choice and desire. The person is replaced by the family. In this context there is no space for a personal identity as the central means of self-definition. Who you are individually is of less importance than which family you are a part of.

This has means that people tend to stay much longer within the family household than their European counterparts. There are a significant number of men and women over 30 who are still living with their parents, who are still single, and who are still considered and treated as children, as not adults. Such single people are often not single by choice though. The economics of marriage have begun to affect marriage dates. The need to find a home, dowries, the costs of living, has delayed marriage to later and later ages. Many men are now marrying in their late twenties or thirties.

At the same time, the social demand for sons as primary income generators, has meant that the life expectancy of female children is much lower than male children. In India there are 928 women for every 1000 men. Some 54% of the population is male. This means that there is a significant and growing shortage of women for men to marry. Or to put it another way, a surplus of men, sexually active men. And with all the family, caste, religious and economic conditions that must be taken into before a marriage takes place, this too has an affect upon the age of marriage.

For the vast majority people, living with their parents there is no personal space. One or two room households, holding parents and several siblings is common. And withing these household, there will be a male space and a female space, boundaries for sleeping.

What privacy here? What confidentiality here? These crammed conditions of sharing “male space” in a culture with high levels of homosociability often create conditions of “masti” as a release of “body tensions”, these quick and furtive sexual gropings are maintained as invisible behaviours, behaviours of the dark, behaviours “under the blanket” and therefore not real.

You NEVER leave the family home. You carry the psychological space within you all the time. While the crowded flat will generate intense arguments, disagreements, family fights, all members of the extended family, and sometimes even the neighbours, will join in, usually on the side of the parents. This is supported by the attitude and belief that the duty of the child is to obey the parent,

whatever the age of the child. Obedience to parental demands and pressures is one of the central glues that is perceived as holding the family together. To disobey one's parents is to bring shame and dishonour upon the family.

Parents are responsible for their children. In Indian cultures, adulthood and adult responsibilities are conferred after marriage, and for women after her first born son. These become the "rites of passage". Personal privacy as a concept and a right is not imbedded within our cultures.

What is private is the family, and depending on the particular issue or context, this could mean the immediate biological family, the extended family in varying proportions, or the community as a whole. This form of privacy is not shaped by a recognition of need for such privacy. Rather it is motivated by a different conception. "You will bring shame". Its expression is much more powerful than in a Western sense.

This form of social control is constructed by traditional concepts of HONOUR and SHAME. Honour, not so much as what is deemed honourable, but in terms of community perception. 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.

Honour is a possession, not a quality. Shame is an expression of honour being lost. Both of these elements are an expression of publicness. They are public events.

Public behaviour, behaviour which is visible, is bound within a sense of community duty, honour and obligation. In this context any behaviour which is visible to the community falls within the scope of public behaviour and therefore falls within concepts of honour and shame. If the behaviour is not visible, then it doesn't exist! Community honour is maintained. Shame does not exist. And all is well with the world!

Such systems of public and private can lead to denial of what is deemed socially unacceptable behaviours, because of its invisibility in the public domain. "It doesn't exist within our communities", "it is not part of our culture". Contrary evidence will be seen as attacks by the Western cultures and its "stool pigeons".

When an individual behaves in ways deemed to bring dishonour or shame to the family, extended family and/or community, the reaction can often be severe. Exile, excommunication, physical abuse, and sometimes death. Or there will be emotional or financial blackmail by family members to force conformity to family dictates.

Something that occurs in a public space may not be considered public if it is not observed, or if observed, not discussed. For example, in a public toilet site in Calcutta where male to male sexual activity takes place every evening, there are no lights. With no public lighting it becomes a private space. The inside of the toilet is visible from the street because of some street light being shed upon it, and at times, individuals will stop at that point and look into the toilet, often seeing two men involved in a sexual act in the semi-dark. It is still a private event because there is no discussion by the observer. It only becomes a public event, which then can bring shame when there is open discussion; the police arrive; the observer makes loud comments.

The son is the primary child in the family, particularly the first born. Upon his shoulders will rest the responsibility of the future economic welfare of the family. Very often lavish attention is paid to the sons at the expense of the daughters. The daughter plays a secondary role. After all when she gets married, she will leave the family home and become a part of another family. She will no longer be her biological parents daughter, but her husband's parent's daughter. She also represents capital loss through the dowry system.

To maintain her worthiness, and to protect family honour, she must be protected from the wickedness of the world, in particular non-family men. Her virginity as a prized possession is 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, women are more socially "policed" in terms of their behaviour, especially sexual, particularly in the "public domain". Women's honour and their honourable behaviour has to be scrutinised. This often means that sexually active men have very little sexual access to women, other than female commercial sex workers.

Marriage

Marriage is THE central issue within our lives, where it is the mainstay of family and/or community life. It can be seen as a compulsory duty towards maintaining family and community ties. It is part of the definition of manhood and femalehood. Not to be married means you are not an adult. The exception is that of the sadhu, or bramacharaya, the person who sacrifices duty and family in search of god. But then the sadhu becomes a "sexless" being, an ascetic. He/she has sacrificed their "sexuality", their sense of malehood or femalehood, for a "higher cause". This of course does not mean that all so-called sadhus do not have sex. There are some who have sex with their chelas, or with others, both women and men. In Hindu traditions, spiritual sanctity can carry great sexual potency. Whilst Tantric traditions often have a sexual component.

Traditionally, marriages are arranged between two extended families, and 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 are chaperoned by some parental figure. And even while such choice may be significant, ultimately there is no choice about marriage itself. But for the majority of women and men, choice is subsumed within family choice.

Where there is resistance from a son or daughter towards marriage, enormous pressure can be brought to bear upon the children 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 can be seen as an aberration, a sickness, bringing shame and dishonour upon the family. Something must be wrong with the person and/or with the family. The family could not find a marriage partner, or the child has a problem, or they couldn't afford the dowry, and so on.

"I'm the oldest. It is expected that I will get married first. My dowry will help in getting my younger sisters married also. And I am expected to get married before my younger brother."

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.

Marriage is not seen as an option for choice. It is seen as an essential requirement of maintaining the family, as a family duty, as a sign of obedience to the parents. Rather than resist and challenge our parent's wishes, we will often get married to the choice of our parents.

"I didn't want to get married. But what can I do. My parents pushed and pushed. Every day my mother would nag me, my father would nag me. They would invite other families to the house so I could "view" the daughters. I finally just gave in. And when I finally said yes, my parents were so happy. But what about me?"

Few married men will inform their wives about their extra-marital behaviour. In the main, many believe that all they need to do to function adequately as husbands is in terms of economic support for their wives and engaging in sexual intercourse in order 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 in such intercourse. It is seen as a duty only. Duty as an adult male, duty to the wife and family, duty to have children.

Children and filial duty. Sex as an obligation. As one person in a sexual health workshop in Orissa told me, "I do duty to my wife". The wife, sometimes seen as an Honoured Partner, cannot be touched by sexual desire. The wife as Mother, Sister, as bearer of the husband's children. Such desires are part of another construction. Sex for pro-creation is what occurs in marriage. Sex for pleasure is what occurs outside the marriage. 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 marriage. And 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 men or young boys can. It is not so much sexual desire, but sexual discharge.

"Yea, I have sex with my wife, perhaps once a month. I don't enjoy it. I rather not do it. But I have to keep her satisfied. She's complained about it to me, but I just shrug my shoulders, you know, pretend that I don't really like sex. It's all very, what's the word? Perfunctory, you know, get on, get off sort of thing. What can I do? I do go out to find men with whom I can have sex with."

What we have here then is a cultural framework of compulsory penetrative and pro-creative sexual intercourse. Other forms of sexual activity not connected to procreation are for pleasure, and very often the only route to express these sexual behaviours is outside of the marriage, but hidden, invisible, under the blanket.

This has a major significance in terms of safer sex behaviour of course, for to use condoms with one's wife creates two tensions. One, it doesn't enable the couple to fulfil the central requirement of the marriage - children. And two, using a condom generates suspicion in the wife as to why her husband needs to wear a condom. The risk of transmission of STDs and/or HIV infection from husband to wife is immediately obvious.

Within these constructs, women find themselves very vulnerable. Not only are they seen to carry the family honour and tradition, whenever issues arise that challenge this honour, it is the woman who becomes victimised.

A married woman's options can be severely limited. Not only her own family, but members of her husband's family will place enormous pressure to maintain a marriage. Divorce is still relatively low, not because marriages work better than in the West, but

because divorce and separation carry dishonour and shame for both families. The public perception of a marriage that maintains itself must be upheld.

Even where there is some sort of “gay sensibility” in the Western sense, this too becomes restricted, buried under the weight of tradition and custom.

“I can’t tell my wife about myself. It would destroy my family and her. I can’t have a divorce because of the effect it would have on my family as well as her. What would happen to her? I go out several times a month, pick up some guy and stay the night at some local cheap hotel. Or maybe drop by the cruising place on my way home from work in the evening. The wife always has a go at me when I am late home, or stay out the night. I have to really think on the excuses I make. But what can I do? I got married because my family wanted me to. They chose her for me. I just said yes. Couldn’t handle the nagging over the years. Delayed as long as I could really. I don’t form relationships; that would be too dangerous. And now with the children and all that, I just can’t take the risk.”

Religion

The main religions of India are Hinduism, Islam and Sikhism and to some extent Indian Christianity.

I am not attempting to define each of these religions in terms of their specific and particular beliefs, traditions, and practices. What this briefly attempts to do is to locate religions within a cultural context, the interaction of religion and social dynamics. For example, Bengali Muslims, while having the same faith as Pakistani Muslims, will often have very different customs and traditions. This is because of different languages, different histories, different geographies, etc. Further while sometimes these religions are seen as monolithic, they are not. Islam, has several different branches. Each follows the Koran, and the Hadith, but each has its own traditions and customs, based upon interpretation of the Hadith and the Koran, whether they are Sunni, Sh’ia, Sufi, Ishmaili and so on. Similarly Hinduism is not constructed around a central person, creed or doctrine, but is a mixture of a broad and eclectic systems of beliefs and doctrines. While Sikhism arose from an attempt to unify the beliefs of Islam and Hinduism.

What needs to be clearly understood is that religion and culture are not isolated from each other, nor do they represent the same thing, but are interwoven in complex dynamics. While the religions specify particular social practices, beliefs and attitudes, very often cultural traditions and customs will outweigh religious beliefs and statements. What matters is interpretation, 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 practices in the West, where it is seen as very much a matter of personal choice and individual response, the religions of the sub-continent relate to how the communities function as a whole. Religious and secular life centres in the mosque, the temple and the gurdwara. Public faith in a specific system of beliefs, whether Hindu, Islam or Sikh is not separated from the day to day life of the person, but an integral part of community and public life.

This of course does not mean that there isn’t intense personal belief and practice. Of course there is. The private namaz, the personal prayer, the puja at home. For many religion provides personal solace, meaning and content to one’s live. But with all this goes the daily observances, the food a person eats, his or her relationships with each other and the family, interactions with the community and community structures, various religious celebrations and festivals, are interlinked and interdependent. This is the visible side, the proof of one’s religious observance. Private and public are co-joined, which means that there will be those for whom only the public observance matters, whose private practice may not be in line with public observance. This cannot be seen as hypocrisy though, because the public and private spheres have different meanings to those of 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.

Romance and Friendship

What has love got to do with marriage? This question is often heard amongst sexually active men. The 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.

India is filled with romance, always visible, always present. Watch any of the ubiquitous Bollywood film. The hero and the heroine sing romantic and chaste love songs to each other. They go through the trials and tribulations that the four hours demand, and if their families will agree to the match, then they can get married and sexual fulfillment will follow. The key is if the families agree.

If such romance cuts across race, caste, sub-caste, religion, economic group, then the likelihood will be that such romance cannot be fulfilled. The family always wins.

In terms of Indian cultural norms, direct relationships, with men and women before marriage, social or sexual, is frowned upon and socially unacceptable. Such socialisation is seen as allowing the possibility of dishonouring the woman's family. Men are seen as naturally lustful, uncontrollable, while young women are seen as being able to arouse that lust. Women must be protected from men's lust, whilst men must be protected from "women's wiles".

In that sense, the public domain is owned by males. For a woman to be seen with a man who is not a relative or husband can create damaging and dishonouring gossip. Families will police their young women. To be seen out in the evening on your own as a woman, can give the label "evening person", a prostitute. To kiss a woman who is not married to you, or hold her hand in public is to risk dishonouring her, and in some cases the man will also risk abuse and violence. Physical affection for a woman must be behind closed doors. But if there isn't that privacy available....? For many young men, women are just not accessible. Romantic longings are at a distance, unfulfilled, chaste. Visits to female commercial sex workers are not romantic. Love does not enter the equation. It is just sexual release. Quick with a cash transaction. And for many men beyond their financial reach. The visit to the prostitute is infrequent, after saving the necessary amount. For the many urban men these are the only women sexually available.

For many males, across all ages, all this emotional and sexual energy, this romantic longing, the 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.

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

The line between homoaffectionalism in such a supportive environment and actual homosexual behaviour is a fine line, and many men cross this line in situations that enable the behaviour to maintain its invisibility.

Thus often two boys/men sharing a bed under the same blanket may find it easier to sexually touch each other without consciously acknowledging the fact.

In one situation that I was witness to was in a working class single room home. Parents, four children, one a male in the mid teens, and also an uncle of the children. The male teenager and uncle were sharing a blanket, while the female members of the household were getting on with the house-keeping. It was obvious what the two male were doing under the blanket, a behaviour totally ignored by the women. Discussions with the uncle at a later time indicated that during the night, the two young men would often masturbate together under their shared blanket, and on some occasions, the older would penetrate the younger. "When everyone is asleep". Because the behaviour was invisible, there didn't appear to be any sense of shame or guilt. "What can I do? I get body tension. He gets body tension. We are together? It just happens. We are friends."

Will he get married? Of course! Will he have sex with a woman if he had the opportunity? Of course! Has he had sex with other men. Of course, in similar circumstances!

This is linked to a construction around sexual behaviour in Indian cultures, which is to do with pleasure, fun, sexual play between friends, which can be defined by the Hindi word *maasti*. The word is not easily translated, but in a sexual context it means sexual playfulness, and is usually used in the context of sexual play between young men and boys. It is not seen as a serious act, because it does not involve a woman, nor very often is it seen as sex. To some extent it is even socially permissible, "young men letting of steam", as long as it remains invisible. This does not differentiate this form of sexual playfulness from others, for all sexual behaviour, whether socially legitimate (sex between married partners) or otherwise must also remain invisible.

Despite these intense friendships which produce visible physical affection between males of all ages, which sometimes may well led 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 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 perhaps they may be able to afford sex with a female prostitute. Here sex is discharge, opportunity.

Sexual Availability and Behaviours

Sexual behaviour therefore is not an expression of a personal identity. Rather it often becomes one of opportunity, accessibility and personal desire for sexual discharge. The phrase "releasing body tension" is an expression of this discharge.

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

1. Marriage is considered a duty and family obligation, not one based upon personal desire and choice.

2. Marriage is also seen as compulsory.
3. To remain single is seen as an aberration. Cultural beliefs dictate that a person is not an adult until married.
4. But in urban cultures, marriage is often delayed till the male is in his late twenties or thirties, because of cost difficulties in finding the appropriate partner acceptable to the family.
5. The central objective of marriage is the production of children, specifically male children.
6. Sexual pleasure based upon desire, or lust, for one's wife is sometimes considered shameful. The Wife holds a special place in this regard. She is the Mother. A place of honour, for it is she who is charged with the responsibility of upholding family tradition, and the rearing of children. Sex with one's wife is often seen as a duty. The statement "I do duty to my wife" is quite common, meaning I have sex with my wife.
7. This leads to a concept of sexual pleasure being permissible outside of the marriage context for men, as long as this remains invisible. The thought that the wife has sexual desires of her own does not enter the equation.
8. Further what matters is not the pleasure of the partner, but the pleasure of the self. Sexual behaviour becomes one of sexual discharge.
9. Gender segregation, female virginity, loss of honour, and so on often make it easier to access other males for sex than females because women are more policed and socially controlled. The public space of the bazaar and the street is a male society.
10. Such accessibility is also made easier because of the extended family, and the homosociability and homoaffectionalism of Indian cultures.
11. The sense of shame and dishonour arises from a public (community) perception about personal behaviour and the need to fulfil one's (public) duty.
12. Since the concept of sexuality and sexual behaviours is bound up within concepts of sexual discharge, this often leads to frequent sexual partners, rather than forming continuous sexual liaisons with a single person.
13. Often the gender of the sexual partner is irrelevant.
14. This can be expressed by the statement "The person has a relationship with his wife, but has sex with others".
15. Women are much more supervised and policed by family and community, than men.
16. This makes it somewhat difficult for women to carry out socially illicit sexual encounters/relationships.
17. Indian cultures are 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".
18. For other socio-economic groups, primarily middle classes, domestic servants, male or female, become sexually accessible.

All this does not imply that loving bonds between men does not exist. Yes they do. Intense emotional and sexual relationships do exist, but these are framed by the cultural necessity of marriage and children. Very few men or women are able to escape this cultural necessity. There are also frameworks for desire for a specific gender, i.e. men specifically desire other men and seek other men for sex (and sometimes love). Such seeking can often only occur in public spaces. There are no "gay" bars, clubs, discos. Indian public spaces are primarily male. The street, the bus stand, the park, the public toilet, 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 and toilets, behind bushes, in alleyways, on beaches.

Workers in the public arena join in the networks. Whether just for sexual release, money, or actual desire for sex with other men is a difficult question to answer. Taxi-drivers, rickshaw wallahs, malaish wallahs, room service boys and housekeeping men in hotels, waiters 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 maasti.... In Indian urban cultures, 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.

Perhaps we could say that Indian "sexualities", are time and spacially based!

In the middle classes, domestic servants also can make sexually availability easier. The employer has a power based relationship with the domestic servants. There are significant numbers of such owners sexually accessing male or female domestic servants. Further anecdotal evidence exists to indicate that male domestic servants sexually access the male children as well. Sex between the young male sons and the young (and sometimes not so young male servants is not as rare as people think it is).

Such behaviours are not only an urban phenomena. Discussions over the years with several hundred village men between the ages of 15 to 30 indicate that sex between men also occur in village environment. In the fields, in the dark. In the home under shared blankets.

A lot of this sex is between relatives; uncles and nephew, cousins, in-laws, where space and time afford it.

In a variety of research conducted by Naz Foundation (almost nothing effective in research is being done regarding male to male sexual behaviours), the first sexual partner was (in descending order):

- a. cousin (male or female)
- b. an uncle or aunt

Under the blanket

- c. a neighbour (male or female)
- d. friend
- e. male domestic servant
- f. another relative
- g. parent's friend
- h. stranger

What all this says is that in India, sexual behaviour between males is very common, but hidden, invisible, not only because it is not within the public gaze, but also because no-one talks about it. But within this context, the behaviour is bound within the necessity for marriage, desire for opportunistic sex with women, access to sexual space and so on. Further what definitions exist regarding male to male sex, such as the 'hijra' or the 'homosexual' act as frames for hiding such levels of activity. "Of course he isn't a 'hijra'".

What terminology can be used then? I don't know. The title of this book incorporates the word bisexualities, meaning, different frameworks of bisexual behaviours, if I have read it right. But I still believe that this carries enormous risks in such definitions and how AIDS prevention programmes become constructed. Yes, there are a growing number, small at the moment, urban, educated, English speaking, who are beginning to identify with the label "gay". They have "homosex" or "gaysex". Yes, because of marriage, one could say that most Indian male to male sex is behaviourally bisexual. However, I still feel uncomfortable.

Indian male sexuality is amorphous, opportunistic, spatially, discharge based, time-based. Perhaps we need to move away from the reductionist, scientific, and naming process, and accept a more wholistic approach to the issues.

AIDS

In the introductory remarks, it was recognised that the HIV/AIDS situation in India is of crisis proportions. And that part of the crisis has been the refusal to face the reality of Indian sexual behaviours, of which a significant component is male to male sex within cultural dynamics that have a major impact upon both males and females.

But there are a host of other issues, that are having a serious impact on the ability to develop effective prevention programmes as well as care and support programmes.

Here are some of them:

1. Extremely poor sex education. Very little public discussion on sex, except perhaps for the urban elite. Recently I came across an English magazine "Fantasy" which has an article - a how-to article - on anal sex between men and women. A detailed procedure was written, but not a word about anal sex between men, nor a word about condoms.
2. Very poor knowledge of condom usage. Even where men can access condoms, what we are finding is that the majority of men who use condoms do not know how to put condoms properly. There is very little education on how to use condoms. This results in high levels of breakage, slippage, and irritation.
3. The time and space to use condoms is extremely limited. As stated above, the majority of homes have no privacy. Sex is under the blanket and in the dark. Sex is in a space where others will be around. No undressing for sex. Most male to male sex takes place in public spaces. Time is of the essence. For many penetration to ejaculation is often within five minutes. One of the constant questions that men have asked is about "pre-mature" ejaculation. I have jokingly stated that there is no such thing as premature ejaculation in India, rather the ejaculation takes place within the time constraints!
(Similarly I have also joked that there are not heterosexuals in India. Rather there are people who are married or want to get married!)
4. India has extremely high rates of STD infection. In 1992, WHO has stated that India had 94 million REPORTED cases of STD infection. It is estimated that the real figure was probably twice that. And the numbers are increasing as is the infection rate.
5. Most bathing (unless in middle class flats which have their own private bath) is in a public space. Both men and women therefore do not undress completely to bath. Women will wear a sari, men their shorts. The bath situation means lower genital hygiene.
6. In urban areas, high levels of pollution, polluted water, environmental degradation, adulterated food, low hygiene, corruption of officials, over-congested public hospitals, expensive private hospitals, extremely low level of knowledge by the medical profession, ignorance around HIV transmission, AIDS phobia generally (well the list can go on) means that the time frame between infection and illness and death is much shorter than in the West.
7. No coordinated strategy around HIV prevention, and almost no work regarding men who have sex with men, "gay-identified", "bisexual" or otherwise. I am only aware of three small projects in the whole of India working in this arena which receive any sort of funding or support.
8. No support at institutional level.
9. No support from funding agencies, Indian-based or international

Well need I go on.

India still primarily focuses on targeted groups and within these targeted groups only on vaginal sex. Truck drivers, female commercial sex workers (forgetting about male sex workers of which India has a substantial numbers in urban areas), intravenous drug users(but all their education material is about IV use and nothing on their sexual behaviours). It forgets that men also have sex men as well as with women , that for significant numbers of unmarried men, sex between men is their only sexual outlet, either desire based or opportunity-based. That men also have anal sex with women. 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.

To summarise, for a significant proportion of sexually active men in India, whatever their age, their sexual behaviour can loosely be described (very loosely indeed) as “bisexually oriented”. That is while the desire (socially constructed towards marriage and children - as one interviewee stated, “this is practice for when I get married”) may be oriented towards women(in particular the wife) , and may well include sex with a woman as and when an opportunity or finance arises, primarily a female sex worker, but not always, the actual sexual activity is generally with another male, for the reasons outlined above. This behaviour, in the main, does not have an identity structure, although there is a relatively small number of urban, educated, English speaking and reading, middle/upper income, who are developing a “gay-construct”, often within the context of marriage too. Part of this development relates to the access to information from the West, and the impact the West is having economically, politically and culturally. Hollywood, CNN, BBC World Service, books, ideas, and the West’s lesbian and gay politics.

Sexual behaviour takes the place of sexuality. Women’s sexual behaviour becomes controlled and marginalised, if not denied. Male sexual behaviour becomes self-absorbed, and is reduced to one of discharge rather than based upon a desire for the other person. Sex behaviour becomes depersonalised. Sexuality has no construction. The sex act becomes brutalised whether it is between male and female or male and male. For women who desire other women, there is no social space for such a development. Concepts of personal choice, of privacy become lost. There can be no development of individuality.

As a consequence, in the contemporary Indian with regard to alternate sexualities and their expression indicate a brutalised sexual behaviour, shown by the significant levels of vaginal and anal tearing; of an almost indiscriminate sexual activity by men without regard to the gender of the sexual partner which is not defined by any form of identity, but rather by the concept of availability and discharge; by the levels of severe sexual repressions which leads towards moments of brutalised sexual release.

There is a small, but growing movement amongst those whose sense of personal identities and emotional and sexual desires are outside the socially constructed “norm”, to create new forms of identities that enable them to express their desires in healthy and caring ways. Many of these may well call themselves lesbians, gay men, bisexuals and even heterosexuals.

If we are to move towards societies that enable all people to express their best, that gives people the opportunity to develop personhood, that enables people to make choices about their sexuality and sexual/emotional desires, that empowers people to make positive decisions about their own sexual health and others, then this whole voyage of discovery becomes a social imperative.

The impact of all this is extremely marginal on the vast majority of men who have sex with men. Often non-educated, working class, both urban and rural, their desires are shaped by other factors. In Hinduism and Islam, celibacy and abstinence are not central to the belief structures. And although the idea is for sex inside marriage only, social structures and cultural frameworks actually encourages male to male sex more than male to female sex.

In the light of this, it will be necessary to see the concept of heterosexuality as part of spectrum of alternate sexualities and their expression. In such a way can we begin to decentralise the concepts of heterosexuality and its concomitant role within the frameworks of compulsory marriage and heterosexuality.

In terms of AIDS, the development of the range of preventative strategies that are necessary if there is not to be the huge potential personal, social, cultural and economic impact, is an urgent necessity. Already the estimate is of at least one million dying from AIDS within five years. Are we to enter into the next millennium with an uncontrolled spiral of illness and death which Indian can ill afford, which individuals, families and communities do not have the capacity to cope?

June 1996

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Through a window darkly

Males selling sex in other males in India and Bangladesh

HIV/AIDS has generated many new terms in the arena of developing programmes for the promotion of sexual health services and products. Terms such as “men who have sex with men”, and “male commercial sex workers” have been heavily promoted, and where the labels, homosexual, bisexual and heterosexual, continue to be used to define personal sexual identities. More often than not these terms are meaningless in differing cultures, and perhaps, we should be looking at sexual practices and locate them within indigenous cultural terminologies and identities.

In India and Bangladesh the term homosexual has been used by UNAIDS, foreign donor agencies, and governmental as well as nongovernmental AIDS agencies to identify males who are anally penetrated by other males, whilst the word heterosexual is used to define those who practice vaginal sex. But people are not so clearly divided by monotheistic sexual practices. What about anal sex between males and females? Does this define “heterosexuality” too? And there is certainly a significant amount of evidence to indicate that many males who have anal sex with males (both penetrated and penetrator) also have sex with females, and this behaviour includes both anal and vaginal sex. Sufficient anecdotal evidence exists also to indicate that many males within India and Bangladesh begin sexual activity at ages of 10 and younger. Can the term “men” encompass their activities and needs? (1)

Within India and Bangladesh (as well as within the other countries of the South Asia region), there is a high degree of amorphousness within the indigenous frameworks of sexualities and identities that most males have. Here identities are mostly based on family, community, and social frameworks, and to some extent participation in particular sexual practices, that of penetrator or penetrated. It is not based so much on who you are but on what you do, and in what context your social life is constructed

The term “commercial sex worker” was promoted by the AIDS “business” to de-stigmatise what were once called “prostitutes”, a word that was seen to carry a great deal of shame, dishonour, and stigmatisation. This process of re-naming now appears to carry a sense of “political correctness”. In any AIDS meeting, or conference, or workshop, use of the term seems to be mandatory, whether in the London, New York or Calcutta. Does re-naming prostitution dignify “sex work”? I well remember a conversation I had in a village in Orissa with a small group of women, where wives would often say that they “did work” with their husbands, meaning that for them sex with their husband was seen as work. Husbands would state that “they did duty” to their wives. What are the local terms for so-called “sex work”? How do people name themselves? How do individuals at a local level feel about this? Is the new language being imposed from on high? How do you translate these contemporary terms into vernacular languages? And if prostitution is now renamed as “sex work”, then what about the women in Orissa quoted above?

This relatively new term of “commercial sex work” seems to carry a sense of choice, that “sex work” is just another job, a job that one can leave at any time. It reduces what is a complex issue, resulting in frameworks that can dehumanise the struggles that the vast majority of male and female “sex workers” (I don’t want to get into trouble!) go through just to survive. For the vast majority, “commercial sex work”, or whatever name you give it, is a survival strategy for these individuals. For most it is enforced by the context of their lives, one of poverty, degradation, homelessness, hunger, and what often seems as powerlessness, a form of slavery to economic, social and cultural deprivation, stigmatisation, and marginalisation. And for many it is slavery; kidnapped, sold, raped and forced to lay down their bodies for others to discharge into. For most males and females involved in “selling” their bodies for cash, for clothing, for food, for shelter, it is their only option.

The term “sex work” appears to imply some form of equality in economic and negotiating power, a labour contract between the customer and the provider. But can this be true in a city like Calcutta, Mumbai, or Dhaka, or in any city in any developing country, where poverty, hunger, homelessness, family deprivation are factors that shape so many lives and where the existence of significant numbers of such “workers” below the age of 14 can be seen as primary “wage earners” for their families? Too often there is no other choice, no power to negotiate labour terms and working conditions.

Alam is a 9 year old boy living in Dhaka, Bangladesh. Every evening you will find him at M., a religious shrine where some 150 male “sex workers” congregate regularly. Their “customers” are local rickshaw drivers, truck drivers, shopkeepers, worshippers, and other men, who also come there for sex. He will charge anything between 20 - 100 taka (2) per customer. On an average evening he will get about 5 customers. Sex is penetrative, and no condoms. The *boys* (3) vary in ages from 8 to 60, and call themselves *kothi* (4). Not all sell sex in this place. Some also come to find *panthis* (5) for “fun” sex and penetration. The differentiation between those *kothis* who sell sex, and those who come to have sex is very narrow. Many of these seeking fun sex also receive small gifts, such as a item of clothing or some other gift.

Alam now wears lipstick, acts in a feminine manner, sways his hips seductively at passing men, and hopes one day to find a *panthi* to take care of him. The money he earns helps feed his family as well as buys him his makeup and “sexy” clothes. His parents don’t ask where he gets the money as he tells him he has a job working in a rickshaw repair shop. They need his money to help feed his five brothers and sisters. The father has no work and drinks heavily. The mother is pregnant again.

I have been coming here for a year now. The first time I came here with a friend. He left after a little while and I stayed behind because I saw all these “boys” who had make-up on. A man approached me. He offered me 20 taka. I was hungry so I did it. The other kothis here are all my friends. Yes, I am a kothi now. I will find a nice “husband” for myself one day. He will look after me and my family and then I will stop this life. But that might be hard because I like all these men.

Zahid is 62 years old and operates in the same place. He has a wife and four children, known as a *tokai* (6), and is a pavement dweller. He calls himself a *kothi* too, but only in this place. While he likes to be sexually penetrated he will charge for it to supplement his daily income to buy food for himself and his family.

I can only ask for perhaps 5 or 10 taka a shot because now I am old. What can I do? Look at me, I only have this old lungi (7). I can’t afford to buy myself another piece. I have my family to feed, look after my wife and children.

For us to use the western constructions of sexuality and of AIDS is to loose sight of local realities and languages, local sensibilities and constructions. Use of them create frameworks which are nothing to do with the realities of people lives, how they see the world and themselves, and how they “fit” into their worlds and survive.

This essay is about males who sell sex to other males in India and Bangladesh. In this context, the term “sell sex” is used loosely, for while the exchange may well in cash, it can also be a meal, or shelter or clothing. It can also be opportunistic and situational. And who is to say that some of us do not submit to the discharge of others for the sake of love and affection as the exchange?

Arjit is a cycle rickshaw driver in Calcutta. His net income is about 800 rupees (8) a month. He is 25, has a wife and two sons living in his home village outside Calcutta to whom he sends about 400 rupees every month. He is a pavement dweller. Sometimes he is approached for sex by middle class customer who, while riding the rickshaw will ask all sorts of questions leading to a sexual proposition.. Arjit obliges where there is space. Usually the man asks Arjit to penetrate him. Sometimes the man will give him oral sex too.

Once there was this student, about 21 I think. He was very nice. I kissed him and hugged him as well. After we did sex in this building site he took me to the market and bought me a very nice shirt. I see him every couple of months, and we do. it.

In one month I will get this opportunity perhaps 2 or 3 times. I like the sex as well. Also every month, I go to one of the girls in my area and have sex with her also. But this costs me 50 rupees. This way I get more sex, I get a gift or money, and I get to release my “body tension”. (9).

This essay arises from the conversations the author has held over the last four years with hundreds of males who have sex with other males, whether for cash or gifts, or because of “sexual tension” and “discharge”, or because of same gender desire. These conversations have been held in Dhaka, Calcutta, New Delhi, Mumbai (10), Chennai (11), and a variety of towns and villages. There have also been a range of Naz-sponsored consultation meetings, workshops, focus groups, and seminars. Their sexual histories, explicitly told, were part of discussions reflecting their lives, their hopes and aspirations, their needs, spoken quietly in parks, bus stands, hotel rooms, lake-sides, in rickshaws and tea shops, in taxis and on the street. Gaining trust and confidence through self-disclosure and friendship, the people I talked with were primarily from lower-income groups - “the working classes”, “the labour classes”, pavement dwellers, - speaking in their own languages. They were hotel boys, shoe-shine boys, rickshaw drivers, taxi drivers, tea boys, *kothis*, *panthis*, construction site workers, gay-identified men, truck drivers, “male sex workers”.

Whilst this essay primarily focuses on males from lower income groups, this does not mean that male to male sexual behaviours and males selling sex to other males does not exist at other class/economic groups. Of course it does. Here though terminologies may well be different, with emerging and recognisable gay identities being formed within these class groups. Within the male sexual

networks accessed by middle and upper income groups you will also find similar stories as below, with the clearly identified male prostitute, the hustler, the pimp, and all the layers of interaction that go on, from sex parties, to street and park hustling. From the 10,000 rupee a night (about £200) to the 500 rupee for a two hour session.

Ranjit is a student studying in a college in New Delhi. He is 19 years old, comes from a middle class family, speaks English fluently, watches MTV, wears Levi jeans and likes Haagen Das ice cream.

I started selling sex accidentally. I was in this park in central Delhi one evening, and this man approached me and offered me 200 rupees for sex. I was feeling "hot" and I thought why not? The last time I had done anything like this with another guy was when I was 16, when over several months, I and my friend would play together. So I did this guy, got the money, and thought what an easy way to get some money. My parents never give me enough pocket money. So perhaps a couple of times a week I will come here. Here there are "good people", you know clean, come from my class. No "dirty" people here. I usually get taken to a local hotel, or sometimes to the guy's home when his wife or family are not in. Sometimes I will also go to nice, posh hotels and sit in the lobby. I know some to the staff in these hotels, and they sometimes will arrange a meeting with a particular hotel guest. I have to give them a percentage though. Or sometimes I get invited to parties where I can get a client

Now I have more experience I can charge much more money. Sometimes I get 1000 rupees, sometimes 5000 rupees. I usually spend the money on clothes or music, but I am also saving what I can for my future. My parents don't notice anything anyway. I tell my mother I have a part-time job. My father is not interested.

Sameer is also a student, 21 and from a middle class family. His father died two years ago, and his mother struggles to get enough money for his family and for Sameer to finish his college education.

I have to do this if I want to finish my education, and get a good job afterwards My mother tries in her job, but it is a real struggle. I tell my mother that I have a part-time job, you know, computer stuff which explains the money I bring home. If I didn't sell my arse, we wouldn't really have enough money for me to finish my studies.

How much do I get in a month? Well perhaps 10000 rupees if I am lucky, but usually between 5000 to 6000. I know this other guy, a top-class model. Sometimes he can get 10,000 rupees from a rich businessman. or film star. He stays the night with him. This guy is going to introduce me to someone like that soon.

But 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.

The majority of the "park boys" we talked with 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 *kothis* working the parks. "I only like "real men" was another. But "real men" don't touch the genitalia of their partner. They just penetrate or receive oral sex. To touch is to show that you are not a real man. To receive or give anally or orally is the measure of one's identity. They had their own language, a *kothi* language, and they named themselves *kothi*. The word *panthi* or *giriya* (a word used in New Delhi) was their term for a "real man" who was sexually active with them.

But for many others, no sexual identity appeared to be operating.

Says, Salem, a housekeeping boy working in a hotel in Dhaka:

Its very hard to find a girl who will give you sex. here. Everybody watches what a girl will do, who she is with and so on. I have been having sex with my friend since we were 13. We had been sharing a bed in my home in our village, and he started holding my cock. Well it was nice so we did. Then I came to Dhaka to go to a school here and the boys in the hostel were all doing sex with each other. We would watch a blue film, get hot and then start to play. Sometimes we would save up some money and go to a woman prostitute. A clean girl, but very costly. Girls here don't give you sex. You can kiss them, you can "breast pump" them, but getting it inside. Very hard and difficult with no privacy. Then I started working here at this hotel and this hotel guest offered me 100 taka for a massage. Well money is money. So after my duty shift I did it. The man was only wearing his under-shorts when I came in. I started the massage and he got hard very quickly. He offered me more to shake him. So I said whatever, and did. I got 200 taka from him. Now I get perhaps 3 or 4 hotel guests a month. Sometimes they want to fuck me, sometimes I fuck them. Sometimes its thigh sex. Its great. I get regular fun and extra money. I know there are several other boys who also do this, and I have a friend in this 5-star hotel who gets quite a lot of money this way.

In the parks, bus and railway stations, and many other sites there are often social networks in operation amongst males selling sex.

The “guru” or focal point was usually the oldest person, who could be of any age. Age was the dignifier. South Asian cultures centre on respect for age. The older male is called uncle, but in the parks will often be called aunty. In one park in Delhi the oldest person was 42 and was still selling receptive sex. In fact the majority of sex for sale in these environments was receptive anal sex. I have yet to come across “boys” selling sex as the penetrator amongst these low income groups. *Kothi* boys do not penetrate, so they stated. They are always penetrated, whether the sex is free or for a price. Similarly, *panthis* are never supposed to be penetrated. If they are then they are not *panthis*. However, many rickshaw drivers, hotel boys, and others spoke of penetrating their middle class clients, younger males, friends, and others, as well as being penetrated themselves.

Within the parks these networks are seen as very important to the “boys”. When a new person of whatever age comes into the park there is pressure to join this network, where rules are agreed, what you can do what you can charge, who to avoid. Often the park *darwan* (12), the local police and other notables would get their discharge for free or for a lower rate. Violence and harassment are part of their lives. From customers who refuse to pay, to local “rowdies” who come in groups, and beat the “boys” before having sex with them to the local police who may take some of their money as well as do sex to them.

It took some time to build up enough trust for them to be truly open about their lives. An example of this were a group of shoe-shine boys who I met in a park in Delhi, where a lot of foreigners would go to sit and gaze after a tiring walk around the gift shops. After an initial couple of visits making friendships, it was easy enough to talk about their sexual encounters with local girls, or with “female sex workers”, or with some of the foreign women. But it took two years of visiting these young males aged between 14 and 25, before several of them would tell me of their sexual activities with other males, both local and foreign. With foreign males they would charge something like \$20 a time. With the local males, it was discharge, it was pleasure of sexual release, it was *maasti* (13).

Similarly, talking with young cycle rickshaw drivers in Calcutta, whose homes are their rickshaws and the streets, after two years of getting to know them, visiting Calcutta twice a year, they began to use the term *jiggery dost* (14) to express their sexual activities amongst themselves. They began to speak of sex with certain customers who used their rickshaws, and how they sometimes would get cash (on average 50 rupees a time equivalent to \$1.50) Whereas in prior visits they were only able to tell me of their sexual encounters with local “female sex workers”.

So many stories over the years. Each unique, individual, and yet all sharing similar threads, whether it is Cochin in the South India, or Dhaka, in Bangladesh. From Mumbai to Calcutta. From a little town in the hills of Uttar Pradesh, to a village in Orissa. It has taken time for these stories to be revealed, with patience, support, trust.

The stories reported below are just a few to engage in what I could term the essence of SOME frameworks of “sex work” in India and Bangladesh. Four stories are from India, two from Bangladesh. I have restricted the frameworks somewhat. “Boys” sell sex in a wide variety of locations, situations and life conditions, from the 7 year old boy at a railway station earning his food and shelter for the night to the room service “boy in a hotel who can supplement his meagre salary. From a boy working in a tea shop who must give his body to the tea shop owner to keep his job to the “boy” in a park who defines himself as a *kothi* and sells sex to keep his family free from hunger. From the rickshaw boy who can get a nice new shirt or a few rupees more once in a while to the full-ti me “worker” who totally relies on the income earned through sex.

Names of all the people who shared their stories with me and are reported in this essay have been changed.

Kamal, Dhaka, Bangladesh

Kamal is 21 years old, lives in Dhaka and works as a lift boy in one of the larger hotels. He goes to the park 3 or 4 times a week, where he averages 5 clients an evening. He has many friends in the park, all who sell sex. Like the other boys in this park he has been taking oral contraceptives so that he can develop his breasts, which are now quite enlarged. He states that the men like him to have big breasts because they like to squeeze them when they fuck him. They do the same to girls he stated.

I suppose the first time I did sex was when I was 8 years old. My uncle had visited our home when I was with my family in C, which is a village close to Barisal. We were very poor, and had only two rooms for our whole family. So my uncle shared the floor space with me. That night, he pushed his cock between my thighs and came. Only for a couple of minutes really. It felt nice, and he was a nice uncle, so I never said anything. He gave me 5 taka the next morning. Not that my family would have believed me, and what could I say.

This went on for several years every time my uncle came to visit. After a couple of years, we were alone in the fields, and that was the first time he fucked me. It was painful, but after several times I got used to it. There were also a couple of older boys in the village who also used to fuck me.

I went to live in Dhaka with another uncle where I worked in his cycle rickshaw garage. I was 13, and there were two other boys of the same age as me, a couple of older boys about 17 or 18, and my uncle. He and his wife and children

lived behind the garage, and I slept with the boys inside the garage. After the garage was closed, the older boys used to fuck us younger boys at least once a week. Sometimes they may buy us younger boys a shirt or a lungi as a gift.

I was 14 when I started coming to this park. The first time I came here it was early evening. It is close to my home and I had come to see a friend. Usually I would come in the afternoons. As I walked through the park, I saw several boys, you know, walking in that way. Some of them were even wearing lipstick. I was interested, so I sat down on a bench. Then I noticed a man go to one of these boys, talk for a few minutes and then go into the bushes, there.

Then just after that, when I was wondering what was happening behind the bushes, one of these boys came and sat next to me. We started talking, and he told me what was going on. He took my hand, looked at me and said that I could make money like this. He described himself as a kothi and the men as panthis. He said he would help me. I forgot about meeting my friend and that evening I had my first client.

My new kothi friend explained to me the prices, how to do in the park, who the panthis were. I got to know the other kothis selling sex., there are about 50 of them here every night. Between us we do about 300 men every night. I also get to see the other kothis, the one that do not charge. They have their own section of the park though, and we don't mix too much. They are all from higher up, you know students, shop-keepers and so on. They wear jeans and shirts, live in nice homes. Not like us.

When I was 17 I had this customer who used to work in this hotel. He said he could help me get a job. That's how I started working as a lift boy. I left my uncle and moved into this man's home. He had a little room to himself. We started living as husband and wife. He is really married with four children, but they are all in his village near Comilla. He buys me nice clothes sometimes.

I stopped going to the park for a little while, perhaps for 6 months when I moved in with my husband. But I missed all my friends. So I started coming back for an hour or two each day and did not tell my husband. Then a client would approach me and I would do and get extra money. I never tell my husband.

I have also had offers in the hotel. Sometimes I take a hotel guest in my lift and if we are alone they will invite me into their rooms. This is difficult since I am not allowed into any guest's room. But usually I can get 15 or so minutes after my duty shift, when I can say I am in the toilet or whatever. Then I go to the guest's room. I can make quite a lot of money that way.

I send something like 2500 taka a month to my family, and use the rest to buy make-up, clothes and help with the room rent and food. My husband thinks I give him the money from my job at the hotel.

I like it here in the park. We kothis stick together, help each other. There are some very poor kothis here and sometimes I will give them some money or buy them a gift, or give them food, when I have had a good week and have extra money.

Khobir, Dhaka, Bangladesh

Khobir is 14 years old works as a table boy in a small tea shop/restaurant in Shantinagar, Dhaka. He has been working in the shop since he was 8 years old. He came to Dhaka with his oldest brother who is a rickshaw driver.

Khobir lives in the tea-shop with the other boys who work there. There is an age hierarchy, the young boys cleaning the tables, then those older serving the tables. There are several boys who are in their late teens and early twenties. None of the boys working in the tea-shop are married, except for the owner who also sleeps in the tea shop.

My brother first fucked me when I was 5 years old. I was the youngest and he was the second oldest at 15. He would do this about twice a month.

It was my oldest brother who took me to Dhaka. He had already been in Dhaka for several years and worked as a rickshaw driver. He had a friend who worked in this tea-shop and that is how I got this job. I earn about 500 taka a month and I send 400 taka a month to my family.

When I first came here to the tea shop and my brother left me, I was scared but I had a duty to my family so that was that. After a couple of months, one of the older boys called me over to him when we were going to sleep, and asked me to sleep with him. This wasn't unusual as several of the boys slept together under their blankets. When I got under the blanket with him, he started to pull my lungi up. I resisted, but he whispered that if I didn't obey him he would tell the owner I was a bad boy and I would lose my job. So I stopped resisting. I knew what to expect because of my brother, so when he started fucking me, I didn't make a noise. It was over in a few minutes and he turned around and went to sleep. This boy would fuck me 3 or 4 times a month. Some of the other boys would also fuck me. The owner has done

it several times too.

When I was fourteen my thing grew large and I started fucking the younger boys in the shop.

Sometimes, a customer comes in who likes me and gives me a tip, maybe 5 or 10 taka. They usually ask my name and then go on to ask me to meet them outside later. If they are nice I do, and then we go somewhere and he fucks me. Usually he will give me another 10 or 20 taka for this. This money I save and send to my family every month also.

My family are very poor. They are farm labourers, and have no land of their own. My brother who is a rickshaw driver also sends money. My other brother is still in the village. The rest are my sisters. One of my sisters is already married, but with the other two we have to collect enough money for dowries. And that is a lot of money, easily 50,000 taka.

I would like another job which pays more money. I ask some of the customers quietly, especially the ones I do sex with if they can give me a job. I want to earn more money. Here I get very little time to myself. I work 7 days a week, usually from early morning to late night. I get some time to go to mosque, which is when I get a chance to meet some of the customers who want sex with me. I also want to save for my marriage when I get older, perhaps when I am 25.

I have never had sex with a girl, because there is no chance to. Where can I meet girls? And I can't afford a prostitute. So all my sex at the moment is with the boys in the shop or with some shop customer. I have had sex with a foreigner once. He was German and had come into the tea-shop. He was very nice to me. And I got a lot of money from him. He bought me some nice clothes as well. I was very sad when he had to go back to his country.

Rajesh , New Delhi, India

I suppose I must have been about 7 years old when I first had sex with another boy. I was the youngest of 6 brothers and sisters, and I lived in a small hut in a slum colony in Calcutta with them and my mother and father. Everyone worked. I used to go rag-picking and maybe I would earn about 20 rupees a day if I was lucky.

That evening, my family had gone to visit my mother's sister's husband, and I was left alone with Suresh. He was my eldest sister's husband's brother and he had come to stay with us from his village while looking for work. He was 21 years old. He had come home and he had brought a bottle of beer with him and a sexy magazine. Then he started drinking the beer and looking at the magazine, and all the time his hand would go down there, you know, rubbing it against his jeans. I was looking at a picture book, can't remember what it was, and then he called me over to him. The magazine was on his lap and I could see these naked men and women, all foreigners. I asked him where he got it from. He said from a friend, and did I like the pictures. I had never seen naked women and men before. It was interesting. Then he put his arm around my shoulders and said to come and lie on the bed with him so we could look at the magazine together. First he locked the door, then we lay on the bed with the magazine between us. His hand was between his legs, rubbing up and down, and he saw me looking at his hand. He removed it and said "look, it is hard". I didn't understand. "What is hard?" I said. Then he said, "I will show you", and he lowered his pants. His thing was standing up surrounded by hair. He then pulled my hand and told me touch it. I was a little bit scared but I touched it. He seemed to shake, and then moving the magazine to one side he hugged me. He pulled my pants off. He touched mine, and told me that one day I will be as big as him.

Then he asked me to move my hand up and down on his thing. He showed me what to do, which I did. A few minutes later I could feel his body tense, and he hugged me tight. I felt a wetness between us, and his body shook. Then he moved away, looked at me, smiled, and said don't tell anybody. He then went and washed, told me to wash, and then said go to sleep. About an hour later, the rest of my family came in.

Suresh did sex to me several times after that until he moved to New Delhi for work. After Suresh, I did sex with my uncle, a couple of my friends, and some neighbours. Many times it was gand (15). They would call it maasti.

When I was 14, my father sent me to his brother in Delhi. There he was living with his wife, his two children, my brother and his wife and their one child. We only had one room and all sleeping in same room. Sometimes the men would sleep outside. I started working in my brother's shop, cleaning, bringing tea, helping to mend the auto-rickshaws. I had been in New Delhi for about 2 months when my uncle took me to this park. It was a very large with many trees and bushes. It was about 6 o'clock in the evening and just growing dark. There were few lights in the park, and there seemed to be many men walking around. I could sometimes see two men go behind a bush, or behind a tree where it was much darker, then after a few minutes they would come out and move away from each other. I didn't know, but I sort of guessed what happened. Then my uncle took me behind this bush and did me. I wanted to do it, but I was very scared. It was outside, and maybe someone would see us. When he finished, we came out and he gave me 20 rupees. It was the first time someone had given me money for doing this. He said he had to go just around the corner to see a friend, that I was stay here in the park and wait for him. He would be gone for an hour.

When he went away, I was excited. I now knew that men come to this park to do sex. I sat on a bench and within a few minutes another man came sat next to me. He asked me the usual questions, you know, where I am from, where do I live, what I am doing in the park. Then he said he wanted to do sex with me and would give me 40 rupees. Where I was working, I would only get about 20 rupees a day, which I had to give to my uncle for food and room. If I did sex with this man I would have 40 rupees which I would keep to myself. So I did it. After we finished, I handled myself also.

Now I have been coming to this park for the last four years. I have made many friends here, and am a kothi like the others. There are about 40 to 50 kothis here in the park and we look after each other, help each other and so on. I make maybe 1000 rupees a week. Some of this I send to my family in the village. I still work in the shop. Because I had picked up some kothi habits, the boys in the shop would also fuck me, including my uncle. But they don't pay. Maybe they would gift sometimes, or take me to the cinema. I only get 1000 rupees a month in the shop. My brother has now gone to the Gulf with my uncle these last two years and I stay with my aunty and my brother's wife. I pay room rent and for meals. Without my sex in the park, I would not have enough money for myself and my family.

The boys here have taught me a lot about sex. What to do, what not to do, who is dangerous, who to look out for. With them I have learnt to be kothi which brings me more men for sex and more money. I walk this way, I use my hands that way, my voice I make higher.

Sometimes it is hard. Each night, maybe 5 or 6 men come and fuck me. They are so fast, and they don't use anything, and sometimes I bleed. I always have problems there. Piles. Yes, I have had these diseases. I go to a friend of mine who gives me something. A few days, or maybe a couple of weeks, it goes away. I have heard about condoms, but many men don't want to use. Anyway, sometimes it is difficult in the park, you know to take time to put on condom. And who is carrying condom anyway?

It is like two lives, one is my park life with my friends, one is my street life with my job. I am like two people, and this gate is the line. Maybe I want to stop, because now I want to find a friend who I can be with as my husband. My other friend here, he has a husband.

I remember once, it must have been about a year ago, this student boy came to the park, and he liked me. He said that he would fuck me, but then he wanted me to fuck him as well. I had not been asked to fuck anyone before. So I did. I am not sure if I enjoyed it really. But I did not ask him for money. I felt that when the boy asked me to fuck him, I was honoured by his request. Me a kothi. Fucking him was like being a man. Sometimes I think I am a man, but when I come to the park, I am not a man. I never told my friends here.

I will have to get married soon. This is a problem. What to do. For my family I have to marry. I have never had sex with a girl. Maybe I should go to prostitute and do sex with her just to see if I can do it. But I don't think so. I will keep putting my family off as long as possible. It is hard when everyone is saying get married, get married, all the time. I am only 18, but still they want me married.

How long will I come to park for money? As long as the men like to do sex with me and give me money. Sometimes I see a very handsome man, and I want to do sex with him, then I do not ask for money. I think maybe this man will choose me as his wife. Some men want to see me regularly, once a week, once a month, whatever. Sometimes I have been taken to the man's home, or he takes me to the guest house just around the corner. Maybe God will punish me, but what to do. I need money. My family needs money. They need food to eat. How can God punish me for that.

Rafiq, Calcutta, India

I think I am 10 years old. I have been staying here at this railway station since maybe for five years. My parents and I with my sister came here from a small village, and we used to all live together. They told me we had to come to the city as there was no work in the village. Then first my sister died, and then my parents died. For the last two years I have been on my own. Well not really on my own, as I am with the other boys here. We are a gang.

Our gang is about 20 boys and girls, mainly boys. The oldest is 14, and we have one boy who is 7. None of us have families. We live here sleeping near the station.

I am always hungry. We all are. We beg here, you know, from the passengers, sometimes we thief when we can, you know steal wallets, purses. Passengers rushing around can be so careless. Sometimes we are lucky, some foreigners come here and we can beg lots of money from them. Other times we help passengers with their luggage and they give us a little money, a rupee or maybe two. But all this is never enough. Never enough food...

I first had sex when I was seven, just after I joined the gang. Ramesh, was the leader then, but now he is in some sort of home the police took him to for stealing and other things. He was then 14. We usually all sleep together, and it was

cold that night. I was the youngest, and Ramesh chose me to keep him warm. Sometime he woke me up and told me to turn towards him. He put my hand on his "thing". It was hard and warm. He told me to move my hand up and down, and almost immediately this warm liquid came into my hand. He told me what it was, that I would one day be able to do the same thing, and then he told me to go to sleep. The next morning we never talked about it.

Over time I learnt that all the boys were doing it with each other, the older with the younger, and also with the girls, but only the older boys could do it with the girls.

It was about one year later that I got paid to do this sex thing with an older boy who was in a different gang. He was about 16, and he gave me 5 rupees to let him fuck me. I felt a lot of pain, but the money bought me food. Then Ramesh showed me this toilet, where lots of men come for sex with each other. He showed me the railway porters and the local stall people who like to do it. I began to earn money through selling my arse. Sometimes they asked me to use my mouth, sometimes my hand, but mostly its my arse. Maybe I can make 100 rupees a week, and I use to give some of it to Ramesh. Now I give to Debanuj. He is the leader now that Ramesh is gone.

I have done it with a girl. I know I don't have hair, but sometimes my thing gets hard. When it does I go to Ramala and share her blanket, if she is isn't with anyone.

One of the younger kids, he is in hospital right now, Chiku, this police wallah came and forced him to do it. This policeman was huge, and just shoved it in. Chiku was crying, and he was bleeding, his pants around his ankles. What could we do? We don't charge the police anything, and many times we can't charge these other men anyway. Only if they are kind will they give us a few rupees for this.

I suppose I will keep on doing this, whatever, I need to have rupees to buy food, or steal it.

Sethya, Chennai, India

I first had sex with another man when I was 18. I had wanted to before but I was always scared to try. Ever since I was 12 years old, I wanted to. My family is small, only one sister, and my father is dead. I had my own little room. I used to masturbate all the time, thinking on some man who I would see on the street, who would hold me, hug me, kiss me. We are a poor family, and I started working when I was 14 years old.

I met this man on the beach near my home and he asked if I would do oral sex with him and he would give me 50 rupees. He led me to this dark spot against a wall. I did it, my first time.

Even though he didn't touch me and there was no kissing and hugging I enjoyed it. It was very quick. The money was good. I didn't earn a lot in my job as an office boy.

I am 24 years old now. I have been coming to this beach these last 5 years and since I lost my job 3 years ago, every evening, I earn perhaps 200 to 300 rupees in any evening, which I give to my family after I take out what I need for myself. Clothes, cinema, food. I tell my mother I have this office job which explains the money I give her. She doesn't have a job now, and I am also saving for my sister's wedding. I need a lakh rupees (100,000) for her husband.

Sometimes I enjoy sex with a couple of neighbourhood friends that I have. One is married, but he complains all the time about his wife and says that she never does the things I do for him. And then he says she is too lose after the children were born and she won't let him fuck her in the arse. So what to do? Sometimes there is a "hot" movie on at the cinema, and I can also find sex in the toilet. There I choose a handsome boy to stand next to and make sure that he knows I am willing to do. Never fails. There I usually do oral sex and perhaps hand sex.

I also have regular partners, who I see maybe a couple of times a month. Then I go to their homes and enjoy sex with them. Then there is hugging and kissing which makes me feel very nice. I like that.

I have got to know a lot of the boys on the beach here, and that is where I learnt a lot from them, the prices to charge, who to be careful of, who to avoid. Here I learnt about myself as a danga (16). Now I see myself as a danga. I make perhaps about 1000 rupees a week. I am looking for a real man who will take me as his partner. I will look after him and be a good wife to him.

Anil, Mumbai, India

I used to live with my family in our village near Almora which is close to Nainital in Uttar Pradesh. Our family were farmers. My father's second youngest brother had moved to Mumbai and he would send money to his wife every month. When he would come to the village every year for a couple of months to help, he would tell us all wonderful stories about the film stars and the rich city. All of us envied him.

I had sex with my uncle when I was 12 years old on one of his visits. Anita (his wife) was sick with another child, and he had come to visit our hut, talking with my father, his brother. He stayed the night, and we shared my blanket, and things happened.

During that stay we had sex together several times. At that time he was 27 years old.

I have now been on this beach for about 4 years . Came here when I was 15. My uncle had suggested that I come here. Told my father he would help me get work in the city. That first night in Mumbai, after my uncle took me around Juhu Beach area so I could see where the famous film stars live, and around the Gateway of India, Taj Hotel, and so many places, we did sex in his room. He told me how I could make lots of money through giving massages and sex to men. Then I could send this money to my family and help them. The next day he took me to this beach, and let me watch. There seemed to be so many boys working here. I could see them bending over this man or that man, kneading their backs, arms, legs. Sometimes I could see their hands moving in the crotch area. A couple of times in the very dim light I could see their faces bending over the middle part of the body. After my sex with my uncle I guessed what they were doing. Seeing this made me hot.

When we went back to my uncle's room he showed me what to do, how to give massage, how to suck, how to give pleasure, what prices to ask for. I practised on him.

Over the next week I would go to the beach with him and just watch. When the police came to clear us out, we would stand by the road side. There some people would drive pass in taxis or their own cars and stop to pick up a boy and then drive of. My uncle said that they would take the boy to a hotel room or their own house and do sex there. The price was always higher.

Then after I had been with my uncle for a few days coming to the beach and just watching, and standing with him on the side of the road, this car stopped. A man maybe about 30 got out and came to us, and asked me to come with him. I looked at my uncle and he told the man that since I was new in Mumbai we would both come. The man grinned and said OK. That night I did sex with my uncle while the man watched, then the man did sex with both my uncle and myself. He paid us 500 rupees. My uncle gave me 100 rupees and said that was because I was just a beginner.

The next day, with this money, I got myself a towel, oil and a little bag and with my uncle we started out on the beach. After a few minutes we separated and each of us went to work. I earned 200 rupees that night.

Sometimes I get fucked. Sometimes I am asked to fuck. Sometimes I suck, other times I get sucked. On the beach its mainly hand sex and sometimes mouth sex. Anal sex is always in a room. It all changes. I enjoy the sex, although I am careful not to lose too much seed. I sometimes still do sex with my uncle, and I have other friends who I do sex with. Once in a while I go to female prostitute for sex also. I send my family about 2000 rupees a month, and now I have my own room. My family now are arranging for my marriage. They have arranged it with a local family in the village and next year I will get married.

I will still come here to the beach. What other job would give me over 4000 to 5000 rupees a month. I can't read or write, I have no education. This way I can earn a lot of money and enjoy the sex. Sometimes though it is hard. Some customers are a real problem. Sometimes they hit me, refuse to pay. And the police, they are just as bad. Like the other boys I pay my share to them. But sometimes, they come onto the beach take some of the boys back to the station. There they will take all our money, sometimes fuck us, and then send us out. But what to do.?

Sometimes rich ones come here, pick up a boy and take them to their homes. These boys make a lot of money. So far that hasn't happened to me. I should try harder.

I don't know what will happen in the future. My uncle has left for Delhi where he has got as job as a driver through one of the men he met here. There are boys here who are over 30 and still working. Mind you the younger you are the more you can charge. I suppose one day I will stop, find some other work that can pay as well. We shall see.

There are no estimates as to how many "boys" sell sex to other males in India or Bangladesh, whether it is for cash, clothing, food or shelter. Nor how many male customers they have. Many of these boys speak of anything between 3 to 12 sexual partners in an evening. What is clearly evident from the many stories over the years, is that the number is large, and is at least as numerous as the numbers of female sex workers, if not more. Such male sex workers would include the full-time workers in many parks, beaches and other sites whose main income is from selling sex, to those who are rickshaw drivers, taxi drivers, truck drivers, hotel boys, tea/restaurant boys, and other service industries who offer sex for some form of payment as a supplement to their regular income.

In some discussions with a number of *kothis* selling sex in Dhaka and where over 30 specific sites, including parks, streets and religious sites were identified as areas where males were selling sex, not including the innumerable guest houses, hotels, rickshaw and truck stands, bus terminus, and other areas, their estimates averaged around 50,000. Whilst this may appear to be a high figure, I find it difficult to dispute this because of the visual and anecdotal evidence.

These boys also stated that there were a further 150,000 other *kothis* in the city who did not charge for sex.

Dhaka is not much different from other major conurbation in South Asia. And if you include all the urban areas, from major cities through to small towns and many of the larger villages, the numbers of males who sell sex to other males for cash, food, clothing or shelter, must be seen as enormous, certainly in the hundreds of thousands. Whilst the numbers of males who have sex with males must be seen as being in the millions.

As expressed earlier, 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 *kothis*, *panthis*, and even *do-parathas* (17) or *double-deckers* (18), often these identities are spatially as well as behaviourally constructed. There were also not clearly delineated. That is whilst *panthis* and *kothis* 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 *kothi* to admit that he also penetrates, or for a *panthi* to state that he also gets penetrated was considered shameful and causes one to lose their identity. When two *kothis* have sex with each other it is called *chapati-chapati* and is likened to sisters have sex with each other.

At the same time, those *kothis* who are penetrated and receive cash or gifts are situationally within a context of family need, marriages, poverty, hunger and sometimes homelessness. Also many middle class *kothis* may buy penetration from rickshaw and truck drivers and other males who do not have a *panthi* identity at all, where the penetrator sees the *kothi* as a sexual opportunity for discharge with the added bonus of a gift of money.

Significantly, all the *kothis* I spoke to about the “selling” of sex spoke of their family needs. Getting cash or gifts for sex was a method of sustaining themselves and their family. Not one spoke of keeping all the money for themselves. This does not mean that this does not happen. It means, I believe, that family context and poverty are the 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 these differing dynamics, except perhaps with those evolving and with emerging gay identities. What boundaries did exist as such were based on social class, education, economic power and gendered behaviour. *Panthis* and gay men do not socialise with *kothis* except in sexual environments. And *do-parathas* were seen as potential *kothis* by both *panthis* and *kothis*, as potential gay men by other gay identified men, and were often more stigmatised than either in these park sexual/social networks. These identities, for many of these males, were clearly also separated by time and location. A park identity and a street identity, a home identity, a family identity, a marriage identity.

A significant number of males who have sex with males, including *kothis*, are married with children, and the vast majority who were not already married took 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.

A majority of *kothis*, including those selling sex, had their first sexual encounter very early, usually before puberty. Their first sexual partner was usually a male relative, an uncle, cousin, older brother, a male in-law, or perhaps a neighbour.

The range of sexual practices of these *kothis* selling sex was from masturbation of their customers, through to thigh sex, 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.

All the *kothis* 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 extremely low, and levels of symptoms of sexually transmitted infections very high. Use of water-based lubricants was non-existent. What lubricants were used varied from motor oil to cooking oil, from vaseline to spit. On some occasions I was told of the use of Vick’s vapour rub “because it makes the hole tighter”.

Every single *kothi* selling sex 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. Further, in discussing some of these issues with a number of STD specialists in Dhaka, none had asked their patients, male and female, about anal sex transmission, whilst in India only a few would do so.

What the *kothis* will do, if they do anything at all, is to go to a friendly pharmacist or a “street doctor” and take what is given. They may be lucky enough to personally know of a *kothi/panthi* doctor and then they would go to them for treatment. But many of the

kothis stated that they would follow whatever remedies their friends told them about. There was significant evidence to indicate that many of the *kothis* had a range of sexually transmitted infections, whilst continuing to sell sex. None had gone for an HIV antibody test. One such *kothi* told me that he was not afraid of AIDS because he had a cure which consisted of this special cream which he rubbed around his anus every day!

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

From all that has been written above, the risks of transmission of STIs and HIV are enormous, not only from *kothi* to *panthi*, but also from *panthi* to *kothi*, and from *kothi/panthi* to wives and other females.

In a region of over a billion people there appears to be extremely few sexual health promotion services and products dedicated to provide support, treatment and advocacy for males who have sex with males.

I have not been able to identify any in Bangladesh (19), Nepal or Pakistan, whilst in India, Naz Foundation (India) Trust is developing such services in New Delhi and Calcutta. In Chennai, Community Action Network is working with male sex workers, and in Mumbai, Humsafer Trust is providing education and support for those with emerging gay identities.

The difficulty is that government and nongovernment agencies do not recognise the issues around male to male sex, and even if they do it is constructed around the terms heterosexual/homosexual. Further international donor agencies also have difficulties recognising these concerns, since the HIV/AIDS epidemic in South Asia is defined as 'heterosexual', so why "waste scarce resources.

What does this say about the future course of an already rampant HIV epidemic in South Asia? What does this say about the issues, risks and sexual health needs of males who have sex with males generally and specifically, males who sell sex to other males?

In writing this essay, my gratitude goes to all the boys, young men and others, the *kothis*, *panthis* and *do-parathas*, the gay identified men and those with emerging gay identities, the park boys, hotel staff, restaurant and tea boys, the rickshaw and truck drivers, the railway workers, factory workers and construction workers, the students, office workers and business men, all those who told me their stories, shared with me their grief and pain, their hopes and convictions, their desires and needs, and gave me a glimpse, brief and darkly through the windows of their lives, of their courage to face their future, whatever that takes. The sheer capacity for survival of these people is outstanding.

My gratitude also goes to all those friends of mine who shared dark nights, cold streets, tea stalls, hotel rooms and lobbies, bus and railway stations, cheap restaurants and other unromantic places, sitting and translating for me, whose patience and forbearance to all those questions and responses were invaluable. Without their help this essay could not have been possible, nor work of The Naz Foundation develop as it has done.

What does all this imply for the development of appropriate and effective sexual health strategies for males who have sex with males, and in particular, males who sell sex to other males?

We see here complex interactions between identity formation (or lack of any specific sexual identity), different naming processes, a ubiquitous sexual behaviour, invisibility and denial, multiple partners, risky sexual behaviours, low levels of STI/HIV knowledge and awareness, low levels of condom use with a lack of appropriate lubricants.

There is a lack of community identification. For some male sex workers, socialising networks within particular sexual/social spaces such as parks, occur, but economic and social disempowerment, a lack of negotiating skills, as well as a sexual identity formation focusing on the act of penetration, create specific difficulties for developing enabling strategies towards promoting safer sex.

And embedded within all this is the issue of religion (both Hinduism and Islam) and illegality, of cultures based on silence, denial, invisibility and above all, shame.

These frameworks carry huge implications for developing any effective strategies for the management and control of STIs and HIV amongst males who sell sex to other males, as well as males who have sex with males in India and Bangladesh. The socio-cultural dynamics of these male to male sexual networks are poorly (if at all) understood, with almost no investment in risk and needs assessments, or the development of specific programmes to provide appropriate sexual health services. Boundaries between desire, power hierarchies, economic dislocation and poverty, and the socio-cultural frameworks in which all this is embedded within, construct self-definitions that bear little relation to current imaginings of a "sex worker", nor to the dominant Western sexual ideologies promoted by UNAIDS, national AIDS programmes, and local community-based agencies, which configure so many HIV/AIDS and sexual health programmes.

High quality and meaningful peer research research, appropriate and easy access to high quality sexual health products, explicit information, effective STD programmes that are easily accessible, de-stigmatisation, development of meaningful interventions, economic development, community development, peer networking, utilising sexual/social networks that already exist, changing legal frameworks, beneficiary led sexual health programmes, governments and services recognising anal sex as an issues, well the list goes on.

I don't know the way ahead. The Naz Foundation is trying to evolve a strategic vision as it works towards empowering local individuals, networks, and behavioural/social groups to seek their own answers to address these concerns. Oftentimes working silently without public acknowledgement, using labels such as male sexual health strategies, negotiating with local police and officials, creating off-site social spaces to talk, to share, to grieve, to support, addressing not only sexual health needs, but also looking at psycho-social-economic issues, in other words, developing a community framework, a sense of shared space, loss and identity.

Such a strategy is a long term objective. How do you ask an individual to take care of himself and his partner in these rapid sexual encounters, where denial and penetration itself are self-definers, where the term sexual partner is often meaningless? Perhaps approaching it from a family perspective, addressing broader community issues, for these will often play a larger role in terms of purpose and definition than the sexual act.

It is also clear that it would be fundamental to recognise that sexual health strategies will need to look at the impact of male sexual behaviours and sexual health on female sexual health, as often there are no identity boundaries between males or females as sexual partners. Many of these males are married. This would mean developing gender/behaviour specific programmes, and yet developing collaborative strategies that address the specific concerns of the "partners". Males who have sex with males will not tell their wives or other female partners about their sexual activities. Marriages in India and Bangladesh are not based on companionship and friendship, nor for that matter are many male to male sexual encounters. Programmes will have to develop that enable females partners of males who have sex with males to address their own sexual health needs without learning of their male partners sexual behaviours.

The situation is complex, and I am not aware of any current strategy that has evolved, either in the West, or in the so-called "developing countries", whether government or non-government, that can effectively and appropriately deal with such situations. What does exist are small scale, localised interventions, which are necessary, but need to be seen in a broader context. What about those males who do not go to parks, toilets, shrines, or hang about on streets, at bus stops, railway stations, bus termini? What about inter-family, intra-family, neighbourhood, work environment, hotel, tea shops, guest house sexual encounters? These are as common, if not more so, than the public sex sites.

I leave this essay with more questions than answers. The Naz Foundation in developing localised strategies with its partner agencies in New Delhi, Calcutta, Dhaka, Salem, Cochin, Lucknow, and other cities in the sub-continent is seeking some broader vision. These local strategies are somewhat trial and error, forging a pathway that few have trod. Imaginings that are being given a reality. It is too early to evaluate these responses, but at the least we have discovered that they do require imagination, forbearance, an ability to rapidly change frameworks and strategies, a willingness to experiment, an early recognition of those methodologies that do not work, and an understanding that there is no one methodology. There is no super model to be adapted. There is just understanding, compassion, empathy and an anger that no human should be denied accurate information, resources and the opportunity for a future. There is no dignity in ignorance, no dignity in silence, no dignity where there is no hope.

At the least we struggle along hiding, slipping between the social and sexual interstices, finding the gaps of allowance. Governments donors and the international agencies must recognise the complexity off the issues, not try to reduce them to the simple dichotomy of heterosexual/homosexual. Nor should there be this constant reference to the statement that "AIDS is a heterosexual issue in Asia". We don't know enough about sexual behaviour patterns in Asia to say this with any degree of confidence. We only make this assumption because so many women have HIV or are living with AIDS. But what about the males whose sexual behaviour creates this impact?

And finally, where laws and regulations exist that create a high risk for punishment, imprisonment, community disavowal which disables access to appropriate services, these must be amended so as to create safe and secure places enabling service accessibility for male sex workers and other males who have sex with males. Denial and invisibility kills. It kills our people.

Notes

1. See a range of Naz Foundation reports, including *Contexts - race, culture and sexuality*, Shivananda Khan, 1994
Making Visible the invisible sexuality and sexual health in South Asia - a focus on male to male sexual behaviours, Shivananda Khan, 1995

also *Under the Blanket: Bisexualities and AIDS in India*, Shivananda Khan, printed in *Bisexualities and AIDS - international perspectives*, edited by Peter Aggleton and published by Taylor & Francis under their Social Aspects of AIDS Series, 1996.

2. *Taka* - Bangladesh currency. 65 taka is equivalent to £1 Sterling

3. The term boys in this essay is used in a South Asian sense which does not specifically refer to their biological age. A boy can be any age in this context, where it includes frameworks of socio-economic class, marital status and social custom.

4. *Kothi*

In Dhaka, amongst males who have sex with males networks are several boys/men who are self-defined as *kothi*. They cut across income group, class, caste, religion and region. These boys/men gender themselves through effeminate behaviour in specific spaces. Their exaggerated behaviour make them visible in a public arena and is used as a flirtation mechanism. Males in need of sexual discharge irrespective of their sexual choices, may often then respond to these feminised males for oral sex, masturbation, and where space and a measure of privacy permits, anal sex.

In observing several *kothi* in a variety of settings, from walking down a street, in a restaurant, in a hotel, at a railway/bus station or in public sex environments, we have found that in the vast majority of cases, soliciting another male for sex was extremely easy. The sexual urgency of many of these males was clearly obvious. Such responses relates to discharge sex.

However, many *kothi* are also married with children. Further significant number of these *kothi* also sell sex in certain environments. It is not unusually for a *kothi* to speak of having between five and ten sexual partners in one evening, where sexual penetration and ejaculation takes between five and ten minutes.

Kothis speak of wanting “real men”, where real men don’t show any desire for other males. They just penetrate. In the sexual act, the penetrator does not touch the genitalia of the *kothi*. To do so is to show that the male is not a “real man”. Such a “real man” is called a *panthi./giriya*

Kothis will also state that do not have sex with each other. For them such behaviour is considered shameful. Yet in personal and private discussion, several have admitted that they do so. However they can never discuss this with their peers.

Condom usage also appears to be almost non-existent, since not only is the behaviour spontaneous and opportunistic, but also the penetrators do not want to use a condom.

A wide variety of settings are used for such sexual activities. During the day time, lodges, guest house, hotels, inside shops, behind bushes, derelict locations, cinema toilets, other toilets. At night time, railway tracks, toilets, cinema halls, derelict ground, construction sites, hotels, inside shops, behind bushes inside parked buses, trucks, railway carriages.

In other cities of South Asia sexual patterning will be the same with other local terms are available.

5. *Panthis/Giriyas*

The males who sexually access the *kothis* are called *panthis* in Dhaka and *giriyas* in New Delhi. These are males who exhibit so called “normative” behaviours, and while some may sexually desire other males, for many it is the act of sexual penetration and discharge that is important. The framework appears to be sexual discharge, that is the male is sexually “hot”, and may well 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. Many of these males have stated that they like anal sex because it is “tighter” than vaginal sex. And recent anecdotal evidence has been collected which indicates that many of these males see females as vectors of sexual diseases and therefore unsafe to have sex with, or that vaginal sex is more risky than anal sex. The vast majority of these men will be married or will become married.

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 *maasti/khel* (which means play, or fun).

6. A *tokai* is a person who lives on the street and earns income from collecting discarded, but useful, rubbish from the streets which he/she can sell. The term is used in Bangladesh.

7. a *lungi* is a sarong like garment used by males in Bangladesh and India Most males wearing lungis in Bangladesh do not wear underwear.

8. *Rupee* - Indian currency. Approximately 50 rupees to £1 Sterling.

9. the term *body tension* is often used to describe sexual need, an erection and a desire for sex.

10. Mumbai is the new name for Bombay, India.

11. Chennai is the new name for Madras. India.

12. *darwan* is the term for the gate or park-keeper.

13. *maasti*, a hindi term meaning mischief, or play, and sometimes used with a sexual connotation meaning sexual pay.

14. *jiggery dost* (used in Calcutta) usually means a very close friend with whom you always go around with. It’s sexual con

- notation signifies sex with one's close friend, and it is often indicated in personal conversations through tone and gesture.
15. *gand* is a hindi term which means anus, and is also a slang term for anal sex derived from the phrase *gand marna*.
 16. *danga*, a term used in Chennai and has the same connotations as *kothi*.
 17. *do-parathas*, a *kothi* term meaning a male who does both, gets penetrated and penetrates.
 18. *double-decker*, as *do-paratha*, a term used in Chennai
 19. The Naz Foundation has been working with a number of male sexual networks in Dhaka, providing training and technical assistance to develop such appropriate services.

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Cultural constructions of male sexualities in India

“The human mind cannot think a thought unless the words to express the thought exist”
Eighty Four, George Orwell

Sexual identities arise within the context of the psycho-social and historical dynamics that are mediated by culture and language. Differing cultures will have different meanings. The terms heterosexual, homosexual and bisexual identities as they are understood, arise from Eurocentric perceptions, values and meanings.

The fluidity of the Indian male’s sexual experiences and behaviours, the social invisibility of sexual behaviours, gender segregation, Indian male homosociability and homoaffectionalism, male ownership of public space, shame cultures, community *izzat* and family honour, compulsory and arranged marriage, and within that compulsory procreative sex, joint and extended families, a personal sense of self subsumed into a family sense of self, male and female social roles as definers of gender and adulthood, delayed marriage, all have a central impact upon the constructions of sexual behaviours that are framed by differing contextual identities.

Since the 19th century the medicalisation of sexuality and sexual behaviour in Western cultures has created a whole new discourse to describe sexual behaviours and evolved new concepts of sexual identities. A person expressing same-sex behaviours became a homosexual. Procreative “heterosexuality” became the normative process. The dichotomised, hierarchical and oppositional structures of what was deemed masculine and feminine framed these new concepts of “homosexuality” and heterosexuality”. At the same time the relationship between sexual behaviours arising from procreative acts and sexual behaviours arising from pleasure/”lust” also framed the debates around what was deemed “normal” or “abnormal” and “perverse”.

Here sexologists, both historic and contemporary, have played a key role in reducing the diversity of alternate sexualities, identities and behaviours into what for some was a pseudo-scientific discourse that invisibilises and demonises the rich cultural and social traditions of many differing sexual cultures. A form of sexual neo-colonialism has arisen whereby our countries have been invaded by this Western discourse and our own histories have been discounted.

The term homosexual does not have a direct equivalent in Indian community languages. This does not imply that same-sex behaviours do not exist. What it does mean is that these behaviours have different histories, different contexts, different social constructions and are thus framed by different identities. In terms of men who have sex with men, what language exists either reflect actual sexual behaviours, terms that are often extremely abusive and degrading, or identities based upon concepts of “not men”.

Here the act of sexual penetration is a definer of phallic power. The person penetrated is defined as “not man”, while the penetrator remains undefined. The Hindi terms *gandu* and *khusra* reflect this. However in some discourse they are often used synonymously with the term homosexual, but they are not the same. They construct a person who is “not a man” and “not a woman”, a third gender. The penetrator remains a man. Likewise, the term *hijra*, a socially constructed role for a group of men with religious and cultural significance, whose primary belief is around the religious sacrifice of their genitalia and who act as women in exaggerated styles, has also been used to describe boys/men who are sexually penetrated. However, *hijras* are not transvestites, transsexuals, or whatever Western label has been given them.

The sexual world view as expressed in contemporary India, has been formed by the central concepts of Vedic Brahmanism, Islam, Christianity and also of Ayurvedic and Western medicalisation of the body and sexuality. What we have is gender segregation of social space and labour, boy children as capital, male control of social spaces and economic resources. Gender roles are strictly defined, not only in terms of the physical body but also in terms of social duties and obligations. Transgressions of these roles can be severely punished through stigmatisation, social exclusion, exile, physical abuse and even death. Post-pubescent boys on the other hand are not men, not adults, a state defined by marriage. In that sense they are the “beardless youths” of so much Arab and Mughal literature, sexually available to men. Malehood and femalehood are contextualised by genitalia and social duty. Adulthood

contextualised by marriage and children. A boy becomes an adult male, a man, upon marriage, a girl a woman by marriage and children.

This leads to a culture that demands compulsory marriage and procreation, that gives no validity and space to autonomous women and men, that stigmatises unmarried individuals, and only confers adulthood, social status and responsibility to married men and women who produce children.

The only way to deal then with issues around sexual behaviours is to invisibilise them. This is achieved by not having any public discussion about sex, sexual behaviours and sexualities. Since they are invisible they do not exist. While traditions expressive of sexual diversity are seen as dirty, deviant and perverted and men who participate as the penetrated are seen as demasculinised, as partial women. Sexual behaviours cannot be brought into the public domain. To do so is to bring shame and dishonour to the family and/or community.

Sexual behaviour takes the place of sexuality. Women's sexual behaviour becomes controlled and marginalised, if not denied. Male sexual behaviour becomes self-absorbed, and is reduced to one of discharge rather than based upon a desire for the other person.

Because of this terrible silencing and denial of these histories from various ideologies, an almost total exile situation has emerged. In trying to resist this exile, a closeted and schizophrenic state of being has emerged where the person tries to assimilate into society through marriage and having children, yet expressing alternate sexual desires in *purdah*, in darkness, shame and in silence.

There is a construction around male sexual behaviours which can be defined by the Hindi word *maasti*. It means mischief, and is often used in the context of sexual play between young men and boys. More often than not this does not involve penetration. This *maasti* arises at moments of sexual tension, as "body tension", when sexual discharge becomes urgent, when sexual arousal arises during play or body contact, when opportunities are created for sexual contact, often under the blanket. Such opportunities are very frequent. Shared households in cramped conditions produce shared beds. There is social acceptance of males sharing beds, of male to male affectionalism, both public and private. This often means that a significant amount of sexual behaviour occurs in family environments, between uncles and nephews, cousins, friends, and even at times brothers. This is not seen as real sex. It is *maasti*. Sex is between a husband and wife!

Sexual behaviours in this construction are not an expression of a personal identity. Rather it is one of opportunity, accessibility, context, and an urgent desire for sexual discharge. What we have are behaviours but not identities. Sexualities instead of sexuality. Homosexualities instead of homosexuality.

Personal identity is contextualised within the joint and extended family. The family identity is more important than personal desire and choice. Individuality becomes lost and subsumed within the family. Privacy does not exist.

The form of social control of behaviour is constructed through concepts of honour and shame. This is very different from Western cultures of guilt.

Honour here is a possession, not a quality. Shame arises from honour being lost. Both of these elements are an expression of public visibility. At the same time, public behaviour is bound within community and social acceptance, duty, obligation and honour. Not to fulfil these obligations, or to go against community values in a public way, is to bring shame, and hence dishonour, to family and community. It is the visibility of behaviour that is important, not the behaviour itself.

When an individual behaves in ways deemed to bring dishonour and shame to the family, extended family and/or community, the reaction can often be severe. Exile, excommunication, physical abuse, and sometimes death. Or there will be emotional or financial blackmail by family members to force conformity to family and community dictates.

Family honour is based upon the women of the household. The daughter's virginity is a prized family possession and to be policed, Her virginal status before marriage reflects upon family honour. This often means that sexually active men have very little sexual access to women, other than female prostitutes. Or perhaps obliging neighbourhood wives when their husbands are away! And even the domestic servant.

Marriage is the central issue. It is a compulsory duty, both family and community and is part of the definition of adult. It is a liaison between two families and to go against family decisions for whatever reason is to bring shame to the families. To remain unmarried also reflects upon the honour of the family.

Children and filial duty. Sex as a family obligation. As one person in a sexual health workshop in Orissa told me, "I do duty to my wife". While women have often said "I do work with my husband". The wife is seen as an Honoured Partner, as Mother and Sister. The husband as Lord. Marital sex as duty and as work.

Sex for pleasure is what occurs outside the marriage. And as long as this behaviour is invisible, it brings no shame and dishonour to the family. If women are not accessible then other men or boys will do. This is not desire but discharge. A cultural framework of compulsory procreative sexual intercourse.

Whilst marriage is compulsory and arranged, India is also filled with intense romance. In the ubiquitous Bollywood films the hero and heroine sing romantic and chaste love songs to each other. They will go through the trials and tribulations that the four hours demand, and if their families agree to the match, they can get married and sexual fulfilment will follow. But if such romance cuts across race, caste, sub-caste, religion, economic group, then the likelihood will be that it remains unfulfilled. The family always wins.

But the public domain is a male social space. For women to enter that social space can often lead the woman to be sexually harassed, to be defined as “evening person”, a prostitute.

Physical affection between men and women in public is not socially acceptable and often can be dangerous for both. For many men, because women are just not accessible, romantic longings are at a distance, unfulfilled, chaste, and often filled with a sexual urgency.

All this emotional and sexual energy, this romantic longing, the affectional needs and desires, have very few socially acceptable outlets. However, intense male friendships are formed within homoaffectionalist frameworks which include extensive touching, holding of hands, body contact, and the sharing of beds. And this is socially acceptable!

The line between homoaffectionalism in such a homosocial environment and actual homosexual behaviour is a narrow one, and many men cross this line in situations that

enable the behaviour to maintain its invisibility. Thus often two boys/men sharing a bed under the same blanket may find it easier to sexually touch each other without consciously acknowledging the fact. This is *maasti*. A lot of this sex is between relatives; uncles and nephew, cousins, in-laws, where space and time afford it.

Sex with another male is not seen as a permanent feature, even though it may be actually be so, but rather an additional, situational and opportunistic outlet. The constant expectation is that one day the person will be married and have children, and perhaps they may be able to afford sex with a female prostitute. Here sex is discharge.

There is a small, but growing movement, amongst those whose sense of personal identities and emotional and sexual desires are outside the socially constructed ‘normal’ who are creating new forms of identities. Many of these may well call themselves lesbians, gay men, bisexuals and even heterosexuals. But in the main for so many men, sexual opportunity is what drives the urgent need for discharge.

Apart from the possibilities of sexual encounters with relatives and friends in the home and under the blankets, sexual encounters occur primarily in public spaces. There are no “gay” bars, clubs, discos. The street, the bus stand, the park, the public toilet, the railway or bus station. Contacts are made, and quick sex available, penetrative or otherwise.

Workers in public and domestic arenas join in the sexual networks. Whether just for sexual release, money, or actual desire for sex with other men, is perhaps a difficult question to answer. Taxi-drivers, rickshaw wallahs, malish wallahs, room service boys and housekeeping men in hotels, waiters 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 *masti*. In Indian urban cultures, 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.

In the middle and upper classes, domestic servants can also make sexual availability easier, based upon power as much as desire and discharge. Sex between the young male sons and the young (and sometimes not so young) male servants is not as rare as people think it is.

Such behaviours are not just an urban phenomena. Sex between males also occur in village environments. In the fields, in the dark. In the home under shared blankets.

What we can say then is that amongst Indian males, sexuality is not singularly constructed and contextualised within personal identities. Rather sexual behaviours based upon discharge and availability predominate. There are high levels of male to male sex because of the homosociability and homoaffectionalism of Indian society and the restricted sexual access to women. Perhaps what we can say is that Indian male sexualities are constructed within time and space!

Urban cultures and the growing middle class is beginning to develop social constructions of identities based upon specific sexual desires. These relate very much to economic and social spaces that enable access to privacy, access to Western literature and

language, access to individuality.

Whether these emerging identities imitate Western constructions, only future history will tell.

References

- Al-Khayyat, Sona : *Honour & Shame - women in Modern Iraq*, Saqi Books 1990
- Blackwood, Evelyn edited by: *The Many Faces Of Homosexuality- anthropological approaches to homosexual behaviour*, Harrington Press 1986
- Bouhdiba, Abdelwahab: *Sexuality in Islam*, translated by Alan Sheridan. Routledge & Keegan Paul Ltd, 1985
- Caplan, Pa,t editor: *The cultural construction of sexuality*, 1987 Tavistock Publications Ltd
- Greenberg, David F: *The Construction Of Homosexuality*, University of Chicago Press, 1988
- Khan, Shivananda: *KHUSH* , a report on the needs of South Aian lesbians and gay men in the UK, Naz Publications, 1991
- Khan, Shivananda, editor: *History of Alternate Sexualities in South Asia*, a report on a 3 day seminar, New Delhi, India, Naz Publications, 1994
- Khan, Shivananda: *Contexts - Race, Culture and Sexuality, a report and needs assessemnt on South Asian commnities*, Naz Publications, 1994
- Khan, Shivananda: *Conference Report: Emerging Gay Identities in India - Implications for Sexual Health*, Naz Publications, 1995
- Mane, Purnima and Maitra, Shubhada A.: *AIDS Prevention - The Socio-Cultural Context in India*, Tata Institute of Social Sciences, 1992
- Parker, Andrew , edited by: *Nationalisms and Sexualities*, Routledge, 1992
- Ratti, Rakesh, editor: *A Lotus Of Another Colour* , Alyson Publications, 1993
- Schmitt, Arno and Sofer, Jehoeda, edited by : *Sexuality And Eroticism Among Males In Moslem Societies*, Haworth Press, 1992
- Sharma, S K : *Hijras - The labelled deviants*, Gian Publishing House, New Delhi, 1989
- Swidler, Arlene, edited by: *Homosexuality And World Religions*, Trinity Press International, 1993

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Culture, sexualities, and identities

men who have sex with men in India

This essay arises from a specific context of working with sexual health issues amongst males who have sex with males in India, where HIV/AIDS has become an urgent issue. Over the last three years, The Naz Foundation (formerly The Naz Project) (1) had sponsored several consultation meetings, worked with local male sexual networks and organisations, and helped develop locally based service projects in Calcutta and New Delhi focusing on the sexual health needs of males who have sex with males and gay-identified men. The Naz Foundation has also been involved in a variety of research and ethnographic studies amongst male sexual networks, and has published a variety of reports on the cultural, religious and social frameworks of males who have sex with males in India. It is our believe that understanding frameworks of sexual behaviour is the first step towards developing appropriate strategies for encouraging behaviour change towards safer sex practices.

This perspective had also arisen from my work as founder of SHAKTI (2), the south asian lesbian and gay organisation formed in 1988 in the UK. Working with this network and articulating its concerns to the broader lesbian and gay communities was to lead me to question some of what I considered the fundamental assumptions that configured these communities. It led me to read, listen and learn about constructions of sexuality and their historical and contemporary significance.

This essay is a part of that learning process, a process whose focus continues to be primarily on developing appropriate strategies on male sexual health. As a part of this process Naz had been involved in two significant events in India. The first was a seminar held in December 1993 on Alternate Sexualities, (3) organised by SAKHI (a lesbian resource centre in New Delhi) (4) and sponsored by Naz Project. The second was a consultation meeting on sexual health for men who have sex with men and gay identified men held in Bombay in December 1994, organised by Humsafar Trust (5) and The Naz Project.

I am indebted to all the participants at these meetings, the hundreds of interviews and discussions that I have been privileged to have with men who have sex with men and gay men, both in India and the UK, to the long discussions I have had with Giti Thadani (6) and Ashok Row Kavi (7) for their sharing, discussions, arguments and disagreements. I am also indebted to SHAKTI which was a living testimony in teaching me the difference between sexuality and sexual behaviour (8).

One further point needs to be made This essay focuses on men who have sex with men and gay men. This is because most of the research and analysis conducted so far by The Naz Foundation has been on the constructions of male to male sexual behaviours as a significant factor in STD/HIV transmission in India.. This of course produces a jarring lack in terms of the constructions of their sexualities. Some of the dynamics will be similar, remembering the male control of female virginity and public space. Whilst considerable work has been done on female bonding and friendships, on gender constructions, and female social roles, very little (outside of Giti Thadani's work) has been done on female to female sexual behaviours and constructions of lesbianism in India. I fully acknowledge the weakness this lack brings to this essay.

Prem (9) is 26, married with a young son. He works in a large family business in Calcutta, where his family are prominent members of Calcutta society. He has fond memories of his first sexual experience with another boy at the age of 13. He has continued to have sex with other men, even after his marriage, albeit less frequently because of the lack of opportunity. His sexual interactions with other men have always been fleeting, "pick-ups". He has never wanted to form a relationship with another man because this would increase the risks of discovery for him. Such a discovery would be disastrous for him in terms of his family and his social standing. He would prefer not to be married. He doesn't love his wife, but feels he performs his husbandly duties adequately.

Islam is an auto-rickshaw driver in Pune where he lives in one of the small shanty villages on the outskirts of the industrial area. He is married with four children. He says that sometimes he just has to go out and find a man to have sex with it, although he is happy with his wife. This usually happens about once every two months, and he feels that he can't control his desire for this. He

finds men at the many contact points around the city. He doesn't call himself a homosexual; the word gay he doesn't understand, not having access to English. Nor does he see anything wrong in what he does. He is just "messaging about". The terms homosexual or bisexual cannot refer to him he believes because he is happily married with children. He remembers his first sexual experience with his uncle back in his home village. He was 12.

Arjit, 19 years old is a student in New Delhi university studying English literature, and is from a well-to-do family in the Diplomatic Service. He calls himself gay, and would like to "come out" to his family, but he is deeply concerned about their possible reaction and rejection of him. They might cut him out of the family and he would lose everything! He has always known about himself ever since he can remember, always attracted to other boys. His first experience with another boy was when he was 11. Now he visits the various "gay" haunts around New Delhi where he can find "plenty of action".

Ranjan is a male prostitute, a young man of 16 who plies his "business" in Central Madras near the railway station. He has done this since he was 13, when he had run away from home because of the beatings of his father. He never wants to go back home. He says that he enjoys his "work" because it gives him a lot of money, even though sometimes his clients are rough. He is saving money to buy a small business. He doesn't call himself a homosexual, even though he enjoys the sex. It is only business.

Mohammed, 42, is married with three children and works in a hotel in Pune. He visits a local female prostitute once a month after pay day. He also has sex with some of the male guests and other staff at the hotel. He says, "I am always 'hot'. I want a girl, but they're too expensive. So when I am hot and I don't have enough money, then I know several men who I can have *maasti* (10) with. A lot of my friends do this."

Arun lives with his lover Kamal near a railway station in Bombay. They have lived together as lovers for the last five years. Both work as municipal sweepers. That is how they met. Both have had sex with other men prior to their meeting. They say they want to stay together as lovers. They don't consider themselves as different. They know many men who enjoy sex with other men. They don't play husband and wife roles, thinking it rather silly as both are men. Neither read or speak English. They both left school at 13.

In the field of developing HIV/AIDS prevention strategies, discussions on heterosexuality, bisexuality and homosexuality, "straight" or "gay", appear to form clear cut distinctions in terms of sexual behaviours which are often conflated with sexual identities (11). The lesbian and gay "movement" has been globalised (12) while in India several gay and lesbian groups have been established, such as Bombay Dost, Sakhi, G.A.Y, Counsel Club, Friends India (13). Many cities have well established social/sexual networks of lesbians and/or gay men. Whilst for men as "owners" of public spaces, almost all major urban areas will have well defined "cruising areas", where casual sexual partners can easily be obtained.

Within these groups, formed more often than not by those from the English speaking middle classes, Western terms are used almost exclusively, and the context of discussions relate to Western understandings of gay identities, gay rights, gay lifestyles. You may hear a term such as *hamjinsi* or *samlingi* (14) but these are contemporary transliterations of the word homosexual. You may also hear the phrase "he is a gay" or "he has gay sex" or "he likes "homosex", but these refer to sexual acts more than a sense of personal identity.

Who is gay in an Indian context? What is a gay? Who is a homosexual? In a recent survey amongst truck drivers in North Pakistan, some 72% admitted they had sex with other males, whilst 76% stated they had sex with female sex workers (15). Are these 72% gay? Homosexual? There is sufficient anecdotal evidence to indicate that in the other countries of the sub-continent similar levels of male to male sexual behaviours exist as a part of a broader sexual repertoire. Are these males bisexuals? Do the use of these terms carry the same meaning and significance as they do say in New York, London, Sydney?

In the context of developing and delivering sexual health services for males who have sex with other males, the questions become extremely relevant, for any answers given will determine the shape and content of the delivery of such services.

In working with sexual health issues in India and listening to the polemics of UNAIDS representatives, international donor agencies, the Indian medical profession, and many Western and Indian gay men, the often unthought through assumption is that same-gender sexual behaviours must mean the person is a homosexual, or gay, while male to female sexual behaviour must mean that the person is a heterosexual. In this construct, procreative "heterosexuality" is seen as normative and "normal", the rest is perverse and foreign.

However these constructs seem to have very little contemporary or historical validity in India (and even to some extent in the West). This reductionist ideology is a recent invention from the 19th century which has consequently acted to reduce the rich diversity of alternate sexualities (16). Closer analysis of these debates seems to me to indicate a confusion between sexual behaviours, genders, self-identity formation, and cross-cultural validity, and within such confusion there may well be elements of neo-colonialism, racism and Western imperialism (17).

I am not arguing that there are no women or men with lesbian or gay identities in India. This is patently untrue. However, what \

am putting forward is that too often language and terminology are used inadequately outside their cultural context in which that language is used. In India, over 80% of the population have no access to English! So transcribing Western terms easily become host to misunderstandings, inappropriate terminology, and in consequence, (particularly with reference to HIV/AIDS work), Indians can often state that there is no indigenous homosexuality **(18)**. This easily leads to the proposition that there is no, or very little, “homosexual” behaviour, which therefore means there is no need to invest in HIV prevention programmes for males who have sex with males **(19)**. It is clear then that we need to explore what is “homosexuality” and what is “homosexual behaviour” as distinct territories.

This exploration is particularly urgent in India, with its increasing rate of HIV infection, towards ensuring appropriate and adequate access to sexual health services, and addressing human rights violations. While we need to recognise that behaviours and identities in India are constructed within differing cultural frameworks, but also acknowledge that contemporary Western understandings of lesbian and gay identities are beginning to be imagined, emerge and develop amongst some men and women. But in what form? For whom? In what context? And in what language?

These debates have involved a growing number of Indians (and other South Asians) who, in living in Western countries, have “come out” as self-identified lesbians, gay men and bisexuals and have formed specific self-help and support organisations, such as Trikone in the States, Khush in Canada and Shakti in the UK **(20)**. The question can then be posed as to whether these Diasporic lesbian and gay organisations act (or acted) as instigators of a development of a “queer” India.

Trikone, a lesbian and gay magazine for South Asians, was first published in the United States in 1986 and Shakti Khabar in the UK in 1989. Bombay Dost began publishing in India in 1990. Members of lesbian and gay Diasporic groups with their frequent journeys “back home”, carry with them their newly wrought identities and a passionate discourse on lesbian and gay rights, life styles and identities to their fellow Indians still having to live under the hegemony of Indian traditions and cultural values. These discourses are of course most often conducted in English, and those Indians privileged enough to access these discourses may then try to attempt to fit them into their lives, amidst the arranged marriages, children and joint and extended family systems **(21)**.

This of course is a generalisation. There are major exceptions, and two courageous people spring to mind, two who have fought against these traditions and cultural values. I am of course speaking of Ashok Row Kavi and Giti Thadani, who have spoken in public many times about lesbian and gay issues, who have worked tirelessly to address the concerns of emerging identities and helped establish a public arena where lesbians and gay men in India can articulate issues of identities. They are now being joined by a growing band of women and men who are willing to challenge “the system”. However it still needs to be recognised that the vast majority of these groups, networks, organisations and individuals are privileged to be a part of an English speaking, urban elite, who have more options and choices than for the vast majority of those whose same sex desires and acts have to be bounded within tradition, custom and culture and who will often not have the language to articulate their sense of desire and difference **(22)**.

It was very interesting to hear a good friend of mine, Dede Oetomo, a gay activist in Indonesia, speaking at the Vancouver International AIDS Conference in July 1996 and commenting at one of the sessions that perhaps “importing” Western constructions of gay identities into Indonesia was creating a social tension whereby local homoaffectionalist **(23)** and homosocial **(24)** structures were being destroyed for the fear of being labelled “gay”.

The debate on sexualities and identities may even at times be perceived as a form of sexual neo-colonialism whereby Indian discourses on sexuality and identity by professionals, laypersons, “straights” or “gays”, have been “invaded” by Western sexual ideologies, and where indigenous histories and cultures are further invisibilised. And what we as Diasporic Indian “lesbians” and “gay” men often do is to try to fit Indian sexual and cultural histories as well as contemporary behaviours and identities into a Western sexuality discourse. Thus we have the discourses on Indian “queer” histories **(25)**. This often means that we urgently seek “evidence” for a lesbian and gay history within India itself to validate ourselves as lesbians and gay men of Indian origin living outside of India. The politics of ethnicity and racism in West often forces those of us in the Diaspora to seek self-justification not only amongst the larger numbers of white lesbians and gay men, but also within our own communities. This may often be the rationale for the formation of groups such as Trikone, Khush and Shakti. Labelled the Other in our countries of residence by our colour, culture and country of origin, whether by “straight” or “gay” society, we seek admittance into a self-affirming social club, to be with Others who are like us both in terms of colour and identity **(26)**.

Indian histories are replete with such “evidence”. Mughal (15th century onwards) paintings and poetry are often explicitly homoerotic, men with men, women with women. There is an abundance of Hindu temple carvings and iconography that show same-sex sexual behaviours **(27)**. Konark, Khajarahah and other sites can become places of pilgrimage for the Diasporic Indian lesbian or gay man. The finger points. Here is the evidence. Yes there were lesbians and gay men in our past. But how much of this is valid? As contemporary self-identified Indian lesbians or gay men (whatever those terms mean to us personally), we shouldn’t need self validation based on a presumptive past. Our existence is our own validation, however we may label ourselves.

It seems to me that the basis of this lies in the conflation of sexual behaviour with a sexual identity. A conflation between a sense

of self and how the self acts in the world. Western discourses on sexuality appear to have placed sexual desire and a sexual sense of self as the centre of a personal self. This perhaps arises from the historical development of the concepts of individuality, the rights of the individual, the individual as a distinct entity separate and separated from his/her family, kinship group and social milieu and the medicalisation of sexual behaviours.

For the majority of males who have sex with males in India these notions of sexuality are considerably less significant than the often clear distinctions between concepts of “active” and “passive”, of concepts of “discharge” (28) or “pleasure and desire”, of even “real sex” (in marriage between husband and wife, where sex is defined by procreation and duty) and *maasti*. It is very common for both “active” and “passive” male partners to engage in sexual relations with women, to be married with children as well as having sex with other men. This does not mean that all same-sex relationships fall into this characteristic of “active” and “passive” role/stereotype activity. Much same-sex sexual activity is around non-penetrative varieties, mutually indulged in frameworks of friendship and sexual play, whilst in other situations urgent sexual discharge and sexual “need” (30) is the significant factor. Indeed same-sex sexual behaviour may play a relatively insignificant role in the construction of an identity. Being a husband, a father, a wife or mother, often carries greater weight.

None of these frameworks are fully synonymous with the Western lesbian or gay constructions. Whilst most “active” partners in male same-sex interactions do not consider themselves either as homosexuals, gays, or even bisexuals, male “passive” partners in sexual contexts with other males most often see themselves as “feminised” men, as “not-men”, but only in this context. What they do does not have a central significance as to who they perceive themselves to be which tends to be around family and marriage.

In a range of discussions with males who visit “cruising” sites for sex in a number of Indian cities, a constant refrain was the sense that their sense of self in the “cruising” site was differently constructed than that outside the site. As one English speaking person in Calcutta told me “Look, inside the park I am a gay. Once I leave the park and go onto the streets that changes. Outside the park, I am a good Hindu, a married man with a good family.” Identities here shift, change and shape themselves according to context, place, social situation, need and desire. There was no sense of continuity, but one of fluidity (29).

Here the act of sexual penetration (or of being penetrated) is not so much a definer of identity, but one of phallic power. The “penetrator” maintains a sense of “manliness”, while the “penetrated” will be seen as a “not-man”. In the contemporary debates in India, to a large extent homosexuality is defined as “not man”, as being sexually penetrated. There is an assumption that exclusive anal intercourse is the behavioural definition of homosexuality and that the exclusive vaginal intercourse is the definer of heterosexuality. Of course what is forgotten that non-penetrative sex plays a substantial role in same-sex sexual behaviours and that many women are also anally penetrated by men.

In India (and in other countries of the sub-continent) a specific social, religious and culturally based group the “Hijras” (31), have often been defined as transsexuals, transvestites and even as “passive” homosexuals. Of course none of these identity descriptions are particularly valid. Hijras have strong religious, social and cultural roles in Indian societies where such roles are defined as “not man” and “not woman”, but a “third gender”. While sexual desire, poverty, pre-adolescent sexual penetration by older men and so on all play roles in a developing a Hijra identity, the framework is too complex to be reduced to the terms transvestite, transsexual or homosexual.

Similarly, the whole region of Asia has had a history of the sexual construction of post-pubertal boys. Young boys, who are not “men”, nor are they women who often are not sexually available in gender segregated societies, have been historically defined as sexual objects to be desired and penetrated by men. The “beardless youths” of much Arab and Mughal literature reflects such a construction and practice, a practice that still continues to this day to some extent (32).

In India a person’s position in the joint and extended family, marriage and children, are central to social definition and personal identity. Such a family network consists of siblings, biological parents, uncles, aunts, brother and sister-in-laws, all their resultant children, and so on. In other words, who we are arises from where we are in the extended family network and what family obligations and duties that creates. The person has a family and a community identity in which personal identity is subsumed. The focus of the self is not upon individuality but upon kinship. Concepts of individuality, of a personal self separated from others, are weak. And in the context of identities and behaviours they all have a central impact on the social constructions of actual sexual behaviours.

Family, social and cultural pressures for marriage and children are intense and unavoidable. In that sense “a procreative sexuality” can be seen as a social compulsion, as a familial and community duty. Where there may be men who would prefer to form sexual relationships and partnerships with other men they would still feel obliged to marry and produce children to honour family and community obligations (33). Such men will look outside the marriage for sexual and emotional fulfilment (34). Similarly in other contexts, with marital sex seen as duty, sex outside marriage (for men!) becomes a source of pleasure and discharge (35). The fluidity of many South Asian male’s sexual experience and behaviour reflect the socio-cultural frameworks in which they live.

Sexual invisibility, gender segregation, joint and extended families, homosocial and homoaffectionalist culture, male ownership

of public space, shame cultures, community “izzat” or honour, compulsory marriage and procreation, gender constructions where male and female roles are based upon duty and obligations as much as upon biology, where adulthood is as much defined by duty as well as age, and so on, frame Indian cultures and therefore identities.

Further, there are also specific understandings of malehood and femalehood. These are to some extent defined by socio-cultural duties and obligations to the marriage partner, family and community. A man is not an adult man until he is married, a woman not until she is married and with her first child (often this could mean a boy-child). To be a single person after a certain age is seen as shameful, bringing dishonour to the family, and is often seen as an aberration or sickness. Marriage is the “cure” for aloneness (36).

Indian languages do not have specific expressions for homosexuality, heterosexuality, bisexuality as nouns or as adjectives in the contexts that they are understood in the West. What exists are terms that express differing forms of sexual behaviours that are gendered, or those that speak of specific sexual behaviours (37), but these terms are often abusive and male dominated, referring to specific acts of penetration. Sexual behaviours are within constructions of what is deemed appropriate penetrative or penetrated behaviour for men and women. In these constructions, who does the penetrating in a sexual act becomes important for male self-definition.

Sexual behaviour therefore is not necessarily an expression of a personal identity. Rather, for many men, it often becomes one of duty, opportunity, accessibility, cost, and a self-absorbed need for sexual discharge. The phrases “body tension” or “body heat” is an expression of this discharge (38).

Such contemporary frameworks do not preclude differing frameworks of sexual ideologies in the histories of Indian cultures. The sub-continent has experienced many differing invasions from pre-Vedic times through the Muslim invasions to the British Raj, bringing with them their own constructions and frameworks of identities. All of these have had a major impact upon constructions of ideologies of gender, sexualities and sexual behaviours in India. The denial of differing histories by various discourses of both Western and Indian origin have given rise to a contemporary construction of sexuality which is ahistoric and where a “procreative and penetrative” sexual ideology is the only “sexuality” that is seen as relevant. Perversely, any other form is categorised as deviant and Western. *This dominant sexual* ideology has claimed precedence over all others as a system of social control which enables male power to take on a singular and patronising social role.

At the same time the construction of patriarchal social systems, the enforcement of compulsory marriage and the procreative necessity of boy children has created a pattern of destruction, marginalisation and denial concerning alternate frameworks of sexualities and their histories in India.

Alternate histories existing as traditions of the periphery are being lost at various levels due to the dominance of procreative ideologies at the rural level and the overwhelming construction of any tradition from solely a procreative and marital basis. Older alternate mythologies and histories are manipulated, deformed, and mutilated to suit rural male patriarchal ideologies which leads to women being the repository of tradition but not its interpreters. This creates rural economies where there is gender segregation of labour, boy children as rural capital, and control of land, economic and cultural resources by men which are recreated within urban spaces. This leads to the construction of discharge, desire and a “sexual ideology” only from the standpoint of the rural patrilineal male which is then romanticised by various urban discourses as traditional authenticity. In other words denial of alternate sexualities and matrilineal traditions are perpetuated both from within and without. Sex is then either defined as penetrative and gendered or outside of this, and to maintain fictions of male power, sex becomes deconstructed into play or discharge in times of “body tension” and sexual urgency, when sexual arousal occurs during play or body contact, or when opportunities are created for sexual contact in the dark, under the blanket, in shared beds. Such opportunities are very frequent, where shared households have shared beds due to lack of space and privacy. In such an environment there is an acceptance of males sharing beds, of male to male affectionalism, both public and private. This means that significant levels of male to male sexual behaviour occurs within family environments and networks, between male relatives and friends. But this is not real sex! This is *maasti*, easily invisibilised and denied. In this context, the focus of future obligations means that the object of desire is still a woman, but because she is unobtainable, another male will do.

This is not to deny expressions of romantic and passionate love amongst males. Intense friendships between males in a homosocial and homoaffectionalist culture creates boundaries that are easily crossed in sexual play. But the goal will still remain. Marriage and children.

Sexual behaviour then takes the place of sexuality. Male sexual behaviour becomes self-absorbed, and is reduced to one of discharge, to the act itself, rather than based upon a desire for the other person. Sexual behaviour becomes depersonalised. In this the sex act becomes brutalised whether it is between male and female or male and male. (39). Sexual behaviour becomes indiscriminate, where high levels of severe sexual repression lead to sessions of brutalised and urgent sexual release (40). Concepts of personal choice, of privacy, become lost. There can be no development of individuality (41).

For men who have sex with men whose sense of desire and self articulates a yearning for a “lifestyle” or some sort of safe “identity”

that expresses “gayness” (42) but where there is no social, psychological or cultural space to resist a closeted and schizophrenic state of being has emerged where the person tries to assimilate into society through marriage and having children, yet expressing alternate sexual desires in darkness, shame and in silence.

Amongst the educated middle classes there is a small, but growing movement whose sense of a personal identity separate from family, kin group and community are sufficiently emergent to begin to create new forms of identities that enable them to express a sexual identity. Many of these may well call themselves lesbians, gay men, homosexuals, bisexuals and even heterosexuals.

In the main, these evolving, or emerging, identities are arising with the growth of urban, industrialised and commercial cultures, with the rising sense of individuality, privacy and private space, with the development of nuclear family lifestyles, the expansion of education, and the power of the English-speaking middle-classes with access to Western literature and therefore of other choices. Individuals and groups meet, socialise, discuss and debate (usually in English) the issues of sexual identities and “coming out”. Gay activism in India is growing, challenging national constitutions and legal frameworks to decriminalise homosexuality which were left over from the British Raj. But the real question will be whether these emerging identities will reflect (or perhaps imitate) Western constructions and attempt to live these out within Indian cultures (43), or whether differing identities will be constructed. We await a paper from the future.

Notes

1. The Naz Project was established in October 1991 by Shivananda Khan to develop and provide culturally and linguistically appropriate HIV/AIDS services for the South Asian, Turkish, Arab and Irani communities in Greater London. It rapidly became one of the UK’s leading ethnic minority HIV/AIDS and sexual health agency. With its evolution over the years, increasing demands for technical assistance in the UK, our countries of origin as well as from other agencies, it was necessary to radically change the structure. By January 1996, independent sister organisations had been established in India through The Naz Foundation (India) Trust, providing services in New Delhi and Calcutta.

In June 1996, The Naz Project ceased to exist as a unified agency. The Naz Project changed its name to The Naz Project (London) continuing to deliver HIV/AIDS services but specifically to our communities in Greater London. The UK and international work that had previously within The Naz Project was now delegated to a new and independent sister agency, The Naz Foundation. Shivananda Khan is now Executive Director of The Naz Foundation.

2. SHAKTI is the South Asian lesbian, gay and bisexual network in London, UK formed in June 1988 by Shivananda Khan. SHAKTI continues to provide culturally specific meeting and social spaces for its members.

3. Seminar on the “History of Alternate Sexualities in South Asia” organised by SAKHI (a lesbian resource centre and network based in New Delhi, India) and sponsored by The Naz Project between 17th-22nd December 1993. A copy of the summary report is available from The Naz Foundation.

4. SAKHI is a lesbian resource centre and network in New Delhi, India founded by Giti Thadani.

5. Humsafar Trust, an HIV/AIDS and sexual health agency based in Mumbai, India and founded by Ashok Row Kavi of Bombay Dost in 1992, providing sexual health outreach and support programmes for gay men and men who have sex with men in Mumbai.

6. Giti Thadani, researcher on lesbian sexualities in Indian histories and founder of SAKHI (see above). Her book SAKHIYANI - lesbian desire in ancient and modern India was published by Cassell, 1996. Her immensely valuable work in reinterpreting sancrit texts, collecting images of ancient iconography and temple statures and providing a lesbian perspective in ancient Indian histories, is extremely valuable. She has been committed to make a lesbian history in India visible over the last ten years of dedicated scouring of the Indian countryside.

7. Ashok Row Kavi, founder of Bombay DOST, the first legally published gay newsletter in India, and founder of Humsafar Trust, also the first legally registered sexual health agency for gay men in India. Like Giti Thadani, one of the very few lesbians and gay men to be publicly “out” and fight for lesbian and gay rights in India.

8. The language of sexuality while apparently simple is in reality complex. Words such as sexuality, sex, sexual orientation, and so on, are often used indiscriminately and synonymously. There are a multitude of definitions, so in order to appreciate the context in which I use these words, here the meanings I have given to these words.

Sexuality

who you are and how you perceive yourself in the context of sexual desire, gender identity and sense of self with specific cultural contexts,

Sexual Behaviour

what you do sexually with yourself or with another person, for example in many interviews with men who have sex with men in India, a common factor was that a significant number of these men sexually desire women, but have sex with a male. Whilst similar numbers of males have related that what they sexually desire is the sexual act itself, not the person to whom they are performing the sexual act with. This I have labelled “discharge sex”. What they feel is a sexual urgency that needs an immediate release. Factors other than sexual desire play a role in the sexual partner choice.

9. The stories related at the beginning of the essay have come from an on-going collection of personal stories related to the author over the last four years during training workshops, research and casual meetings. Names have been changed.
10. *maasti* a Hindi term which means mischief and often has sexual overtones when it used between young men.
11. Sexual identity - the belief that one's sexuality and sexual preference creates a sexual identity, that is you are lesbian or gay because you sexually desire those of the same gender. You identify with your sexual desire as the core of your sense of self.
12. See any International Lesbian and Gay Association (ILGA) report!
13. See list of groups below.
14. Hamjinci is an Urdu word whilst samlingi is a Hindi term. Both mean approximately a man who has sex with other men.
15. See AIDS Analysis -Asia, page 6
16. See Foucault's History of Sexuality Volume 1, English version, Allen Lane, 1978, Weeks' Sexuality, Routledge 1986, Katz's The Invention of Heterosexuality, Dutton, 1995, Herdt's Introduction to Third Sex Third Gender, Zone Books, 1994.
17. See Khan, Making Visible The Invisible, Naz Foundation report, 1996 and Hyam's Empire and Sexuality - the British experience, Manchester University Press, 1990.
18. At a number of HIV/AIDS meetings in India and internationally, a range of professionals have stated that “there are no homosexuals in India”, that “the level of homosexual behaviour is very small” that “homosexuality is a Western import brought in by the British Raj”, and so on. At a meeting in December 1995 in Colombo, Sri Lanka, a consultant for UNDP who had visited Madras and Bombay as part of report comparing HIV/AIDS non-governmental agencies, publicly stated that there were only 3000 homosexuals/gay men in Bombay (population approximately 13 million) and some 1500 homosexuals in Madras (population some 3-5 million)!
19. See AIDS Analysis Asia, page 15
20. See below
21. See Lotus of Another Colour edited by Rakesh Ratti, Alyson Publications, 1993
22. George Orwell “The human mind cannot think a thought unless the words to express the thought exists” - 1984. See also Spencer's Man Made Language Routledge, 1980; Contexts - race, culture and sexuality - A Naz Report, 1994
23. homoaffectionalism - in the sense that I use the word here 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
24. 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, or 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.

25. An attempt to organise a “Queer Trip of India” in 1994 was made by a diasporic group of South Asians living in San Francisco. A t-shirt with the slogan “India - The Queer View” was produced as a part of the gay and lesbian film festival tour of India. Visits would be made to a number of cities meeting up with the local lesbian/gay groups and there would be the usual tourist visits to temple sites where there were known to be iconography and statues of same-gender couplings. Apart from the choice of the word “queer”, was interestingly enough the choice of colour of the t-shirt -saffron - which carries religious connotations relating

to Hinduism. Whilst this may not seem to be significant, in the light of the current political and religious debates in India at that time (and still going on to some extent) there had been riots in a number of India cities between Hindus and Muslims. For many Muslims in India, saffron carries with it political overtones of the BJP (a nationalist party based on recovering so-called Hindu values) and prejudice against minorities.

26. See Khan's Contexts - race, culture and sexuality , a Naz Report, 1994.

27. See Thadani's Sakhiyani, Casell, 1996

28. See Note 8

29. I have argued consistently based on my experiences working with SHAKTI and with Naz, that one of the factors shaping gay-identified South Asian lives in the UK was the social and cultural shaping of self-identities. As people of colour, as Indians, Pakistanis, or Bangladeshis, there was a multiple framework of identities which shifted and changed according to context and space. As I stated in one lecture I was presenting in the UK, "I am firstly an Indian male amongst Indians, a South Asian amongst South Asians, a gay man amongst gay men, a black person within the general society. Who I present to myself and to the outside world will depend who I am with. None of these identities are central to my sense of self. Each reflects a different need and context". From personal notes.

30. Many truck auto-rickshaw and taxi drivers have stated that their bodies get "hot" from the engines and this produces a need for sexual release to cool their bodies down. They state that they get "body tension" which produces mental tension.

31. Males with a social, religious and cultural identity within which, these males dress up as women, are often religiously castrated as a sacrifice of malehood to the goddess Renuka Devi. They are often seen on the streets in Bombay, Varansi, New Delhi and others 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. See Nanda, "Neither man nor woman - Hijras of India, Wadsworth, 1990.

32. See "Boy love in the Urdu Ghazal, Tariq Rahman, Paedika, Summer 1989, Vol 2, No.1
"The irresistible beauty of boys - Middle-Eastern attitudes about boy-love", Maarten Schild, Paedika, Winter 1988, No 3
"Bacabozlik -Boylove, folksong and literature in Central Asia". Ingeborg Baldauf, Paedika, Autumn 1990, Vol 2, No.2.

33. "In the end I got married. It was the only way to get back to my family. My parents continuously harassed me for three years, as did my uncles and aunts. Marriage is everything. And if I didn't obey my parents and accepted their choice, where would I be?" Statement made to the author by a self-identified gay man in Bombay.

34. In talking with an unmarried workshop participant in Orissa, he stated that when he fucks a male he thinks of it as "practice" for when he eventually gets married. His body is "hot" and he believes it is much better to "fuck" than to masturbate. Indian beliefs on masturbation state that each drop of semen is equivalent to 40 drops of blood. To masturbate is to weaken the body. How this configures with "fucking" is not clear. See Khan, KHUSH report, Naz Foundation, 1990

35. "I can't tell my wife about myself. It would destroy my family and her. I can't have a divorce because of the shame it would bring to our families. I go out maybe several times a month, pick up some guy for quick sex in the park or toilet". See Khan, KHUSH report, Naz Foundation, 1990.

36. The parental line "but who will look after you when you are old?" is a common statement told by many married men who have sex with men.

37. Such words as *khusra* or *gandu*, both terms meaning a "not man" who is fucked by a man. The term for Hindi for anal sex is *gand marna* which approximately means to beat the arse.

38. See Note 30.

39. In a survey amongst a group of 35 males who have sex with males in Calcuta, the average time for a penetrative act from insertion to discharge was between 3-5 minutes. The comment was made by one such participant that "there is no time for foreplay. They just shove it and pull out." Khan, personal notes.

40. At a particular truck stop in Bombay, several young men have reported that on average they experience more than five acts of penetration by truck drivers in any given night. Khan, personal notes.

Several truck drivers have also reported that when they are on the road they "need" at least four to five sexual encounters per night

to release their tension. Khan personal notes

41. “Privacy, what privacy. I share a room with my three older brothers, and I have had sex with all of them. The other room is where my parents and grand parents sleep. There is no lock on the door. In the hallway, my uncle and aunt sleep. Its like this everywhere in India”. A personal comment to the author in New Delhi.

42. “ I was married at 11 and I finally had sex with my wife when I was 16 years old. I had no choice, my family arranged everything. I first had sex with my school teacher when I was 12 and this continued until I was 16 when I left . I have always longed for a man to be with, you know, who will care for me. But how can I find such a man? How can I leave my wife and children. What am I? I don’t know. I just know what I feel sometimes when I see a handsome man (translated from Hindi). Khan, personal notes.

43. To develop concepts of individuality and individual choice as is understood in the West means to disconstruct India concepts of joint and extended families, arranged marriages and compulsory procreation, of significant changes in Hindu belief systems, and so on. All this would lead to significant cultural shifts.

Lesbian and Gay Groups

India

Bombay Dost, 105A Veeena Beena Shopping Centre, Mumbai 400 050, India (gay magazine)

Counsel Club, c/o Pawan Post Bag 10237, Calcutta 700 019, India

Friends India, Post Box 59, Mahanagar, Lucknow 226 006, India

Humsafar Trust, c/o Bombay Dost (HIV/AIDs agency for gay men)

Naz Foundation (India) Trust, Calcutta Project, 468A Block K, New Alipore, Calcutta 700 053, India (an HIV/AIDS agency proding male sexual health programmes)

Naz Foundation (India) Trust, New Delhi Project, P.O. Box 3910, Andrews Gunj, New Delhi 110 049, India (an HIV/AIDS agency proding male sexual health programmes)

Sakhi, P.O. Box 3526, Lajpat Nagar, New Delhi 110 024, India (lesbian resource centre)

Diaspora Groups

Atish, Box 345, 1027 Davie Street, Vancouver, BC V6E 4L2, Canada

Khush, P.O. Box 6172, Station A, Toronto, Ontario M5W 1P6, Canada

Naz Project (London), Palingswick House, 241 King Street, London W6 9LP, UK (an HIV/AIDS service agency for South Asians, Turkisj, Arab and Irani communities in Greater London. Provides a male sexual health programme for men who have sex with en and gay men)

Masala, P.O. Box 1182, Cambridge, Ma 02142, USA

SALGA, P.O. Box 50, Cooper Station, New York, NY 10276-0050, USA

Sangat, Box 268463, Chicago, Il 60626, USA

Shamakami, P.O. Box 460456, San Francisco, Ca 94146-0456, USA (lesbian magazine)

Shakti, P.O. Box 93, 28A Seymour Place, London W1H 5WJ, UK

Trikone, P.O. Box 21354, San Jose, Ca 95151-1354, USA

Trikone-Atlanta, P.O. Box 18638, Atlanta, Ga 31126-0638, USA

Trikone Los Angeles, c/o The Centre, Admin Box 400, 1625 Scradler Blvd. Los Angeles, Ca 90028, USA

Bibliography

Al-Khayyat, Sona : Honour & Shame - women in Modern Iraq, Saqi Books 1990

Blackwood, Evelyn edited by: The Many Faces Of Homosexuality- anthropological approaches to homosexual behaviour, Harrington Press 1986

Bouhdiba, Abdelwahab: Sexuality in Islam, translated by Alan Sheridan. Routledge & Keegan Paul Ltd, 1985

Caplan, Pa,t editor: The cultural construction of sexuality, 1987 Tavistock Publications Ltd

Cohen, Lawrence: *The pleasures of castration: The post-operative status of Hijras, Jankhas and Academics* (from Sexual Nature/ Sexual Culture, edited by Paul Abramson and Steven D Pinkerton, University of Chicago Press, 1995)

Delumeare, Jean, translated by Eric Nicholson: *Sin and Fear - the emergence of Western guilt culture*, St. Martin’s Press Inc. 1990

Goodwin, Jan: *Price of Honour*, Little, Brown & Company Limited, 1994

Greenberg, David F: *The Construction Of Homosexuality*, University of Chicago Press, 1988

Hardman, Paul D.: *Homoaffectionalism*, GLB Publishers, 1993

Herdt, Gilbert, edited by: *Third Sex Third Gender - beyond sexual dimorphism in culture and history*, Zon Books, 1994

Hyam, Ronald: *Empire and Sexuality - The British Experience*, Manchester University Press, 1990

Khan, Shivananda: *KHUSH* , a report on the needs of South Aian lesbians and gay men in the UK, Naz Publications, 1991

Khan, Shivananda, editor: *History of Alternate Sexualities in South Asia*, a report on a 3 day seminar, New Delhi, India, Naz Publications, 1994

Khan, Shivananda: *Contexts - Race, Culture and Sexuality, a report and needs assessemnt on South Asian commnities*, Naz Publications, 1994

- Khan, Shivananda: *Conference Report: Emerging Gay Identities in India - Implications for Sexual Health*, Naz Publications, 1995
- Kakar, Sudhir: *Intimate Relations - exploring Indian sexuality*, Penguin Books, 1989
- Kakar, Sudhir: *The Inner World - a psycho-analytic study of childhood and society in India*, Oxford University Press, 1981
- Mane, Purnima and Maitra, Shubhada A.: *AIDS Prevention - The Socio-Cultural Context in India*, Tata Institute of Social Sciences, 1992
- Parker, Andrew , edited by: *Nationalisms and Sexualities*, Routledge, 1992
- Patten, Cindy: *Inventing AIDS*, Routledge, 1990
- Ratti, Rakesh, editor: *A Lotus Of Another Colour* , Alyson Publications, 1993
- Said, Edward: *Culture and Emperialism*, Chatto and Windus, 1993
- Schmitt, Arno and Sofer, Jehoeda, edited by : *Sexuality And Eroticism Among Males In Moslem Societies*, Haworth Press, 1992
- Sharma, S K : *Hijras - The labelled deviants*, Gian Publishing House, New Delhi, 1989
- Swidler, Arlene, edited by: *Homosexuality And World Religions*, Trinity Press International, 1993

Culture, religion and human rights

social constructions of male sexual behaviours in South Asia

implications for human rights

(this was presented at the Vancouver International AIDS Conference , July 1996)

There is not enough time to adequately analyse the differing religious and cultural frameworks, particularly those from South Asia, that impact upon an understanding of the concept of human rights. So instead I would like to raise a series of questions.

Earlier this year, the Netherlands Government had instructed their embassies in developing countries to look for and provide support to lesbian and gay activists challenging their governments around the abuse of their human rights. This startling intervention came about because of the international furore that President Mugabe of Zimbabwe had caused with his furious denunciations of self-identified lesbians and gay men in his country, having also instigated actions against the members of the Gay and Lesbian Association of Zimbabwe calling them evil, perverted, tools of the West, well, you know what else.

Here was a Western donor nation, one that had strong support for its own lesbian and gay communities, who having accepted that there were lesbians and gay men in developing countries, was willing to provide financial support to develop human rights responses to their needs.

On behalf of The Naz Foundation I wrote to the Netherlands Foreign Ministry with specific regard to our work with local groups, networks and organisations in parts of South Asia towards developing sexual health services for males who have sex with males.

Their response was enlightening. I was told quite bluntly that they were specifically interested in the human rights for lesbians and gay men in developing countries, not HIV/AIDS. So HIV/AIDS sexual health information and support services for males who have sex with males is not a human rights issue!

In the light of public denials of the existence of homosexuality and of homosexual behaviour in many of our countries, or where the existence of homosexuality is seen as a Western perversion “infecting a small number of individuals within the country”, very, very few services have been developed for males who have sex with males and for gay-identified men. What exists has been through the courageous actions of a few gay support groups and organisations, such as Humsafar Trust in Bombay, Companions of a Journey in Sri Lanka, Pink Triangle in Malaysia, OCCUR in Japan, 10% club in Hong Kong, Action for AIDS in Singapore, and Naz sister organisations in New Delhi and Calcutta which focuses more on males who are also homosexually active as part of their sexual repertoire.

We are familiar to the Dutch response in the context of HIV/AIDS and male to male sex which had been supported by UNAIDS in its previous incarnation of GPA, and also by a host of international donor agencies who had swallowed the assumption that AIDS in Asia is “heterosexual”. That while these cultures may have indigenous same sex behaviours, it is minuscule, and therefore there was no need to invest in HIV/AIDS programmes that dealt with male to male sexual behaviours. We were invisible therefore we did not exist. We were told we do not exist because we were not visible. And we could only become visible by claiming lesbian or gay identities, where upon we become victimised as pawns of the West to destabilise our own religions, cultures and societies.

This raises the whole issue of language and terminology, and whether the terms used have any significance or meaning within the context of differing cultures and religions. For what does human rights mean in these differing contexts? What do the words lesbian, gay, bisexual mean in this differing cultures?

Our work with lower income groups in South Asia has indicated that substantial numbers of males who have sex with other males as part of their sexual repertoire, also have sex with females whenever possible. Heterosexual or homosexual identities as Westerners understand them do not exist. Sexual behaviours are based on discharge not upon identity. This does not imply that

lesbian and gay identities do not exist in our countries. Of course they do, but the issues of sexual health are much broader than that. For sometimes, the language of identities, and Western constructions of sexuality are inappropriate in delivering culture specific HIV/AIDS sexual health services in terms of male to male sexual behaviours.

Within this context of meanings, cultures and religions, Western constructions cannot just be transposed from one culture to another. They are not absolutes in themselves and culture free. And here lies the crux of the problem around cultures, religions and human rights. Sexual identities and concepts of human rights are based on concepts of individuality, on individual rights, on a sense of the individual, separated from everything else. Whereas in our cultures, concepts of individuality, of the separated individual are weak. Family, community, the group, clan, these are the centres of our identities. To be separated, an individual, is often seen socially and religiously as an aberration. We can put the debate succinctly as a conflict between the rights of the individual and the rights of the community.

Without any contextualisation, language becomes divisive, creating barriers to any effective communication and shared values. Words become power-loaded. Where a religion and/or culture finds itself in opposition to Western concepts because its framework is different, its world view is different, it is often assumed that it is uncivilised, barbaric, dirty. The whole of Asia is caught up in this debate, and a great deal of anti-Western rhetoric has been aired from Malaysia to Iran, from China to Saudi Arabia. The problem is that the arguments between the different value systems are seen as diametrically opposed. And hierarchical. Each side of the argument sees its value system as superior. Hierarchical and oppositional. The person gets lost here, caught in this reductionist debate. But this great rift does not have to exist as an unbridgeable divide. It is possible to synthesis concepts of the individual and those of community perhaps through concepts of personhood.

Concepts of individual human rights as they are currently articulated in a range of documents, debates, laws, have arisen from a specific historic context, through social evolutionary pressures in the West over the last 1500 years, the Christian Reformation, the Enlightenment, the American and French revolutions. The concept of individual human rights is clearly contextualised within the socio-cultural histories of Western nations.

In our cultures and religions, the individual and the community and not seen as separated, as distinct entities. The individual is subsumed within family and community. Personal choices are secondary to family, community and religious choices. In fact choices may not be the right word. Duty, honour, obligation, social contracts may be more appropriate. For many lesbians and gay men in our countries, you don't choose to marry, you have a duty, a family obligation to marry and produce children. To do otherwise is seen as an aberration, a threat to social stability, a threat to family and community.

Let us also not forget that unlike the West with its Christian burden of Original Sin and Guilt, our religions and cultures have as their primary frameworks of social control, shame and dishonour.

While this may sound pedantic, these generate significant differences in social values and behaviours. Shame and honour are public statements, possessions. If behaviours are invisible, then there can be no shame, and no loss of honour?

Notice concepts of witnessing, for example, in Islamic law, the Sha'ria. There is need for either a public confession, or for four male witnesses of good community standing, for a religiously illicit behaviour to be punished. The community duty for marriage and children are also a part of this.

Notice in Hinduism, the central concepts of dutiful marriage and male children. To do otherwise is to bring shame and dishonour to the family.

In our societies, religion, religious practices, culture and social life are inextricably linked, mixed and intertwined. They cannot be reduced into separated compartments, so beloved by Western science, Western rationalism, and Western logic. In the West, the secular and the religious are seen as two separated worlds, each in opposition to each other, where culture is often seen as reading Shakespeare, going to the Ballet, listening to Beethoven, Civil life in the West is structured around these separations, whereas in our societies, civil life is structured in the interrelationships between these frameworks.

Western countries have built up a whole raft of legal rights for the individual that reflect economic and social frameworks. Social rights, welfare rights, unemployment benefit, sickness benefit, maternity rights, paternity rights, and so on.

For our countries, the vast majority do not have these rights. Without our family or kin group, or community, we may find ourselves isolated from all support systems that we need just to survive, Homes, food, jobs, friends, and at times, even sex!

So where does this leave us. We started out by saying that sexual health responses to HIV/AIDS issues of males who have sex with other males in South Asia was not seen as a human rights issue. We wondered whether the language of sexuality and human rights as they are currently expressed make any sense - **a common sense** - in different cultures and religions. We articulated two different world views, one that is centred upon the individual the other the family/community, and we found that economic and social

conditions also have a bearing in our responses to these issues.

I really don't know. Do you? But we need....

In October 1995, Naz Foundation with the Pakistan AIDS Prevention Society organised a consultation meeting regarding HIV/AIDS services in Muslim countries, whether it was possible to develop a Muslim response to HIV/AIDS. This came about through a previous consultation meeting on an Islamic and Christian response to HIV/AIDS held in Alexandria in 1992. A central conclusion of the latter was that people MUST obey religious dictates, they must stop doing things that these religions forbid, such as pre-marital sex and extra-marital sex, which by self-definition excludes and same-sex sexual behaviours. The follow-on conclusion to this was that religious law must be embedded in secular law, or should it be secular law embedded in religious law, and that such religious law must be acted upon as a deterrent. The religious community must be protected from individual actions. And in our societies, the religious community and the social community are conceived as one.

Now in this context, the Sha'ria, the Torah and the Old Testament of the Bible are quite clear. Adultery and fornication are punishable by death. Same sex behaviour, lust, also punishable. So where lies human rights within this context?

In our consultation meeting, human rights was a central issue also. What does this mean in the context of Muslim societies? For whom? Unfortunately there was no real resolution. Those whose lives centred on religious values, and those who centred on individuality could not come to a shared value system. What was achieved was a willingness to continue the debate, to talk with each other rather than shout accusations at each other

We need to stop shouting at each other. We must stop seeing the debate as "You are wrong - I am right". We need to find synthesis, understanding, a bringing together of these two world views. We need to see these as complimentary, not oppositional. It is only from this stance that we can evolve systems of justice, fairness, equity and equality. For all. For these are the bedrocks of human rights. And until we do, human rights will become a slogan of even more abuse, even more denial, even more injustice.

June 1996

Developing a sexual health response to the needs of males who have sex with males in Dhaka, Bangladesh

an initial risk assessment

14th September - 22nd October, 1996

INTRODUCTION

During the 1st Development Visit to Dhaka, Bangladesh, two networks of males who have sex with other males were identified and initial recruitment of individuals from these networks to participate in the Project was conducted. Key informants from the two networks were used in this process, These informants formed the Project Steering Group.

During this visit, several interviews amongst males who have sex with males were conducted and an HIV/AIDS awareness workshop was conducted.

One -to - one interviews

These included:

Workshop participants:	20
Hotel staff	20
Male sex workers	10
Rickshaw drivers	8
Male street children	10

Others included

tea shop males	6
males in parks	15
other sexually active males	10

Total 89

The discussions were over the period of the visit and conducted informally and on an ad-hoc basis. Whilst the discussions were of a general nature, there was a focus on personal sexual behaviours, which was possible after a measure of trust had been established. Where necessary these discussions were aided by a number of Bangla speakers involved in the Project.

THE WORKSHOP

Day One:

Setting The Agenda

Introductions
Sexuality and Sexual Health: Definitions
Sexuality and Identity
HIV and AIDS - Questionnaire
Sexual language
Sexual behaviours

Day Two:

Cultural Frameworks: A Local Analysis

Welcome
Cultural Analysis
Sexual Stereotypes
Culture, Sexuality and Sexual Behaviours

Day Three:	Sexuality and Sexual Behaviours Sexual messages Desire or Discharge? Women and Marriage Identity versus behaviours male sexual behaviour patterns in Dhaka
Day Four:	Sexual Behaviours and Safer Sex risk behaviours HIV/AIDS and STIs What is safer sex? What is sexual health?
Day Five:	The Dhaka Project (1) Research Methodologies The Questionnaires Sexual Diaries Recording Information
Day Six:	The Dhaka 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:

- two *kotis* discussing sexual behaviours and other males
 - talking with truck driver/rickshaw driver about safer sex
 - picking up a rickshaw driver for sex
 - sexual cruising in a park
- (note: *koti* - a self-identified label, based on effeminate behaviour and penetration)

Participants

Participants were aged between 18-40 and all attended the workshop consistently over the 6 days. All participants could be defined as “middle-class” and all were men who have sex with other men. Only two men were self-identified gay men.

There was a clear division within the workshop group which related to behaviour and identity. This could be defined in their own language as those who defined themselves as:

- 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 “homosexuals” 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
- Panthis*
The label used by *kotis* to identify males who prefer to anally penetrate other males and whose behaviour could be deemed “masculine”.
9 participants
- Do Parathas*
Another *koti* term meaning males who penetrate and are also penetrated
8 participants
- Others
Males who do not and are not anally penetrated but prefer non-penetrative sex
5 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, with 26 out of 32 having multiple partners and several 10 having more than one sexual partner every week.

16 were sexually active from the age of 13

10 sexually active from the age of 16 - 18

5 men had been sexually abused at the age of five by

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

1 had been “gang-raped” by a group of five males at the age of 7

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

10 with their neighbour

4 with strangers

4 with teachers (including two Madrassi school teachers)

Some 50% 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.

90% of the participants stated that they would get married.

What was interesting was that there was clear evidence that the higher the education/income group the participant came from the later the male to male sexual activity started. This could be that those from high income groups tended to grow up with much more personal privacy (having their own bedrooms for example), whilst those from lower income groups tended to share bedrooms with other male relatives.

A further point that needs to be made is the high level of risky sexual behaviours indicated by participants personal sexual histories and anecdotal reports by them about other males. Combined with low levels of condom use, low levels of knowledge of STI/HIV/AIDS, high levels of sexual activity and multiple partners, marriage and also sex with females (including anal sex) indicates a considerable level of multiple transmission of STI/HIV between males and between males and females by males involved with male to male sexual activity.

It should also be noted that no participant had been tested for HIV. Nor were they willing to because of personal security issues.

There were clear and significant differences between what participants verbally reported of their own sexual activities and those reported in the anonymous questionnaires. What people said they did in the open forum and what people actually did reported in the questionnaire and private meetings were very different. The questionnaires reported a higher rate of sexual activity and multiple partners than the verbal reports. The above analysis reflects this.

Condom Usage

15 stated that neither they or their sexual partners, used condoms

10 stated they and their partners sometimes used condoms

2 stated that they and their partners always used condoms

All participants who had used condoms stated that Raja condoms tended to break. They estimated that such breakages occurred at least 60% of the time.

Panther was seen as better, but still tended to break for about 20%-30% of the time.

Lubricants used for anal sex were ghee, butter, vaseline, motor-oil, hand-cream and in one case Vicks Vapour Rub. Sometimes saliva was used.

No participant who had used condoms had used water-based lubricant. KY Jelly is available in Dhaka but the packaging and price were seen as inhibitors for its use. KY jelly is sold in tubes at about 80 Takka per tube. These were not very convenient to carry around.

In the condom usage test in the workshop only 2 participants out of 32 demonstrated condom usage correctly. This could indicate reasons for the high levels of breakage.

It should also be noted that no appropriate condom for anal sex is available in Bangladesh.

STI/HIV/AIDS Knowledge, Attitudes and Treatment

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

Out of 32 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 currently experience piles and some anal bleeding

Some 12 participants reported STD symptoms in the last 2 years.

2 of them went to a clinic for treatment.

3 went to pharmacies for syndromic treatment

4 went to “quacks” and used “homeopathic” remedies

2 went untreated

1 went to his uncle who was a pharmacist and also involved sexually with other males.

At the end of the workshop, participants clearly indicated a positive attitudinal change regarding STI treatment and condom usage. To increase access to STI treatment by participants, two of the participants who were also doctors agreed to give free advice and information as well as prescribe appropriate treatment at the Project Office.

Further participants agreed on the urgency of condom usage as part of a safer sex strategy, but also recognised the issue of appropriate condoms for anal sex and access to appropriately packaged and cheap water-based lubricant. Naz was requested to explore this issue and urge appropriate authorities for their availability in Bangladesh.

Sexual Knowledge

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

Their sexual information was primarily obtained from family, friends, peers, at “cruising” sites, sexual partners, cultural myths (i.e. masturbation weakens the body). Similarly 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.

Over 26 participants asked personal questions about their own body and its sexual responses, masturbation, sexual behaviours, sexual desires and phantasies, 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.

Despite all participants being educated to college level it was very clear that the lack of any appropriate sexual education, has a major impact upon psychological and sexual health and the frameworks of sexual behaviours.

Desire and Identity

A major issue within the workshop was the question who was “gay” who was a homosexual?

Whilst the terms *homosex* or *gaysex* were used by participants, for the majority, their personal identities reflected primarily socio-cultural issues rather than sexual identities. There were only 2 participants who clearly identified themselves as gay men. Yet all the participants indicated that their primary sexual desire was for other males. Further in many cases the sense of sexual identity reflected whether the person penetrated or was penetrated.

For the majority of participants, identity reflected marital status, positions in a family structure and relationships within the kin/social group. 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 “koti” participants, the high levels of depression amongst all participants, the expressed need for a “partner” but the recognition of the social constraints within Bangladesh 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
neighbours
with domestic servants
between domestic servants
between friends
“elder brothers”. i.e. boy scouts, residential school hostels
students
truck drivers with helpers/others
rickshaw drivers
construction labourers
amongst bus/launch/train passengers
male prostitutes with clients
police/army/airforce
security guards
doctors
hotel staff amongst themselves and with customers
expatriates
foreigners
landlord with tenant
students in hostels
street children with each other and with others
private tutors with their students
amongst prisoners and prison staff
in orphanages
in Madrassi schools
in boarding schools
between shopkeepers and staff, i.e. restaurants/tea shops
beggars
businessmen
actors

dancers

Why do males have sex with males in Bangladesh?

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, religious sites, 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, particularly late at night and 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 reported inside launches (ferries) during night time and when everyone else is asleep, or under the blanket when sharing a bed in the family home, or in an office.

At several places, rooms can be hired by the hour, or people can take their sexual partners home if they have privacy during the time, i.e. family is out, they have own private bedroom, or use a friends home.

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

There appeared to be no limited to the availability of choices depending on the need for privacy. Privacy could be a blanket covering the activity itself.

Participants identified 22 public sites in Dhaka where males go to meet other males for sex.

groups to be held, thus reinforcing the messages.

SITE VISITS

Workshop participants have identified a number of areas in Dhaka where males can meet other males for sexual encounters or "pick-ups". Twenty two of such sites have been identified by participants. Visits were made to some of these sites. They included:

Site One

A large park situated in the south of Dhaka, well tended and groomed with many trees, bushes, benches and footpaths. It also has an artificial lake which is used for public bathing by many males during the daytime. The park is not very lit during the evening times, and while officially closed at 9.00pm, there are many males who wander through later than this. During the day time, it is popular with lower income group males who come to bath, children, and couples. There is some anecdotal evidence that female

sex workers pick up clients in the late afternoon and early evening period.

This park is popular with males looking for sex with other males, both from middle classes and lower income groups. Active every day between 6.30pm till about midnight. On any one day about 200 - 300 males will go through the park looking for sex between these times.

Also in the park between 8pm-midnight are a group of male sex workers, approximately 20 - 30 per day, whose clients tend to come from lower income groups and who may have come into the park not necessarily looking for sex. On average these male sex workers have between 5 to 10 clients per night. They will have sex in the park, or go with a client to a nearby hotel which rents rooms out by the hour.

Sex can and does take place inside the park in the dark, or individuals will meet and go elsewhere for sex. Sex in the park includes oral and anal, as well as mutual masturbation. Condoms are not used in the park.

Site Two

A major religious shrine not far from the above park and very popular with the general populace. It is most active for males seeking sexual partners on Thursday evenings. No sex goes on at this site, but “pick-ups” occur, sex taking place at other locations. There had been a small park nearby which used to be available for sex, but this is now closed. On average about 50-100 males will come to this site. It also acts as a social meeting place for MSM. Amongst the workshop participants this was the most popular venue to meet others and find sexual partners.

Outside the site it is possible to secure male and female sex workers through the rickshaw drivers who are present. Rickshaw drivers are also available as sexual partners.

Site Three

A street popular for shopping and for young students. Most crowded between 6.00pm-9.00pm with shoppers and students. Very popular for “cruising” for sexual partners (*panthis*) by *kotis*. Sex takes place in local homes, or nearby areas (i.e. construction sites). This is very middle class. Students are between the ages of 16 - 25.

Site Four

A very large park and popular local attraction in North Dhaka. Many trees, bushes, pathways and a large lake. The layout creates many private spaces within and amongst bushes where sex takes place in the late evening. While the park is supposedly closed after 6.00pm, this is only true at the main gate. There are many gaps in the surrounding fences, through which makes the park easily accessible and where males go for sex. Sexual activity takes place in the park, is primarily anal sex, but also includes oral and mutual masturbation. Very little lighting is available in the park. Sex is in the dark. There is some male prostitution. No condoms are used in the park. Approximately 50 -100 males per night will go through the park for sex.

Site 5

A small park between two main roads in the southern part of Dhaka. No lighting and with open access from these roads. Many bushes and trees. Used by males looking for sex after 6.00pm. On average about 50 males during this period use the park. Sexual activity takes place in the park or “pick-ups” are made and sex takes place in local guest houses or a person’s home. No condoms used in the park..

Site 6

A major public venue for males looking for other males, particularly on a Friday night, but also used by the general public during the evening hours. Mostly young people and students. Used by many *kotis* to “cruise”. No sex in this area. Pick-ups are made and sex is elsewhere. A social space as well for males who have sex with males. Primarily a middle class venue. Not all males coming to this space are looking for sex with other males, but will often be “picked up” for sex, if the other person has the space available.

Site 7

This is a launch ferry area, very busy all day with rooms available at local guest houses. Massage boys are available outside the terminal as well as within the launches themselves. Active all day.

Site 8

A railway station with many street children. Whilst all the street children are involved in some casual work helping passengers with luggage as well as begging, some of the males (and females) will sell sex. For the males this is usually anal. This sex takes place away from the station, but on occasions will occur on the railway tracks late at night. No condoms used. The ages of these boy sex workers are between 8-15 years old.

A more detailed report of the range of sites will be developed for the final report.

INTERVIEWS

These interviews/discussions were private conversations exploring feelings, desires and behaviours, as well as personal histories. The following represents a summary of the conversations according to the categories identified.

Workshop participants

20 workshop participants

These participants were all sexually active, but wished to discuss specific issues around marriage, shame, sexual dysfunctions, sexual behaviours. The issues raised by these conversations were

- a. masturbation causing penis dysfunctions, size and shape problems
- b. family life and growing up
- c. religious beliefs and sex
- d. early sexual encounters causing desire for males
- e. depression
- f. shame and guilt
- g. treatments for homosexuality
- h. early sexual encounters
- i. desire and sexual practice

Whilst a significant number appeared to admitted to feel shame about their behaviours, deeper analysis indicated that this shame was more based upon social and family expectations and the need to fulfil them and not so much upon the sexual behaviours and desires themselves.

What was interesting that on those workshop days which fell on a Friday, it was those who were the most effeminate - the *kotis* - who would go to the mosque for prayers. It appeared that those who felt most unable to fulfil social expectations around marriage and children were the *kotis* - the ones who were usually anally penetrated. At the same time they all knew that they would have to get married and produce children. There was a constant fear that perhaps they would not be able to “perform” with women.

Many issues reflected relationship problems, finding a partner, holding onto a partner and the types of sexual play that would keep a relationship together.

The majority of these participants had experienced sex with other males at an early age. Usually by the age of 14 they were sexually active. Most had their first sexual encounter with a male relative who had visited their home. Many of them were also sexually active with neighbourhood males of varying ages from 13 years upwards.

Three of these participants had been sexually abused at the age of 5, one by his brother and one by his uncle. The other one had been raped by a group of older boys. All stated that they had never been able to talk about this because of their shame. It was their fault. The one abused by a group of older boys still held tremendous anger and rage. No counselling had been offered, no punishment of the perpetrators. The one abused by the group of boys always penetrated others. The other two were always anally penetrated.

None of these participants used condoms or asked their sexual partners to use condoms.

7 of these participants had sex on average with 4-5 different males every week

3 stated that they had sex at least once a week. Partners were usually different

3 had regular partners

5 had sex with different partners about 4 times a month

1 hadn't had sex for 6 months because he was “looking for the right person”

1 had sold sex both for cash and gifts. He would have sex three times a week with different partners. He liked person then he would do sex for pleasure. He was always penetrated.

Within this group of the participants, feelings of isolation and fear of the future were a constant. The stated lack of emotional support, developing friendships that would understand their problems, provide advice and information and to be there in a crisis, were clearly stated. Most of them did not want to look to their futures. What hopes have they got? Marriage, children, the social “norms”?

All expressed a desire for support systems, help with employment, help with their studies, help with their families.

Finance was also a constant feature. Whilst all participants were middle-class, many felt as if their families were on the financial edge. All felt they needed money. All stated that if someone offered them money, and if they were nice looking, they would sell sex, although only had so far. Employment, both current and future was perceived as a major issue

Their sexual histories were similar to each other. Below is an example.

When K's uncle visited his home in A.... a medium sized village in Comalla, he would always share the bed with him. There was no where else for him to sleep.

"I was about eleven I think, and I had gone to bed. I had my own room as the only son.

"My uncle who was 25 at the time came to bed. He had been married for a year living in Dhaka, and had come home to see our family, leaving his wife in Dhaka. I wasn't asleep, but I pretended to be. I don't know why I did this. My uncle took off his shirt switched the light off and climbed into the bed. When he got in he put himself right next to me. My back was to him and I could feel his cock underneath his lungi. It felt strange to feel his cock, but somehow it also felt nice. After about an hour of not moving, I don't know what came over me. I felt tight. I slowly pushed back against him, and felt his cock was hard against my backside. Then he pushed against me, and I felt his hand on my thigh. I stirred pretending to be asleep, but without moving my position. A few minutes later, I felt his hand move slowly along my leg, lifting my lungi until it was raised to my waist. All the time he was pushing his cock against me. Then I felt his hand on mine and he began to handle it. He moved a little bit, and I felt him naked against me. He had lifted his lungi too. I turned to face him, and he quickly moved his hand. But I put my hand on his cock and began to do what he had done to me. He grabbed me, hugged me and I felt his cock against my stomach. He whispered something, I don't know what, and started kissing me all over my face. It all felt very nice. Then he pushed me onto my stomach. I could hear him spit, and then I felt this pain in my backside. I couldn't move because he was lying on top of me. The pain got worse, and then suddenly there was no pain. I felt this squirt inside me, and then immediately I felt him remove his cock. He kissed me again and then turned over to sleep.

"I don't really know what I felt. Scared, excited, ashamed, wanting more, all at the same time.

"The next day he never talked about it. I went to school. All day long I thought about what we did. Not wanting it, and wanting it again. That night, I went to bed my usual time, but this time I took my lungi off. I played with myself. Although it wasn't big (I hadn't reached puberty then), it did get hard. When my uncle came in he got into bed he discovered I was naked. He asked me to kiss his cock, and when I did he said to put it into my mouth. I asked if it was clean and he said yes, so I did. Then he showed me what to do. After a few minutes, I could hear him breathing hard and he took his cock out of my mouth and he ejaculated all over me. After this he put his my cock in his mouth and sucked it. It felt strange. After a few minutes he turned over and went to sleep.

"Since then whenever my uncle would come to my house we would always do sex together. The first time I ejaculated was with him. After that he would let me fuck him first and then he would fuck me. Sometimes we would do oral sex together. My uncle would visit our house every few months.

"At thirteen, when I was started to ejaculate fully, I began to do sex with some of the neighbourhood boys, all types. I would invite a friend over to sleep the night. We shared the bed. And then we would start.

"One evening I was in my room. I must have been about fourteen. We had just taken on a thirteen year old boy as a servant. The evening meal was over and I was doing some homework. I began to think about my uncle who had just left for Dhaka a few days before. I began to get hot. I started to handle myself through my lungi. I decided to call our servant boy and the excuse I used was to bring a drink to me and to tidy my room. I said this loudly enough for my parents to hear. When the servant boy came in, I stood up and he could see my penis was hard through my lungi. I asked him to close the door. As he moved to begin to tidy my room, I went to him and put his hand on my cock. I put my hand on his cock too and felt it grow hard. I said now that we are both hot we have to do something. He was resistant at first, but I told him if he didn't do it I would make him lose his job with us. We then did oral sex together. and then I fucked him.

"We did this at least three times a week. After a year he left. Our next servant I didn't like very much so I never tried.

"I have always like sex, particularly anal sex. No, I haven't used condoms before. I always have sex maybe three times a week. Usually with different people. Now I am a teacher, sometimes I do sex with students from my school. Sometimes I pick people up from the park, and bring them to my home. Since I have come to Dhaka I am never short of finding people to have sex with. "

Such a story is not unusual. It appears to be a very common phenomenon of male to male sex where first sexual encounters is usually with a male relative or servant.

Hotel staff

Private discussions and conversations were held with 20 hotel staff, including room service, waiters, lobby staff, security staff, and reception staff over a period of four weeks. The total amount of staff in the hotel was 90.

Whilst conversation related to general topics, sexual issues could easily be discussed once a friendship and trust had been built.

The average age of these hotel staff was 19-25, all having finished school and were literate, whilst several were able to speak English to varying degrees.

Sexual behaviours

1. Fifteen out of twenty of these staff were sexually active with others.
2. 12 of the staff have had sex with other boys, usually in the villages or in student hostels. For 8 of the staff this sex included anal and oral sex. For four of them it was only mutual masturbation or thigh sex.
3. 8 of the staff have had sex with male customers, usually for cash of gifts, but sometimes because they like the customer. 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, usually a girlfriend in the village. Four had girlfriends in Dhaka. In the villages, vaginal and anal sex was practised. In Dhaka, this sex was usually “breast pumping” and masturbation. “Its hard to find a space to do “real sex” was one comment.
6. 2 staff use female sex workers twice a month.
7. 5 stated that they never had sex with either male or female
8. No condoms were ever used except by those using female sex workers.
9. 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 as sex as a way of releasing “body tension”, as “play”.
10. None of these staff were married
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 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. This would be difficult they felt since the staff quarters were shared accommodations, the main one being a dormitory of 30 people, whilst the other staff rooms consisted of 4 to 5 people. However, certain comments were made to indicate that at least mutual masturbation did go on in the smaller staff rooms where four people slept. The other difficulty was the staff rotation systems which meant that different people slept in the same beds at different times. There was no privacy.,
14. Those staff who stated that they were not involved in any sexually activity on further questioning felt too “shy”, or “ashamed”. or “don’t know how to go about it”, or “to frightened of causing a problem once they got married”. They would like to do sex (they never stated with what gender), but were self-disciplined they stated. However they did masturbate regularly.
15. 3 of the staff involved in male to male sex visited parks to meet other males on their day off.
16. None of the staff, including those who stated they did not have sex , felt that male to male (or as they called it *boy-boy* sex or *chela-chela* sex) 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”.
17. Several of the staff asked about *girl-girl* sex, where two used the term lesbian. The interest was one of curiosity and there appeared to be no judgement.
18. The word gay and homosex was only used by 2 of the staff. The others talked about *boy-boy* sex.
19. All these 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 Bangladesh, 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.
20. Four of the staff stated that they had sex with boys because it was safer than having sex with females.
21. One staff person stated that he had sex with boys because he wanted to remain a virgin until his marriage as demanded by the Koran.
22. None had any knowledge of STI/HIV/AIDS, although some of them had heard the term AIDS before.
23. Discussions with these staff about other hotels 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 access to girls or boys for a fee.
24. In most hotels 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.
25. There appeared to be a constant sexual tension within these staff. Their fears about their sexual ability and capacity, their penis size and shape seemed to require constant reassurance that they were “normal” and could function even though they masturbate or have sex before marriage.
26. Many of the staff watch blue films regularly, which are easy to get hold of locally.
27. 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 following story was seen as common.

M was a graduate working in the hotel, aged 24. He had been working in the hotel for the last 8 months, coming straight from his village to the hotel. He got the job through a “relative” from his village who was also working in the same hotel.

M had been sexually active since the age of 13. His first sexual encounter was with a female neighbour who was also thirteen. He had sex with her regularly for three years until she got married. He has had sex with other girls in his village until he came to Dhaka to go to college, but not very regularly. After college he went back to his village until he came to Dhaka to work in a hotel. He has not had sex with a female since he was 18.

He has had sex with his male friends since he was 16. He said,
“It all started by accident. I hadn’t had sex with my girlfriend for over three months, and I hadn’t masturbated either. That night I had got hold of this blue magazine from a friend of mine who had brought from Dhaka. All these naked women and men doing

things. It made me really hot. I wanted to handle myself, then a friend of mine came over so that we could do our homework together.

"The time got late, so my friend stayed the night and naturally he had to share my bed. My little brother went to sleep with my parents, so we had the room to ourselves. During the night I couldn't sleep. I had this erection, but was so scared to touch it as my friend might find out and then I would be ashamed. I had fallen asleep when I woke up suddenly. My friend's leg was over my leg and my lungi was right up, so my erection was free. I put my hand down there, and as I did I felt my friend's cock, which pretending to be asleep I pushed myself closer which allowed both our cocks to touch. At this my friend stirred and pushed himself closer, and I opened my eyes. In the dim light coming into the room, I could see his eyes were also opened. We both grinned together and started pushing against each other so that our cocks rubbed each other. We then masturbated each other.

"Since then we have done anal sex with each other and oral sex, and also thigh sex. We never used to plan on having sex together. He or some other friend of mine would come to my house, or I would go to their house, and perhaps stay the night. When we go to sleep naturally our lungis rise up and our legs often cross each other. Usually we wake up in the night feeling 'hot' and with erections. Naturally then we do something to release the pressure. What can we do? We can't always find a girl. I prefer sex with girls. I know what it is like. I have done it. But if there is no girl around then and if an opportunity is available and I am 'hot' then I will do it with my friend.

"Have I done it with any hotel customer? A couple of times, both accidentally. Both times I was called to the guest's room. On each occasion the guest had a sex book on his bedside table, and I was invited to look after the query was done. Of course I would get 'hot' and I knew the guest could see my erection through my trousers. Then the guest would say that he could relieve me, so I let them. I fucked both of them. It was OK. Used a condom? No why should I? You get diseases from girls not from men.

male sex workers

Conversations were held with 10 self-confessed male sex workers in one park area.

1. Location: a large park in the central area of the city frequented primarily by males .
2. Used also in the afternoons by male/female couples and to some extent by female prostitutes in certain areas of the parks.
3. Bathing areas used by "footpath" people. It was noticed that there was a significant degree of sexual play and teasing amongst the adolescent youths whilst bathing. There were no discussions with these bathers at this time.
4. Used by males looking for sex with other males from 7.30pm till midnight.
5. They reported an average of between 200 -300 males visit the park in the evenings looking for sex.
6. All forms of sex will take place in the darkest areas, including anal sex.
7. Also the park was used as a pick up area where the males will go from the park to another place, such as a guest house, personal home, or car, for sex.
8. The park has some 20-30 male prostitutes working there every day
9. The youngest is 16 and the oldest 40
10. These boys are self-defined as *koti*
11. Prices vary for sex in the park - between 50-100 takka.
12. Outside park, the minimum stated was 200 takka.
13. However, if they like the client, the price would go down or the sex would be free.
14. The younger the boy the higher the price would be.
15. Indications were that for several of the boys they preferred middle class clients (because of price?).
16. Working class clients have sex in the park, whilst middle class clients tend to have sex outside
17. The boys indicated that they have a park identity and street identity which are different from each other.
18. There was a *guru* system operating, where all the boys belonged to the social group within the park . The group maintains price levels and provides advice and support.
19. Reported use of condoms for anal sex by one of the boys was 50%, but only outside the park. But he stated that he was an exception and the other boys rarely asked their clients to use condoms.
20. Most sex practised is anal where the *koti* is penetrated.
21. Average number of clients per night per person is 5-6
22. So on a daily basis average number of clients for the whole group would be 100-150
23. Other males come to the park to look for sex but don't use the male sex workers. They find sexual partners amongst themselves.
24. All the sex workers were from lower middle class/working class
25. Most of the boys have other jobs also, i.e. garment factory worker, lift operator, shop assistant.
26. 6 of the boys are married, 2 with children
27. All the boys in this group have used contraceptive pills to enlarge their breasts. They stated that their clients like the larger breasts, which they squeeze while having sex.

R is 24 years old.

1. He first had anal sex at the age of 12 with his 13 year old brother-in-law where he was penetrated.
2. Has been in the park for the last 6 years.
3. Has a day job as a lift operator in a major hotel.
4. When a customer takes him outside the park to a hotel, R. will charge 200 takka for anal sex and 250 for oral sex. Sex is mainly anal.

5. R. states that he doesn't get an erection during such sex. The customer does not touch his penis or gives him any satisfaction.
6. He has a regular partner who buys him presents but does not pay for sex.
7. R. calls him "husband".
8. He states that he can average some 10-12 clients a night on some occasions.
9. He has done sex in the park, primarily anal sex.
10. 50% condom use by customers outside park.
11. Inside park no condoms are used.
12. Uses saliva for lubricant.
13. Does not like the customer to use oil because penis slips in too easily.
14. Likes to feel slight pain on entry.
15. Has done group sex in the park with up to four men accessing his body at one time.
16. used contraceptive pills for breast enlargement.
17. Clients also include local police officers who he charges only 10-20 takka. They come to the park out of uniform.
18. He states that he has had several Mullahs from local Mosques as clients. Always he asks them to remove their topid as this will cause him some shame.
19. There are several occasions when up to 100 kotis are in the park, but only about 20-30 work there regularly.
20. On average there are some 300 males who come to the park every day for sexual encounters/pick-ups.
21. The park darwan (security guards) has free access to the *kotis*.
22. The *boys* seem to experience some gender conflict and shame. They have 'sadness' because they believe they should have been born a woman.
23. However, several of the *kotis* stated that they also penetrate men when they are asked to, but they don't charge because this is seen as an 'honour' request.
24. While stating that he has never had an STD (described as anal sickness) he reports that other boys have had ulcers, sores, "and pimples" in the anal passage. They do not go to doctors because of shame. They use a range of 'homeopathic' remedies, or sometimes will go to pharmacy for tablets which friends tell them about.
25. R. is articulate and intelligent, but has no knowledge of HIV/AIDS.
26. A person came to him for sex and told him he had AIDS. R. stated that he spread some sort of cream around his anus and this cured him from AIDS.
27. A few Hijras also go to the park to seek clients. There are often verbal conflicts with local Hijras.
28. R is a part of the social support group in the park amongst the boys. They also meet with other *kotis* in other parks and visit each other homes.
29. R. states that all the *kotis* want to have "husband".
30. R. states that his "husband" does not know he has sex with other males.
31. R. only does sex with older males. He feels shame if a person younger than himself asks for sex.
32. Ages of males accessing sex in park is 19 years and older.
33. Several of the *kotis* are married and R. expects to get married to a woman one day. He is worried whether he can "perform" his "duty".
34. R. uses the phrase "In the line" several times to indicate he does sex with other males. This phrase is also used in Calcutta and other Indian cities.
35. R. does not go to Mosque. He feels shame and guilt and wonders whether Allah will forgive him.
36. R. also knows of other boys who earn all their money from selling sex. Like himself and the others in his group, they send money to support their families.
37. R. works in the park between 8pm till midnight.
38. He lives with his uncle in a small room and he sometimes has sex with him as well.
39. He stated that police sometimes come to park and take money, but will also demand sex.
40. Generally, however police action does not happen very much. Usually they are warned by the darwan before hand.

rickshaw drivers

The following conclusions were drawn from a series of conversations with 8 rickshaw drivers between the ages of 17-35 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 8 drivers, 6 have had anal sex with women
6. 3 were married
7. None had ever gone to an STD clinic
8. All had come to Dhaka from villages
9. 5 have had sex with other males in their villages
10. 4 have had sex with males since they came to Dhaka
11. 3 stated that they only penetrate, and 2 stated that they penetrate and also are penetrated.
12. 4 have done oral sex with other males

13. 5 reported previous STI symptoms of discharge and “fire” in the penis.
14. Currently none reported a symptom
15. 3 have had sex with male passengers who “touched me and I got hot”. This happened several times 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 rickshaw, the customer will either touch his leg or bursh 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. All 3 stated that they were penetrated by the customer, but sometimes they would also penetrate the customer.

male street children

Over the period of time of this visit, conversations were held with 10 male street children between the ages of 8 - 14 years, where discussions could also include their sexual behaviours after a period of trust building. This was also facilitated by one 13 year old boy who appeared to be some sort of leader amongst the other boys. S. was very authoritative, ‘bossy’ and at times aggressive. At other times he expressed care and attention to the others .

1. All were homeless.
2. 5 were orphans.
3. 5 had run away from home because of family violence.
4. They earned their living by begging, doing odd jobs. thieving, or selling sex.
5. All sold sex usually for between 10-50 takka depending on client’s ability to pay, but usually it was at the lower end of the scale, and usually older street boys, street workers, porters and railway workers.
6. All have been regularly anally penetrated.
7. No condom usage.
8. Use of drugs was common, primarily “phenysdyl”, but some of the older boys also usef ganga and maybe heroin they reported.
9. The boys spoke of a number of older boys sharing needles for drug use
10. Four of the older boys, i.e. 13/14, stated that they have had vaginal sex with some of the street girls. This usually costs them 10 takka.
11. The boys are sexually active amongst themselves as well, with the older boy penetrating the younger boy.
12. The boys reported a great of physical and sexual violence against them by older people, police, officials and others.
13. 6 of the boys reported cases where they were forced (raped) to have sex
14. The boys were very malnourished, dirty and under-clothed.
15. They appeared to have little access to washing facilities.
16. Whilst the boys all put on a bravado act, in several instances and in some of their responses, it was obvious that they desired some sort of affectional support from a “family” structure and love. The boys social support system comes from the other street children.
17. 6 of the boys reported previous STI symptoms
18. 7 of the boys reported anal bleeding
19. 4 of the boys reported current STI symptoms
20. All the boys believed that society had disowned them, so why should they care. They were hungry, without a home or clothing, and people just spat at them. Who cared for them?

tea shop/restaurant “boys”

Conversations were held with 6 boys who worked in tea shops or small restaurants, where after a period of trust building there could be some brief discussions on issues around sexual behaviours. The ages of these boys were between 13 and 18 years old.

1. All the boys had come to Dhaka from villages looking for working.
2. They found work by going from restaurant to restaurant asking the owner, or through a village friend/relative who also worked in the same place.
3. All the boys sleep at their place of work with other staff, usually in one room.
4. What money they earn they send to their families. Usually the younger boys earn about 30 Takka a day with food and lodging provided.
5. The boys work seven days a week, but can get time off to visit their families.
6. There were younger boys working in their teashops and restaurants, some aged as young as 8 or 9.
7. 2 of the boys stated that they had to have sex with the owner before they could get a job. They both stated that this still goes on about every one or two months.
8. 3 of the boys said that sex between the boys goes in the restaurant/tea-shop at night after closing.
9. The sex is usually anal.
10. Condoms are not used.
11. After a lengthy process, all the boys stated that they have had sex with another boy. The oldest stated, “*what chance have I got to go get a girl. It is too expensive. I have to send all my money to my family, and I don’t have enough to buy any nice clothes for myself. What girl would want me? One day when I am older, my family will find me a girl, but that is many*”

years away. Now is important. I get 'hot', the boy next to me gets "hot", then we do. If he is younger than me I fuck him. If he is older, he fucks me. I like fucking, so I try to sleep next to a younger boy. It never takes long."

12. *All the boys said they masturbated. One said "look we never get a chance to play, to go to the cinema. Always somebody is yelling at us, or hitting us around our heads, or making us do things. What pleasure do we have in life. It is always work. To have 'mal out" (ejaculation) makes my body feel nice and I can sleep. What is wrong in that?"*

In a meeting with an STD clinician discussing anal sex behaviours in Dhaka, both anal sex between males and females and between males, the clinician stated that he had never asked clients whether they have had anal sex. Nor did he test for anal STIs. His clients come from the local area and are poor. In this area there are a large number of tea shops and restaurants. As the conversation drew to a close, he admitted that he knew of many cases in this area where the boys in these places were having sex with each other, many times anal sex, and often the shop owners were also anally penetrating some of these boys. But he had never asked about anal sex because it was to shameful to discuss, and he doubted whether the clients would answer honestly. So there would be no point in asking. And there would be too much shame for the client if he did any anal swabs as well.

Reported Anecdotes

overseas workers

"many Gulf workers stay in all male hostels. Often the younger boys are sexually used by older males. The sex is mainly anal sex. No condoms are used. This is because meeting women for sex is very hard and can be dangerous. In the hostel it is easy for males to have sex with other males. A lot of masturbation goes on as well. Sometimes there is group sex where one younger boy will be anally penetrated by several men, one after the other, especially if he is pretty. In my hostel, all the men were doing it. I have also had sex with local Arab men as well. I am walking down a street. A man looks at me, you know, the usual way when you know by his look that he wants sex, and then he takes me to his home for sex. It is always anal sex and they never use a condom." (returned worker from the Gulf aged 25)

students

"I live in a students hostel with about 50 other boys all aged between 18-21. Sometimes a group of about 5 of us hire a blue film and we watch it in one of the rooms, getting really hot. Then we have to do it. We masturbate as a group. Comparing, you know. Sometimes we do anal sex with each other, sometimes we suck. I don't think any of us thinks about using condoms. "We also have had sex with other boys as well. I think maybe most of the boys in the hostel has done sex with other boys at some time or another. But we don't talk about it.. Four us share a room, and we always are having sex with each other, almost every day. At least it is free. We don't have to bring girls back, which is impossible anyway. As for the hostel warden, well I know he likes sex with boys, so he keeps quiet. Not that he really knows what happens here." (18 year old student living in a hostel)

foreigners

"You know there is this foreigner staying near the construction where I work. There are about five us from the same village, all the same age, working on this site. We are always together, and yes, when we were in the village and younger all of us used to play together, you know, handle each other. Much easier than having sex with a girl and less dangerous. Women carry so many diseases. And with my wife in the village, I am always needing it. Its the same with my friends. Anyway, one day I saw this foreigner watching us from his flat while we were working. His flat overlooked the site where me and my friends worked. He was only wearing shorts, and I could see clearly his 'thing' bulging from his shorts. It was definitely hard. Well that got me hot so I looked up at him and smiled at him. He smiled back and his hand went down there.

"That evening when everyone else had gone to sleep I told my friends about this man. We all got excited, you know hot, so we all got up and climbed the stairs to the next empty floor. There we did sex together like back in the village.

"The next day the white man was at his balcony again looking at us work. I smiled at him, and he beckoned him to go to his flat. I shook my head, because I couldn't leave the site. I didn't tell my friends. I waited till lunch time and then I walked to his flat telling my friends I needed to go for a walk. He was standing by the door and invited me in. I was nervous, but when I looked at the man's crotch I could see his thing was hard, so I knew he wanted to do sex with me. I also wanted to do sex.

"He took me upstairs. He didn't speak Bangla and I didn't speak English. He brought me a cold drink and asked me to sit down. He sat next to me. He put his hand on my thigh and said in English hullo. From there we did sex. He wanted me to fuck him which I did.

"The next day I brought one of my friends to his flat and we did sex. All my friends have now gone to him for sex. (construction worker aged 30)

Several reports have been received that several male members of the foreign NGO and diplomatic community are involved in male to male sex with local males. One report indicated that access to male sex workers is easily possible through a number of brokers, and that at several parties in certain "high-class" areas, male to male sex parties go on. Many male students are involved in this.

Also some foreign males go to some of the parks where they can find males for sex, whilst several males sex workers have stated that some of their regular clients are foreigners.

male brothels

A reliable report indicates that there are several male brothels in Dhaka, These are primarily guest houses in certain selected areas of Dhaka.

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 helper.

sexual networks

“I don’t like parks, so I don’t go to them to find sex. Finding sex in Dhaka with another boy is very easy. Usually what I do if I see someone I like, is to follow him to a restaurant or tea shop and then sit next to him. I get into a conversation, and then I will invite him to my home, where I have my own room. Once I get him into my room, I give him a cold drink and then I start a conversation, you know about anything. I will sit next to him, very close, but I won’t do anything. After about an hour I will say I have something to do and that he will have to go, but I invite him back the next day.

“I do this for a couple more days, you know, and then I will start saying how handsome he is, what a nice body he has, that I am jealous of him, can I see his chest. If he agrees, and most do, he takes off his shirt, then I touch his nipples, stroke his chest. Then I ask does he do sex with girls. Just about everybody says no, because it is so hard to get a girl. So I ask what he does, and I tell him I just masturbate, and how nice that feels. By the time I finish I know he is hot and wants sex. You can see it clearly. So I put my hand on his thigh, and if he doesn’t remove my hand, and no one has every done that so far, then I move my hand slowly up his leg until I am holding his penis.

“Then looking into his eyes, I unzip his jeans and begin stroking his penis. Usually I give oral, and then I ask him if he will fuck me. By then the answer is always yes.

“After sex, I always tell him how good he is, how much I enjoyed it, and he must have enjoyed releasing body tension. Then I invite him back again. Some of them want to come back every day for sex. They are so “hot”.

After a couple of weeks I then introduce him to a couple of my friends. They make friendship with him, invite him to their own homes and do sex with him. That is how the networks build up. We always share the guys we do sex with, and then he brings his friends into the network.

“Condoms? No I haven’t really thought about condoms. Anyway I can’t keep them in my home.”
(23 year old student living at home)

“Look most of my friends cannot go to parks or public places to look for guys. They are too well known. So I pick up guys from the streets, do sex with them and then take them to one of these friends homes so that can do sex with them. My friends tell me what they want, you know, height, colour, build, age and so on and I get them. Its easy. All these guys want sex. It doesn’t matter whether it is with a girl or boy. They just want. Always hot.

“You saw. If I like someone, or he is the type a friend of mine wants, then I just go up to him, and within five minutes I can get him. You saw. I just touched his thigh, and if he doesn’t push my hand away, I know. And the majority never push their hand away.

“Where? On the streets, shops, hotels, restaurants, anywhere. I have done it on a bus, in a train, anywhere.

“How many? Let me see. OK last month I picked up maybe 40 guys. Did sex with them all, and then took them to see my friends. No I don’t charge. Most of these guys don’t ask for money. Sometimes they like a small present though.”
(hairdresser/dancer aged 24)

Other Reported Anecdotes

1. Condoms

A researcher discussing behavioural aspects of students and condom usage found:

- a. extremely low condom usage
- b. low levels of sexual knowledge
- c. whilst all the students in this survey were having sex with female sex workers, 50 % reported anal sex with males
- d. women were seen as vectors of disease
- e. one person stated that he always uses condoms when he has sex with a women to protect himself from any diseases that the woman might give him. He also cuts the tip of the condom of because he likes the feeling of the ejaculation “spurting” out. But he still feels that he is safe because the shaft of the penis is covered.
- f. very low levels of knowledge of STIs
- g. no knowledge of HIV/AIDS

2. Video Games Parlours

The growth of video game parlour in Dhaka over the last couple of years is astounding. Many young people go to these parlours to play the machines. Several males have reported that they sometimes can persuade boys at these parlour to have sex with them for a few takka which is then used for the games.

3. Blue Films

“Look it is easy to get blue films. Most video shops which stay open late at night have them. And you can rent them for only 30-50 takka a shot. So what’s the problem?”

4. Shared Accommodation

“ There are many young men/boys who have to share rooms in Dhaka. Rent can be very high and their income may well be low. Sharing rooms means that there are opportunities for sexual play. I share a room, and I have sex with my room friends. Sometimes we can’t afford a girl, and we can’t bring a girl back to our room. The neighbours watch and would make problems. So it’s easy. At night maybe two of us get together under the same blanket and we play. Sometimes we may bring a blue film to our room. Then we all watch. At night we may then do a group. It all depends. No-one knows. No-one is watching.”

A student, 24 years old.

LETTERS

One of the members of the Steering Group, Dr. Suman Lahiry publishes a health education magazine. He receives many letters asked for sexual advice and information. Below are six such letters translated into English from Bangla. All the letters are from males. Note these letters come from educated, middle class people.

Letter 1

Dear Doctor

I am 19/20 years old and have just passed H.S.C. When I was in Class VIII a small ‘guturi’ (a cocoon like seed) erupted in each breast. (Now I can understand it happens to everybody, it is normal).

Later a friend told me to break the lumpy seedy cocoons (friend called it beetlenut) using my fingers. I started doing that. But I had a feeling that my left breast is more swelled than right breast. I started breaking the right stone (seed/cocoon) more than the left one (because my friend told if I can break the seed, my breast will get more beautiful). I have obsession. In this situation I forgot about the left breast. Then I discovered my right breast has started swelling like anything. I used to press more and more in order to break the stony seed. I never felt any pain. A liquid, sticky secretion used to come out from the nipple. As I forgot about left breast and never pressed it with my fingers, the seed automatically dissolved/vanished and left breast looked normal.

Now, for the last three years my right breast is quite big and has become flabby. It feels like a female breast during adolescence. Now what I fear is if I massage/press/squeeze the seed of my right breast, a yellow secretion comes out and after that the seed vanishes. If I press more, blood comes out and it comes out through a hair root near the end of the round shape of my right breast, not through the nipple. I never feel pain during pressing it. After getting dissolved, seed again appears after 12/13 hours. If I press it again it breaks. This is a cycle. I am living in a wretched inhuman condition. But never consulted a doctor due to my negligence and shame.

But I am sure, I myself have created this type of problem. The left breast got normal automatically. But due to my continuous pressing of the right breast (I have done it everyday) it is a severe problem. I need to believe that if I can break the seed, it will vanish. Still I press it, but not as frequently as before. No my question is

1. why secretion is first yellowish and sticky and later blood started?
2. what is the consequence of this severe problem and what is its cure?
3. how can I make my right breast looking like left breast?

Please reply soon. If possible give me the reference of an experienced physician.

I came to Dhaka and quiet satisfactory health. I have been here for last three years. I am in quiet solvency in my sister’s house, but why its happening?

I cannot answer myself. This is my only problem and for this problem I am ill-health.

Dear Doctor, what will I do? I am a poor student. Please spare me a proper consultancy.

Letter 2

Mr,

Please take my salaam. I am a student of ISC in Dhaka College. I was a homosexual (shomokami) for the last five years only in winter. Also I have practices all sorts of sexual perversion, e.g. masturbation 4 times daily, ejaculation by rubbing penis with trees, penetrate in the mud, oral fucking with others - I need to do it when I was in the village. But swear upon God, I have never had sex with a female.

I get wet dream very often and always dream of perverted sexual act, i.e. ‘illegal wet dream’. Now I don’t do any such thing. But my penis has got curved and hard on one side, I have to go to urinate frequently, and a feeling of pain in left testicle all the time. I am getting weaker and thinner day by day. I feel pain in penis, a throbbing pain, and double stream urine. I can see this double stream in the glans very clearly. The stream is very narrow. Size of testicles and penis has become smaller.

I went to IPGMR to know whether I have got AIDS or not. Central Blood Transfusion Department told me to contact Sandhani (a voluntary blood donating organisation). Sandhani was closed on that very day. I went to the Sri VD outdoor doctor. He told me to test blood for TC, DC, ESR, VDRIL, PS for gram stain, and others.

My question is if blood test to detect AIDS is free, why I have to undergo other tests? Please oblige me with the information where now I can undergo free voluntary test to detect AIDS?

Don’t publish my name and address, otherwise I will be ashamed to my friends.

Letter 3

I am a bachelor aged 25. I am sorry to say by chance I had a sexual misdeed with a goat incidentally. The goat was 'hot' means it was continuously crying for having sex with male goat (panthaa) like anything. The goat took shelter in my room while it was raining. There was nobody in my room. The shameful, obnoxious desire aroused within me and I engaged in this 'foul play' forcibly. So far I know I am the only one who came in its uterus. Because I searched the village and all the neighbouring villages to find a male goat and didn't find any. SO I think it is my semen that its uterus received. Now my question is will the goat be fertilised by my semen and will conceive and will deliver a man-goat or whether because of the out-species semen nothing will happen. Please let me know it and also what can I do now. I am ashamed, repentant, remorseful. I promise firmly that I will never commit such an abominable crime in my life. Please give me a chance to purify by advice so that I can solve the problem and oblige me thereby.

Letter 4

I am 16. I read in class X. I am very hopeless and disheartened about my life. Always I think of some worthless thoughts. I get very excited whenever I hear a little talk about sexual stuff. It happens in the extreme sense while I study. Specially at night when the excitement reaches the peak. I get nude and start thinking myself female. I wonder. I am a male and I have a penis, then why such things can come in my mind? Will such an incident be called a disease?

Now my main problem is my excessive sleep. Whenever I start studying, I feel sleepy. I urinate very frequently and it comes drop by drop. That's why I can't sit for prayer. I am pressurised by everyone to 'namaz' but because of the shame I can't talk about the problem with any of my family members. I always escape and say that I will do it tomorrow.

Now my penis has become thicker (fat) in the glans and thinner (lean) at the root and is curved at one side. I experience wet dreams sometimes. I am very, very weak and I used to engage in household works before, but now I don't feel like doing it. If I be seated for long, I get sleeping of extremities. If I stand up, I get vertigo and experience black out.

I think if this situation continues I can never succeed in my life. I am the only son of my parents. They have weaved lot of hope around me. I have already taken some medicines from two rural "kabiraj". but no result. Now what will I do? Please let me know and oblige me.

Letter 5

I am 23 years old. I used to masturbate previously and continued it for consecutive 3 years. Then I stopped for 1 year. Then again I started doing it and continued masturbating for 2 years. Then I stopped again by controlling myself very hard as I found it sin.

But after 1 month I found I have started touching my cock and masturbating (handling) unconsciously as if it's happening in the dream. I can't consciously notice when I start doing it. When semen is out, then I become conscious. Sometimes due to anger I cut my penis skin by a sharp blade specially when I wake up from sleep and find myself wet. But cutting didn't work. Then I started knotting/tying the glans with thread before I used to go to sleep. After some days I found myself impotent.

Then I went to head of dept of DMCH and took tab cosium (10 mg) about 100 tabs. As long as I took it I was OK. But due to excessive sleeping pill, now I have got alopecia.

Please let me know what is brain screening.

Letter 6

Dear Doctor,

Please take salaam. My problems are as follows:

1. I think people have learnt one thing from blue films and some practices it during 'coitus'. Both touch each others glans by tongue. Does it help transmitting AIDS?
 2. Is it harmful in special physical conditions/problems and not harmful if physical condition is OK?
 3. And when it is harmful?
 4. The things can't be harmful for mankind these are not nice to see, hear and feel.
- My main pursuit is to avoid things which is harmful to mankind and I wish everyone should fear doing it.

ISSUES

1. Male Sexual Behaviours

- 1.1 Consistently. in the workshop and the range of interviews, discussions and conversations held with a significant number of males across a broad spectrum of incomes, class, employment and age, a high level of pre-marital and extra marital sex was encountered. Ignoring the workshop participants (since it was a prior condition that they would be involved in male to male sex), very high levels of anal sex behaviour with males and females were found amongst other males. Whilst there is no statistical correlation and samples sizes were low, the selection of individuals for discussions on personal sexual behaviours was randomised by who I happened to meet and strike up conversations with, and who would be willing after a period of time to discuss their sexual behaviours with myself.
- 1.2 It should be noted that the people of Dhaka were very friendly and once a level of trust and self-disclosure had been achieved, it was very easy to get these youths and men to discuss their sexual behaviour. For many it was seen as cathartic and an enjoyable experienced (as they told me). I had no reason to doubt their honesty in their responses because we were

talking about a great taboo subject, male to male sex, and in fact I was surprised how easy it was to discuss these issues with them.

- 1.3 What the above information indicates is that many Dhaka males are very sexually active both with males and females, that anal sex was very common. that levels of condom usage are extremely low, and very often women are seen as vectors of disease, and where sex between males is seen as play, as opportunistic, as substitute, as release.
- 1.4 To develop any effective sexual health strategy, several dynamics need to be acknowledge and explored. Firstly it needs to be acknowledged that significant levels of male to male sex exists at all levels. Secondly it must be acknowledged that such behaviours have two different dynamics:
 - a. Male to male sex based upon desire for males as a sexual partner.
 - b. Male to male sex based on absence of females as a potential sexual partner and the easy availability of other males for sexual encounters. Further where women are seen as disease vectors, males are seen as disease free and therefore a safer sexual partner.
- 1.5 It also appears that the majority of male to male sex is based on anal penetration and that their is also a significant amount of anal penetration of females. Condom usage in such activity is extremely low if existent at all.
- 1.6 Further, irrespective of sexual desire, behaviour or identity, the vast majority of males involved in male to male sex will either be married or going to get married, and whilst a significant number of males involved in male to male sex also have sex with females.
- 1.7 In other words in dealing with male sexual behaviours in Dhaka there needs to be clarity about who and what we talking about and what, how and why language and terminology is use.

2. *Sexual Health Products*

- 2.1. Current usage of condoms amongst those involved in male to male sex was consistently low. if existent at all. Where condoms have been used in penetrative sex there were high levels of complaints about the Raja (government) condom , but less with the Panther (Social Marketing Co.) condom regarding breakages, splits and tearing when used for anal sex. All available condoms are appropriate for vaginal sex and not anal sex, which because of the pressure of penetration usually requires much more strength against tearing. This usually translates into a greater thickness.
- 2.2 Such condoms are expensive to import and would sell at a higher price unless socially marketed.
- 2.3 There are issues of distribution, availability and price of condoms. Currently condoms are usually sold in pharmacies. If a strategy was to evolve to promote condoms for anal sex, then distribution, quality, price and availability all need to be explored. Price and distribution would need to reflect accessibility for the poorest and the sexually activite at locations where sexual activities take place.
- 2.4. Another issue is the availability of a suitable water-based lubricant in appropriate packaging that allows a low market price and is easy to carry and use. Currently the main lubricant used is spit, which dries very rapidly and can actually increase the possibility of friction weakening the latex. Other lubricants used are all oil-based which also weakens the latex. Using of a suitable lubricant could well reduce the level of tearing as well as protecting the latex from damage.
- 2.5. The issue of knowledge and awareness is an extremely urgent one. As indicated above knowledge of STI/HIV/AIDS is extremely low. But even further than this, knowledge of condom usage, sexual health and sex generally is also very low. There are few educational resources and products available to increase levels of knowledge amongst, not only the general public, but also amongst those with risky sexual practices.

3. *Sexual Health Services*

- 3.1 There is considerable evidence to indicate that levels of anal sex between males and between males and females is considerably high in Dhaka.
- 3.2 Unprotected anal sex is a very high risk activity for the transmission of HIV/STI.
- 3.3 Current anecdotal information indicates that:
 - a. condom usage is generally low both for vaginal and anal sex.
 - b. that in terms of anal sex, significant levels of tearing/bursting is occurring.
 - c. no appropriate condoms for anal sex are available in Dhaka.
 - d. no appropriate water-based lubricant available for general use in Dhaka.

- 3.4 Evidence collected so far indicates low level access of STI services by males who practice anal sex, whether between males or between males and females.
- 3.5 At the same time there is no evidence that STI clinicians and treatment centres are dealing with and/or treating anal transmission of STI/HIV.
- 3.6 This indicates that there could potentially be a hidden epidemic of STI/HIV infections through unprotected anal sex behaviours.
- 3.7 There is an urgent need to address the following concerns:
- improve quality and accessibility of STI services particularly in regard to anal sex behaviours between males and between males and females
 - appropriate training for STI clinicians around anal sex behaviours, counselling and support
 - destigmatise anal sex behaviours in order to improve service access
 - effective condom promotion strategies that deal with both vaginal and anal sex.

4. *Women And Sexual Health*

- 4.1 The above information indicates that:
- many males who have sex with other males also have sex with females
 - that such sexual behaviours with females include both vaginal and anal sex
- 4.2 Females are consistently victimised as vectors of disease
- 4.3 Anal sex experiences by females are not considered either by STI/HIV services or prevention agencies.
- 4.4 The impact of male sexual behaviours upon women's sexual health is the main factor in increases of STI/HIV infections amongst women.
- 4.5 By only addressing issues of women's sexual health and to continue to state that "men should not go to female commercial sex workers" ignores all the transmission dynamics of HIV in Dhaka. That is
- women are generally disempowered and particularly vulnerable when it comes to male sexual behaviours with them
 - Bangladesh culture is based upon male power
 - Public space is "owned" by males
 - It is males who need to wear condoms and practice safer sex.
- 4.6 By continuing to victimise women reinforces the male concept that women are dirty and carriers of disease.
- 4.7 There is an urgent need to address issues of gender, empowerment of females, anal sex behaviours, and male sexual behaviours in any strategy for reducing STI/HIV rates, if women's sexual health is to greatly improved.

5. *Culture and Religion*

- a During the workshop it was interesting to note that it was the *Kotis* who went to the Mosque for prayers on Friday. Further, anecdotal statements by several male sex workers in parks indicated that they have Mullahs as clients, whilst others have stated that male to male sex exists in Madrassi schools.

While general observations indicated that many people attend Mosques, at least on Friday, and significant numbers did regular prayers, it would seem that for the vast majority of those involved in male to male, the impact of Islam played a smaller role in controlling sexual behaviour than can be assumed from public statements. What people say they do and what people actually do are vastly different.

It would also appear that cultural frameworks play a much stronger role in shaping sexual behaviours than religion. For example the following cultural frameworks must be born in mind when looking at male sexual behaviours:

- male ownership of social spaces and economic resources
- male power dynamics
- male homoaffectionalism in a homosocial society
- gender segregation of space and labour
- boy children as capital
- female virginity within an honour system
- shame and dishonour frameworks more powerful than guilt

- h. compulsory marriage and procreation
- i. adulthood socially defined by marriage
- j. male sexual behaviours primarily framed by “discharge”
- k. sexual pleasure as outside of marriage and as play
- l. significant cultural constructs between procreative sex and sex as pleasure
- m. frameworks of “body tension” and sexual “discharge”
- n. different constructs of identities embedded within family networks rather than on a personal self
- o. joint and extended family structures
- p. lack of privacy and gender segregation within the home
- q. public statement as different from private practice
- r. marriage as a community duty and family obligation
- s. unmarried status seen as an aberration

6. *Sexualities, Identities and Sexual Behaviours*

6.1 The terms homosexuality, heterosexuality and bisexuality are problematic in the Bangladesh context. As can be seen from above these bounded terminologies that define behaviour with the contexts of identities do not “fit” to a large extent.

Whilst there are males who self-identify with the terms gay or homosexual, much of male to male behaviour is not based upon a sexual identity, but rather on a perceived need for sexual “discharge”. Males are readily available and often more convenient to use as part of a discharge pattern than females.

6.2 If effective strategies for STI/HIV prevention are to be developed then perhaps we should begin to talk about behaviours rather than identities, about anal and vaginal transmission, about male to male, female to male and male to female sexual behaviours. We should separate the the identity homosexuality from the behaviour.

6.3 In this context we need to target behaviours and develop intervention strategies for those who practice risk behaviours. Not all male to male sexual encounters involve penetration. Not all gay /homosexual men in Bangladesh have risky sexual behaviours.

6.4 Bangladeshi male sexual behaviours are much more polymorphous than the use of such labels would indicate.

6.5 Bangladeshi identities to a large extent are framed by family rather than by sexual practice and desire.

6.6 Even where gay/homosexual men are self-identified as such, the vast majority will be married or will get married.

6.6 What we have are many sexualities, differing homosexualities, bisexual behaviours, and heterosexualities.

7. *Education and Prevention*

7.1 There appears to be a great deal of confusion between the terms education and prevention, each being seen as synonymous with the other. However, it is easily seen that providing information on STI/HIV (education) does not necessarily mean any significant behaviour change towards safer sex practices (prevention).

7.2 The following questions should always be asked in developing education resources

- a. how appropriate is the framework of education?
- b. what language is it in?
- c. what words and images are used
- d. is it appropriate to the cultural frameworks and context of delivery?
- e. who controls the agenda
- f. who produces the information?
- g. who receives the information?
- h. who delivers the information?
- i. how is this information delivered?
- j. can we differentiate between culturally sensitive and culturally appropriate?
- k. do services exist to cater for expressed needs that such information may generate?
- l. who staffs these services
- m. what do they deliver?
how do they deliver services?
- n. how are appropriate are they?
- o. what skills do they have?
- p. what messages are being delivered?
don't do it

- do it safely
- q. what is the objective?
 - to inform?
 - to change behaviour?
 - to reduce the rate of HIV transmission?
 - to halt the spread of HIV?
 - to increase reproductive health of women?
 - of men?
 - how will this be achieved?

- 7.3 Prevention strategies are processes whereby individuals are empowered towards changing risky sexual practices to safer sex practices. The process further requires being able to consistently maintain such changes over a life-time. This is necessary since there is currently no vaccine against HIV infection and no cure for AIDS.
- 7.3 Such a process requires the individual to desire to change and maintain that change over the years. This is a psychological process requiring modifying personal desire. Fear alone might change behaviour over a short period of time, but eventually ceases to work.
- 7.4 What often does work in modifying behaviour is consistent peer group pressure, mimicry of peer leaders' behaviours, or personal gain (whether financial, emotional or psychological). The question asked may well be "what is in it for me?" The threat of illness, the way it is currently presented, is in the future, often many years in the future.
- 7.5 These conditions requires imaginative exploration of processes and strategies. Prevention requires direct intervention amongst individuals who practice risky behaviours. This is a peer and/or community approach, one of shared behaviours and values.
- 7.6 In the context of male sexual health and males who have sex with males it requires intervention approaches by those who share similar behaviours within their personal and sexual networks and a constant encouragement and reinforcement of safer sex practices within such networks.
- 7.7 In other words, education and prevention should be seen as two differing frameworks, the former to raise awareness of STI/HIV/AIDS, the latter to encourage behaviour change through personal interventions.
- 7.8. Another point needs to be made in this context and that is what sort of strategy should be followed within Bangladesh. There are only two frameworks in regard to modifying sexual practice:
 - a. Don't do it
 - b. Do it safely
- 7.9 In understanding the dynamics represented in the above information, it is clear that the only effective strategy will be the "do it safely", strategy.
- 7.10 This requires a multi-levelled approach including the provision of good quality sex education, easy access to appropriate sexual health products and information, accessible STI services that are appropriate to the needs of different class, gender and behavioural groups, appropriate counselling and support, and development of support structures for those living with HIV/AIDS. Such approaches should be consistent with each other, delivering a high standard of quality, non stigmatising, and supportive.

December 1996

Room service

a brief, informal sexual behaviour survey amongst room service “boys” working in two hotels based in Pune and New Delhi was conducted between April/May 1993

Methodology

a series of informal discussions were held with 20 room service “boys” over a period of two weeks at each hotel. These discussions were part of a general discussion about their lives, hopes, fears, and expectations. The discussions took place in a mixture of Hindi and English.

There was little resistance to discussions on sex and personal sexual behaviours. Factors in favour of such discussions were:

1. friendly and supportive approach
2. self-acknowledgement of personal sexual behaviours
3. friendship was developed
4. discussion was within social conversation
5. once friendship (dost) was built up, then the young men were quite open
6. I was not staying permanently

Results

1. Number of young men interviewed: 20
2. Age range: 18 - 25
3. All the men have had sex with another person
4. 8 men have had anal sex with another male
6 men had been anally penetrated
8 men anally penetrate
5. A further 5 men had only non-penetrative sex with another male
 - a. masturbation 5
 - b. thigh sex 4
6. 7 men only have sex with women
7. Sex partners
 - Hotel guests: 12
 - Male hotel guests: 12
 - Female hotel guests: 8
 - Friends: 8
 - Parks/toilets: 2
 - Relatives: 13
 - women: 14
8. 6 men had penetrated male hotel customers
9. 4 men had been penetrated by male hotel guests
10. 8 men had vaginal sex with female hotel guests
11. 5 men had regularly girl friends
12. Of these, three men also had sex with other male
13. Of the men who have sex with women
 - 3 have a regular girlfriend
 - 14 men visit female sex workers on average once a month after pay-day
14. 14 of the men had vaginal sex
15. Of these 6 men had anal sex also

16. Only one man used a condom regularly
17. 5 men used condoms irregularly and only with foreigners
18. The others did not use condoms at all
19. Of those who practised anal sex with men/women, only one used a condom fairly regularly
20. All the men masturbated themselves regularly, on average twice a week
21. 5 of the men had male to male sex every week
22. None had been tested for STDs/HIV
23. None were married
24. All intended to get married usually through family marriages
25. None identified themselves as “homosexuals”
26. All saw sex with hotel guests as another source of income
27. All of the financial exchange between room service “boys” and customers were through “gift-sex” rather than cash exchange
28. All saw the sexual encounters as “masti” and “discharge” - as play

June 1993

APPENDIX ONE

Naz Foundation Publications:

1. **The KHUSH Report:**
Report on the needs of South Asian lesbians and gay men in the UK based on research conducted by The Naz Foundation, 1991
2. **Challenge and Response:**
a report on the The First European Conference on HIV/AIDS for the Muslim and South Asian Communities, held by The Naz Foundation 1992
3. **History of Alternate Sexualities in South Asia:**
Report on a 3 day seminar, New Delhi, India, hosted by The Naz Foundation and SAKHI, 1994
4. **Contexts - Race, Culture and Sexuality**
Report and needs assessment on South Asian communities, based on analysis and research by The Naz Foundation, 1994
5. **Emerging Gay Identities in India - Implications for Sexual Health:**
Report on a conference held in Bombay, hosted by The Naz Foundation and The Humsafar Trust, 1995
6. **Developing Appropriate Strategies**
Report of a Consultation Meeting of representatives from non-governmental organisations working on HIV/AIDS prevention and care issues within Muslim countries/communities, held in Karachi, Pakistan, hosted by The Naz Foundation and Pakistan AIDS Prevention Society, October 1995.
7. **Making Visible The Invisible**
sexuality and sexual health in South Asia - a focus on male to male sexual behaviours, July, 1996

APPENDIX TWO

Other Reference Materials

- Aggleton*, Peter, edited by: **Bisexualities and AIDS - international perspectives**, Taylor & Francis, 1996
- Ahmed*, Leila : **Women And Gender In Islam**. Yale University Press, 1992
- Aziz*, K.M. Ashrafal & Clarence Malony: **Life Stages, Gender and Fertility in Bangladesh**, International Centre for Diarrhoeal Disease Research Bangladesh, 1985
- Blackwood*, Evelyn, edited by : **The Many Faces Of Homosexuality- anthropological approaches to homosexual behaviour**, Harrington Press 1986
- Blanchet*, Theresa : **Lost Innocence, Stolen Childhoods**, University Press Ltd., Dhaka, 1996
- Bleys*, Rudi C.: **The Geography of Perversion - male to male sexual behaviour outside the West and the ethnographic imagination 1750-1918**, Cassell, 1996
- Bouhdiba*, Abdelwahab: **Sexuality in Islam**, translated by Alan Sheridan, Routledge & Keegan Paul Ltd, 1985
- Cabazon*, Jose Ignacio, edited by : **Buddhism, Sexuality and Gender**, State University of New York Press, 1985
- Cohen*, Lawrence: **The Pleasure Of Castration: The Post-operative Status Of Hijras, Jankhas And Academics** (chapter 13, from Sexual Nature/Sexual Culture, edited by Paul R Abramson and Steven D Pinkerton, University of Chicago Press, 1995)
- Dynes & Donaldson*, edited by: **Asian Homosexuality**, Garland Publishing, Inc., New York, 1992
- Greenberg*, David F. : **The Construction Of Homosexuality**, University of Chicago Press, 1988
- Hardman*, Paul D. : **Homoaffectionalism**, GLB Publishers, 1993
- Herd*, Gilbert H., edited by: **Third Gender Third Sex - beyond sexual diamorphism in culture and history**, Zone books, 1994
- Hussain*, Md. Afal, Golam Sattar Rahman, Dr. Nilufar Begum: **A study on prevalence of RTI/STDs in a rural area of Bangladesh**, Save The Children Fund (USA), Bangladesh Field Office, DIPHAM Research and Service Centre, Bangladesh, 1996
- Kakar* Sudhir: **Intimate Relations - exploring Indian sexuality**, Penguin Books, 1989
- Kakar*, Sudhir: **The Inner World - a psycho-analytic study of childhood and society in India**, Oxford University Press, 1981
- Katz*, Jonathon Ned: **The invention of heterosexuality**, Dutton, 1995
- Khan*, Badruddin: **Sex, Longing & Not Belonging - a gay Muslim's quest for love and meaning**, Floating Lotus, 1997
- Lane*, Christopher: **The Ruling Passion - British Colonial Allegory and the Paradox of Homosexual Desire**, Duke University Press, 1995
- Mandelbaum*, David G.: **Women's Seclusion and Men's Honour - sex roles in North India, Bangladesh and Pakistan**, University of Arizona Press, 1988
- Mane*, Purnima , and Shubhada A Maitra: **AIDS Prevention - The Socio-Cultural Context in India**, Tata Institute of Social Sciences, 1992
- Mernissi*, Fatima: **Women and Islam - a historical and theological enquiry** Basil Blackwell, 1991
- Mernissi*, Fatima : **Beyond The Veil - male-female dynamics in Muslim society** Schenkman Publishing Company, 1975
- Murray*, O. Stephen & Will Roscoe, edited by: **Islamic Homosexualities**, New York University Press, 1997
- Nabar*, Vrinda: **Caste as Woman**, Penguin Books, 1995
- Nanda*, Serena : **Neither man nor Woman - Hijras of India**, Wadsworth, USA, 1990
- Navid*, Ruchira Tabassum: **RTI/STD and risky sexual behaviour in a "conservative" society - a working paper**, Save the Children (USA), Bangladesh Field Office, 1996
- Ortner*, Sherry B. & Harriet Whitehead: **Sexual Meanings - the cultural construction of gender and sexualities**, Cambridge University Press, 1981
- Parker*, Richard G & John H. Gagnon, edited by: **Conceiving Sexuality - approaches to sex research in a postmodern world**, 1995, Routledge
- Ratti*, Rakesh, editor : **A Lotus Of Another Colour** , Alyson Publications, 1993
- Schmitt*, Arno, and Jehoeda Sofer, edited by : **Sexuality And Eroticism Among Males In Moslem Societies**, Haworth Press, 1992
- Sharif*, Md., Ismail Hossain, Ismat Bhuriya, Kim Streatfield: **Professional Blood Donors, Blood Banks & Risks of STDs & HIV/AIDS - study in selected areas in Bangladesh**, Regional Working Paper No 4, Population Council south & South East Asia, 1996