

A political commitment



“Our challenge is clear ... our commitment to reach universal access to HIV prevention, treatment, care and support.

In many countries, legal frameworks institutionalize discrimination against groups most at risk. Yet discrimination against sex workers, drug users and men who have sex with men only fuels the epidemic and prevents cost-effective interventions.

We must ensure that AIDS responses are based on evidence, not ideology, and reach those most in need and most affected.

Let us uphold the human rights of all people living with HIV, people at risk of infection, and children and families affected by the epidemic. Let us, especially at this time of economic crisis, use the AIDS response to generate progress towards the Millennium Development Goals. Most of all, let us act now.”

Ban Ki-moon, Secretary-General United Nations, December 2009



“One of the founding principles of the United Nations is our faith in the dignity and worth of every person, without distinction on the basis of race, colour, sex, language, religion, property, birth or other status.

Discrimination in all its forms continues to undermine this principle. It manifests itself through discrimination in the job market based on ethnicity, nationality or disability, or through gender inequality in education as girls are kept home from school because families cannot afford the fees.

It rears its head ...in tackling HIV/AIDS, where stigmatizing men who have sex with men and refusing to provide harm reduction services for drug users sets back prevention and treatment work.

Let us all commit to strive personally and professionally towards a future of opportunity for all, not just for some. Let's work together to abolish discrimination and celebrate our diversity.”

Helen Clark, Administrator, United Nations Development Programme (UNDP), December 2009

Naz Foundation International (NFI) is a development agency specialising in providing technical, institutional and financial support for the promotion of the sexual health, welfare and human rights of males who have sex with males in South Asia. NFI believes in a world where all people can live with dignity, social justice and well-being. With a primary focus on marginalised males who have sex with males, NFI's mission is to empower socially excluded and disadvantaged males to secure for themselves social justice, equity, health and well-being by providing technical, financial and institutional support. NFI believes in the innate capacity of local peoples to develop their own appropriate services, where the beneficiaries of a service are also the providers of that service. NFI will always support such initiatives.

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Naz Foundation International's Ethical Policy

Naz Foundation International is a development agency focusing on male to male sexualities and sexual health concerns in South Asia. In its work Naz Foundation will fully consider the implications of males who have sex with males, for themselves, for any male or female sexual partners such males may have, and for any clients of those males who do sex work.

In this work Naz Foundation will be guided by the following principles:

1. Promoting the reproductive, sexual health, and well-being of males who have sex with males by encouraging sexual responsibility and safer sexual practices.
2. Encouraging males who have sex with males to access sexually transmitted infections treatment whenever necessary.
3. Respecting confidentiality in the relationship between males and their sexual partners and/or clients.
4. Promoting the protection of children and non-consenting adults from abusive sexual relationships.
5. Promoting the reproductive and sexual health of any female partners of males who have sex with males, by encouraging sexual responsibility of their male partners.
6. Encouraging communication of sexual health information between sexual partners and promoting partner notification of sexually transmitted infections and HIV infection, irrespective of the gender of the partner.
7. Working with female reproductive and sexual health services, in order to facilitate appropriate access to services for infected female partners of males who have sex with males.

Pukaar

Pukaar is the quarterly newsletter published by Naz Foundation International. It provides a forum for discussion, information, and advice, as well as general interest, regarding HIV/AIDS and sexual health, focusing on South Asian masculinities and sexualities.

The opinions expressed in Pukaar reflect the writer's views only and do not necessarily reflect the views of Naz Foundation International unless specifically mentioned.

We will always try to ensure that what we report is relevant to our readers, and we ask you, the reader, to keep us informed as to what is happening in your corner of the world. Send us your questions, letters, articles, stories (fact or fiction), poetry, drawings, photographs. Tell us about what you think and feel, whether it concerns HIV/AIDS, your sexuality, or whatever. Names will be changed and addresses will be withheld if required.

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Community engagement in HIV prevention in Asia: going from 'for the community' to 'by the community' - must we wait for more evidence?

Swarup Sarkar

Asia Unit, The Global Fund on AIDS, TG and Malaria, The Global Fund, Geneva, Switzerland

THE HIV epidemic in Asia is predominantly defined within the marginalized communities and their partners. The term 'communities' here refers to people who are living with HIV or injecting-drug users (IDUs), sex workers and clients, men who have sex with men (MSM), transgender population and intimate sexual partners, essentially population groups predisposed to higher risks of HIV.^{1,2} The prevention of HIV among these communities is considered crucial to a successful HIV intervention response in Asia. Although any behaviour change programme must be addressed and tailored to these communities, the rationale, purpose, extent and means of engagement of these communities have often been debated.²⁻⁵ However, despite recent rhetoric about the role of the affected communities in the response to HIV, significant involvement of the community has rarely been the mainstream practice. Instead, community involvement has been described as minimalistic, tokenistic and incomplete.^{2,3,6}

One of the most common characteristics of these communities is that they are socially marginalised and often criminalised, even if their behaviour or actions are not illegal by law or immoral by belief. This makes it difficult to reach out to such high-risk population groups through existing health or social services, either because the services are not available or accessible to the marginalised community members, or because of the perceived or actual judgemental attitude, stigma and discrimination by healthcare workers and those associated with the field.⁷ For example, STI clinics are not open in the evening when sex workers actually work. Similarly, physicians do not examine for anal STIs.³ This has led to the concept of 'community friendly' clinics and services which would be run by a range of service providers such as private practitioners, community organisations, NGOs and even government bodies.⁸

While engagement and community ownership of intervention would seem simple, logical and humane, its acceptance has not been simple. Part of the reason lies in the current social, political and legal contexts and structures whereby these populations/communities are marginalised. For example, politicians might often avoid a discussion of issues and rights of these communities, especially when the view is unfavourable among the public. Interestingly, another dimension stems from the previous successes of HIV prevention itself, such as in the early days of Thailand and Cambodia.⁹⁻¹¹ In these examples, HIV prevalence was controlled and reversed successfully through the involvement of the brothel owners and power structures, with minimal involvement of the sex workers themselves in the design and implementation of interventions.^{6,9} Following the stunning success of these two countries, several large funding agencies in Asia provided funds for STI services and condom programmes without sufficient attention to factors affecting utilisation or uptake, and in turn effectiveness of the services. An important lesson was that unless services were people-driven rather than target-driven, sustained changes in behaviours were not achieved.

Soon, another stream of programmes emerged from the now well-known Sonagachi project that provided evidence of community mobilisation, self organisation, and overall tolerance and acceptance of these interventions and services. This eventually resulted in a high level of condom use and consequently lowered levels of HIV infection among these groups, as compared with other parts of the country.^{12,13}

Since the middle of the 1990s, two divergent approaches to HIV-prevention programmes have been refined, one led by the community and the other largely through structural interventions. This has left

a space for a wide range of services to be provided by international and/or national NGOs. In these services, approaches that are more centred on community acceptance are starting to be adopted, such as 'friendly clinics' that operate at appropriate times, and offer outreach educational support. Some of these community-friendly projects run by national or international NGOs could actually record declining HIV rates as well.¹⁴

An initiative on scaling up a community led strategy has been launched by AVAHAN, whose funding from the Bill and Melinda Gates Foundation has created the largest HIV-prevention programme for a single country in the world. Avahan provides funding and support to targeted HIV prevention programmes in the six Indian states with the highest HIV prevalence, and along the nation's major trucking routes. Avahan-supported programmes serve the groups that are most vulnerable to HIV infection, including sex workers, their clients and partners, high-risk MSM and IDUs. They have taken a pragmatic approach by developing a framework where the programmes would range from a 'for the community' to a 'by the community' programme, depending on the preparedness of the community. Some early data from Avahan have shown that the programme outcome is better – for example, there is increased condom use and reductions in STI when the community is engaged.^{2,15}

Regardless of the debate on the design and leadership of the programme, certain types of activity are now widely recognised as within the role of community organisations. For example, sufficiently strong evidence supports the notion that community organisations should be the main provider of services for peer outreach, condom or needle and syringe distribution, the running of HIV testing networks, enrolment of HIV-positive people into appropriate treatment programmes, treatment-adherence counseling and management of impact-mitigation programmes for affected women.^{2,3,16-19}

The genuine involvement of affected communities in planning and implementing HIV programmes is also regarded as one of the best ways to tackle stigma and discrimination.^{2,3} Other key community roles include organising support groups, that is, 'self-help groups,' and contributing to the development of the policy and strategy agenda. Additionally, conversely, the role of referring people to other services (eg, oral substitution treatment, STI diagnosis, antiretroviral treatment, TB, prevention of mother to child transmission, etc) is those that are generally not provided by community organisations could be crucial in successful community engagement.

In spite of their important role, donors and governments do not currently earmark funding for core capacity development of community organisations very often. As a result, participation of communities in HIV responses is held back by a lack of capacity. Recognition of these organisations by INGOs and NGOs and/or UN organisations, which simply do not have the necessary time-bound approach to transition the services to community organisations, continue to deliver through their own organisations. This may be linked to a lack of evidence. Indeed, data-collection system and data gaps are enormous on the roles and effectiveness of the community organisations.^{2,3} Disaggregated data is not available on levels of funding for core capacity building of community organisations for HIV projects in Asia. Reasons for this data gap may lie in the fact that monitoring for most community-level HIV projects is built into national scale programmes that often rely on costly behavioural surveillance

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What is sex?

WHEN people say they “had sex,” what transpired is anyone’s guess. A new study from the Kinsey Institute at Indiana University (IU) found that no uniform consensus existed when a representative sample of 18 to 96-year-olds was asked what the term meant to them.

Is oral sex considered sex? It wasn’t to around 30 percent of the study participants. How about anal sex? For around 20 percent of the participants, no. A surprising number of older men did not consider penile-vaginal intercourse to be sex. More than idle gossip, the answers to questions about sex can inform – or misinform – research, medical advice and health education efforts.

“Researchers, doctors, parents, sex educators should all be very careful and not assume that their own definition of sex is shared by the person they’re talking to, be it a patient, a student, a child or study participant,” said Brandon Hill, research associate at the Kinsey Institute.

The study, conducted in conjunction with the Rural Centre for AIDS/STD Prevention in IU’s School of Health, Physical Education and Recreation, delves deeper into a question first examined in 1999 – in the midst of a presidential sex scandal where the definition of sex was an issue. Researchers from The Kinsey Institute asked college students what “had sex” meant to them, taking the approach, which was unique then, of polling the students on specific behaviours.

No consensus was found then, either. The new study, published in the international health journal *Sexual Health* in February, examined whether more information helped clarify matters – study participants were asked about specific sexual behaviours and such qualifiers as whether orgasm was reached – and researchers also wanted to involve a more representative audience, not just college students.

“Throwing the net wider, with a more representative sample, only made it more confusing and complicated,” Hill said. “People were even less consistent across the board.”

The study involved responses from 486 Indiana residents who took part in a telephone survey conducted by the Centre for Survey Research at IU. Participants, mostly heterosexual, were asked, “Would you say you ‘had sex’ with someone if the most intimate behaviour you engaged in was ...,” followed by 14 behaviourally specific items. Here are some of the results:

- Responses did not differ significantly overall for men and women. The study involved 204 men and 282 women.
- 95 percent of respondents would consider penile-vaginal intercourse (PVI) having had sex, but this rate drops to 89 percent if there is no ejaculation.

- 81 percent considered penile-anal intercourse having had sex, with the rate dropping to 77 percent for men in the youngest age group (18-29), 50 percent for men in the oldest age group (65 and up) and 67 percent for women in the oldest age group.
- 71 percent and 73 percent considered oral contact with a partner’s genitals (OG), either performing or receiving, as having had sex.
- Men in the youngest and oldest age groups were less likely to answer “yes” compared with the middle two age groups for when they performed OG.
- Significantly fewer men in the oldest age group answered “yes” for PVI (77 percent).

Hill said it is common for a doctor, when seeing a patient with symptoms of sexually transmitted infections, to ask how many sexual partners the patient has or has had. The number will differ according to the patients’ definitions of sex.

William L. Yarber, RCAP’s senior director and co-author of the study, said its findings reaffirm the need to be specific about behaviours when talking about sex.

“There’s a vagueness of what sex is in our culture and media,” Yarber said. “If people don’t consider certain behaviours sex, they might not think sexual health messages about risk pertain to them. The AIDS epidemic has forced us to be much more specific about behaviours, as far as identifying specific behaviours that put people at risk instead of just sex in general. But there’s still room for improvement.”

Co-authors include lead author Stephanie A. Sanders, Kinsey Institute, Department of Gender Studies and RCAP at IU; Cynthia A. Graham, Kinsey Institute and RCAP at IU, Doctoral Course in Clinical Psychology at the University of Oxford; Richard A. Crosby, Kinsey Institute and RCAP at IU, Department of Health Behaviour at the University of Kentucky; and Robin R. Milhausen, Kinsey Institute and RCAP at IU, Department of Family Relations and Applied Nutrition at the University of Guelph.

Yarber is professor in the departments of Applied Health Science and Gender Studies at IU and is a senior research fellow at the Kinsey Institute. Hill also is a researcher in the Department of Gender Studies at IU.

Sanders, S., Hill, B., Yarber, W., Graham, C., Crosby, R., Milhausen, R., (2010) “Misclassification bias: diversity in conceptualisations about having ‘had sex,’” *Sexual Health*. 7(1), 31-34.

Source: *yubanet.com*, 4 March 2010

Community engagement

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systems. Valuable information is missed possibly because simple, inexpensive and user-friendly monitoring tools are not available. There is clearly a need for such tools to guide front-line workers in decisions on mid-course programme correction – and to complete the evidence basis for community-led services.

Without doubt, a thorough, systematic analysis of the nature, intensity, duration and outcome of community-engagement programmes is essential. Since most of the evidence behind community engagement in Asia is associated with programmes among sex workers, further research can be conducted among MSM and IDU communities. The Avahan project is a promising step towards a more complete picture and will hopefully succeed in providing such invaluable data from its own study.

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"You can be assured of the support of the United Nations family in your common endeavour to win the battle against HIV among the MSM and transgender communities. If nobody else is there for you - we are here!"

Dr Nafis Sadik, Special Advisor to the United Nations Secretary-General and Special Envoy for HIV and AIDS in Asia and Pacific: Risks and Responsibilities conference, 23rd September, 2006, New Delhi, India

Afghan men struggle with sexual identity, study finds

AN unclassified study from a military research unit in southern Afghanistan details how homosexual behaviour is unusually common among men in the large ethnic group known as Pashtuns – though they seem to be in complete denial about it. As if US troops and diplomats didn't have enough to worry about in trying to understand Afghan culture, a new report suggests an entire region in the country is coping with a sexual identity crisis.

The study, obtained by Fox News, found that Pashtun men commonly have sex with other men, admire other men physically, have sexual relationships with boys and shun women both socially and sexually – yet they completely reject the label of “homosexual”. The research was conducted as part of a longstanding effort to better understand Afghan culture and improve Western interaction with the local people.

The research unit, which was attached to a Marine battalion in southern Afghanistan, acknowledged that the behaviour of some Afghan men has left Western forces “frequently confused”.

The report details the bizarre interactions a US Army medic and her colleagues had with Afghan men in the southern province of Kandahar.

In one instance, a group of local male interpreters had contracted gonorrhoea anally but refused to believe they could have contracted it sexually – “because they were not homosexuals.”

Apparently, according to the report, Pashtun men interpret the Islamic prohibition on homosexuality to mean they cannot “love” another man – but that doesn't mean they can't use men for “sexual gratification.”

The group of interpreters who had contracted gonorrhoea joked in the camp that they actually got the disease by “mixing green and

black tea”. But since they refused to heed the medics' warnings, many of them re-contracted the disease after receiving treatment.

The US army medic also told members of the research unit that she and her colleagues had to explain to a local man how to get his wife pregnant.

The report said: “When it was explained to him what was necessary, he reacted with disgust and asked, ‘How could one feel desire to be with a woman, who God has made unclean, when one could be with a man, who is clean? Surely this must be wrong.’”

The Pashtun populations are concentrated in the southern and eastern parts of the country. The Human Terrain Team that conducted the research is part of a military effort to learn more about local populations.

The report also detailed a disturbing practice in which older “men of status” keep young boys on hand for sexual relationships. One of the country's favourite sayings, the report said, is “women are for children, boys are for pleasure.”

The report concluded that the widespread homosexual behaviour stems from several factors, including the “severe segregation” of women in the society and the “prohibitive” cost of marriage.

Though US troops are commonly taught in training for Afghanistan that the “effeminate characteristics” of Pashtun men are “normal” and not an indicator of homosexuality, the report said U.S. forces should not “dismiss” the unique version of homosexuality that is actually practised in the region “out of desire to avoid western discomfort.”

Otherwise, the report said, Westerners could “risk failing to comprehend an essential social force underlying Pashtun culture.”

28/1/2010, Fox News

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Between invisible friends

Delwar Hussain

FROM a very young age, Suleman (not his real name) has known that he was attracted to men. He would wear his mother's saris when she was out of the house, and put on his sister's makeup in the belief that this is what men found appealing. Suleman also knew that he wanted to be an imam. He sought to understand the creation of the world, to find answers to questions about life after death. At 13 he joined a madrassa, where he began the required rigorous training, which included memorising the entire Quran and learning Arabic and Persian. Small in stature but with an imposing black beard, he is today dressed in a white kurta-pyjama with a matching skullcap. "Imams have a lot of responsibility," he says. "The Malik has chosen me, even with all my flaws, to follow him. If I can fulfil even the slightest of his wishes, then Allah is pleased."

Now 32, Suleman believes his education is still not over, although he is a teacher at the same madrassa at which he studied, leading the five daily prayers and also the Friday jumma at one of the largest mosques in Dhaka. His dry, husky voice, a result of the fiery sermons about how to lead an Islamic life, has a cheerful tinkle buried within it. Suleman made the decision to become a religious leader partly in the hope that it would bring an end to the desire he had for men, something he thought at the time to be outside the bounds of religious acceptability. As with the other Abrahamic religions, the story of Lot and the destruction of Sodom, used by some Muslims to condemn homosexuality, was a narrative with which he was intimately familiar. In earlier years, Suleman tried controlling his feelings by praying and fasting obsessively, in the process excelling in the eyes of the scholars at the madrassa.

But his urges only became more intense. "All night in the madrassa dormitory, my eyes would see no sleep," he remembers. "I wanted to be able to care for a man, marry him and give him physical pleasure." One day, Suleman hesitantly shared his yearnings with a fellow student. They ended up having sex. Afterwards, he was meticulous about following the guidelines set out by Islamic scriptures on fornication. He had already recited a prayer before they slept together and then, afterwards, he went to the bathroom to wash his mouth, hands and entire body. Only then did he go to sleep. In the morning, he prayed for forgiveness and read the Quran. This turned out to be a pivotal moment. For the first time in his life, it dawned on him that what he had done was not wrong. In his prayers that day, he remembers questioning the almighty, "My friend and I needed and wanted to do this. It gave us peace of mind and body. Is this so wrong?"

GREY EXISTENCE

Suleman hardly represents the norm in the world of Bangladeshi Islamic orthodoxy. "As all the fingers on our hands are of different shapes and sizes, not all imams are the same," he says with a smile. I ask him whether he believes what he did was *gunah*, a sin. He has clearly given this much thought. "Love has always existed between men, even in the days of the Prophet, and it always will," he says. He asks me whether I can name the worst sin a person can commit. I cannot. He replies that it is to give *koshto*, pain, to another. Giving *koshto* is the equivalent of destroying a mosque. "He has said that we should love one another, give each other joy and happiness. The Sharia even says this," Suleman says. "When I am with the person I love, I am giving him pleasure, joy, affection, my body. He is doing the same in return. So where is the *gunah* in this?"

Despite moments of clarity, the personal conflicts and anguish continued to haunt the young imam for many years to come. But today, after completing his Hajj to Mecca, Suleman has come to accept that his feelings for his lover do not contravene his understanding of the Quran. He is exasperated by the fact that, for many in his congregation, homosexuality is wrong simply because it has not been explicitly condoned in the literature. Suleman believes it is very important that gay Muslims be allowed to marry, both as a way

to gain acceptance from wider society and to avoid promiscuity. In Bangladesh, while it is still illegal to be gay, let alone for same-sex couples to marry, he is sometimes called upon by gay friends to bless their relationships. At such events, he offers prayer readings from the Quran. "I really enjoy doing this," he says. "They see me as their imam. I always say to them, 'Stay in whatever line you want, but don't forget Allah in all of this.'"

In Bangladesh, much that is illegal or socially and religiously taboo, including homosexuality, is actually considered personally permissible so long as matters are kept away from public gaze and hearing. This grey area is neither public nor private, as both of these are carefully governed, and include their own sets of rules, obligations and ways of being. Drinking alcohol, falling in love, or a belief in atheism is rarely disclosed outside of like-minded circles. Paradoxically, living in such a way affords many a sense of privacy and security, and protection from the radar of 'mad mullahs' or other conservative elements. Such invisibility also allows people to carry out social and religious duties, evade state-sanctioned discrimination, remain a member of the wider society and continue cordial relationships with family and friends.

Homosexuality still remains a crime under the colonialist-era Section 377 of the Penal Code of Bangladesh. It is not discussed socially, and is generally considered unacceptable under Islam. Gay Bangladeshis, however, are not only meeting one another and falling in love, but they are also living together and even marrying one another. All of this takes place surreptitiously of course, well within the grey area. Imam Suleman is certainly an example of just the types of everyday contradictions with which citizens are forced to live. None of his family or colleagues suspect anything about his relationship with his partner, who is publicly acknowledged as "just a friend". This is not so difficult to understand. A few years ago, Suleman married a woman and they now have two children together. Thus, having fulfilled his social and religious obligations in both public and private matters, he is free to continue his relationship with his 'friend'. His wife has no idea about his dual life and he has no intentions of telling her. Though his wife, family and colleagues know nothing, the gay community of which he is a part are aware of his dual life.

As is true in much of the region, in Bangladeshi society heterosexual men hold hands in public, and are able to show affection for one another without having their masculinity called into question. This, too, has provided the Imam some cover. With regards to his vocation, though, Suleman is extremely aware of the consequences if his homosexuality became public. Those who are "literate", he says, referring to individuals who are more educated, may throw him out of the mosque, feeling betrayed that he had not shared this information with them. Those with "little understanding of Islam", meanwhile, may physically punish him. Such people, says Suleman, believe that a man loving another man is amongst the worst of the *gunahs*. Learning the rules and becoming agile with regards to living in this grey world is a lifelong endeavour for many Bangladeshis.

GAY CASTE

While Bangladesh is little different from the other societies of South Asia with regard to public homosexuality, recently, new moves are making inroads. The gays of Bangladesh are quietly but insistently demanding acknowledgement of their sexuality or, at the very least, decriminalisation. Movements are slowly gaining momentum to legalise same-sex relations. In Nepal and India, campaigns for lesbian, gay and transgendered rights have been highly successful in recent years. For the latter in particular, the issue was forced into the open because of the HIV/AIDS pandemic. Though there are no such causes for concern in Bangladesh (early intervention has meant the rate of infection is just 0.1 percent, with drug users most at risk),

debates are nonetheless currently taking place as to the roadmap the nascent community should follow. At a more fundamental level, there are disagreements as to who exactly makes up the community of Bangladeshi 'gays', with lines only slowly being drawn along the different ways of being non-heterosexual.

A group called Bandhu Social Welfare Society (BSWS) is at the helm of some of these issues. For the last 12 years, the organisation has been providing health care and support to nearly 700,000 Bengali men who have sex with men. They distribute condoms and assist in finding work and safe spaces to work out social, health-related and personal problems. Bandhu's 12th Anniversary brochure, printed in pink, claims that seven to 15 percent of Bangladeshi men over the age of 15 (that is between 2.5 million and 5.3 million people) have sex with another man at least once a month, most while they are single, before marriage. The office walls are covered with posters of lipstick-smudged hijras (the so-called third sex) in garish outfits and matronly information on the importance of safe sex. Saleh Ahmed, who runs Bandhu, is keen to stress that the people Bandhu works with are not 'gay', but rather fall within the more abstract definition of 'men who have sex with men', a now widely used term commonly referred to in English as MSMs.

There is an important class issue here, as well. MSMs are generally working class and have low-paid, menial jobs, while men who identify as 'gay' are generally from middle and upper-class backgrounds. Language is also an issue here where those who self-identify as 'gay' speak English while MSMs generally do not. The former also tap into a wider, global gay identity and its trappings, which incorporate ideas of rights-based equality for same-sex relationships. MSMs, meanwhile, have very few choices in life, often hemmed in by poverty, social exclusion, stigma and threats from sexually transmitted infections. This particular gay caste system has even spawned terms such as 'LS' (low status) to refer to a working-class gay men and 'HS' (high society) to indicate the more affluent.

This class issue has significant ramifications on how MSMs interact with the law and wider society, too. In Bangladesh, there has never been a single reported conviction under Section 377. Nonetheless, according to Ahmed the police frequently stop, harass and even arrest MSMs under other anti-'suspicious behaviour' laws. Such laws also frequently prevent Bandhu's staff from handing out condoms in public places. Repealing Section 377, Ahmed feels, will do little to prevent any such harassment, and thus he believes that now is not the time to fight for legalisation. For Bandhu, what is more important is to focus on fighting for rights to access to health care and educational services, to make sure all people – regardless of sexuality, gender or class – are able to be seen by health practitioners. "At the moment," Ahmed says, "many MSMs are denied treatment and even possibilities of getting a job." Bandhu believes that the key to changing the existing situation lies in grassroots-level education.

The group holds 'sensitisation workshops' where members of the police, local elected bodies, journalists, doctors and lawyers are educated on MSM-related issues and the problems the MSMs face. It also provides training on how to deal with HIV/AIDS, as well as an international and human rights law. Since Bandhu began its work in 1996, Ahmed says he has noticed the levels of understanding and even acceptance of MSMs has grown not only within the public sector, but also within wider Bangladeshi society. "MSM issues are now being discussed in families, in newspapers, in colleges and universities," he says with evident satisfaction. "Our kind of work is far more crucial to the everyday lives of men who have sex with men than attempting to repeal the outdated Section 377."

While most MSMs are poorly educated, the Internet has inevitably become a crucial resource for the middle and upper classes in Bangladesh. Gay-oriented dating websites today offer a way to meet people locally as well as from around the world. A recent study through one such site showed more than 500 profiles in Dhaka alone. The people registered are generally in their 20s and 30s, educated, describing themselves as 'gay' as opposed to 'bisexual' or even 'straight'. Boys

of Bangladesh (BOB) is an online group that claims to have 1700 members. The forum allows people to make friends, meet potential partners and is a way to disseminate targeted information and advice. BOB also hosts a number of offline events including boat parties, film shows, picnics and dinners, encouraging people to venture into the open. Organisers hope that these social gatherings will allow young gay men to feel less isolated and more comfortable with their sexuality.

I arrange to meet Shakhawat Hossain, BOB's 'moderator', at a trendy coffee shop in Dhanmondi in central Dhaka. Part of the breed of young Dhakaies that BOB appeals to, Hossain is in tune with international fashions and technology, is privately educated, takes foreign holidays and would rather eat sushi than shutki, the traditional Bengali dried fish. Hossain believes that, on the surface, BOB may seem to be just about parties and fun, "but no one likes direct preaching. If members feel more comfortable about who they are, they will want more." As such, BOB's aim is, first, to develop a lifestyle and, second, discuss and fight for rights and equality.

But unlike Bandhu, which works primarily in healthcare, BOB works to get Section 377 to be repealed. Hossain says he is very aware that such a repeal would not automatically bring about social or religious acceptance. But, he continues, "Legalisation nonetheless will be a step in the right direction. The debate it will generate will mean that there will at least be a sense of awareness that the community actually exists." BOB recently held a workshop for lesbian, gay, bisexual and transgendered groups from across the country. The experience taught the group that there is much to understand about non-heterosexual life in Bangladesh. "We realised that we all have to come together" Hossain says. "The experiences of middle class lesbian women for example are very different in this patriarchal society to middle class gay men. No one is sure of the realities for working class lesbians." Not all BOB members are so keen on public scrutiny of their grey lives, however. In fact, many are concerned that legislative activism to change the status quo may actually mean a loss of much of the privacy, fluidity and freedoms currently available. At the moment, for instance, their mothers are not suspicious when a 'friend' sleeps in their son's bed overnight. If the issue was to come out through protracted public debate, those mothers might take action.

Whatever the outcome of BOB's coming out or Bandhu's efforts to stay in the grey area, this will not stem the tide of educated, middle-class gay people leaving Bangladesh for countries such as the US and Australia. One reason for this is for simple economic benefit. Attracted to wealth, status and a particular kind of consumer-oriented lifestyle, middle-class gay people are no different from their heterosexual counterparts in this regard. The other reason of course is for the perceived freedoms that Western countries offer homosexuals. Young Bangladeshis want to partake in the social, cultural and political developments taking place there. Of course, the idea of gay men seeking refuge is not new. In the 19th and 20th century, people from Europe and the US, writers such as William Burroughs and Tennessee Williams, moved – ironically, by today's standards – to Muslim countries, where they found the atmosphere to be much more liberal towards homosexuality.

Mounting the inevitable campaign to repeal Section 377 will be full of uncertainty, even possible violence and a large volume of hurt, *koshto*. But doing so need not necessarily adversely affect the grey area that affords many gay Bengalis freedoms that are restricted in their private and public lives. As Imam Suleman bids his salaam and leaves to prepare for the afternoon magrib prayer, he says the key to this dilemma lies in discussing the issue openly. "Everyone has these urges, give or take a few, at some time in their lives," he says. "It was a long time after I became an imam that I realised this, when people would come and see me. If we do not understand this, then what are we as humans able to understand?"

Posted on mmasia googlegroups, 15/12/2009

http://www.himalmag.com/Between-invisible-friends_nw3911.html

Where gays hide their pride

BOLLYWOOD is not known for holding back. But something is missing from its assortment of muscle-bound idols and glamorous leading ladies: openly gay stars. India's glitzy entertainment hub, like the rest of the country, still likes to maintain traditional sexual identities, at least in public. But behind closed doors, the sexual behaviour of many Indian men and women is much more complicated.

Ashok Row Kavi, an expert on India's sexual minorities, estimates "40 to 50 million" Indian men have sex with other men, although most of them are married and relatively few would call themselves gay. "Here the world of men having sex with men is not monolithic, it is very diverse," he says.

Kavi, one of the first Indians to come out as gay, in 1984, believes those who identify with India's gay community are between just 5 and 10 per cent of the country's homosexuals. It tends to be English-speaking, wealthy and is concentrated in major cities, especially Mumbai. "Working-class men who have sex with other men don't really identify as being gay," says Kavi. "They are mostly married, they have another identity."

Sujan, a 21-year-old sex worker at Mumbai's busy Andheri railway station, reflects this complexity. He has been selling sex on the streets of Mumbai for four years and identifies as a homosexual. But every three months or so Sujan switches to a traditional sexual identity when he travels home to visit his conservative Rajasthan village: "It's different when I am in my village. I have told my parents I will get married."

Ajay, another Andheri sex worker dressed in a tight pink shirt with "playboy" emblazoned across his shoulder blades, says he joined a recent gay pride march in Mumbai. But he does not identify strongly with the tag.

"Gay and homo are words wealthy and educated people use," he says. "The people around here call us gur [raw sugar] or mitha [sweet]."

Young homosexual men in Mumbai often move between multiple city identities including sex worker, massage boy, student and even Bollywood film extra. But they may have a wife and family back in their village.

Kavi, an adviser with UNAIDS, has identified at least 13 distinct groups of men who have sex with men in India, apart from the gay community. This includes India's traditional Hijra, or transgender community; itinerant transport workers such as truck drivers; and aspiring male actors who flock to Bollywood each year in the hope of stardom. Male film extras have been identified as vulnerable to HIV infection because many sell sex in order to survive between acting jobs. They may also have to exchange sex for work.

"There is a gay culture very prevalent in Bollywood, but it's very internal and very protected," says Vivek Raj Anand, chief executive officer of the Humsafar Trust, one of India's leading gay support groups. "In India we have this great contract of silence. It's like 'you know and I know' and it's only when we start talking about it that it becomes a problem."

India has been talking more about homosexuality since an historic judgment by the Delhi High Court eight months ago that effectively decriminalised homosexuality.

The decision overturned a 150-year-old section of India's penal code, drafted during British colonial rule, which outlawed "carnal intercourse against the order of nature" and imposed a 10-year jail term on offenders.

Activists say police harassment of gay people has declined significantly. "The biggest improvement has been in my mental health," says Pallav Patankar, a member of Mumbai's gay community. "The fact that you don't have this overarching threat of police pressure definitely empowers you. I know of five or six queer businesses being rolled out in Mumbai because people aren't scared any more."

But the court's intervention has coincided with a sharp rise in attacks on gay people, including a spate of murders.

"The violence [against gay men] in the past few months is something I

have not seen for 15 years," says Vivek Raj Anand, of the Humsafar Trust. "These are terrible hate crimes. And for the first time in my life I have got threatening calls."

Dr Anjali Gopalan, a social activist whose Naz Foundation made the petition that led to the court decision to decriminalise homosexuality, says it has done little to assist Indian lesbians.

"At some level there is an acceptance of male homosexuality but not women's," she said.

Kavi, who founded India's first and only gay magazine called *Bombay Dost*, says gay identity politics in India is being shaped by rapid social and economic change.

"New urban lifestyles are developing very quickly in India but at the same time many people are still connected to their villages," he said. "Traditional pressures mean a lot of people are getting married so their gay identity is sublimated."

Kavi estimates about 80 per cent of homosexual men in India have wives and many continue to fulfil time-honoured roles in their extended families. Men from traditional families, especially in poor rural areas, are pressured to marry because it delivers their family a lucrative dowry payment. "The concept of a gay lifestyle, from a Western point of view, is just not yet there. We don't know yet how gay identity politics is going to evolve in India. But it's not going to be the same as it is in the West."

At the same, India's huge community of men who have sex with men has been hit by an HIV crisis, and the fragmentation of India's homosexual community of men poses a major challenge for India as it attempts to contain the spread of the virus.

A decade ago there were fears India was on the brink of an HIV epidemic to rival Africa's. So far that has been averted, but India still has the highest number of estimated HIV cases in Asia and the third highest globally. The government estimates about 2.5 million Indians have HIV.

The official estimate of the HIV infection rate among homosexual men in India is 7.4 per cent, compared with 0.36 per cent of the general population. However, some independent experts believe the rate among Indian homosexuals is probably higher than 10 per cent. A recent study by staff at the Sion Hospital in Mumbai found 17 per cent of homosexual men and 68 per cent of transgender people surveyed were HIV positive.

Nalin Mehta, a spokesman for the Global Fund to Fight AIDS, Tuberculosis and Malaria, said many homosexual men in India were "marginalised, invisible and difficult to access". In the past few months the fund has boosted its contribution to HIV prevention programs in India in response to these challenges.

"Stigma and discrimination against these groups drives them underground and away from the public health system," Mehta said.

"This makes these communities more vulnerable to HIV and the aim is to strengthen community-based systems which can drive HIV prevention messages and provide quality services." Australia has committed \$210 million since 2004 to the fund's work world wide, making it the 15th largest donor.

The Indian government accepts that 2.35 million Indian homosexual men are at risk of HIV infection. Because the rate of HIV infection is so high among India's homosexual men, and the majority are married, fears remain that this community will eventually be a bridge for the infection to spread more rapidly in the general population.

The Sydney Morning Herald, 21/3/2010

CDC presents new analysis of HIV and syphilis in MSM

Men who have sex with men are at least 44 times more likely to be diagnosed with HIV than other men, and 40 times more likely than women, according to an analysis released this week by the Centers for Disease Control and Prevention at the 2010 National STD Prevention Conference.

They also are more than 46 times as likely to have syphilis than other men and more than 71 times as likely than women to have that sexually transmitted disease.

Kevin Fenton, who heads up the CDC's efforts in those areas and is openly gay, said the analysis was made to show "just how stark the health disparities are between this and other populations."

"It is clear that we will not be able to stop the U.S. HIV epidemic until every affected community, along with health officials nationwide, prioritize the needs of gay and bisexual men with HIV prevention efforts," Fenton said.

"There is no single or simple solution for reducing HIV and syphilis rates among gay and bisexual men. We need intensified prevention efforts that are as diverse as the gay community itself," Fenton said in a prepared statement.

There was no new data, just a new analysis, and some assumptions behind it that some might question.

All broad, national analyses of gay and bisexual men have been hampered by the question of the denominator: just how does one define those categories and how many of them are there in the country?

The CDC's answer was to make two assumptions and computations. Under the first it assumed that MSM are 4 percent of the population and arrived at those conclusions. Under the second, it assumed that MSM are only 2 percent of the population, and the numbers doubled; the ratios were twice as bad.

But what if the assumptions are wrong and MSM are a larger part of the population? The famous Kinsey study found that about 30 percent of all men had at least one same-sex encounter at some point in their lives. If the number of MSM really is larger than 4 percent, the ratios would drop, perhaps precipitously.

The CDC had a telephone news conference on March 9, the day prior to release of this new analysis. But the focus was on herpes studies. Reporters were told ahead of time that the MSM analysis was off limits, questions would not be answered about it, even if outlets promised not to publish stories on the results until after the study was presented the next afternoon.

msm-asia@googlegroups.com, 11/3/2010

Homosexuality in China - neither comrades nor spouses

"There are three ways of being an unfilial son," argued Mencius, an ancient Confucian philosopher. "The most serious is to have no heir." The desire for male descendants has had many baleful consequences in China, and in recent years one that used to be hidden has come to light. Millions upon millions of women are trapped in loveless and often miserable marriages to homosexual men. Thanks to the internet their cries for help have been heard widely enough in mainstream culture to earn their plight a commonly accepted abbreviation. They are known as "*tongqi*", combining the words "*tongzhi*", or comrade, Chinese slang for "gay", with "*qizi*", meaning "wife" in Mandarin.

It is estimated that 15-20% of gay men in America marry heterosexual women. But Liu Dalin, a pioneering sexologist now retired from the University of Shanghai, has put the share in China at 90%. If so, the number of *tongqi* in China may be as high as 25m. Li Yinhe, a sociologist at the Chinese Academy of Social Sciences, explains this in almost the same terms as Mencius: "The name for a family without descendants is *juehu*, which means 'a house that is severed'. That is considered the biggest tragedy and causes huge pain."

But so do many *tongqi* unions. Mrs Li explains why she thinks a woman should never marry a gay man: "Their husbands don't want to look them in the eyes. They're not willing to get close to them or touch their bodies. This is a huge blow to a woman's sense of self-worth."

He Xiaopei runs a Beijing-based *tongqi* support group, called

Pink Space. She says some *tongqi* have sunk into severe depression because of their husbands' refusal or inability to have sex with them. *Tongqi* brides typically have little sexual experience before marriage, and little knowledge of homosexuality. Once they have discovered their husband's sexuality and accepted that he cannot change, they often feel angry and betrayed.

Pink Space offers no advice to those who contact it, just moral support. Mrs He says that many women who join her group feel immense relief after they have unburdened themselves. A small fraction eventually opt for divorce. But most choose to slog unhappily on with their sham and desolate unions.

Mrs Li says their husbands cannot be blamed, citing the parental and other social pressure to conceal their sexual orientation and marry. China has no powerful gay lobby. But Mrs Li has used her reputation to campaign for same-sex marriage. In 2003 she sought support at the National People's Congress (NPC) for legalising gay marriage. She could not even secure the backing required for a formal debate (30 delegates out of some 3,000). She has since tried three times to provoke a similar discussion at an advisory body to the NPC. She sees some progress. When she started her lobbying, delegates would tell her gay marriage was wrong. Now they say China is not ready for it. But Mrs Li cannot see change coming soon, so strong is China's family-dominated culture. "If *tongqi* marriages become a thing of the past," she says, "then the last country in which that will happen will be China."

The Economist, 18/3/2010

From msasia, 22/3/2010

Dear Friends and Colleagues

Following the decision at the December 2009 UNAIDS Programme Coordination Board (the UNAIDS global governance mechanism) meeting, I am pleased to inform you that men who have sex with men and transgender people has been added as the tenth and final priority area for the UNAIDS Outcome Framework as follows:

10. We can protect men who have sex with men and

transgender people from becoming infected with HIV: By ensuring that communities of men who have sex with men and transgender people are empowered and resourced to both access and to deliver effective HIV prevention programmes, that health services are inclusive of their needs, and that both police and the judicial system protect all citizens regardless of sexual orientation.

This is an update on the story on page 1

From perversion to pathology: discourses and practices of gender policing in the Islamic Republic of Iran

Raha Bahreini

THE Islamic Republic of Iran punishes homosexuality with death but it actively recognizes transsexuality, and partially funds sex change operations. This article aims to examine how this seemingly progressive stance on transsexuality is connected to the IRI's larger oppressive apparatus of gender. It will first provide an overview of the cultural politics of gender and sexuality under the Islamic Republic's rule, and will then discuss the confluence of religious and medical literatures that led the Islamic Republic to adopt its new discourse on transsexuality despite – or perhaps rather because of – its sex/gender politics. The article does not deny that this emerging discourse has been somewhat empowering for those transsexuals who genuinely desire surgical transformation. But empowering as it might have been for such transsexuals, the emerging discourse is still deeply troubling since it systematically regards homosexuality and, more generally, any sexual or gender non-conformity as unintelligible, perverse, and punishable by law, except for those willing to transform their “wrong bodies”. The article will, therefore, demonstrate that the IRI's permission of transsexuality and sex change operations is motivated by a goal that is more about assimilating gender atypical individuals into the heteronormative order than about broadening horizons for sex/gender possibilities. The article ends by discussing how this discourse is making non-surgical trans/multi-gendered identity illegible and illegitimate not only as a publicly-recognized possibility, but also with regard to transpersons' own self-perception and self-constitution of their gender and sexual subjectivity.

“The locus in which knowledge [gender normalcy] is formed is no longer the pathological garden where God distributed the species, but a generalised medical [gender normative] consciousness, diffused in space and time, open and mobile, linked to each individual existence, as well as to the collective life of the nation, ever alert to the endless domain in which illness [gender dysphoria] betrays, in its various aspects, its great, solid form.”

Michel Foucault¹

Today, there is a certain celebratory tone about recognition of transsexuality and permissibility of sex-change operations within the Islamic Republic of Iran (IRI). There are an increasing number of Western reports about the rise of sex change operations in the Islamic Republic.² Western journalists express surprise, sometimes mixed with praise, about how an Islamic state that punishes homosexuality with death is actively recognising transsexuality, and partially funds sex change operations. Within Iran, government officials, clerics, and medical authorities similarly praise themselves for being among the first in the Muslim world who have made transsexuality and sex change legal. Yet, behind these apparently progressive stories of gender recognition lies an emerging disturbing discourse on gender and sexual disorders and pathologies. This discourse is informed by Islamic literature on the “true sex” of every human body on the one hand, and by psycho-medical literature on the “truth of sex” as a natural biological entity on the other.³ It defines gendered identity as the core truth of every morally and physically healthy individual that must express itself in a consistent, life-long, sex-dimorphic way. According to this discourse, there are only two kinds of people – men and women – so, two sexes, and each and every individual must belong to one or the other. All human beings come to life gendered and sexed, and their innate sex/gender identity, which is often, but not always, genitally signified, leads them to develop dimorphic gender and heterosexual behaviours and attributes, generally specified as masculine or feminine. Within the logic of this religio-scientific discourse, individuals do not, therefore, construct manhood and womanhood; they simply actualise these already-made identities whose seeds are implanted in them by God. These divinely-implanted seeds (should) grow to

produce “normal”, gender euphoric heterosexual men and women, who devotedly reinscribe dimorphism through specifically gendered speech patterns, norms of appearance, facial and bodily hair, their preferred movement modalities, their postures, their odours and scents, their assertiveness or coyness, their sexual desires, their emotional expressiveness, their preferred hobbies and activities, their modes of cognition, and their life and career aspirations.⁴

It is acknowledged within this discourse, however, that these innate sexed and gendered identities do not always develop as they “ought to”; they sometimes deviate in their path of development and bring into being “gender troubled” (moshkeldar) individuals whose gender or sexual identities fail to arrive at the “normal” expectations of their biological sex. Men judged to be “effeminate”, women deemed “masculine”, homosexuals, bisexuals, cross-dressers, transsexuals, and all other individuals who have real difficulty conforming to polarized (hetero) normative codes of gender are among such “troubled” individuals. Current research that is done in Iran within this emerging discourse is predominantly preoccupied with identifying, understanding, and categorizing the origins, causes and solutions of these “gender troubles”.

After the revolution of 1979, all such “gender troubles” were classified by the IRI's authorities as cases of sexual and moral perversion (enheraf-e jensi va akhlaghi), worthy of criminalisation.⁵ In the immediate post-revolution years, all “gender troubled” individuals were, therefore, treated as morally bankrupt and sexually perverse (monharef-e jensi va akhlaghi), and were consequently subjected to intimidation, persecution, arrest, and torture, if not outright death. Often, these individuals were lumped into the category of homosexual (hamjensbaz), which was, and still is, a capital crime punishable by flogging or the death penalty.⁶ Such acts of persecution and prosecution were part of an apparatus of gender that defined the control of sexuality and enforced compliance with gender roles as an essential cultural and political priority, necessary for eliminating corruption (fesad) and establishing social order and security (nazm va aamniat-e ejtemayee).⁷

However, the IRI's treatment of “gender troubled” individuals underwent an alteration in 1986, when the government for the first time gave the permission to an Iranian transwoman to proceed with surgery. From that date on, a new religio-scientific discourse has been slowly emerging that has introduced a new category for understanding and treating “gender troubles”, i.e. gender identity pathologies or disorders (ekhtelalat-e hoviat-e jensi). This discourse allows some “gender troubles” to be categorised as cases of disease and disorder, requiring medical intervention, while others are maintained as cases of sexual and moral perversion, deserving criminal punishment. Individuals who live outside dimorphic, heteronormative gender relations can, therefore, now be categorised in two distinct, yet related, ways: either as gender identity disorder patients (bimaran-e mobtala be ekhtelalat-e hoviat-e jensi) or as moral/sexual perverts. The first category is for those individuals who can be still brought, with intensive psychotherapy, hormone therapy, and plastic genital surgery, within the bounds of gender “normalcy”, while the second category is for all other individuals who are determined to live “troubled” (i.e., non-heterosexual and freely-gendered) lives. This discursive dichotomisation of gender atypical individuals has gradually opened up the possibility of accepting transsexuals as “temporarily bisexual” patients who can be surgically corrected to fit into their proper gender location while maintaining the criminal status of homosexuals, cross-dressers and transgenderists as perverts who resist all “corrective” measures. This emerging discourse on transsexuality is not, therefore, dismantling the IRI's disciplinary apparatus of gender. It allows this apparatus to continue its forceful implementation of heteronormative

moral codes, and its criminalisation of individuals who break them.

This paper aims to examine the development of this emerging religioscientific discourse on transsexuality, and its integral connection with the IRI's larger apparatus of gender. It will first provide an overview of the cultural politics of gender and sexuality under the Islamic Republic's rule, and will then discuss the confluence of religious and medical literatures that led the Islamic Republic to adopt its new discourse on transsexuality despite – or perhaps rather because of – its sex/gender politics. The paper does not deny that this emerging discourse has been somewhat empowering for those transsexuals who genuinely desire surgical transformation. The IRI's recognition of transsexuality as a medical disorder has, at least, provided these transsexuals, who were previously shackled so viciously, with an air of legal protection, however thin and superficial. But empowering as it might have been for such transsexuals, the emerging discourse is still deeply troubling since it systematically regards homosexuality and more generally any sexual or gender non-conformity as unintelligible, perverse, and punishable by law, except for those willing to transform their "wrong bodies". It places pressure upon all individuals to either bring their gender into conformity with the expectations that come along with their sexed body, or alter their body to match their gender. As such, this discourse, which can only conceive of heterosexual males and females, leaves little, if any room, for homosexuals and all those transpersons who want to blur their sex/gender, partially transform their anatomies, or simply cross-dress part-time or full-time. This paper will, therefore, demonstrate that the IRI's permission of transsexuality and sex change operations is motivated by a goal that is more about assimilating gender atypical individuals into the heteronormative order than about broadening horizons for sex/gender possibilities.

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5. Before the revolution, there was no particular policy regarding homosexuals, transgenders and transsexuals. Iranian transsexuals with the inclination, means and connections could obtain the necessary medical treatment and new identity documents.
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Yes, you can: Obama aide backs India's moves on homosexuality

TWO of India's most controversial moves to combat HIV/AIDS – legalising homosexuality and the plan to introduce sex education in schools – has found some fresh support from Dr Helene Gayle, US president Barack Obama's chief adviser on HIV/AIDS.

Dr Gayle told the Times of India that both these strategies will help reduce the stigma against marginalised communities and also help demystify sex, thereby helping young Indians grow up to "become healthy sexual individuals".

She said that HIV numbers are constantly dipping in India – both decrease in cases due to better interventions and better tools to reach realistic estimates.

"But India's decision to decriminalise homosexuality will greatly help reduce stigma and societal exclusion of populations like the gay community. This will lead to more people of marginalised communities coming out in the open allowing HIV interventions to reach them. Recognising sexual diversity is vital for any country's fight against HIV."

Dr Gayle, who spent over 20 years as director of the AIDS programme at the US Centers for Disease Control and Prevention, also advised India to have an "age appropriate sex education module".

"This will help youngsters make safe choices which, in turn, will help them emotionally and physically. Even in the US, as in India, the pendulum on sex education swung both ways – from being restrictive to being open," Dr Gayle said.

Sex education is already underway in most states. However, last year, some states like Maharashtra, Gujarat, Rajasthan, Karnataka, Madhya Pradesh, Chhattisgarh and Uttar Pradesh were against the move, fearing it would corrupt young minds.

According to WHO, early sex education delays the start of sexual activity, reduces sexual activity among young people and encourages those already sexually active to have safer sex. Researchers have found no support for the contention that sex education encourages sexual experimentation or increased sexual activity.

Dr Gayle also criticised the nearly dozen countries who still ban entry of HIV patients. US was one of them till last year when the Senate repealed the legislation prohibiting HIV-positive visitors and immigrants to enter the country.

"Having such a ban does not have public health benefits. It's just discriminatory," Dr Gayle said.

At present, countries such as Iraq, China, Saudi Arabia, Sudan, Qatar, Oman, Russia, Colombia, South Korea, Yemen and Armenia ban entry of HIV patients. Some 67 countries around the world have a variety of HIV-specific laws that restrict the entry, stay or residence of people living with HIV.

Warning the world against becoming complacent about HIV, Dr Gayle said HIV continues to be a major infection. "There is an unacceptably high rate of people being newly diagnosed with HIV. We need new prevention tools like vaccines and microbicides. Governments should continue to put HIV as top priority."

Scientists in South Africa are suggesting a radical shift in the fight against HIV – they think that everyone, initially in South Africa but eventually in all high risk areas, should be tested for HIV and, if found to be positive, put on anti-retroviral (ART) drugs for life.

But Dr Gayle said, "ART greatly reduces transmission rates. Universal testing isn't the answer. The answer to preventing HIV is for people to reduce high risk behaviour. Compulsory testing will not be effective. India must increase HIV testing sites specially for high risk groups like sex workers and men who have sex with men."

Times of India 28/2/2010

Demystifying anal sex

Ashok Row Kavi

ULTYA Ghadi Var Panyachi Dhaar is a Marathi phrase, which translates as “pouring water on an over-turned pot”. It is a rather sarcastic way of denoting anal sex in Marathi folklore. The sub-text is that anal sex is a non-procreative form of sex, as the pot in Hindu folklore has always signified a womb.

Anal sex has been around since the dawn of history. However, I would like to share an experience when I first lectured at the prestigious Seth G. S. Medical College auditorium attached to the KEM Hospitals in Central Mumbai in 1993. In my lecture, when I stressed the need to take proper history about sexual behaviour including anal sex, a majority of the doctors walked out. “Such behaviour does not exist in India”, said a doctor with an outraged look on his face. Worse, one of Mumbai’s most famous HIV medical activist said, “we don’t see such backdoor activity among our women here”. When I clarified that, they were not ‘his women’ and that something was wrong with the taking down of sexual histories, again there was a look of dismaying disbelief.

Now, of course, it is becoming increasingly clear that anal sex is not only *passé* activity among males who have sex with males (MSM) and trans gendered (TG) people or hijras, but in heterosexual context too. There is a rather perplexed look from the health delivery system regarding how to handle this kind of sexual activity. Obviously, what they were not looking for could not, and did not become “visible”. The case stories abound now of women coming in with ruptured anuses in the gynaecological departments of public hospitals and even middle class women reporting anal STIs.

Anal sex has been described in the *Kama Sutra* as “*gudaa maithun*” meaning coupling with the buttocks. It has been depicted in stone sculpture in Khajuraho and at Konarak where it escaped the attention of iconoclastic invaders. Therefore, it was not unknown to Indian history though it was wiped from the collective memory of post-colonial India due to several reasons. Now the HIV epidemic brings it on centre stage again because it is one of the most-at-risk routes of transmission for HIV.

The Humsafar Trust, India’s oldest Community Based Organisation (CBO) for MSM and TG, did its first baseline survey on sexual behaviour among MSM at over six sex sites in 1999 and came up with the startling data that anal sex formed a little over 45 per cent of the sexual repertoire among MSM. This was further sub-divided into penetrative and receptive anal sex or both in some variant (double-deckers or AC-DCs). Together, this formed a large component that was never looked into by the Phase I or II of the National AIDS Control Programme (NACP). It was only in NACP-III that homosexual activists got their voice to place it on the agenda and protocol for anal and oral STIs got into the Guidelines. It is to the credit of NACO and the Health Ministry that this was quickly “mainstreamed” without unnecessary hurdles from either the State AIDS Control Societies (SACS) or Healthcare delivery personnel, showing that such protocol was already an informal part of healthcare delivery system.

Anal sex as a repertoire has a lot to do with sexual and gender dynamics. The first thing one must get out of the way is the patriarchal definitions of sexuality where Male = Penetrator and Female = Receiver as binary constructs. This was coupled with the Politics of Penetration which radical feminism took to its logical end: “Women need men like goldfish need bicycles”, said Gloria Marie Steinem quoting Irina Dunn. A receiver is seen as lower down in the hierarchy of male-female binaries where males are “on top” and females are “at the bottom”. Hence, a receiver is always seen as a passive partner and less powerful in a society where power flows from patriarchal peers. This also makes it difficult for “receivers” or “receptive partners” to be more open with such behaviour as they perceive a loss of power in disclosing such behaviour. This is where stigma and discrimination kick in with their own power dynamics.

This has implications for taking down appropriate sexual histories. With women, it is shameful that they have to undergo such abusive sexual behaviour, as the main purpose of reproduction is peno-vaginal sex. They can neither state they have anal sex for pleasure nor can they confide in such behaviour if they have been infected by anal STIs.



Ashok Row Kavi

In the case of men, it is much more difficult. It not only denotes that there is a loss of power in confiding to receiving a penetrating partner but also clearly difficult to say they enjoy receiving sex as they are abdicating their positions as “penetrators”. This again means a loss of status as functional males and a consequent loss of power.

Questions asked about anal sex are usually avoided or have to be framed in non-threatening ways. I remember splitting one direct question to male truckers: “Have you had homosexual relations?”. The agency that posed this question in its Behavioural Surveillance Survey (BSS) studies got abysmal 1.5 per cent affirmative answers. When the question was split into three distinct culturally sensitive questions, the affirmative answers jumped to a little over 20 per cent. This not only changed the whole intervention but had implications for setting up anal and oral STI protocol. Moreover, it meant retraining and refurbishing the clinical staff and clinic itself.

The anus is an area rich in nerve endings which is also proved to be a pleasure zone in any body mapping exercise. Thus, anal sex became an area of much research. NACO and various NGOs working around sexual health eventually realised that anal sex has to be taken on board and made much safer than before. That is where lubricants have become more important in the prevention and outreach programmes of NACO. Condom manufacturing companies have been complaining that MSM interventions have been reporting more than 40 to 50 per cent breakage even in the case of super-lubricated condoms. Some researchers thought this was because the latex was not strong enough to resist and suggested the rubber gauge be increased to make thicker condoms. Nobody thought of lubricating the anus or vagina before penetrating. This is where the next stage of the NACO prevention program will have to concentrate on.

Not only will anal sex have to be made safer but it must also be de-mystified and de-stigmatised. One way of doing that would be to show how to apply lubrication to the apertures that are being penetrated and how a condom has to be lubricated with extra lube before penetration. This is not happening currently and is exactly where much of the future efforts will have to be made. I know that NACO’s programme officers dealing with both Targeted Interventions (TIs) and Condom Promotion are trying to address this issue. The million-rupee question is – will the NGOs and CBOs now rise up to the occasion?

Ashok Row Kavi, UNAIDS India Office, New Delhi.
Solutions exchange, 17/12/09

Anal warts and anal gonorrhoea associated with HIV infection in gay men

Roger Pebody,

THE two sexually-transmitted infections most strongly associated with HIV acquisition in gay and bisexual men are anal warts and anal gonorrhoea, Australian researchers report in the online edition of the Journal of Acquired Immune Deficiency Syndromes. Herpes infections did not emerge as significant in this study, but men with warts were three times more likely to acquire HIV, and men with gonorrhoea were seven times as likely. The authors suggest that more frequent screening for anal sexually transmitted infections in gay men should be investigated as a means of HIV prevention.

Numerous observational studies have suggested that sexually transmitted infections (STIs) facilitate the acquisition and transmission of HIV. However, most studies have been conducted among heterosexuals, and previous prospective studies have not examined the full range of sexually transmitted infections that are common in gay and bisexual men. In particular, genital or anal warts have often been overlooked, and many studies have not distinguished between genital and anal infections. Warts are caused by infection with certain strains of the human papilloma virus (HPV). Infection with other strains of HPV may lead to cervical or anal cancer, but people with warts are not more likely to develop cancer. A recent study found that men infected with cancer-causing HPV are more likely to acquire HIV.

In the new study, 1427 HIV negative homosexually active men in Sydney were recruited to the HIM (Health in Men) cohort and were interviewed about their risk behaviour twice a year. The average time men stayed in the study was just under four years. Once a year, participants were offered a sexual health screen. This involved blood tests for HIV, syphilis and herpes simplex virus (HSV-1 and HSV-2). Gonorrhoea and chlamydia were both tested with urine and anal swab samples. In addition, at interviews, men were asked about recent diagnoses of STIs (including genital and anal warts, for which simple tests are not available).

A total of 53 men subsequently acquired HIV infection, and interview and STI data was available for 47 of them. The researchers analysed which STI diagnoses were associated with acquiring HIV during the same six month period. In the first analysis, before controlling for differences in sexual behaviour, the following infections were all associated with HIV infection:

- Anal gonorrhoea
- Anal Chlamydia
- Anal warts
- Genital warts
- HSV-1 (at baseline only)

Infections of gonorrhoea and chlamydia in the penis were not associated with acquiring HIV. Moreover, whereas HSV-1 infection at the beginning of the study was associated with acquiring HIV, subsequent HSV-1 infection or HSV-2 infection at either time were not.

In most studies, it is HSV-2 that is most commonly associated with HIV infection, but the authors suggest that HSV-1 may be becoming more relevant in some industrialised countries. The researchers then conducted an analysis which controlled for the number of times that

men reported unprotected anal intercourse with a partner of unknown HIV status or with an HIV-positive partner. In this analysis, men who had anal gonorrhoea diagnosed by the researchers were seven times more likely to acquire HIV (hazard ratio 7.12; 95% confidence interval 2.05 - 24.75). Moreover, men who reported anal warts were over three times more likely to acquire HIV (hazard ratio 3.63; 95% confidence interval 1.62 - 8.14). Association between other sexually transmitted infections and HIV acquisition was no longer statistically significant. However, it's important to note that because the number of infections was relatively small in this sample, the study lacked statistical power to examine these relationships, and it is possible that a much larger study would identify an association. The authors note that in most cases, the anal gonorrhoea diagnosed was asymptomatic. They suggest that it is plausible that long-standing infections, which can cause rectal inflammation, may be associated with HIV infection.

The researchers suggest two possible mechanisms by which warts may facilitate HIV transmission. Firstly, the warts themselves may weaken the integrity of the epithelial barrier to HIV. Secondly, the authors note that treatment for warts often produces ulceration and inflammation over a period of weeks or months, and it may be the treatment itself that increases the risk of infection. The second suggestion would need to be validated by further research. Moreover, it may seem to be in contradiction with the authors' conclusions and recommendations: "These findings suggest that frequent sexual health screening and prompt treatment of STIs, particularly anal STIs, should be investigated as potential means of HIV prevention in homosexual men."

Reference

Jin F et al. Anal sexually transmitted infections and risk of HIV infection in homosexual men. J Acquir Immune Defic Syndr, published online ahead of print, www.aidsmap.com, 2009. msm-asia@googlegroups.com

WHY WE MUST WORK WITH MALE-TO-MALE SEX AND HIV PREVENTION, CARE AND SUPPORT

Because:

- It is the right thing to do on humanitarian grounds
- It is the right thing to do epidemiologically
- It is the right thing to do from a public health perspective

Males who have sex with males (MSM) whether their self-identity is linked to their same sex behaviour or not, have:

- The right to be free from violence and harassment
- The right to be treated with dignity and respect
- The right to be treated as full citizens in their country
- The right to be free from HIV/AIDS

MSM who are already infected with HIV have the right to access appropriate care and treatment equally with everyone else, regardless of how the virus was transmitted to them.

Asian gay men's sex survey reports high levels of sex without condoms

THE world's second-largest sex survey of men who have sex with men (MSM), focusing mainly on men in East and Southeast Asia, has found that 46 percent of those who had anal intercourse reported inconsistent condom use with casual partners, and higher levels of unprotected sex with regular partners.

The survey has produced findings across a wide range of indicators that are remarkably similar to the world's largest survey of gay men's sexual behaviour, the UK's annual Gay Men's Sex Survey (GMSS) conducted by Sigma Research.

The success of the English-language survey, hosted by the gay Asian website www.fridae.com, has led to a larger 2010 survey in nine languages ranging from Hindi to Japanese – see below.

The 2009 survey was answered by nearly 8000 gay men. Twenty percent of respondents were from the three non-Asian countries of the USA, Australia and the UK, and this may have influenced some results such as the HIV testing figures.

A quarter were from Singapore, where Fridae is based, 13 percent from Malaysia, 8 percent from Hong Kong and 6 percent from mainland China, six per cent from Thailand and about 3 percent each from Indonesia, the Philippines and Taiwan. There were also significant proportions from Japan, South Korea and Vietnam.

Findings that significantly differed from those of the UK GMSS included:

- A higher proportion of men had ever taken an HIV test than in the UK (74 percent, versus 65 percent in the GMSS), though slightly fewer had tested in the last twelve months (51 percent versus 54 percent);
- Five percent who had tested and 3.7 percent of the whole group knew they had HIV, compared with 11.6 percent of testers and 9.8 percent of the whole group in the UK survey;
- A lower proportion had high numbers of partners than in the UK (13 percent had had more than ten partners in the last year, compared with 19.5 percent with more than twelve partners in the last GMSS);
- A higher proportion met partners on the internet and fewer in bars and clubs than in the UK, though the proportion meeting partners in saunas was identical.

Apart from these findings, the findings of the Asian and the UK surveys are remarkably similar.

The report on the survey – www.msmsurvey.com – notes that 31 percent of men having sex with a regular partner and 21 percent having casual sex in the last year did not always use a condom. However this includes the 13 percent of men who had not had sex with a man at all in the last year plus 12 percent who did not have anal sex with regular partners and 17 percent who did not have anal sex with casual partners.

This therefore understates the proportion of anal sex that was unprotected. In the full findings:

- Fifty-eight percent of men had had a regular partner and 62 percent had had casual sex;
- Seventy-nine percent of those with regular partners and 72 percent of those with casual partners had had anal sex;
- Fifty-three percent of those who had regular partners and 33 percent of those with casual partners had not consistently used condoms;
- Sixty-seven percent of those who had anal sex with regular partners, and 46 percent of those who had anal sex with casual partners, had not consistently used condoms.

For comparison, in the last GMSS, 53 percent of those who had had receptive anal sex and 52 percent who had had insertive anal sex had not always used a condom in the last year.

The age profile of the respondents was very similar to the GMSS, with a median age of 33 (34 in GMSS). This was an educated and

well-travelled group, with two-thirds having had university education (61 percent in GMSS) and 64 percent of them having travelled out of their country of residence in the last year.

Eighty-two per cent identified as gay (86 percent in GMSS) and 15 percent as bisexual (8.5 percent in GMSS), with 7 percent reporting sex with a woman in the last year, the same proportion as in GMSS. Five and a half percent were married to a woman (in the GMSS 4.3 percent were married or in a primary relationship with a woman). Three quarters said they were comfortable with their sexuality, and about a third appeared socially isolated, saying they had “few or no” gay friends.

As noted above, the proportion having a large number of partners (more than 10) was lower and the proportion who had been sexually abstinent was higher than in the GMSS (13 percent having had no sex with men versus 7 percent in GMSS).

Forty-five per cent of men were in a committed relationship (48 percent in GMSS) and 42 percent only had sex with their regular partner.

The internet was the most common way for men to meet each other: 72 percent had met someone through the internet in the last year (62 percent in the last GMSS, whose data was collected in 2007), 38 percent at saunas (the same as GMSS) and 28 percent in a club (52 percent in the GMSS at a “bar, pub or club”).

As indicated above, 5 percent of those tested for HIV tested positive. Of these 62 percent were taking antiretroviral medication and 51 percent had an undetectable viral load. HIV status made no difference to relationship status, with the same proportion reporting a regular partner; 70 percent of partners were not HIV positive themselves.

Although two-thirds agreed that “the best time to talk about HIV is before sex” only 20 percent had actually discussed HIV status before sex: this compares with 40 percent ‘sometimes’ and 10-20 percent ‘always’ doing so in the GMSS.

The last section of the survey asked about HIV stigma. Nearly 40 percent of respondents knew someone with HIV and 14 percent had had sex with someone they knew had HIV. Three-quarters of respondents said they would befriend someone with HIV but only 60 percent would share food with them and 30 percent would have sex with them (these results included the HIV positive respondents).

Fridae's founder, Dr Stuart Koe, commented: “Our survey started in 2004 mostly as an adjunct to the local study done in Singapore. By 2006, we were collecting not only far more results than the pen and paper studies, but were more cost-effective to market, and had more candid answers about sensitive topics.”

AIDSmap news, 13/1/2010

“Men who have sex with men” (MSM) is an inclusive public health term used to define the sexual behaviours of males having sex with other males, regardless of gender identity, motivation for engaging in sex or identification with any or no particular ‘community’. The words ‘man’ and ‘sex’ are interpreted differently in diverse cultures and societies as well as by the individuals involved. As a result, the term MSM covers a large variety of settings and contexts in which male to male sex takes place. (APCOM 2008)

You can access this and previous editions of Pukaar online at:
www.nfi.net/pukaar.htm
Other documents on related issues are at
www.nfi.net/publications.htm

Meanwhile, in Senegal

International pressure on Uganda is important, but other nations remain havens of anti-LGBT oppression
Cary Alan Johnson and Ryan Thoreson

THE global outcry against Uganda's "Anti-Homosexuality Bill" could not be more deafening. Opponents of the legislation have condemned the effort not just to put gays in prison, which is already the law in Uganda, but to further criminalise the "promotion of homosexuality", require that suspected gays and lesbians be turned in to authorities, and to punish some individuals – including those who are HIV positive or those euphemistically called "repeat offenders" – with death.

The governments of Canada, France and Sweden have branded the bill wrongheaded. From Secretary of State Hillary Clinton to President Barack Obama himself, the US, a major foreign donor to Uganda, has made its disapproval clear. Usually silent religious leaders, from Anglican and Catholic Church leadership to Saddleback Church's Rick Warren and other evangelical Christians, have condemned the bill's promotion of the death penalty, imprisonment for gays and lesbians, and the threat its provisions pose to pastoral confidentiality.

UNAIDS Executive Director Michel Sidibé has expressed deep concern with the bill's potential impact on Uganda's heretofore successful HIV-prevention efforts. And while both the African Union and the government of South Africa have characteristically failed to condemn the bill, several important African leaders, including former president of Botswana Festus Mogae and UN Special Envoy for HIV/AIDS in Africa Elizabeth Mataka, have spoken out firmly and forcefully. If the bill passes in this firestorm of criticism, it certainly won't be for lack of unified, unequivocal condemnation.

This vehement response was absent less than a year ago and fewer than a hundred miles away, when the Parliament of Burundi amended its penal code to criminalise consensual same-sex relationships for the first time in its history. Nor was it conspicuous when Nigeria considered criminalising attendance at gay-rights meetings or support groups in 2006. Now, horror at the cruelty of these new laws and growing evidence of direct involvement by the US religious right is leading to a subtle, but significant, sea change. Local LGBT and civil rights movements are finding the voice to condemn these horrible new pieces of legislation and the international community is standing its ground. Last month, the government of Rwanda dropped a proposal to criminalise homosexuality in the face of pressure from rights activists and HIV-service providers inside and outside of the country.

But while condemning new oppressive laws is important, it is just as important – and perhaps more pressing – to take measures to hold governments accountable for the daily violence and lifetimes of discrimination that LGBT people face in the more than 80 countries around the world that continue to criminalise homosexuality and the many more that impose penalties for those who challenge gender norms.

Take Senegal, for instance, where homosexuality has been illegal since 1965. The last two years have seen a dramatic escalation in homophobic persecution and violence, largely unnoticed by the international community and the world media. The country has experienced waves of arrests, detentions, and attacks on individuals by anti-gay mobs, fueled by media sensationalism and a harsh brand of religious fundamentalism. Police have rounded up men and women on charges of homosexuality, detained them under inhumane conditions, and sentenced them with or without proof of having committed any offence. Families and communities have turned on those suspected of being gay or lesbian. In cities throughout the country, the corpses of men presumed to have been gay have been disinterred and unceremoniously abandoned. As the international community has laudably warned Uganda on the progress of its nonsensical law, arrests on charges related to homosexuality in Senegal – five men in Darou Mousty in June, a man in Touba in November, and 24 men celebrating at a party in Saly Niax Ni axial on Christmas Eve – continue largely unnoticed.

Responding to the homophobic extremism in the Ugandan legislation is hugely important, but it is no substitute for a broad and unequivocal condemnation of sodomy laws and anti-LGBT violence wherever it occurs. When just such a statement condemning grave violations of human rights on the basis of sexual orientation and gender identity and calling for the end of criminalisation was brought to the UN General Assembly just one year ago, only 66 of 192 countries voted for it. At the time, the US was not one of them.

Even if the campaign against the Anti-Homosexuality Bill succeeds, homosexuality will continue to be illegal in Uganda – just as it is in Senegal, where the lives of LGBT people are virtually unlivable. The test of our commitment to rights for all members of the human family, including LGBT people, is not whether we respond when the media turns its hot spotlight on a new, extreme piece of legislation. It is whether we are willing to commit our attention, resources, and political will in places like Senegal, where there are no cameras or reporters chronicling the impact of a decades-old law to hold us accountable. While the global sense of outrage at Uganda's bill is inspiring, it will be a missed opportunity if this spirited condemnation of homophobic violence fails to become standard operating procedure.

Cary Alan Johnson is the executive director of the International Gay and Lesbian Human Rights Commission (IGLHRC). Ryan Thoreson is a research fellow at IGLHRC and co-author of Words of Hate, Climate of Fear: Human Rights Violations and Challenges to the LGBT Movement in Senegal. The opinions expressed here are the authors' and not necessarily those of the organization.

www.metroweekly.com/news/opinion/?ak=4816, 21/01/2010

Poor fit may explain why men are not big fans of condoms

A badly fitted condom not only reduces sexual pleasure for both men and women, but also raises risks of infection and pregnancy, say experts.

A poll of 436 respondents, according to Sexually Transmitted Infections journal, reveals that males are twice as likely to take the condom off midway through sex due to a poor fit, reports the BBC.

Ill-fitting condoms more than doubled the chances of them splitting or slipping off, a Kentucky team found.

In the study, University of Kentucky researchers questioned 436 men. Of them 195 reported that their last sexual encounter involved an ill-fitting condom.

A total of 120 of these said that this had reduced their own sexual

pleasure, and 57 said it had reduced it for their partner.

Simon Blake, from advisory charity Brook, said: "Standard latex condoms should fit most people but there are many different types of condoms available in different shapes and sizes and trying different types will be important in finding the 'right one'."

Natika Halil, from sexual health charity FPA, said: "Confidence and the skill of putting on a condom also contributes to how well they are used.

"Men come in all shapes and sizes and so do condoms. When we talk with men on the FPA helpline about condoms tearing, slipping off or being a nuisance to use, one of the main culprits is often something as simple as not using the right size."

msm-asia@googlegroups.com, 2/3/2010

Theological roundtable on human sexuality affirms different sexual orientations and rejects homophobia

Press Release from the National Council of Churches in India

Message to the Indian Christian Communities

WE, the participants of the Theological Roundtable on Churches' Response to Human Sexuality jointly organized by NCCI, SCEPTRE, CISRS, and SCMI, who are engaged in different ministries in church and society as bishops, church leaders, theological educators, research scholars, professional counselors, lawyers, and activists with different sexual orientations, after several brainstorming discussions and sessions on biblical, theological, ministerial, ecclesiastical and legal perspectives, resolve to send the following message on human sexuality to all christian communities in India in general, and to the NCCI member churches, regional councils, theological institutions, christian organizations, and our ecumenical partners in particular.

We affirm that sexuality is a divine gift, and hence God intends us to celebrate this divine gift in committed, consensual, and monogamous relationships. It is in such celebrations of our sexuality that we grow into the fullness of our humanity, and experience God in a special way.

We believe that our negative attitudes towards sexuality and our body-denying spirituality stem from our distorted understanding of God's purpose for us. The embodied God who embraced flesh in Jesus Christ is the ground for us to love our bodies and to celebrate life and sexuality without abuse and misuse. So God invites us to experience sexual fulfillment in our committed relationships of justice-love with the commitment to be vulnerable, compassionate, and responsible.

We recognize that there are people with different sexual orientations. The very faith affirmation that the whole human community is created in the image of God irrespective of our sexual orientations makes it imperative on us to reject systemic and personal attitudes of homophobia and discrimination against sexual minorities.

We consider the Delhi High Court verdict to "decriminalise consensual sexual acts of adults in private" upholding the fundamental constitutional and human rights to privacy and the life of dignity and non-discrimination of all citizens as a positive step.

We believe that the Church as 'just and inclusive community' is called to become a community without walls to reach out to people who are stigmatised and demonised, and be a listening community to understand their pains, desires and hopes.

We envision church as a sanctuary to the ostracised who thirst for understanding, friendship, love, compassion and solidarity, and to join in their struggles to live out their God-given lives. So we appeal to the christian communities to sojourn with sexual minorities and their families without prejudice and discrimination, to provide them ministries of love, compassionate care and justice.

We request the National Council of Churches in India and its members to initiate an in-depth theological study on human sexuality for better discernment of God's purpose for us. This involves a deeper engagement with Bible, traditions, and other disciplines such as social theories, psychology and medical science. This process should be an inclusive one where people with different sexual orientations can learn from each other and contribute to this process without prejudice and fear.

We also request the theological fraternities in India to help this process through integrating issues related to human sexuality into the process of theological and ministerial formation.

We hope and pray that the embodied God will bless our endeavours to grow into the fullness of life, and to transform our faith communities into rainbow communities of the beloved and equals.

The Participants, Theological Roundtable on Churches' Response to Human Sexuality', 6/12/2009

Taking a stand on HIV/AIDS

Naomi Fantanos

IN the hustle and bustle leading up to the 2009 Manila Pride March, I almost forgot that I, along with two other members of the Executive Committee (ExeCom) of Task Force Pride (TFP) Philippines 2009, joined a World AIDS Day (WAD) campaign initiated by the writer and make-up artist, Anna Santos. Anna, who has taken up HIV/AIDS advocacy recently, attended the 9th International Congress on AIDS in Asia and the Pacific (ICAAP) in Bali, Indonesia in August.

It was in Bali that she thought up the idea of a "Dare to Bare" WAD campaign. The campaign was going to showcase photographs of various advocates wearing nothing but the iconic AIDS ribbon "to make a stand, and to hopefully change the way (people) look at HIV/AIDS" and would be carried by different publications including the Manila Times, Spot, Herword, WMN, UN Office for the Coordination of Humanitarian Affairs (UNOCHA) and Cosmo magazine online near or around 1 December 2009.

Anna asked the TFP ExeCom to pose as

a group for the shoot. In the end only me, lesbian rights advocate Queer Silver and Dee Mendoza made it. The write-up on TFP for this WAD campaign, is also published in the new issue of Outrage, the only online zine for TLBG Filipinos.

My personal interest in joining this campaign has to do with my growing frustration with how transgender (TG) and HIV/AIDS is framed in the Philippines. For the most part, transgender people, which includes men and women, have been lumped with the Males who have Sex with other Males (MSM) category in HIV/AIDS work. I have always maintained that using this framework is problematic because:

1. It disrespects trans people's identity particularly transwomen's identity because they do not see themselves as men who have sex with other men;
2. It reduces people to their sexual behaviour conflating it with sexual orientation and gender identity. These concepts are not equivalent with each other.
3. It invisibilises the particular health care needs of transgender people like access to hormones, surgeries, medical professionals who are well-versed in trans issues, etc.

Although I personally welcome the new

three-year UNDP program that will provide intervention packages to vulnerable and at-risk groups including MSM and TG, I feel that the intervention packages to these two highly different groups should be separate. I hope that the NGOs working with UNDP, UNAIDS, UNFPA and other agencies working towards the Millennium Development Goal 6 of combating malaria, HIV/AIDS and other diseases will do their best to consult existing trans organizations like STRAP because even if STRAP does not have an HIV/AIDS program in place, we can provide insight on how HIV/AIDS prevention, treatment and care intersect with and impact on our being transgender. For me, a comprehensive HIV/AIDS intervention program for the trans community is one that is cognisant of the health care needs of all transpeople not only those of who are doing sex work. Therefore, such a program should be created in collaboration with the people it aims to serve, transpeople themselves. Above all such a program should put a premium on respecting gender identity, something that is sorely missing in programs that are currently in place.

<http://pinaytg.blogspot.com/2009/12/taking-stand-on-hiv-aids.html> 15/12/2009

Counterfeit medicines can result in treatment failure

COUNTERFEIT medicines are medicines that are deliberately and fraudulently mislabelled with respect to identity and/or source. According to the World Health Organization (WHO), use of counterfeit medicines can result in treatment failure or even death. Public confidence in health-delivery systems may be eroded following use and/or detection of counterfeit medicines. Both branded and generic products are subject to counterfeiting, says the WHO.

All kinds of medicines have been counterfeited, from medicines for the treatment of life-threatening conditions to inexpensive generic versions of painkillers and antihistamines. Counterfeit medicines may include products with the correct ingredients or with the wrong ingredients, without active ingredients, with insufficient or too much active ingredient, or with fake packaging, adds WHO.

A walk down the old signature-market of Lucknow, Ameenabad, shows us an open and very busy market for pharmaceutical products. These are possibly not counterfeit, but surely, easy and open availability of medicines and other pharmaceutical products, is a big cause of worry – particularly because of rising drug resistance in India. So this market may not qualify at all as an example of counterfeit medicines, but may be closer to factors that are propelling irrational use of drugs.

According to the WHO, counterfeit medicines are found everywhere in the world. They range from random mixtures of harmful toxic substances to inactive, ineffective preparations. Some contain a declared, active ingredient and look so similar to the genuine product that they deceive health professionals as well as patients. But in every case, the source of a counterfeit medicine is unknown and its content unreliable. Counterfeit medicines are always illegal. They can result in treatment failure or even death. Eliminating them is a considerable public health challenge.

WHO states that studies can only give snapshots of the immediate situation. Counterfeiters are extremely flexible in the methods they use to mimic products and prevent their detection. They can change these methods from day to day, so when the results of a study are released, they may already be outdated. Finally, information about a case under legal investigation is sometimes only made public after the investigation has been concluded.

Counterfeiting is greatest in regions where regulatory and enforcement systems for medicines are weakest, adds WHO. In most industrialised countries with effective regulatory systems and market control (i.e. Australia, Canada, Japan, New Zealand, most of the EU and the US), incidence of counterfeit medicines is extremely low



Anti-retrovirals: Real or fake?

– less than one percent of market value according to the estimates of the countries concerned. But in many African countries, and in parts of Asia, Latin America, and countries in transition, a much higher percentage of the medicines on sale may be counterfeit.

Not only is there a huge variation between geographic regions in terms of incidence of counterfeit medicines, variation can also be significant within countries: for example, between urban and rural areas, and between cities, says WHO.

Counterfeit medicines pose a public health risk because their content can be dangerous or they can lack active ingredients, says WHO. Their use can result in treatment failure (and contribute to increased resistance in the case of antimalarials that contain insufficient active ingredient) or even death. Unlike substandard medicines where there are problems with the manufacturing process by a known manufacturer, counterfeit medicines are made by people with the intent to mislead.

The extreme difficulty in tracing the manufacturing and distribution channels of counterfeit medicines makes their circulation on markets difficult to stop. Even a single case of a counterfeit medicine is unacceptable since it indicates that the pharmaceutical supply system in which it was detected is vulnerable. Worse, it undermines the credibility of national health and enforcement authorities.

<http://www.citizen-news.org/2010/01/counterfeit-medicines-can-result-in.html>

Homosexuality in Fiji decriminalised

HOMOSEXUALITY has been decriminalised on the South Pacific archipelago of Fiji by the Crime Decree, which came into effect at the beginning of February this year.

Former High Court judge Nazhat Shameem has clarified that unlike the Criminal Penal Code which had sentences and punishment set aside for sodomy and unnatural offences, there were no such provisions in the Crime Decree.

“So what has happened is that homosexuality has been decriminalised making people of the same sex to engage in sexual practices as long as both parties are consenting to it,” Ms Shameem said.

She added that in 2005, during a High Court ruling, Justice Gerard Winter in the appeal of Thomas McCosker’s case, an Australian

who visited Fiji and was arrested, tried and sentenced to two years jail for sodomy, ruled that the act of sodomy should not be contained in the laws of Fiji as the nature of the sexual activity was consensual.

“The Crime Decree has brought forward what Justice Winter ruled,” Ms Shameem said.

“It can be said that the McCosker case was the precedent for the change in laws.”

The Crime Decree was put in place to replace the Criminal Penal Code which was considered to be archaic and not in tune with the changing times. Under the sexual offences provisions in the Crime Decree, the only time homosexuality is considered a crime when there is sex without consent therefore suggesting rape.

The new laws, unlike the Criminal Penal

Code, does not include women as victims but persons and incorporates all ways in which a person can be violated.

The Public Order Act, which was put in place by the Government to control incidences of instability, still empowers the law enforcers to arrest people who behave indecently in public.

Ms Shameem added that the public order act is the same for homosexuals and heterosexuals and the law clearly defines that anyone caught in indecent behaviour is liable for prosecution.

Decriminalising of homosexuality also should not be seen as a leeway for male prostitutes, the Crime Decree is harsher on prostitution than its predecessor.

Fiji Times, 26/2/2010

Evolution of the men who have sex with men community and experienced stigma among MSM in Chengdu, China

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INTRODUCTION

STIGMA and discrimination have been identified as primary obstacles against effective HIV prevention.^{1,2} As elsewhere, men who have sex with men (MSM) in China are suffering from stigma and discrimination.^{3,4}

In the past 30 years, Chinese society has experienced dramatic sexual liberation concurrent with adoption of more liberal policies and economic reforms. These changes include increasing pre- and extramarital sex, development of a flourishing sex industry, internet and casual sex, and more openness regarding homosexual behaviours. Increasing numbers of people now regard sexuality as a basic human right, meaning that everyone has the right and freedom to pursue his or her own sexual happiness.⁵⁻⁷ Sodomy, previously condemned as a form of hooliganism, was removed from legislation in 1997,⁴ and homosexual behaviours were excluded from the *China Psychiatric Classification and Diagnostic Criteria, Version 3*, as a psychosis in 2001, indicating an increasing acceptance of MSM in general society.⁷

Nevertheless, homosexuality is still regarded as deviation from social mores by mainstream society in China. A survey among 3000 college students across China in 1992 revealed that 82 percent of male students and 84.5 percent of female students believed that homosexual behaviours were a psychopathic disorder.⁸ When asked how they would react if their best friend were homosexual, 67.5 percent responded that they would suggest to that friend that he seek treatment, and 11.2 percent would break off the friendship; if it were a relative, 30.4 percent said that they would feel ashamed, and 38.6 percent said that they would consider it to be a serious illness.⁸ Another study among Chinese students in 2002 had similar results, in which 78.6 percent of men and 66.4 percent of women disapproved of the concept that homosexuality should be allowed.⁶

Due to discrimination against homosexuals, MSM remain a hidden population. Thus, it is difficult to reach MSM with information and intervention programs. Admitting to homosexuality reduces their quality of social life and family support, leads to low self-esteem, increases high-risk behaviours such as sexual aggression and drug or alcohol abuse, often resulting in poor psychologic and physical health.^{3,9-12} They also have difficulty in negotiating safer sex. The pressure of strong Chinese tradition to marry and have children, intensified by the current one-child policy, causes many MSM to hide their sexual orientation and get married, putting their wives and children at risk of HIV infection and sexually transmitted diseases (STDs).^{13,14}

Chengdu, one of the major cultural and economic centres in southwest China, is noted for its tolerance and openness. The total number of sexually active MSM has been estimated to be as high as 71,000 in Chengdu.¹⁵ The HIV prevalence among MSM increased dramatically from 0.6 percent in 2003 to 5.8 percent in 2006.¹⁶

To date, only a few studies have been carried out in China about the stigma and discrimination experienced by MSM. In this qualitative study, we document MSM activities and discrimination experienced in Chengdu.

METHODS

From July to September 2006, a qualitative study was conducted among MSM in Chengdu employing focus group discussions and in-depth interviews. The study protocol was reviewed and approved by the Institutional Review Board of the University of California, Los Angeles, and the Chinese Center for Disease Control and Pre-

vention.

Focus group discussion provided information for mapping of MSM venues and understanding prevalent behaviours. A semistructured guide was used to ensure that the same basic lines of inquiry were pursued with each person interviewed. The information collected included basic demographic information, major venues for homosexual activities, knowledge about HIV/STD, HIV-related risk behaviours, and personal experiences with homophobia, stigma, and discrimination. Participants were recruited from different venues by volunteers from the Chengdu Gay Community Care Organization (CGCCO) or by personal reference. Participants were men, at least 18 years old, had been living in Chengdu in the last three months, and had had oral or anal sex with other males in the past. All the interviews were administered by male interviewers in a private room in the office of CGCCO. The conversations were audio-recorded and transcribed in Chinese.

The qualitative data collection and analyses yielded two types of findings: (1) high-quality, detailed descriptions of each case, which were useful for documenting uniqueness; and (2) important shared patterns and opinions that cut across cases.^{17,18} A set of codes was developed to classify the words by categories, from which a matrix to display identified categories by groups of respondents was formulated. After summarising the data, the shared patterns and opinions that significantly emerged from across cases were summarised into several major points to facilitate conclusions. A combination of direct quotes and paraphrases was used to convey the respondents' main points and representation of their own words. The analysis used ATLAS.ti for data storage, coding, retrieval, comparisons, and linking.

Results

A total of 43 subjects were recruited, among whom 16 participated in the three FDG and 27 were interviewed in-depth; one subject was inebriated and withdrew voluntarily. Among the 26 participants in the in-depth interviews, 13 were originally from Chengdu. Their ages ranged from 19.5 to 52 years; 12 were younger than 25 years. Fifteen had at least college-level education. Only two participants were currently married, and four divorced or separated. Twenty self-identified as homosexual and six as bisexual.

MSM Venues in Chengdu

The typical venues for MSM in Chengdu in the 1980s included public squares and plazas, parks, tea bars, and public lavatories. The two most famous were the Labour's Culture Palace and the tea garden in Wenshu Temple, where many older MSM were introduced to and participated in homosexual social life. Both places were bulldozed and rebuilt. In the late 1990s, gay bars and money boy (MB) brothels started to appear in Chengdu. We found more than 25 venues, relatively numerous, considering the size of the city, providing many choices for meeting with other MSM.

China has recently experienced booming internet development, which has become one of the most important sources for MSM to find homosexual-related information and sexual partners. Most participants routinely used the internet at home and/or in their offices. Those who did not have a personal computer use low-cost internet cafés. Most online partner seeking has been done through instant chat software or chatrooms on websites. The internet provides anonymity, and is very easy and convenient to use. Three main chatrooms, always full, are typically used. There were also three websites. One participant described the development of online chatrooms in the last few years:

“MSM in Chengdu started to use chatrooms in about 2003. There was no chatroom in 2002, and only one website chatroom called ‘Sunshine’ was established in 2003. Not many people used it at that time. The chatroom had a capacity of 100 persons and it was not usually full. Now we have three, two for 175 persons and one for 100, and they are always jammed by visitors.” (Focus group discussion 1).

When asked why they started to use the internet, most participants cited convenience, anonymity, and safety.

“The main reason to use internet was because of its convenience. Today you can get online anywhere, at home, in the office... You can stay online when you go to work. You don’t need to show yourself, you can say what you want to say, and ask anything you want to know, like height, weight, age, and how he wants to do it, before you meet the person. Some questions you can hardly ask face-to-face.” (Focus group discussion 1).

Internet has also expanded the scope and sociality of MSM, and provided many more choices to find friends and sexual partners.

“In bars, choices are limited. You can hang around with and talk to only a few persons. When you find somebody new, you cannot just go to him and say hello. Now it is very easy to add new persons to your QQ [one of the most popular instant online chat software programs in China]. You can communicate with many people at the same time. In traditional venues, you could get to know no more than 100 persons a year. But now, it is very easy to reach the limit of 500 persons for QQ in half a year.” (Focus group discussion 2).

Because of the internet, usual MSM venues in Chengdu are undergoing a transformation. Bars, tea bars, and most public parks are no longer places for hunting for sex partners, but for recreation with friends. MB brothels, public bathhouses, and lavatories are still serving as venues for commercial or quick sex. The price for having sex with MB dropped from 150-300 Yuan (US\$20-40) in the late 1990s to 50 Yuan (US\$6.50) in 2005. The number of the brothels increased to seven in 2006, and the average price went up to 100 Yuan (US \$15), indicating the increased demands for commercial sex in the MSM community. In the last few years, blackmail occurred among MSM who went to public bathhouses and lavatories, so they are becoming less popular.

“My friends and I used to visit those places (public lavatories) before. But later too many people from outside [of the MSM community] started to appear. Most of them were not homosexual, but wanted to use the gay community to earn a living. They went there and blackmailed people. Later my friends told me that internet was safer and more convenient, so I switched to use the internet.” (Focus group discussion 2).

“In my opinion, those places (public bathhouses and lavatories) are really dirty and dangerous. On the one hand, there are many bad people, cheating or even blackmailing others. On the other hand, it is very easy to catch diseases to have sex with people in there.” (Interview #14, single, 20 year-old, college-educated student).

Because sexual activities in public places and commercial sex are illegal, MSM venues are occasionally subject to police inquiry. However, we noticed that there were public lavatories and MB brothels located near police stations.

The explanation from a former owner of a MB brothel was: “Nowadays, you cannot be arrested because of homosexuality if you don’t do it in public places or announce it publicly. Nevertheless, there are many other menaces to homosexuals out there. If you stay close to the police station, other bad things like robbing or blackmailing are not likely happen to you.” (Interview #17, single, 41 year-old, high school-educated, self-employed, former MB brothel owner).

Homosexual-Related Stigma and Discrimination

Participants’ experiences of stigma and discrimination came mainly from three sources: general society, family, and within the MSM community.

General Society

Because most participants carefully conceal their sexual orientation

not many reported discrimination from the general population. Only one participant reported an episode of being put in detention for a few days about 20 years before, and two episodes of discrimination from colleagues or the general population because of his feminine physical appearance. Nevertheless, most participants expressed fear of being socially ostracised if their sexual orientation were disclosed. Being single and past the usual age for marriage, having a feminine physical appearance, and/or being present in MSM venues raises suspicions.

“Nobody knows about my status except my homosexual friends. Although it is not directly to me, I feel that discrimination against the MSM population does exist. There is one guy in our company who looks very feminine. I don’t know if he is gay or not, but he is really isolated in the workplace... Of course I feel pressure being single. Most of my classmates and friends have girlfriends, some even already got married. Many times my colleagues asked me why I don’t have a girlfriend and wanted to set up a date for me. Their enthusiasm really bothered me because I had to make up excuses to refuse their help. To be frank, I really care about how people see me. I don’t want them to know (my status).” (I10, single, 24 year-old, college-educated company employee).

“I keep my secret very deep and carefully. I never think of telling anybody else about that [homosexual orientation]. I seldom go to gay cruising spots because I don’t want to be seen there. I don’t want to do that and be under suspicion.” (#19, single, 21 year-old college-educated, unemployed).

Participants may divide their friends into 2 circles, those who are gay and those who are not, or even give up social life with their nongay friends. Some younger participants chose to tell the truth to trusted friends. There is a possibility that at least some of their close friends also know about their true sexual orientation, but do not confront them with it. In most cases, participants did not feel discrimination or estrangement from their friends after admitting to being gay.

“I have two or three best friends who know about my situation. I told them myself. Before they knew about that, I had felt a gap between us. It was not a problem for them to accept it when I told them about my sexual orientation. Now we can even talk about some topics of homosexuality and make jokes about it.” (Interview #7, single, 20 year-old, high school education, self-employed).

“Maybe one or two friends have suspected. I had brought a few close friends to gay bars to see performances. We’ve been friends for many years. I think they know about it, but they never asked me.” (Interview #6, married, 52 years old, college-educated company employee).

Although nobody in our study would willingly disclose their sexual orientation to the general population, many of them felt it would not have been a difficult situation to deal with if their friends or colleagues found out about their sexual orientation.

“I think in the current situation in China, it is not a good idea to willingly disclose my status. However, it also does not matter if somebody finds out. I’ve had no experience of being discriminated against. But I think it is not a big deal. People at work judge me by my ability, not my sexual orientation. It might be used against me in some circumstances. Other than that, I do not think it is a problem.” (Interview #12, divorced, 30 year-old, college-educated businessman).

“People outside my (gay) circle don’t know my situation. I am an independent person. It doesn’t matter what people think of me. It is good that people in my company don’t like to probe into other people’s lives. Everybody knows that I am single and have no intention of being married. But nobody should care about that. It is my own business.” (Interview #8, single, 46 year-old, college-educated company employee).

Stigma and discrimination from health care personnel has been identified as one of the major reasons MSM do not use health ser-

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MSM in Chengdu, China

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vices.

"It is embarrassing going [to the hospital or CDC] for testing. When you specifically ask for HIV testing, they think you must be a bad person or did something wrong. Last time I came here [CGCCO] for testing. Because we were all the same type of people, I did not feel strange at all." (Focus group discussion 2).

Family Members

The primary source of pressure in China that MSM identified is the need to show filial piety and maintain the family lineage. Men who fail to fulfill this obligation are viewed not only as shameful but as selfish and shirking their family responsibilities. As a result, MSM who are not married at the proper age cause great concern to parents, especially in the rural areas. With the one-child policy in China, the pressure for getting married and having children is greater than ever.

"What I care about most is not the gossip about me, but the feelings of my parents. They raised me up to manhood. The only thing they wish from me is to be somebody and make them proud. I cannot be too selfish and let them down." (Interview #10, single, 24 year-old, college-educated company employee).

"I have been thinking of telling my parents about my status lately. When I was young, I didn't think about that. My parents really want me to get married. The pressure from my family is getting too strong. I tried to find a girlfriend but it did not work out. I really have no interest in women and we just broke up a couple of days ago." (Interview #8, single, 25 year-old, college-educated teacher).

As a response to pressure, MSM tend to postpone marriage to an inevitable point when they must choose between getting married or disclosing their true sexual orientation to their families. They usually choose to tell a sibling or other relative, usually female, rather than their parents.

"I have told my sister. I was forced to. My parents had once set up a date for me and I refused to go. Since I had done this many times and I am the only son in my family, my mom got frustrated and started to cry. My sister came and asked me why I did not want a girlfriend, and demanded a reason. In that situation I had no choice but to tell her [that I am homosexual]. My sister was stunned. She turned around and left without saying a word. I did not dare to talk to her for two days. But she forgave me anyway and told me it was up to me what life I wanted to live. But there is no way that I can tell my parents. They are from the countryside and are not educated. They would never understand what homosexuality is." (Interview #11, single, 28 year-old, high school-educated service business worker).

Compared with other family members, it was much harder for parents to accept the truth that their son is homosexual, and they therefore exert enormous pressure on MSM who reveal the truth to them.

"I am the only son in my family. When I told my mom that I am a gay, she cried for almost a week. My mom said it was such shame for them. I told her I could save their face by killing myself. I knelt down before my mom and she got down on her knees too. We both cried. If I had been given another chance, I would never have told my family that I am gay. It was too painful... She still cannot accept this, and always thought that if I can go to find a girlfriend and have sex then I could be normal again." (Interview #5, single, 29 year-old, college-educated accountant).

When MSM disclose to family members about their sexual orientation, they risk losing the respect and support of their families, which in some cases, leads to low self-esteem.

"My parents have passed away and all my brothers knew about my status. One year during the lunar new year I met a person from Chongqing. It was very cold and he had just been cast out by his

parents because they just found out [he was gay]. I felt pity for him and brought him to my oldest brother's house to celebrate the new year. My brother was very angry when I brought a stranger who was gay to his house, and he said something very awful. I got angry too and left with him. I have not spoken to my brother since then. Because I really care about the feelings of my family, I quit my job [which was good] and left Chengdu for many years. I did many bad things to survive, and was put in jail for theft for three years." (Interview #17, single, 41 year-old, high school-educated, self-employed, former MB brothel owner).

Among those participants who had been married, two had told their wives about their sexual orientation before marriage. Both of them mentioned that their wife had the misconception that homosexual was a psychologic ailment that could be rectified by having a normal heterosexual relationship. Nevertheless, acceptance of the marriage by their wives was also an indication of the increased tolerance of homosexuality in the young generation.

"I am divorced. I got married because of family pressure. My ex-wife had been an old friend for many years. She was beautiful and shared the same opinions with me on many things. We understood each other and communicated very well. This is something I don't have with my boyfriends. So I told her about my situation and asked her to marry me. Maybe at that time she thought she could change me, and so she agreed. We got married but it did not work out. Now we are just good friends." (Interview #12, divorced, 30 year-old, college-educated businessman).

Within the MSM Community

Many participants expressed a negative attitude toward MSM. They felt that MSM are not trustworthy and that homosexual relationships are unreliable. MSM tend to build their own circle of friends based on age, social status, personal interests, etc. Normally there is not much communication and interaction between the different groups. There are certain subpopulations, such as MB, feminine-looking MSM, and those who go to certain places such as public lavatories or public bathhouses who provoke more negative attitudes than others.

"I think it is normal [to be homosexual] as long as you don't think of yourself as a woman. I don't like those who act really girly. I don't like men who behave in feminine ways. I don't like that. (Interview #6, married, 52 year-old, college-educated company employee).

"Those places [public lavatories and bathhouses] are really a mess. People go there only for sex. They definitely have no need for communication. They only want sex." (Interview #7, single, 41 year-old, high school-educated, self-employed, former MB brothel owner).

Enormous stigma about HIV infection existed among the par-

Sexual Health

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

WHO Draft Working Definition, October 2002

Sexual rights embrace human rights that are already recognised in national laws, international human rights documents and other consensus documents. These include the right of all persons, free of coercion, discrimination and violence.

ticipants. Most participants thought that only those who had been self-indulgent and had sex with many partners could be the potential victims of HIV infection. Few expressed willingness to go for anonymous testing at the CGCCO because they feared people would know that they had come for HIV testing and would be suspicious. Many participants mentioned an incident that occurred in Chengdu, when a man willingly disclosed his positive result to seek help in the community but ended up committing suicide.

“[People don’t come to the CGCCO for HIV testing] because they are afraid that people in the [homosexual] community will learn their test results. If you go to other places for HIV testing, you can choose not to tell anybody regardless of the result. If you come here [CGCCO], many people will know you have been here and will ask about the result. Gossip travels very fast in this population. It will put great pressure on you.” (Focus group discussion 2).

DISCUSSION

In ancient times, Chinese culture was very tolerant about male homosexual behaviours. As early as the Zhou dynasty (1122-256 BC) homosexual activities had been common, at least in the upper class of society. There is an idiom “the passion of the cut sleeve” in Chinese, which is still used to refer to homosexuality. The story originates from a Han dynasty emperor who cut his sleeve on which his adored male lover was sleeping in order not to wake him. Tolerance of homosexuality persisted until the beginning of the last century, when social tolerance of homosexuality declined due to changes in social norms and philosophy, and only sex within marriage for reproductive purposes was accepted.^{6,19}

Sex-related issues have become more private, and returned to the personal sphere in China, beginning in the late 1970s. Homosexual activities have become more visible and exempt from severe legal punishment.^{4,5} This has given MSM more choices and freedom. Another important factor that has dramatically changed the lives of MSM is popularisation of the internet, which provides information about homosexuality and the MSM community, and a source for seeking gay friends and sexual partners without the risk of discovery. The younger generation can simply go to the internet for information that may help them to accept their sexual identity, and to gain access to the MSM community.

Nonetheless, fear of discovery is still a major force that keeps the homosexual population hidden, denying them access to information and intervention programs. MSM tend to disguise their true identities when they are involved in community activities, making outreach more difficult.

Getting married and bearing children remain among the most solemn and important responsibilities for most Chinese men. Traditional beliefs still revile exclusive homosexuality because it interferes with continuation of the family lineage. A homosexual life-style without marriage is considered undutiful and is unacceptable to the family and society. Therefore, when they come out to their family, MSM may face not only the agony they cause in the family but also the possibility of losing support and respect from them and other relatives. Therefore, MSM tend to hide their homosexual activities, postpone getting married, move away from family, or try to find support from other family members, but eventually most get married, causing them to become a potential bridge for HIV transmission to the general population.

Since the late 1990s, HIV intervention programs have been trying to involve MSM. However, because of the distinctions among subgroups within the MSM community, only a portion of the population can usually be reached, even through MSM organizations; most marginalized subgroups such as MB and married MSM are excluded. Another major barrier for HIV prevention is the fear that HIV/STD testing will cause disclosure of both their sexual orientation and their HIV positivity.

Therefore, programs that target MSM must be sensitive to stigma related to both homosexuality and HIV infection. Programs should provide a mechanism to prevent HIV-infected MSM from being

discovered not only by general society but also by the MSM community. In China, to get free treatment for AIDS, the patient must register using their real name and address. Considering the universal distrust of MSM for health care institutes, a more effective way of providing follow-up services to HIV-positive MSM might be through MSM organizations. However, for this to be effective, stigma within the MSM community toward HIV/AIDS must also be addressed.

Intervention programs also need to be able to reach the hidden or marginalized subpopulations among MSM such as MB. Programs among MSM in China seldom reach MB, especially those not working in brothels. To reach hidden subpopulations, intervention programs should create a supportive environment and provide relevant information and health services conveniently and confidentially.

Our study had several limitations. The participants were recruited from MSM venues or by personal reference. Therefore, they are not a random sample of MSM in Chengdu. Married MSM were probably under-represented. No participants were recruited directly from public lavatories or bathhouses, although several participants had been involved in MSM activities in such locations. More than half of the participants had college or higher education, and only one participant reported selling sex. Stigma and discrimination experienced by MSM in Chengdu might be different in other parts in China that are not as liberal as Chengdu.

CONCLUSIONS

Most MSM in China lead a double life and do not come out, due to stigma and discrimination. Thus, it is difficult to estimate the number of MSM and to obtain adequate and accurate information about them.

Stigma and discrimination related to homosexual activities and HIV/STD infection have been the major barriers to MSM seeking health services. HIV/AIDS programs must be sensitive to issues of stigma both from outside and inside of the MSM community. Confidentiality and supportive follow-up services for HIV-positive MSM are among the first issues that need be guaranteed by HIV intervention programs to persuade more MSM to come for HIV testing.

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A short history of transgender rights

Professor Douglas Sanders.

ASIA AND PACIFIC TRANSGENDER NETWORK DEVELOPMENT CONFERENCE,

Bangkok, Thailand, December 13-16, 2009

Beyond the sexual binary

Human rights principles, as we now know them, began in the years after World War II with provisions in the *UN Charter* (1945) and the *Universal Declaration of Human Rights* (1948). There was simple binary thinking in those days. There are men and women. They enter into marriage. They have kids. Families are to be protected.

The *Universal Declaration*, Article 16, provides:

(1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family...

(3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

This wording is copied in the *International Covenant on Civil and Political Rights* of 1966 (Article 23).

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In the case of *Joslin v New Zealand* in 2002, the UN Human Rights Committee rejected a claim for same-sex marriage on the basis of the reference to "men and women" in Article 23 of the *Covenant on Civil and Political Rights*.

The good news is that Article 23 in the *Covenant* is the only provision that refers to "men and women." Other provisions, such as the equality/non-discrimination sections, apply to "everyone" or "all persons". Here is Article 27 of the *Covenant on Civil and Political Rights*:

All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

We are included. We are, of course, the ghost in the closet, unnamed and unacknowledged. But clearly we are "persons" and surely our characteristics fit within the closing words of "other status." So, after we were denied marriage rights in the *Joslin* decision, we were given equal pension rights in *Young v Australia*, and *X v Colombia*, two later decisions of the UN Human Rights Committee.

For us, who come somewhere within the Gay, Lesbian, Bisexual, Transgender, Intersexed, Questioning (LGBTIQ) rainbow, the process since 1945 has been to gain visibility and understanding within international and national human rights systems. The lead has often been taken by the international system, which has set standards for countries to accept and implement. On racism and sexism, the international human rights system has been ahead of practice in almost all countries. It's not quite the same story when we look to sexual orientation and gender identity, but we can now say that for TG, there has been progress.

1. The Right to Health

Article 12 of the *International Covenant on Economic, Social and Cultural Rights* recognizes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." The World Health Organisation and most national health associations recognize "transsexualism" or "gender identity disorder" or "gender dysphoria" as a medical condition and appropriate treatment can include hormonal therapy and sex reassignment surgery (SRS).

The European Court of Human Rights in the case of *L v Lithuania* in 2007 recognised the right of an individual who had been diagnosed as a transsexual to have the government medical system provide sex reassignment surgery. That year a panel of judges in Brazil ordered the public health system to provide SRS without charge, implementing a constitutional provision guaranteeing medical care as a basic right. The state of Tamil Nadu in India announced in 2008 that such surgery would be performed without charge in government hospitals. Even Cuba allows SRS in appropriate cases.

Some countries, such as Malaysia, do not allow SRS. Some countries do not include SRS in government funded medical programs. Thailand, which is famous for its medical competence on SRS, does not cover the procedure in its government medical plan.

Many countries have strict pre-conditions before surgery can occur – some requiring no previous marriage and no children. Those restrictions have not yet been challenged before the European Court of Human Rights or the UN Human Rights Committee.

2. The Right to Privacy

Most transsexuals want to have personal documents that do not "out" them as transsexuals. The European Court of Human Rights in *Goodwin v UK* in 2002 recognized the right of a post-operative transsexual to have her personal documents – driver's license, passport, birth certificate – changed to conform to her post-operative

sex. In Asia, document change is possible (often with conditions) in Indonesia, Japan, Singapore, South Korea and parts of China. Document change is not possible in Malaysia, the Philippines or Thailand. In some countries that allow document change, the individual must have had genital surgery and be sterile. Legislation in the UK, Spain and Argentina does not require genital surgery for document change. There have been ‘pregnant men’ in Oregon and Barcelona in recent years.

3 Recognition of relationships

The *Goodwin* decision in 2002 held that Goodwin had the right to marry in the post-operative sex. As a MTF (male to female) she was now entitled to marry a man. The famous South Korean actress and singer Harisu, an MTF, has legally married her boyfriend.

4. Non-Discrimination (Gender identity)

In 1996 in the case of *P v S and Cornwall County Council*, the European Court of Justice ruled that discrimination on the basis of sex reassignment was discrimination on the basis of sex, and, for that reason, was contrary to European Union (EU) law. Since then, all members of the EU are required to prohibit discrimination on the basis of “gender identity” or sex reassignment. Many non-discrimination laws in North America now prohibit such discrimination. The most recent judicial decision in the US, *Schroer v Billington* in 2008, held such discrimination was a form of discrimination on the basis of “sex” and also “sexual stereotyping”, both of which brought it under federal human rights laws. But other District Courts in the US may or may not follow that decision.

5. Non-Discrimination (Gender Expression)

What about discrimination against men who display some femininity or women who are somewhat masculine? We are now talking about ‘gender expression’, not transsexuality or transvestism. The popular terms vary:– kothis, ladyboys, metrosexuals, flower men, toms, butches.

The United States Supreme Court in the 1989 decision in *Price Waterhouse v Hopkins* held that a senior and highly successful employee had been denied a partnership on the basis that she was too masculine. She was told to wear make-up and jewelry and “take a course at charm school”. The court called this sexual stereotyping and said it was a form of discrimination on the basis of sex. But more recently a masculine woman bar tender at a Las Vegas casino was fired for refusing to wear make-up. The courts upheld the firing, noting this was the “entertainment industry”, suggesting that conventional glamour was a job requirement.

A US case involves a lesbian student who wanted to wear a tuxedo (not a dress) to the graduation dance. A current Thai issue is whether a kathoey or ladyboy can wear a female school uniform to classrooms, exams and graduation ceremonies.

6. Economic and Social Rights

In the West, and in the Confucian influenced parts of Asia, transsexuals and transgendered individuals are seen, and largely see themselves, as individuals. In South Asia and most of Southeast Asia, there are named categories of transgendered individuals, who share what we can call a “third sex” identity. A “kathoey” in Thailand is often called “a second kind of woman.” There are Mak Nyah in Malaysia, Bakla in the Philippines and Waria in Indonesia.

Hijra, Aravani, Meti in South Asia are understood as separate sex/gender collectivities – neither men nor women. These groupings often function as a cultural minority, with a distinct history, collective living and even special religious roles (dancing and giving blessings at weddings and the birth of children). Or they may live highly individualised lives, fairly well integrated into society, as tends to be the case in Thailand.

Where transgendered individuals are distinctive collective minorities, they are often very poor and socially marginalized. In South Asia there are complaints that Hijra and similar groups are denied access to normal social programs, regular education and most kinds of employment. These constitute denials of economic and social rights, as provided in the *International Covenant on Economic,*

Social and Cultural Rights.

The government of the State of Tamil Nadu in India has taken a lead in responding to these denials, with new ration cards identifying the Aravani as ‘third gender’ and establishing a special state welfare board for them. Seats are reserved for them in colleges, as is done for other marginalised groupings. Some social welfare programs specifically for transgendered individuals have also been provided, from time to time, in Indonesia and Malaysia. Recent court cases in both Nepal and Pakistan have ordered governments to extend social programs to third sex groupings.

7. Rights to Participate in Society

Governments are encouraged to set up “affirmative action” programs to ensure that inequalities faced by women, racial and cultural minorities, and other vulnerable or marginalised groups are helped to advance. It is seen as a democratic achievement when there are women and minority representatives in high office.

At the moment there is only one LGBTI individual in a nationally elected position in Asia – Sunil Pant, a gay man, in Nepal (and he was elected on a party list, not as an individual candidate). But TG (transgender) individuals have been elected to local government positions in India and to a state legislature in India and a prefectural legislature in Japan.

In “tolerant” Thailand, there are no ‘out’ LGBTI individuals in the parliament or the cabinet (though ‘everybody knows’ there have been gay prime ministers). In Malaysia, of course, homosexual allegations and charges have been used, politically, against Anwar Ibrahim. Former PM Mahathir said it was completely unacceptable to have a homosexual (his allegation against Anwar) as a political leader.

TG individuals have achieved success in entertainment. The Thai ladyboy band, Venus Flytrap, is a local example. The most famous dancer in China is MTF, as is one of the most popular entertainers in South Korea.

Getting transgender on the agenda at the UN

Simplistic views of sex, gender and sexuality have been gradually challenged in international human rights law.

In 1981 the European Court of Human Rights in *Dudgeon v UK* ruled against an anti-homosexual sodomy law. This was the first application of human rights principles to gay men at a regional or international level. It was our first international human rights victory. Progress after that was slow. It was only in 1994 in *Toonen v Australia* that the UN Human Rights Committee made the same breakthrough ruling – only fifteen years ago.

For transgender, the date which would mark the beginning of recognition in international human rights law would be 2002, the date of the decision of the European Court of Human Rights in *Goodwin v UK* – a mere seven years ago. The first decision on transsexual health rights is *L v Lithuania*, again in the European Court of Human Rights, and only two years ago. We do not yet have parallel decisions by any UN treaty body.

We have had on-going debates at the UN over the meaning of the word “gender”. These debates go back to the 1994 Cairo International Conference on Population and Development, and the 1995 Fourth World Conference on Women in Beijing. At these meetings the idea that “gender” (unlike physical sex) was a “social construct” was tossed about. The Catholic Church, in league with Islamic states, saw storm clouds ahead. They feared that a “cultural” view of “gender” could legitimise homosexuality and lead to same-sex marriage. This debate has never been resolved at the UN (which is a good thing, for if it came to a clear vote, gender could lose out to sex).

Paul Hunt, the UN Special Rapporteur on the Right to Health, issued a report in 2004 on sexuality, including issues relating to sexual orientation and gender identity. He wrote [paragraph 39] that governments “should ensure that sexual and other health services are available for men who have sex with men, lesbians, and transsexual

continued on page 24, col. 1

Embrace diversity of transgenders

RUDE whistling from passing cars, derogatory name-calling and warding off items that are hurled in their direction are only some of the many things Malaysian transgenders have had to live with for years.

The story of transsexual Fatine Young, 36, who married a British man and is about to be deported to Malaysia for overstaying, is yet another plight of a transgender.

But as the world evolves and society advances, is it time we got off our high horses and started acting more humanely? Whether their courage and lifestyle is right or wrong, admirable or sinful, do transgenders deserve less respect and dignity than anyone else?

PT acting executive director and Pink Triangle programme director, Raymond Tai, believes there is much misunderstanding and ignorance among many Malaysians regarding transgenders.

Transgender rights

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and bisexual people.” TG people were starting to get named in UN reports – a new development!

In 2006, Madam Louise Arbour, then the UN High Commissioner for Human Rights, gave a speech at an international LGBTI human rights conference. She noted that some countries “prohibit gender reassignment surgery for transsexuals”, saying that there was no doubt that such a law violated international human rights standards.”

In 2008, Madam Navi Pillay, the current UN High Commissioner for Human Rights, stated:

No human being should be denied their human rights, simply because of their perceived sexual orientation or gender identity... Those who are lesbian, gay or bisexual, those who are transgender, transsexual or intersex, are full and equal members of the human family, and are entitled to be treated as such.

More recently, Special Rapporteur Martin Scheinin issued a report in August, 2009, on Human Rights and Counter-Terrorism, addressing primarily the gendered impact of counter-terrorism measures. His discussion included attention to homosexuals and transgender people.:

[20] *Gender is not synonymous with women but rather encompasses the social constructions that underlie how women’s and men’s roles, functions, and responsibilities, including in relation to sexual orientation and gender identity, are defined and understood... [21] International human rights law... requires States to ensure non-discrimination and equality (de jure and de facto) on the basis of gender, sex, sexual orientation and gender identity... [23] In Nepal, the counter-insurgency campaign that was defined with reference to terrorism was characterised by attacks on meti (effeminate males or transgender persons) by both sides, with reports that the Maoists were abducting meti and the police were taking advantage of the counter-terrorism environment to attack meti as part of a “cleansing” of Nepali society... [33] ... to stop dehumanising victims of terrorism, Governments should remedy the gender inequality that makes women and lesbian, gay, bisexual, transgender and intersex individuals the targets of terrorism... [36]... in Egypt, Government targeting of lesbian, gay, bisexual, transgender and intersex individuals has been a way of shoring up religious legitimacy and signifying to opposition movements that the State is “the guardian of public virtue”.*

There was opposition in the UN Human Rights Council earlier this year when the report was received, mainly over his assertion that “gender” was socially constructed. The report clearly shows that the “expert” parts of the UN system have embraced equal human rights for LGBTI. The “political” parts of the UN system are slower to change.

“There is so much misconception on what it means to be a transgender, transsexual, transvestite or gay. Because people do not understand what each term means, there is confusion and a tendency to make moral judgments.

“Transgender is the third gender and is often for life. A transvestite on the other hand is just a fetish to cross dress occasionally. Transsexual is a subset of a transgender, and often implies those who are on some form of hormone treatment, have done plastic surgery or sexual reassignment.

“Those of us who have a relative or friend who is a transgender will find that they are no different from mainstream society and that their ‘transgender being’ is just part of their whole identity.”

Tai says the general perception of transgenders is that they lead an immoral life.

“Because most Malaysians’ main contact with transsexuals are those they see on the street doing sex work or in performances, their impression of a transsexual is based on what they read in the media.

“Unfortunately, most local media portray transsexuals in a negative light, stereotyped as dishonest sex workers who steal and con their clients, and are irresponsible and irreverent.” Ian and Fathine Young at their marriage ceremony recently.

The public view, he says, does affect the psychological and emotional state of a transgender.

“Given that most transsexuals face a hostile environment all their lives, many are conditioned to accept themselves as deviants in society and are unable to play a constructive role in it. Their self esteem is low.

“Many gather in urban ghettos to be with other transsexuals, indulging in the only job they know how and are appreciated in – sex work.”

Tai says transgenders face stigma and discrimination from a very young age.

“They are forced to behave and dress according to their biological sex from young, teased and shunned by neighbourhood children and at school, and are unable to express their gender preference at school, college or the workplace.

“Most transsexuals never get past the job interview because of how they look and behave. Their relatives, community and religious leaders lecture them on how they need to reform – to be ‘saved’.”

Obstacles in their lives don’t just end there.

“Those who are on hormone treatment, have breast transplants, and sex reassignment surgery spend their life savings for the treatment, instead of saving up for an education or a home.

“If not done correctly, these treatments and surgeries often result in complications and harmful side effects that are life-threatening. Sex reassignment surgeries are also not allowed in Malaysia, making these operations tedious and expensive.

“Those who wish to practise their faith find themselves ostracised from most churches and mosques.

“Most are unable to change their sex assignment in their birth certificates, identity cards, driving licences and passports – even if they may have had a sex change or look every bit like a woman.

“This affects their applications for jobs, housing and bank loans, and scholarships. And of course they face enormous challenges in finding a life partner, and even more should they want to get married. And what about those who wish to adopt children? It is almost impossible,” he says.

Tai is convinced that transgenders face countless challenges even in death.

“They face many legal and religious obstacles – are they to be given a woman or man’s last rites? How can their spouse benefit from their estate and savings when the law does not recognise their relationship?”

Having an open mind, he says, can help change the general stigma tied to them.

“Malaysians should not just be tolerant of people who are different from themselves, but embrace diversity in its true sense – just as they should accept people of other races, religions and cultures.

“They should also be open to people of different gender and sexual orientation. Remember that all these people have families. If you have a relative who is a transgender, would you not wish that they be treated as an equal?”

Anthropologist Professor Dr Wan Zawawi Ibrahim believes dialogue sessions will help the public understand the lives and choices of transgenders.

“Due to globalisation and exposure, more Malaysians are coming to terms with this issue. It’s a matter of overcoming initial cultural negativities and acquiring new perspectives.

“It takes time because people are exposed to so many prejudices and stereotypical ideologies. Unfortunately, our education system does not expose us to different views – alternative education is important.

“Transgenders are misunderstood. But, when the public sees an emic view (inside view), they will be able to look at the issue from a different angle – be it of an AIDS patient or a transgender.

“This group of people do exist, whether we want to accept it or not. So it’s important for the public and authorities to hold dialogues with them.

“The problem is people with power tend to pass judgment without talking to them.”

Religion has its way, Zawawi says, but everything cannot be easily labeled black or white.

“I’m not asking anyone to throw away their beliefs, but there must be areas of compassion and negotiations.

“You can’t understand it, without listening to their stories. Unfortunately, I don’t think many care to listen.”

Transgenders speak out

Fatine Young: “Transsexuals in Malaysia have been treated like freaks or second class citizens for far too long. I hope the community becomes more accepting of transsexuals. “We just want to be what we are. Give us a chance to show that we can contribute to society too.”

Yuki Choe, 33, sales executive: “My biggest fear in the job part is not knowing what they are thinking of when they see me. People are trained to be polite, sometimes you do not know who hates you for who you are. “I hope society would be able to appreciate and accept people who are different, especially gender-wise. People should understand that gender variance is part of life, and not be limited to just strictly boy or girl. “Everyone is taught there are only boys and girls in the education system, all other variances are not acknowledged.”

Suganya, 33, food outlet owner: “People look at us as if we are a joke. When they see a Mak Nyah, they automatically think ‘sex worker’. But actually we are not all like that. Some of us are highly educated and entrepreneurs. “There are many ‘pondans’ who are not brave enough to ‘come out’ because their families beat them. But after they run away from home and with the help of hormone treatments, some families find it easier to accept. “But even then, they are only allowed to visit their family at certain times, in fear that relatives might drop by. “If the families support them by teaching and helping them find jobs, 50 percent of them will not end up as sex workers.”

Elisha, 30, community sex worker programme manager: “You all have normal and peaceful lives, right? As humans, I want transgenders to have that same right. Don’t equate us to sex workers. “One day I hope transgenders will be able to have government jobs, especially in Parliament. “My advice to others out there is to not allow anyone to deny you of your basic human rights.”

Manja, 34, PT Foundation outreach worker: “It’s almost impossible to get a job in the government sector and it’s really difficult dealing with Immigration because the name on my passport does

not match my physical appearance. “I believe the problems faced by transgenders is worldwide. All we want is the same rights as other women.”

What the religious leaders say

“From a **Christian** perspective, human beings are created by God, in the image of God. God created everything and He pronounced it as good. However, all of creation has gone wrong because the first human beings chose not to listen to God and since then we have a topsy-turvy world. We who are not in their situation need to empathise with them and help find solutions rather than to judge them and say, ‘live with what you have’. That’s a simple phrase from this side of the fence, but insufficient. We must try to understand them and help them as we have helped others in different situations, for we all suffer the consequences of our flawed common humanity. We can’t sit in the judgment seat as if we are God. Our hearts should go out to them and work on finding a solution for their situation.” *Tan Kong Beng, Christian Federation of Malaysia executive secretary*

“In **Hinduism**, these people are a creation of God. In our religious stories and book, there have been accounts of transsexuals who have been treated with due respect. Society accepted transsexuals then, especially because they were able to handle many different situations. Today, we too have to respect every creation of God, giving them due dignity and respect.” *Dr M. Bala Tharumalingam, Malaysian Hindu Sangam deputy president*

“Transsexuals are born like that and our birth is not in the hands of human beings. In **Sikhism**, it’s not the choice of a person to be male, female or a transsexual. The public should not blame him or her. It’s not like they are breaking rules and laws. They must be given respect just like you and me.” *Harcharan Singh, Malaysian Gurdwara Council president*

“There is no such thing as a transsexual, people are either male or female. It is not something you can change. Even if a man wants to be a woman using surgery, it won’t work because you can’t change what God gives. Some of these people are confused because of psychological reasons. Maybe in their family they were the only boy among nine girls, playing with their sisters and cooking. Those are some of the problems that contribute to this. People must accept what is given, they should dress and behave accordingly so they are accepted by the public. When a man wears a girl’s dress, people will make fun of him. In **Islam**, it is haram. You can’t question religion.” *Tan Sri Harussani Zakaria, Perak mufti*

“In **Buddhism**, we don’t interfere with personal affairs. At the same time, we respect their privacy and get involved only if they ask for help. We look into the matter and share with them. When someone asks for help, we maintain noble silence. It’s very personal. In our area of discipline, when someone wants to be ordained, we ask if the monks can check their background. If the person wants to be a woman, we refer to a nun. If the person has unusual behaviour, we allow them to be ordained as a novice monk.” *Kekanadure Dhammasiri, Buddhist Maha Vihara Malaysia monk and counselor New Straits Times, 20/12/2009*



APCOM supporting transgender networking across Asia Pacific

Transgender rights spark debate

NEW guidelines under consideration by the Maine Human Rights Commission, designed to clarify the rights of transgender students in the US state, sparked a passionate debate over what some felt were impractical or abhorrent new requirements for public schools.

The commission's proposed guidelines, which were scheduled for further consideration on March 1, stated that transgender students should be guaranteed access to public school bathrooms, locker rooms and sports teams based on whatever gender they consider themselves to be. That means a boy who identifies himself as a girl is by law allowed to use girls' bathrooms, locker rooms and participate on girls' sports teams, or vice versa. Being "transgender" means having a gender identity that is opposite a person's biologically assigned sex at birth.

For some, including the Christian Civic League of Maine, the commission's guidelines were "the latest outrage by radical homosexual activists" which constituted "an impossible absurdity," according to a press release.

Paul Vestal, chairman of the Maine Human Rights Commission, said that there was nothing new about the requirements for public schools and that the commission's guidelines did nothing more than clarify a law that had been on the books for five years.

At issue was a document under development by the commission titled "Sexual Orientation in Schools and Colleges." The document was supposed to inform students, teachers, public schools and colleges about their rights and responsibilities under the Maine Human Rights Act. That act was amended by the Legislature in 2005 to include "sexual orientation" as a protected class, a decision that was upheld by voters during a people's veto attempt later that year.

The debate was rekindled last year when the Human Rights Commission ruled against the Orono School Department for denying access to the girls' bathroom to a biologically male student who identified as a female. An appeal of that decision is pending in Penobscot County Superior Court.

Mike Hein, administrator of the Maine Christian Civic League, said that his organisation was "furious" that it was not invited to or notified about a work session in December on the guidelines held by the Maine Human Rights Commission. Hein said he is consulting with attorney Steve Whiting of Portland about whether the Christian Civic League has grounds for a religious discrimination suit against the Human Rights Commission.

"If [Whiting] feels we can make a compelling argument, we'll file it," said Hein, who said he was mobilising a contingent of social conservatives to attend the March meeting.

In its press release, the Christian Civic League stated, "Although the recommendations are offered to public schools, colleges and other educational institutions in the form of guidelines, schools which violate the guidelines will be brought before the commission

and may be subject to legal action.

"The Christian Civic League of Maine believes that these new guidelines are not merely an error in judgment on the part of the Maine Human Rights Commission. Rather, they represent the latest effort by the homosexual lobby to impose their confused views of sexuality on society at large."

Representatives from several gay and lesbian rights groups participated in a workshop last December with the commission on the guidelines. One of them was Peter Rees of the Downeast Gay, Lesbian and Straight Education Network. Rees said people who oppose rights for transgender students – such as allowing them to use locker rooms with people who are biologically of the opposite sex – fear something "that just isn't borne out in reality."

"What do they think is going to happen?" asked Rees. "That boy who is identifying as a girl is not going to be displaying herself in a girls' locker room. She's going to be acting as much like a girl as possible and being very modest."

The Maine School Management Association is another organisation that has raised concerns about the guidelines, though on different grounds than those of the Christian Civic League. Bruce Smith, an attorney who represents MSMA, said he believes the commission's proposed guidelines go beyond what is intended in the Maine Human Rights Act.

"That schools should take all reasonable measures against harassment is something the MSMA supports and believes in," he said. "What [the commission has] done is go beyond the issue of 'you shall not discriminate' to say [transgender students] will be given certain specific accommodations. Our sense is that this goes well beyond what the statute says. This is a specific policy issue that should go before the Legislature or at least through the administrative rule-making process."

Smith said the MSMA's chief concern is the safety of transgender students who use opposite-sex bathrooms or locker rooms and the fairness of biological males competing against biological females. He contended that his group and others were not invited into the discussion until it was too late to make a difference.

"There are a lot of other considerations that have to be taken into account," said Smith. "The MSMA doesn't want to be seen as being unsupportive of kids of different sexual orientations. It's the process that's important."

Vestal admitted that the commission is caught in a thorny situation, but it's a place in which the commission is accustomed to being.

"We're not doing anything but enforcing the law," he said. "This is about trying to get everyone on the same page. We know it's not that easy for everyone to see it that way."

APTransNet@googlegroups.com, 24/2/2010

France de-lists transgenderism as a mental illness

FRANCE has become the first country in the world to declassify transgenderism as a mental illness.

Health minister Roselyne Bachelot announced in May last year, before International Day Against Homophobia and Transphobia (IDAHO), that the country would move to de-list the condition as a mental illness.

A government decree on February 10 confirmed the change.

Although France has made the move, the World Health Organisation and the American Psychiatric Association continue to list the condition as a mental illness, rather than a medical condition.

However, trans advocates hope this will encourage them to follow suit.

"France is the first country in the world that does not consider transsexualism a mental illness," Joël Bedos, the French representative of IDAHO, told AFP last week.

In December, the second International Experts' Meeting on HIV Prevention for MSM, WSW [men who have sex with men and women who have sex with women] and Transgenders called for transgenderism to be classified as a medical disorder, to help trans people avoid the stigma of mental illness.

Medical opinion once held that homosexuality was a mental illness. It was removed from the list of mental disorders by the World Health Organisation in 1990.

PinkNews, 15/2/2010

Forget 'gender'

'GENDER' may not exist in all of Asia's lexicons, but the concept is not necessarily alien to the region.

"We don't quite have the local term, but it doesn't mean we don't have concepts of gender," Filipino anthropologist Michael Tan told the Mekong Media Forum, a four-day conference (December 9-12, 2009) of media professionals from across the region and a mix of other participants in this city in northern Thailand.

Talk about the standards or "social constructs" by which people label certain segments of society – for instance, gay men, lesbians, metrosexuals (an emerging breed of men who defy society's stereotypes), single or unwed mothers – and Asian societies have a notion, however hazy, of 'gender'.

But precisely because gender has no exact translation in many of the Asian languages, the term has come to be associated with "women's issues", says Tan, or in some cases "lesbians or gay men".

"Not a bad thing," he says, acknowledging the important role of activism in a society that tolerates diversity and basic human rights.

Yet in many parts of the region, the concept of gender is essentially still tied to and cannot disentangle itself – or at least not yet – from many of the raging issues confronting women in their societies – rooted in traditional beliefs and driven in many instances by a patriarchal mindset, which in general put women at a great disadvantage compared to men.

Media's coverage of women compared to men reflects such tendencies. Among others, their voices are not being heard enough, says the panel of speakers at one of the forum's sessions, called 'Thinking, Reporting Gender' in the Mekong media. The session was one of two gender-focused discussions at the forum organised under the 'Communicating for Change: Voice, Visibility and Impact for Gender Equality' programme of IPS Asia-Pacific.

In Thailand, a 2005 study of print or broadcast material showed that less than half of the stories covered were about women, according to Rachanee Vongsumit, a communication professor at Burapha University in Chonburi province.

"Why are women little covered?" she asks. The same study showed women hardly served as media sources of information, while men were generally acknowledged as "experts" in some specialised fields.

In China, women's visibility in the media appears to have been helped in part by a national state policy recognising gender rights.

Lu Pin, executive director of the Media Monitor for Women Network in China, who also writes a newspaper column, says certain topics that used to be taboo are now appearing in print and even making

headlines. In her presentation, she showed the audience a picture of a lesbian couple, which was unheard of in the past, she says. The issue of homosexuality, evidently, is finding public space, thanks in part to the media.

Cai Yiping, executive director of Isis International, a Philippine-based international non-governmental women's rights organisation, says for all of China's image in the international community as a repressive society, such a policy exists.

It is in the Constitution, she says, and one of the fundamental state policies even though they are not well known or accepted as much as the other policies such as those on environment or land use, she says.

Such a policy has not necessarily translated into better media coverage of women, although Cai concedes that the media, in general, be it mainstream or alternative, are "pushing the boundary".

Yet, but both Cai and Lu acknowledged that a great deal of reporting in China about women's issues is still inadequate, quantity and quality-wise. As such one still hears and reads media reports that, by their very portrayal of women or how certain stories are framed, still tend to blame female victims of violence for their plight. Yet, they say, there are still very few reports, say, about women in business or others making significant headway in otherwise male-dominated fields.

As important as women's issues are, Tan stresses that gender issues necessarily include the whole gamut of emerging "roles, categories or statuses" of individuals in society.

He cites, for example, 'house husbands', who assume the domestic roles traditionally ascribed to women. "Because women now work overseas, men are taking over domestic work," he explains.

Does anyone (in the media) write about them? he asks. Dr Tan adds it is important for the media to recognise such roles or gender-related categories, including those involving gays and lesbians, "because they reflect the things that are going on in society."

Getting people to talk about these emerging categories also challenges society to question its deeply entrenched stereotypes about men and women.

For activists like ISIS's Cai, that does not even require using the word 'gender' or coining its exact translation in Asian languages.

On the contrary, the media are able to help society address pressing gender-related issues. After all, says Cai, all gender issues are interrelated; you solve one gender problem, such as discrimination against women, and you contribute to solving others.

astapacificmedia@googlegroups.com, 13/12/2009

Forcible anal and vaginal exams are "torture"

STATE-sponsored forcible anal exams have been recognised as torture by the United Nations Committee against Torture, and invasive virginity exams have been recognised as such by the Inter-American Court of Human Rights. Human Rights Watch found that medical providers in Egypt, Libya, and Jordan have engaged in such procedures with impunity.

In Egypt, men arrested on suspicion of engaging in homosexual activity in violation legal codes banning "debauchery" are subject to forcible anal exams which involve probing, dilating, and penetration.

While prosecutors describe the exams as integral to establishing criminality, examining physicians have admitted that the exams do not determine whether sexual activity took place. In 2003 Human Rights Watch documented the use of such exams by police officials and medical personnel in a report entitled "In a Time of Torture".

One man, Ziyad, described the humiliation and abuse he suffered during such an exam. Ziyad said that upon entering the examination room the "head man" commanded him to strip and kneel. The man shouted at Ziyad, commanding him to bend over, and to raise his

buttocks into the air. While Ziyad cried and protested, the head man and six other doctors forcibly pulled his buttocks apart and examined him using fingers and other objects.

In both Libya and Jordan Human Rights Watch documented how medical providers conduct "virginity exams" without consent.

In Libya these took place in "social rehabilitation" centers, where women and girls were detained under suspicion of transgressing moral codes, sometimes indefinitely.

In Jordan Human Rights Watch research found that police referred women, including in cases where no evidence of a crime was present, to medical providers who conducted such tests, upon the request of their families.

In both countries, medical personnel play an indispensable role in establishing these women's "culpability." Although they have no medical accuracy, the exams were performed to establish virginity for prosecutorial purpose or to inform the family's decision on whether to abandon, institutionalise, or harm the woman.

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Guess what? Casual sex won't make you go insane

Many cling to the notion that casual sex must be damaging. Recent research – and a little historical perspective and common sense – shows otherwise. By Ellen Friedrichs

CASUAL sex: even the phrase sounds a little suspect. And its connections to sexually transmitted infections, unplanned pregnancy, depression, and even alcoholism? Well, those are just a given, discussed endlessly by pundits, and in books with titles like, *Hooking Up: Sex, Dating and Relationships on Campus*, *Hooked: New Science on How Casual Sex is Affecting Our Children*, and even, *Unhooked: How Young Women Pursue Sex, Delay Love and Lose at Both*. Add to this the unrelentingly dire warnings about “premarital” sex given by abstinence programs and many religious groups, and it can be hard to make a case for any kind of non-monogamous-non-matrimonial-non-procreative intimacy. But what if the links between casual sex (an ill-defined term, which seems to refer to anything from a one-night stand to sex between committed domestic partners) and the troubles of the world aren't as straightforward as people would have you believe?

Some recent research makes this seem pretty likely. Last December, researchers from the University of Minnesota announced the findings of a study looking at the effect of casual sex on young adults. After studying 1311 sexually active 18 to 24-year-olds, researchers were somewhat surprised to discover that, “young adults engaging in casual sexual encounters do not appear to be at increased risk of harmful psychological outcomes as compared to sexually active young adults in more committed relationships”. And, back in 2007, another study at the same institution found that despite what many people believe, non-marital sex doesn't negatively affect a teen's mental health or make a young person more prone to depression.

But what about research demonstrating that women, unlike men, can't handle casual sex due to their chemical makeup? One of the most frequently made claims is that during sex women release more of the “love” hormone, oxytocin, than men do. Since a primary role of oxytocin is to promote bonding, the logic goes that women are programmed to become emotionally distressed if sex doesn't lead to a relationship. But such thinking fails to take into account the existence of the sexual double standard, which punishes women for sex outside of a relationship far more than it does men. It stands to reason that this could account for a woman's post-casual sex unhappiness. Nor does this line of thinking address the fact that even if one of oxytocin's roles is to promote bonding, humans have shown time and time again that we are very capable of trumping our pure biological destiny. If we weren't, legions of infertility specialists would be out of work.

Some people stretch the biological links even further. Dr Eric Keroack, the former deputy assistant secretary for population affairs at the Department of Health and Human Services claimed that sex with multiple partners affects a woman's brain chemistry by suppressing oxytocin and impairing her subsequent ability to maintain relationships. He made these claims based, in large part, on the work of Dr Rebecca Turner, who called his conclusions “complete pseudoscience” and a misrepresentation of her work. Still, Keroack continued to promote these notions while overseeing federally-funded teenage pregnancy, family planning, and abstinence programs.

Misrepresentations are all too common when it comes to the mainstream portrayal of casual sex. For example, a study out of Durham University in the UK, prompted headlines like “Women Have Not Adapted To Casual Sex, Research Shows.” However, this failure to adapt was not evolutionary, as the title implied. In fact, what women in this study couldn't adapt to was something very different: being treated poorly by their male sex partners! As the lead researcher explained, “What the women seemed to object to was not the briefness of the encounter but the fact that the man did not seem to appreciate her”.

To complicate matters further, a whole lot of otherwise smart people seem to forget that casual sex did not first emerge after Y2K.

Last year, for example, in a New York Times op-ed, Charles M Blow lamented what he saw as the advent of a hook-up culture. His piece cited a study by the Washington research group, Child Trends, which claimed that contemporary high school seniors no longer date seriously and instead choose to “hook-up” without commitment. He also quoted Kathleen Bogle, the author of 2008's, *Hooking Up: Sex, Dating and Relationships on Campus*. She explained that, “Under the old model, you dated a few times and, if you really liked the person, you might consider having sex. Under the new model, you hook up a few times and, if you really like the person, you might consider going on a date”.

But even Blow's own newspaper contradicted this assumption the very next day, when the wedding section ran an interview with a newly married couple in their 50s. The pair explained that although they had actually been sexually involved over 30 years earlier, a committed relationship hadn't been on the table. Back in 1975, the woman explained, “People didn't date. You hung out and then you slept together.” Sounds a lot like this dangerous new phenomenon of hooking-up that people find so shocking...

Seriously, we all know that hooking-up and casual sex are not new. In the United States, at least, sex outside of marriage has been around an awfully long time. A 2006 study found that 95 percent of Americans, including people born as far back as the 1940s, have had “premarital” sex. And how can we forget milestones like the sexual revolution, or the “Me” generation, when getting laid was just something to do? To be sure, not everyone in the 60s, 70s and 80s was having free love orgies, throwing key parties or embarking on cocaine-fueled office affairs, but these were important years for sexual freedom: syphilis had long since been cured, morals were relaxed, the birth control pill was an option and abortion became legal. Today those agonizing over what they see as an upsurge in promiscuity, loose values and risk-taking, need to be reminded that while the cast may be different, much about the casual sex plot remains the same.

Despite the fact that sex without marriage is so common, we still cling to the notion that it must be damaging in some way. Solid research demonstrating that this isn't always the case simply cannot counter our existing social assumptions: if a person claims to be undamaged by sex without commitment, that person must be lying, ethically challenged, or, at the very least, deluded. Sure, sex can be dangerous. One in four people will contract an STD by the time they are 25; American teenage birth rates, while not what they were in the 50s, are still the highest in the Western world; and sex crimes continue to shock and unnerve us all. But we need to concentrate on reforming our sex education and health care systems to fight these issues, not waste time simply condemning forms of sex that make us uncomfortable.

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