Pukaar

the journal of
Naz Foundation International

Issue 73 April 2011

Finally!

The Global Fund to Fight AIDS, Tuberculosis and Malaria, at the their Board Meeting held in Ethopia, 9-11 November 2009, gave approval to the NFI led South Asia regional consortium application for Round 9 funding support: *Reducing the impact of HIV on men who have sex with men and transgender populations in South Asia*, bringing together a range of country and regional partners.

Since then there has been a long road in contract and budget negotiations, both with the GFATM and PSI Nepal (the nominated Principal Recipient of the regional consortium). But finally, on the 8th April 2011, we have been able to sign the sub-agreement with PSI Nepal, and we can begin to implement this important and significant regional project. Hurrah!

The main focus of this programme will be supporting and building the capacity of in-country community-based organizations engaged in service provision, policy development and advocacy, and research related to MSM and TG, and on creating stronger community systems to support and sustain this work. In order for the interventions carried out by CBOs to be both effective and sustainable, it is necessary to build their capacity, create stronger linkages and networks between community organizations and community-led interventions, and provide longer-term support to these groups. The main focus of this proposal is therefore community systems strengthening.

Three key objectives

1.To strengthen capacity and improve the delivery of HIV related services for MSM and TG in South Asian countries

2.To improve the policy environment with regard to MSM, TG, and HIV related issues in South Asian countries

3.To improve strategic knowledge on MSM, TG, and HIV related issues in South Asian countries

Approach

Where the country has an existent national community-led organization providing technical assistance and support downstream to the local partners, NFI will assist in capacity strengthening and provision of educational and training resources through seconded Technical Advisors and access to the NFI Regional Resource and Training Centre. These are:

Bangladesh (Bandhu Social Welfare Society); India (Maan AIDS Foundation); Nepal (Blue Diamond Society); Sri Lanka (Companions on a Journey)

Where no such national agency exists, nor any community-led services, NFI will support the development of such an agency along with piloting locally based community-led interventions.

In Pakistan, NFI is supporting the development of Naz Male Health Alliance as the national MSM/hijra technical resource agency and country partner of NFI, and support it in piloting six community-led HIV interventions, with the goal of supporting the government to scale up such interventions across the country through future GFATM applications.

In Afghanistan, due to the current sociopolitical conditions, it would not be possible to develop a MSM-led intervention (increasing the risk of violence), so we will be working with an organisation that is already managing sexual health clinics in two cities under the rubric of male health, and are serving MSM populations in these two localities. We will strengthen this organization and these clinics, supporting mechanisms for a strengthened engagement with MSM in regard to the organizational structure so that they can be a part of planning, development and service delivery. .

In Bhutan, we will be working with the National AIDS Control Organisation to strengthen its policy and advocacy work regarding MSM in the country and the development of MSM friendly services. We will also support the development of an MSM community led intervention in its capital.

The role of NFI as a sub-recipient

Major activities:

- On-going technical assistance and support provided to country partners through seconded Advisors along with a regional knowledge and training centre
- BCC resources development that can be shared and support for in-country resource development
- Work with country partners to develop country specific advocacy strategies on MSM, TG and HIV-related issues and undertake a range of national policy and advocacy activities to support national programmes on MSM, TG, and HIV-related issues
- Undertake psychosocial, policy research, and operations research on MSM, TG, and HIV-related issues with country partners and UNDP

PSI Nepal, as the nominated PR will have responsibilities for overall grant management, monitoring and evaluations, procurement of commodities for Afghanistan and Pakistan, and coordinate/manage bi-annual meetings of the GF project executive committee, while UNDP will be the Regional Technical Partner, with the responsibility for increasing regional policy and advocacy efforts and leadership of multi - sector stakeholders on reducing the impact of HIV on MSM and TG populations; develop and disseminate regional and national information on MSM/TG, and HIV-related issues; strengthen policy and advocacy support to existing sub regional and national networks of MSM and TG populations.

Naz Foundation International (NFI) is a development agency specialising in providing technical, institutional and financial support for the promotion of 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.

This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of the Naz Foundation International and can in no way be taken to reflect the position of the European Union.

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 International 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 International 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 journal 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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Pukaar is produced and published by:
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Palingswick House, 241 King Street
London W6 9LP, UK

Distributed by:
NFI Regional Office
9 Gulzar Colony, New Berry Lane,
Lucknow, 226001, India

Naz Foundation International is a Charity and company limited by guarantee in England and Wales
Registration No. 3236205
Registered Charity No. 1057778

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Contents

p1 Finally! The GFATM Round 9 Regional MSM/TG project for South Asia
p3 A message from Michel Sidibe
p4 World's premier AIDS event neglects populations most at risk
p5 A message from the MSMGF
p6 Lube alert
p10 A look at homosexuality in Brunei
p11 Philippines' HIV/AIDS problem worries UN
p12 At risk: sex, HIV and the community
p14 HIV programmes can only be truly effective if sexual minorities are decriminalised, Global Commission told
p16 Transgender rights is not simply gay rights
p18 A gender journey
p20 Gay pride only goes so far in India
p21 Indian males lead in sexual violence
p22 Homophobic? Re-read your Bible
p23 Gay rights in Lebanon
p24 Syndemic conditions among MSM
p25 Jakarta's working ladyboys
p26 Sexual plagiarism

Pukaar online

www.nfi.net/pukaar.htm

A message from Michel Sidibe, Executive Director, UN Joint Programme on AIDS

Extracts from his Letter to Partners, February 2011

Dear Colleagues

I believe in a world where there are:
Zero new HIV infections;
Zero discrimination;
Zero AIDS-related deaths.

This is the new vision of UNAIDS. This is our passion, our commitment, our resolve. A few years ago we could only dream of such a day—but today we know we can make it happen.

30 years into the epidemic

This year the world commemorates 30 years of AIDS and the AIDS response. It is a time to remember the friends and family we have lost. It is a time to share our successes and also to reflect on our failures.

The world was slow to react to the AIDS epidemic 30 years ago, with devastating results. But persistent voices rose up and today the AIDS response has grown into a truly joint partnership—of governments from the south and the north, of people living with HIV, of civil society, of communities, and of organizations committed to the response.

Indeed, the world has begun to reverse the AIDS epidemic—at least 56 countries have either stabilized or reduced new HIV infections by more than 25% in the past 10 years. New HIV infections among babies have dropped by 25%—a significant step towards achieving virtual elimination of mother-to-child transmission of HIV by 2015. More than 5 million people are on antiretroviral treatment, which has reduced AIDS-related deaths by more than 20% in the past 5 years.

Vision: To get to zero infections

Goals for 2015:

* Sexual transmission of HIV reduced by half, including in young people, in men who have sex with men, and the transmission in the context of sex work.
* Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half.

Vision: To get to zero discrimination

Goal for 2015:

* Punitive laws and practices around HIV transmission sex work, drug use or homosexuality (sic) reduced by half.
* HIV-related restrictions on entry, stay and residence eliminated in half the countries that have such restrictions.
* Zero tolerance for gender-based violence.

Vision: To get to zero AIDS-related deaths

Goal for 2015:

* Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment.
* Tuberculosis deaths among people living with HIV reduced by half.

People living with HIV and households affected by HIV addressed in all national social protection strategies and have access to essential care and support.

South Africa and India, the countries with the largest numbers of people living with HIV in their respective continents, are turning around the AIDS epidemic through bold actions and smart choices. South Africa's renewed AIDS leadership under President Zuma is paving the way for dialogue and social transformation, taking on

social norms, mobilizing people to find out their HIV status, and strengthening health services.

Ten years of investments in evidence-informed programmes have helped India reach people who are at increased risk of HIV infection. Coupled with a concerted effort to reduce stigma and discrimination and to protect human rights by a watchful civil society, the country is closing the gap on access to HIV services for those people in greatest need.

China has shown the power of scaling up—today more than 680 centres provide methadone treatment compared with eight centres in 2004. And Brazil has remained the vanguard of universal access to treatment regardless of the economic climate.

Moving from crisis management to change management

"Getting to zero" requires more than simply accepting the validity of current political, social and scientific approaches. It requires a deliberate creative act—of promoting innovation in science, making it simple to treat and prevent HIV infection, confronting deep-rooted social norms to protect women and children, re-examining archaic laws that overtly and subliminally rob people of their dignity and respect, and regarding money spent on health not as expenditure but as investment that secures our future.

This means we have to move from crisis management to managing change. We need to transform competition within the development agenda into competition for development. We have to achieve all the Millennium Development Goals—so let us pool resources where possible and mutually strengthen health and development initiatives. The systems we build today must be robust enough and benefit the generations to come.

Democratization of the AIDS response

Political promises at the global or national level must be followed by resources and services to cities and villages, communities, households, schools and hospitals. The democratization of the AIDS response is imperative and can be leveraged most in a decentralized AIDS response. When this happens, people affected by the

continued on page 4, col.1

A message from Michel Sidibi

continued from page 3, col. 2

epidemic are heard and their leadership is followed for finding local and sustainable solutions. Communities will mobilize if there is a real possibility to access information and services.

Sexual transmission remains the main route of HIV transmission across the world. Without the democratization of the AIDS response, deep-rooted social norms around sexuality—including intergenerational and age-disparate sex, violence and abuse—cannot be dealt with effectively.

People affected by the epidemic must be heard—and where necessary we have to amplify their voice. People living with HIV have been at the forefront in the charge towards access to health and social justice. Their role is pivotal for bringing about the HIV prevention revolution and for defining the new era of treatment access.

The space for democratization of the response comes from national and global leaders. Democratization does not mean reduced responsibility at the top—in fact, it means more accountability.

Making the law work for the AIDS response, not against it

Recent reports show an increase in homophobia and violence against men who have sex with men and transgender people across the world. Arbitrary detentions, archaic laws of colonial times and entrenched attitudes about sexual behaviour are hampering efforts to provide HIV prevention services for people. I was shocked and saddened at the killing of Ugandan gay activist David Kato. In the past year, Honduras has seen a rise in killings of transgender women. Similar cases have been reported across the region.

At the very least, national laws must stop discrimination of people living with HIV, men who have sex with men, lesbians, people who inject drugs, sex workers and transgender people. Governments must reduce the inequities faced by women and children and enshrine the right to health. The UNDP Global Commission on HIV and the Law is holding public hearings in all regions of the world. The recommendations of this commission should provide the impetus for law reform.

Let us commend countries for taking action. Fiji's cabinet recently adopted a decree to safeguard the privacy and rights of people infected with or affected by HIV, including confidentiality of personal information; creating an environment where people are encouraged to seek voluntary testing, counselling and support services; and empowering affected people to seek redress from professional bodies and the courts when their rights are violated.

World's premier AIDS event neglects populations most at risk for HIV

Independent assessment indicates severe underrepresentation of gay men, transgender people, sex workers and people who use drugs at the biennial International AIDS Conference

A new report indicates that the International AIDS Conference (IAC), a biennial event convened by the International AIDS Society (IAS) that has become the world's premier gathering for people working in the field of HIV, suffers from gross underrepresentation of populations most at risk for HIV infection, including men who have sex with men (MSM), transgender people, sex workers and people who use drugs. The independent audit, conducted by the Global Forum on MSM & HIV (MSMGF), confirms suspicions long-held by activist groups and calls for a comprehensive review of IAC governing structures.

Produced in response to growing concern among community groups that the IAC has repeatedly neglected these key populations, the report focuses on programme content at the most recent IAC, held in Vienna, Austria in July 2010. The analysis reveals that the percentage of all sessions at the conference exclusively focused on these groups was limited to 2.6% for MSM, 1.1% for transgender people, 3% for sex workers and 4.5% for people who use drugs.

"While the International AIDS Society turns a blind eye, HIV rates among these populations continue to climb around the world," said Dr. George Ayala, Executive Officer of the MSMGF. "The IAC is the world's most important opportunity for international exchange and collaboration on HIV and AIDS. Such abysmal representation of most-at-risk groups only serves to reinforce the invisibility, discrimination and disregard that drive the epidemic among these communities."

Research has shown that these four populations are at higher risk for HIV infection than the general population in nearly every country context where reliable data exist. MSM represent more than a quarter of HIV infections in Latin America and the Caribbean, people who inject drugs account for more than half of HIV infections in Eastern Europe, and sex workers across Sub-Saharan Africa experience HIV prevalence rates of up to 50%. Infection rates among transgender people in El Salvador, Indonesia and India are as high as 25%, 35%, and 42% respectively.

The IAC takes place in a different city every two years, gathering tens of thousands of experts and advocates from around the world to share the field's most recent developments and engage in strategic collaboration. The most recent conference hosted an estimated 25,000 people.

"Ostensibly, the IAC offers chances for local healthcare providers to learn ways to improve their services, provides channels for advocates to engage in dialogue with powerful decision-makers, and creates opportunities for community members to shape global funding and research agendas," said Dr. Mohan Sundararaj, Policy Associate at the MSMGF. "This really is a phenomenal platform, but how useful can it be when those who need it most are locked out?"

The report recommends a number of steps to bring the IAC's programme coverage of these key populations up to a level proportionate to their epidemiological burden. Among these recommendations are efforts to ensure transparent processes for abstract review and program design, the development of targeted support to authors developing abstracts focused on key populations, and open representation of civil society on the committees responsible for developing conference programs.

"The International AIDS Conference has unparalleled potential to impact the global AIDS epidemic," said Dr. Ayala. "It is incumbent upon the organizers to ensure that the IAC becomes a vehicle for change, shifting the global landscape so that funding, research and programmes are directed to those who need them most. Right now it's part of the problem."

The full report can be found on the MSMGF's website at: http://www.msmgf.org/files/msmgf//Publications/MSMGF_IAC_Report_LowRes.pdf

The Global Forum on MSM & HIV (MSMGF) is an expanding network of AIDS organizations, MSM networks, and advocates committed to ensuring robust coverage of and equitable access to effective HIV prevention, care, treatment, and support services tailored to the needs of gay men and other MSM. Guided by a Steering Committee of 20 members from 18 countries situated mainly in the Global South, and with administrative and fiscal support from AIDS Project Los Angeles (APLA), the MSMGF works to promote MSM health and human rights worldwide through advocacy, information exchange, knowledge production, networking, and capacity building.

A message from the Global Forum on MSM and HIV (MSMGF)

The Global Forum on MSM & HIV (MSMGF) calls on advocates around the world to make 'men who have sex with men' a strategic priority at the 2011 United Nations General Assembly High-Level Meeting on AIDS

Here's why!

Plans are underway for a High-Level Meeting (HLM) at the United Nations (UN) between 8 –10 June 2011, convening Heads of State, government representatives, the private sector and civil society to mark 30 years since the first case of AIDS was identified. Importantly, this HLM is an opportunity for UN Member States to renew and accelerate previous time-bound commitments that they have made to combating HIV. Two political consensus statements (1) were signed in 2001 and 2006 by 192 governments to ensure a coordinated global effort toward two main goals:
1. Universal Access to HIV Prevention, Treatment, Care and Support Services by 2010
2. *Halt and Reverse the spread of HIV by 2015* (Millennium Development Goal #6).

This June, the world will witness the third such High-Level Meeting in ten years convened by the UN family to address the AIDS pandemic.

Despite these historical commitments, Universal Access was not achieved for all in 2010. Despite the recognition of human rights in the political statements, on-the-ground reality remains challenging for gay men and other men who have sex with men (MSM) around the world, evidenced by alarmingly high HIV rates and human rights abuses recorded by this population.

The months prior to the 2011 HLM offer a window of opportunity for advocates and broader civil society to hold their governments accountable and insist on a more human rights-centered approach to the global AIDS response. Civil society must demand the respectful inclusion of gay men, other MSM and MSM living with HIV at all stages leading to the meeting. Action is key before finalization of the 'outcome declaration', a crucial step in the way forward.

Despite elevated HIV rates and heightened vulnerability, gay men and other MSM have been under-recognized, under-studied, under-funded, and under-served historically in the global AIDS response.

* Epidemiological surveillance shows that gay men and other MSM are at higher risk for HIV transmission when compared to adults in the general population in nearly every country truthfully collecting and reporting data.
* Only 1.2% of global HIV prevention funding was targeted toward MSM in 2007 and no comprehensive financing data has since been available.
* In 2008, only 32% of UN Member States reported on HIV prevalence among MSM, despite a mandate to report on relevant MSM data biennially.
* In 2009, only 13 UN Member States had national targets for HIV prevention coverage for MSM.

Innumerous events involving the unprovoked intimidation, torture, arrest, and murder of gay men and other MSM signal a disturbing pattern of backsliding on human rights .

* Over 70 UN Member States currently criminalize same-sex acts between consenting adults; 7 of them issue the death penalty.
* Activity to expand criminal sanctions against MSM is occurring in numerous States.
* Research has consistently indicated that discrimination, rejection, marginalization and isolation of gay men and other MSM drive poorer mental, social and physical health outcomes.
* Disconnection of gay men and other MSM from mainstream society keeps them invisible, underground and away from necessary HIV prevention, treatment, care and support services.

The global health sector continues to remain poorly equipped to sensitively handle the HIV and health needs of gay men and other MSM.

* In 2007, HIV prevention services only reached an estimated 9% of MSM worldwide.
* In 2010, more than 60% of MSM globally did not have easy access to free condoms and lubricants, related education materials or treatment.
* In 2010, more than 50% of MSM found it difficult or impossible to access HIV testing and counseling worldwide.
* Gay men and other MSM who also use drugs or engage in sex work often have more complex HIV needs but face unresponsive health and legal systems.

Act Now to Ensure a Meaningful High-Level Meeting!

* Learn more about the HLM and the Civil Society Task Force, a mechanism set up to ensure civil society input and participation in major processes leading up to the HLM.
* UNAIDS road map to 2011 - http://unaidspcbngo.org/wpcontent/uploads/2011/02/20110215_UA_nextsteps.pdf
* UNAIDS page for 2011 HLM - http://www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2011highlevelmeetingonaids/civilsocietyand2011highlevelmeetingonaids/
* Civil Society Task Force Members (http://unaidspcbngo.org/?p=10780) and their Terms of Reference (http://unaidspcbngo.org/wp-content/uploads/2010/11/Task-Force-TOR_2010.pdf)
* Advocate for representation of MSM and MSM living with HIV on your country's delegation to the HLM.
* Participate in UNAIDS Regional Consultations and key meetings around the world. See grid below.
* Join online discussion forums such as http://AIDSspace.org (UNAIDS).

1. In 2001, the United Nations General Assembly Special Session on HIV/AIDS brought together Heads of State and Representatives of Governments for the first time on behalf of a health issue. The Declaration of Commitment on HIV/AIDS, a significant outcome of this 2001 meeting, provided a broad roadmap for halting and reversing the spread of HIV by 2015 (Millennium Development Goal #6). In 2006, a meeting to review progress made was convened and another commitment, the Political Declaration on HIV/AIDS, was signed. This 2006 declaration additionally recognized the urgent need to accelerate efforts to achieve Universal Access to HIV prevention, treatment, care and support services by the year 2010 for all who may need them.

MSMGF
GLOBAL FORUM on MSM & HIV

Lube Alert

by David Evans

A forthcoming research report suggests a number of personal lubricants can damage anal tissue cells and increase HIV replication, potentially heightening the risk of contracting HIV, notably if condoms aren't used.

The "personal lubricant" market is a thriving one. One popular website sells 53 different brands, with many boasting several varieties. If you'd like one that tastes like fruit or chocolate, or adds the sensation of heat, you've got multiple options to choose from. The same goes for the degree of slipperiness, the type of sex you want to have, the ease of cleanup and, most important, condom compatibility.

What sexual accoutrement retailers can't tell you is whether a lube will increase, decrease or have no effect on your chance of becoming infected with HIV if the condom breaks or you decide not to use a condom in the first place. Until recently, it wasn't a question high on the list of researchers' or manufacturers' priorities—lubes are intended to keep condoms from tearing during sex, end of story. But for scientists at the Population Council a New York City–based research organization at the forefront of HIV microbicide development efforts, the positive or negative effects of lubricants on HIV transmission has been a nagging issue for years.

New research results from the non-profit organization suggest there may be reasons for concern. According to laboratory studies the group conducted—on schedule to be published in a forthcoming issue of *AIDS Research and Human Retroviruses* and currently available on line—a large number of popular lubes may actually make it easier for HIV to get past the body's defenses, notably during anal sex without a condom. Even more alarming is the finding that four lubes in particular cause HIV to reproduce up to four times faster than it does in the absence of such products.

The researchers caution that the test tube study results are extremely preliminary and merely suggest a potential problem with several personal lubricants. Further studies, they say, are needed to determine the "real world" implications of these findings, including whether or not these products do in fact increase the risk of HIV transmission. One thing this study makes abundantly clear, however, is that we know very little about one of the main ingredients in the safer-sex recipe.

Lube 101

When it comes to anal sex, lubricants are a condom's best friend, as they help reduce friction and the risk of tears during intercourse. But what about the benefits of lube alone, in the event the condom breaks or a rubber is left out of the equation altogether? In these situations, experts have reckoned, the use of a slippery substance is likely better than nothing.

Sex without lubrication can damage the epithelium—the thin membrane of mucosal cells lining the rectum and anus (as well as the mouth, nose and vagina) that keep the vast majority of unfriendly bacteria, fungi and viruses out of our bodies. So the thinking goes:

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www.nfi.net/pukaar.htm

Other documents on related issues are available on the NFI website:

www.nfi.net/publications.htm

The wetter the better.

If this tissue is damaged—because of physical tears, chafing, infection or inflammation from irritating substances—the epithelial cells and the chemical bonds that hold them together can fray, causing the protective system to break down. That's where things can also go wrong with sexual lubricants. Several recent studies suggest that instead of protecting epithelial cells, lubes may actually compromise the integrity of the cells.

Enter Othell Begay and José Fernandez-Romero, PhD, from the HIV/AIDS Division of the Population Council. Begay, Fernandez-Romero and their colleagues, who are particularly interested in developing microbicide gels capable of blocking sexual transmission of HIV, were intrigued by a set of recent reports documenting problems with some of the most commonly available lubricants.

In one study, researchers partnered with the International Rectal Microbicides Advocates (IRMA) to select six of the most popular lubricants used by men and women who practice anal sex. In the process, they tested how these lubes affected epithelial cells as well as the necessary bacteria that help keep the gut and rectum healthy.

That study found that several of the lubes contain more sugar and salt than is typically found inside cells of the anus or vagina. The imbalance causes the epithelial cells to purge their water content and, as a result, become withered and die—a condition called hyperosmolarity.

The study also found that one of the lubes completely wiped out the population of beneficial bacteria in the rectum, a situation that can allow unfriendly organisms—including HIV—to flourish.

A second study looked specifically at the incidence of gonorrhea and chlamydia in people who used lube for anal sex versus those who didn't use lube, either with or without a condom. The study found that rates of these two sexually transmitted infections (STIs) were twice as high in those who used lube compared with those who didn't, again suggesting that lubes were causing the rectum to become vulnerable to infection.

HIV: another possible risk

To explore the matter further, Begay and Fernandez-Romero's team purchased 41 over-the-counter lubricants and pitted them against two substances with known effects on both HIV and epithelial cells. Those two substances were Carraguard, which does not harm epithelial cells and is being studied as an HIV-blocking microbicide, and Gynol II, which contains nonoxynol-9, a substance known to harm epithelial cells and increase the risk of HIV infection. They then posed the same two questions about each of the 41 lubricants: Was the lubricant potentially toxic to cells, and did the lubricant inhibit or accelerate HIV replication?

As to the first question, the researchers found that all of the lubes, compared with Carraguard, damaged epithelial cells in test-tube tissue samples. The team was also able to test the osmolality of 32 of the 41 candidates—in other words, to what degree the salt and sugar concentrations of the lubes could cause the cells to purge or retain water. Only one of the lubricants, Probe Personal, had a neutral osmolality, similar to Carraguard. All of the others were either hyperosmolar, similar to the IRMA study findings, or *hypo*osmolar—capable of causing cells to swell up with water, which can cause them to burst.

More striking and surprising was the answer to the team's second question. While none of the lubricants had HIV-inhibiting qualities that approached that of Carraguard, four Astroglide brand lubricants actually appeared to increase HIV replication in cell cultures by as much as four times, compared with cultures not exposed to lubricants. These results stood in contrast to a previous study documenting anti-HIV activity of Astroglide lubes, and the team sought an explanation.

The Population Council research team analyzed the ingredients of the lubes and found that the four lubes in question—Astroglide Liquid, Astroglide Warming Liguid, Astroglide Glycerin & Paraben Free Liquid and Astroglide Silken Secret—all shared a common ingredient that was not present in the other Astroglide formulations: Polyquaterniums, a class of chemicals commonly found in cosmetic products. Polyquaternium-15, in particular, was in three of the four Astroglide formulations.

Though the specific formulation of polyquaternium-15 is not commercially available, the team tested a very similar chemical (MADQUAT). It too resulted in increases in HIV replication, leading the researchers to suspect that polyquaternium-15 might be the cause.

How is it that we're only coming upon this potentially important safety information now? "Lubricants are classified by the U.S. Food and Drug Administration as a cosmetic, rather than as a medical device," Begay explains. Most people would probably assume that because they can buy lubricants in stores then the products must be safe and don't need further testing, including toxicity testing. Not so. Begay says: "After doing microbicide research and getting all of this knowledge on microbicides and how delicate these epithelial cells are, we discovered that lubricants should be tested."

Fernandez-Romero adds: "The FDA requires that lubricant manufacturers tests lubricants for vaginal irritation. They might consider adding a similar requirement to assess product safety for rectal use."

To lube or not to lube?

The Population Council's results are preliminary, and Fernandez-Romero stresses it remains unclear whether any lubricant might increase the risk of HIV transmission. "The bottom line," he says, "is that more research is needed."

What the paper implies is that not all lubes act the same in cells and tissues in the anus, which could be an issue with respect to HIV transmission. "I think our paper is good," adds Fernandez-Romero, "because it is saying, 'There could be a problem here. We have to investigate more.'"

The results also don't change the fact that the lubes are well tested for their compatibility with condoms, and it is the condom, much more than the lube, that offers the best protection against HIV transmission. "Ultimately, the use of condoms is the best way to prevent transmission, but using a lubricant will prevent condom breakage," Fernandez-Romero explains. "Lubricants may be important, but they have to be safe. We need assays, models or methods to tell us how safe a lubricant is."

That said, the results do mean that assessing risk may have gotten more complicated for people who forgo condoms for one reason or another, which includes significant proportions of the population—young and old, gay and straight, male and female.

Fernandez-Romero says his team continues to collaborate with other groups that remain engaged in the study of lubricants and the potential heightened risk of HIV transmission. "We have been participating in conference calls and discussion on the topic with IRMA, but we currently don't have any funding to look at lubricant safety." He points out that other researchers, including Charlene Dezzutti, PhD, at the University of Pittsburgh, and Pamina Gorbach, Dr.PH, at the University of California at Los Angeles, "are doing some good work and really trying to find answers.

"More research needs to be done," concludes Fernandez-Romero, "and we need to find the safest lubricants."

AIDS Med, 16/2/2011

Google this site. It is a major source of knowledge and information on lubricants, rectal (and vaginal microbicides, and the latest scientific knowledge.

irma international rectal microbicide advocates

Almost half of transgender people have attempted suicide

In a truly distressing new report, National Center for Transgender Equality and the National Gay and Lesbian Task Force claimed that not only are transgender people harassed, discriminated against, denied medical care and mistreated by the police, they have a suicide rate that is *26 times higher* than the average American. It's even higher than people with chronic depression or members of the military.

41 per cent of the more than 6,400 respondents reported having attempted suicide, and 90 per cent said that they had been harassed or discriminated against. They also had double the rate of unemployment and compared to the general population, were four times more likely to live in extreme poverty, with a household income of less than $10,000 a year. 47 per cent said that they had experienced discriminatory workplace treatment, like being fired or denied a promotion, because of their gender identification.

Writing for the American Prospect, Nancy Goldstein highlights one of the many shocking stories of trans abuse:

"In 1995, D.C. resident Tyra Hunter died from entirely treatable injuries incurred in a car accident. First, the fire-fighters who arrived at the scene stopped emergency medical treatment once they cut away her clothes to discover male genitalia...Once they stopped joking around and got her to the emergency room, the doctor refused to treat her. She died there of blunt force trauma and medical negligence. Fifteen years after Hunter's death, the survey's numbers still stink: 19 per cent of respondents reported being refused care because of their gender identity or expression, with even higher figures for respondents of color. Nearly 3 per cent reported being attacked in emergency rooms."

Even in Washington D.C., which leads the country in transgender rights, the Department of Corrections was slow to act against this kind of horrific discrimination, and during initial steps, trans rights activists reported that officials were "openly mocking our requests and literally taking naps during meetings."

The report has suggestions for beginning to end injustice against trans people, starting with federal, state and local laws against discrimination and individual company policies. Family acceptance was also crucial, though, for the study respondents, a stunning 57 per cent of whom had experienced family rejection.

The executive summary concludes, "This report is a call to action for all of us, especially for those who pass laws and set policies and practices...And everyone else, from those who drive buses or teach our children to those who sit on the judicial bench or write prescriptions, must also take up the call for human rights for transgender and gender non-conforming people, and confront this pattern of abuse and injustice."

From this perspective, we could all be doing more to end discrimination against people who don't conform to the male/female gender binary. So although legislation is a crucial part of the equation, much of the obligation for changing the facts in this horrifying report rests with us.

http://www.care2.com/causes/human-rights/blog/transgender-suicide-attempts/

MSM-Asia, 9/2/02011

In defence of their gay children

Nineteen parents of lesbian, gay, bisexual and transgender people have come together in the Supreme Court to stop the State from criminalising their children. Their argument chiefly is they know their children the best.

The come from across India and all walks of life, including homemakers, academics and teachers, a postal employee and the head of a co-operative bank. Among them are film-maker Chitra Palekar and Minna Saran, mother of film-maker Nishit Saran who died in a road accident in 2002.

Lending them support is film director Shyam Benegal, pitching in as intervener in the Supreme Court in the battle to sustain the 2009 Delhi High Court verdict decriminalising sex between consenting adults of the same sex.

In an extraordinary expression of solidarity with their children's cause to decriminalise their identity, the 19 parents have joined hands to fight in courts a "sustained attack" by organisations and private persons who insist that their children's sexuality, if not criminalised, would destroy "family values".

"This biased and misleading response has now been countered in the Supreme Court by a group of people who very definitely do know a homosexual person, their very own child," the parents issued a statement.

"They come from across India and all walks of life, including homemakers, academics and teachers, a postal employee and the head of a cooperative bank. Nothing could be more typically Indian than this group of parents, who are doing nothing more than defending the rights of their children for a safe and unprejudiced life," they identified themselves.

Backing them, Benegal, in a statement, said he was "committed to the rights of all minorities in India to be treated equally, and live in dignity".

He said "criminalisation of any minority, including LGBT (lesbian, gay, bisexual and transgender) people is unconstitutional, violates the ethos of the nation, and attacks the fabric of the Constitution."

The joint petition also features Munithayamma as one of the 19 parents. The mother of Veena S confesses to have hit her daughter unable to fathom how her child, born a male, was slowly changing her identity. She is now ready to pitch on for Veena before the Supreme Court.

Minna Saran, Nishit's mother, helped her film-maker son document his struggles to come to terms with his sexuality. He died in a road accident and she went on to set up the Nishant Saran Foundation in his memory to help LGBT youth and their families.

In their petition, the parents argue that the "real harm" to family values is not caused by their children but by "divisive and discriminatory laws: like Section 377 of the IPC (Indian Penal Code).

"It is Section 377 which is a threat to family values, as it directly affects the rights of the applicants (parents) to safeguard their families from illegal and arbitrary intrusion from the state authorities", states their petition in the Supreme Court.

"Section 377 invades the sanctity of the family, home and allows the unlawful attacks on the honour and reputation of both parents of LGBT persons as well as LGBT persons themselves," it adds.

Chitra Palekar "testifies" how isolated it was to be a mother of a "lesbian daughter", Dr Shalmalee Palekar, an academic, "since the criminality associated with homosexuality prevented any open discussion".

She relates how she came to understand and accept her daughter by reading books on LGBT and meeting them. But she is also aware of the social stigma which would prevent many other less well-situated parents from having the same opportunities.

The Indian Express, 9/2/2011

Ban Ki-moon addresses HRC on sexual orientation and gender identity issue

Yesterday (25/1/2011), a special sitting of the UN Human Rights Council was convened to hear remarks by UN Secretary General Ban Ki-moon.

In a strong statement, the Secretary-General called for an end to human rights violations based on sexual orientation and gender identity.

Ban Ki-moon had previously sent a written statement to a side-event in Geneva and personally opened the high-level side event on Human Rights Day in New York. Former Secretary General Kofi Annan has made positive statements in relation to men who have sex with men in the context of HIV/AIDS.

Excerpts

The General Assembly established this Council nearly five years ago to put human rights on a par with development and peace.

Some worried this Council would become biased, others saw it as a great hope for solving every human rights challenge that confronts our world.

Two years ago, I came here and issued a challenge. I called on the Council to promote human rights without favour, without selectivity, without any undue influence.

Today I say these touchstones should guide your discussions in the upcoming five-year review.

You should examine the Council's work not from the perspective of governments or experts, but through the eyes of people who need this Council's protection.

You should ask whether this Council responds to mass rapes and sexual assaults committed with impunity, children conscripted in war, human rights defenders who speak the truth only to suffer yet more oppression.

You should preserve space for non-governmental organizations. And you should carry out the review carefully and efficiently.

The High Commissioner for Human Rights and her office are your great allies in this effort.

The Universal Declaration of Human Rights has been translated into more languages than any other document in the world.

This is more than a historic record – this is the collective voice of the world's people insisting that the Declaration applies everywhere, that no matter what language you speak, or where you live, you should be sheltered by its principles.

And yet, though we have translated the Declaration into more than 300 languages, we have yet to fully translate its principles into action.

This is our shared responsibility, the express mission of the Human Rights Council: to ensure that every single person can enjoy their human rights in full. All rights for all people.

We must reject persecution of people because of their sexual orientation or gender identity … who may be arrested, detained or executed for being lesbian, gay, bisexual or transgender.

They may not have popular or political support, but they deserve our support in safeguarding their fundamental human rights.

I understand that sexual orientation and gender identity raise sensitive cultural issues. But cultural practice cannot justify any violation of human rights.

Women's treatment as second-class citizens has been justified, at times, as a "cultural practice." So has institutional racism and other forms of inhuman punishment.

But that is merely an excuse. When our fellow humans are persecuted because of their sexual orientation or gender identity, we must speak out.

That is what I am doing here, that is my consistent position.

Human rights are human rights everywhere, for everyone.

Excellencies, Ladies and gentlemen,

The General Assembly founded this Council to promote universal respect for the human rights and fundamental freedom for all, without distinction, in a fair and equal manner.

The Assembly charged you, the members of this Council, with upholding the highest standards of human rights.

Now you must act in a fair and equal manner, and uphold the highest human right standards, in your own countries and around the world.

Thank you.

Sogi, 27/1/2011

"Estimating the Risk of HIV Transmission from Homosexual Men Receiving Treatment to Their HIV-Uninfected Partners"

Sexually Transmitted Infections Vol. 87: P. 17-21 (02..11):: Timothy B. Hallett; Colette Smit; Geoff P. Garnett; Frank de Wolf

The current study was designed to determine how the risk of transmission from HIV-infected gay men receiving antiretroviral treatment relates to patterns of patient monitoring and condom use.

A stochastic mathematical simulation model was developed of Netherlands men who have sex with men (MSM), defining the parameters of the model using observational cohort data. Included in the model are viral load trends during first-line treatment, patient monitoring and various scenarios for the way in which condom use may depend on recent viral load measurements. Not included was the effect of STDs on HIV transmission.

The results showed that for MSM receiving treatment, the risk of transmitting HIV to their long-term partner is 22 percent (uncertainty interval: 9-37 percent) if condoms are never used. With incomplete condom use (30 percent of sex acts), the risk is reduced to 17 percent (7-29 percent). When men receiving treatment use condoms only six months beyond their last undetectable viral load measurement, the risk is as low as 3 percent (0.2-8 percent). "The risk is further reduced when three months is the time period beyond which condoms are used," the authors wrote.

The authors stressed the following messages:

*"Intermittent use of condoms by men receiving treatment offers relatively little reduction in the chance of transmission to their partner.

*In contrast, the chance of HIV transmission can be substantially reduced if condoms are used when the last undetectable viral load measurement was not within the past three months.

*Frequent viral load measurement can maximize the potential for treatment to reduce HIV transmission."

"When condom use by HIV-infected men receiving combination treatment with antiretroviral agents is based on their last viral load measurement, the transmission risk is much lower than with incomplete condom use. The key message for patients is that although always using condoms during treatment is the best way to protect partners from the risk of HIV transmission, when such use cannot be achieved, the second-best strategy is to use condoms whenever the last undetectable viral load was measured more than three months ago," the authors concluded.

A look at homosexuality in Brunei

In a nation that upholds the Malay Islamic Monarchy (MIB) philosophy, taboo topics are, more often than not, shunned and swept under the carpet.

However, in a national first, the social issue of homosexuality was discussed yesterday afternoon prior to the closing of the "Social Issues In Brunei Darussalam" seminar at the Chancellor's Hall of Universiti Brunei Darussalam (UBD).

Delivering the working paper -Gay' In Brunei Darussalam: An Initial Survey", Zulhilmi Haji Jaidin and Pengiran Khairul Rijal bin Pengiran Haji Abdul Rahim from the Academy of Brunei Studies said that Brunei Darussalam is not exempted from the social phenomena of homosexuality despite the nation's image of being "peaceful and harmonious".

According to the UBD officers, homosexuality in men is part of the sub-groups and sub-cultures that exist in the country apart from "effeminate men, lesbians, gangsters and so on".

They said that 'gay' mannerism in the country "is not obvious within the general community" when compared to effeminate men. However, despite the gay community's "silence", the number of the sub-group is rising and they have even formed clubs exclusively catering to homosexual men.

According to the dictionary, they explained that 'gay' is described as "men being sexually attracted to the same sex" and, more in-depth, the term may also be related to men who are attracted to men and do not have feelings for women regardless of the woman's appearance or behaviour.

Prior to the 1990s, the Bruneian community associated homosexuality with effeminate men. In the 1990s, the word was used to refer to men who have sexual preferences for other men.

The working paper, which explored the concept, background and gay traits, was the result of a month-long study that involved 29 interviews with gay men from across the nation - 25 from Brunei-Muara District, two from Tutong and two from Belait. Researchers could not find any candidates from Temburong for the study.

Twenty-four Malays, three Chinese, a Filipino and an Indonesian participated in the study. Twenty-five of them are locals, while the rest are foreigners.

Most of them (25) are Muslims. Two of them are Christians, one is a Buddhist and the other is a Hindu.

Out of the 29 men who participated in the study, 28 are currently single. One of them is married.

Those who participated in the study explained to the researchers that gay men are not as similar to effeminate men, as the latter are men who act like women including their appearance, their speech as well as their mannerism and, when it comes to sexual relations, effeminate men play the "woman's role".

Gay men, meanwhile, have attributes that are difficult to depict and may act and behave either like men or women, including during sexual relations in which gay men not only become the 'woman' but can also become the `man'.

Those involved in the study said they have a much "higher status" compared to effeminate men and explained to researchers that gay men can be categorised into two groups - gay men who have feelings for other men and those who have feelings and have sexual relations with other men.

When asked to elaborate further about the history of their sexual preference, 11 said that they "chose" to be homosexuals, five said they were "influenced" by their friends, four said they were attracted to the same sex, four said it was "natural", another four said it was due to "familial influence" and one said he turned gay because of a failed relationship.

Social backlash, especially from parents, were also asked and the majority of participants - 18 in total - have told researchers that their parents are accepting of their choices and 11 of the men say that their

parents were not as accepting.

The higher number of accepting parents, the panel said, could be one significant factor that influences an individual's choice.

Zulhimi bin Haji Jaidin said that the acceptance is an indication that homosexual men in the society do not necessarily feel discriminated.

Twenty-four out of 27 respondents (two did not provide feedback) admitted that they take part in sexual relations with other men. Twelve of the men said they do not ask for payment when the suggestion of performing sexual acts was brought up.

This statistics, said the panel, is an indication that having sexual relations "is the main agenda" within the gay community.

Three of the men, meanwhile, said that payment is subject to the other party whether or not they would pay for sexual activities. Two of them said that "rates" are expensive, whilst one said it would depend whether the other party was "handsome", otherwise, he would charge $200 for one night. Others responded by saying they would charge anywhere between $1 and $400. They even accept "payments" in the form of Easi prepaid mobile recharge cards or "as adequate".

Based on the study, the panel said that homosexual men prioritised looks:

* Twenty-two of the men said that they preferred good looking men and who have a specific type of physique, while two other said they preferred men who are "romantic and caring", two others said they preferred rich men and another two men said preferences varies. One of the 29 men did not respond to this question;
* Nineteen of the men said they preferred other men who are not single, while 10 other said they prefer single men.
* Most of the gay men (18) who took part in the study are between the ages of 21 and 30.

In terms of level of education, 15 have secondary school qualifications, 13 who have been to college / university and one did not go to school. Those working in the private sector totalled to 10, seven public servants, six have their own businesses and six are unemployed.

Those interviewed included men who hold jobs as administrative officers, clerks, teachers, make-up artists, entrepreneurs, technicians, stewards and hairstylists. Some of them are working in the army and police, as well as the aviation industry and 'New Media IT Section'.

According to the panel, the gay community in Western countries can be seen receiving positive attention from lawmakers.

The Academy of Brunei Studies, meanwhile, disclosed that there are plans to conduct research on homosexually among women in the Sultanate. -- *Courtesy of Borneo Bulletin*
SOGI list, 13/01/2011

Philippines' HIV/AIDS problem worries UN

On a scale of 1 to 10, with 10 being the most alarming, the HIV-AIDS problem in the Philippines is now "five nationally."

But it is "already eight to nine in specific sites (nationwide) mainly associated with officially-reported HIV prevalence," according to Teresita Marie Bagasao, country coordinator of the United Nations Program on HIV-AIDS (UNAIDS).

At the national level, "only those who are aware of the situation have expressed grave concern over the sharp increase in reported new HIV infections."

"But most are not alarmed, possibly due to lack of visible information, as well as being lulled into a false sense of security by the average national HIV prevalence of under 0.1 per cent," Bagasao told the Philippine Daily Inquirer.

However, "some places (nationwide) that have reported more than four percent to as much as 53 per cent HIV prevalence among its most-at-risk groups are alarmed and are actively pursuing solutions to address their situation, described as concentrated epidemics," she said.

With only five years into the deadline to achieve its Millennium Development Goals (MDG), the country continues to fall short of its sixth MDG, which is to halt and reserve the spread of the dreaded HIV-AIDS disease, Bagasao emphasized.

Citing official reports, Bagasao disclosed that here, new infection rates were going up, not down.

"In the 2010 Global AIDS report released by UNAIDS in late November, the Philippines was one of seven nations in the world which reported over 25 per cent in new HIV infections between 2001 and 2009, whereas other countries have either stabilized or shown significant declines in the rate of new infections," she noted.

Among all countries in Asia, only the Philippines and Bangladesh were now reporting increases in HIV cases, with others either stable or decreasing, said Bagasao.

Late last year, UNAIDS also reported that the number of new cases of HIV-AIDS around the world had dropped by about one-fifth over the past decade.

For its part, the Department of Health had reported there were 1,305 confirmed new HIV infections during the first 10 months of 2010, compared with 835 for the whole of 2009.

Sex between men accounted for nearly 80 per cent of all the 2010 cases, and more than half of those infected were aged between 20 and 29.

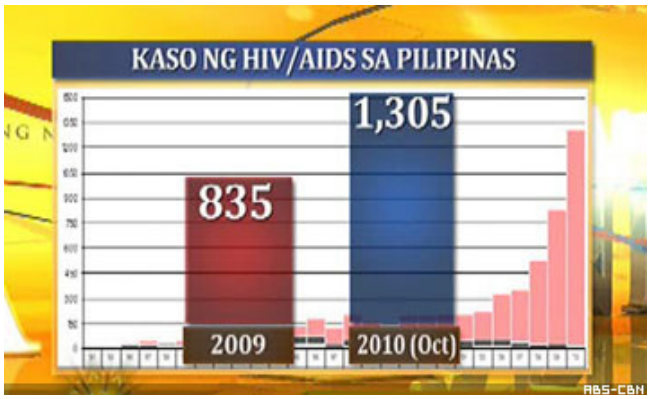
The human immunodeficiency virus, or HIV, leads to AIDS, or acquired immune deficiency syndrome, a condition in which the body's immune system is attacked, weakened, and disabled by the virus, ultimately leading to death.

Aside from the increasing number of HIV cases, there are other factors contributing to the problem, said Bagasao: "Continued risk behaviors and pervasive misconceptions among most-at-risk (sectors) despite seemingly high knowledge point to inadequacy of current behavior change interventions in converting knowledge to behavior; and the stigma attached to AIDS, which is possibly linked association with socially-unacceptable behaviors, as well as discrimination actually experienced by people living with HIV."

The UNAIDS official pointed out that "although the national AIDS response is backed by Republic Act 8504, or the National AIDS Law, the country, through the Philippine National AIDS Council (PNAC), has yet to define its prevention strategy and set standards of quality."

"Programmes remain (either) unfunded or under-funded and have not been able to keep up with the change and pace in HIV transmission...More than half of programme funding come from external sources. The programme needs a clear investment plan to address not only resource gaps but also sustainability of existing efforts," said Bagasao.

Overall, it is "still largely a health-focused response...Other sectors need to step up their response."



Bagasao cited a UN General Assembly progress report on the Philippines, released in April 2010, which "indicated that programmes have not reached set universal access targets of getting to at least 60 percent of at-risk groups with prevention programmes."

There was also a "general lack of awareness, possibly linked to inadequate communication programmes to sensitize stakeholders on this issue."

Based on the assessment of UNAIDS, PNAC has also made some notable accomplishments, like the "passage of RA 8504, the well-articulated AIDS Medium-Term Plan 4, commitment to work with civil society, including people living with HIV-AIDS, and the holding of the recent AIDS summit," among others.

Last month, PNAC launched its AIDS Medium-Term Plan (AMTP5) for 2011 to 2016, which UNAIDS said would "hopefully bring back on track the country's response to MDG 6."

"AMTP5 has to be operationalized and implemented," said Bagasao.

For its part, UNAIDS "will continue to harness a coordinated UN support to government and non-government sectors, both at national and local levels, to strengthen response," she said.

"MDG 6 should be seen as part of the whole MDGs that countries have to work towards and show significant progress by 2015. As other countries have shown, five years can spell a difference if the adequate investments in the right programmes are put in place now. In a sense, 2011 ushers in the countdown to 2015," Bagasao added.

In June, the UN Millennium Campaign announced that the Philippines did not make the list of 20 countries that made the most in achieving the MDGs because the government was off-track in 40 per cent of the 21 indicators in attaining the MDGs.

According to the campaign's report card, the 20 nations that have made the most overall progress on achieving the MDGs were: Benin, Mali, Ethiopia, Gambia, Malawi, Vietnam, Uganda, Nepal, India, Cambodia, Bangladesh, Honduras, Mauritania, Ghana, China, Burkina Faso, Rwanda, Nicaragua, Guatemala, and Togo.

Eleven of the 20 countries are among Africa's poorest states.

The Philippines' performance in meeting its eight MDGs has remained "generally low," according to Renaud Meyer, UN Development Program country director.

Meyer told a recent public forum that "accelerating progress to attain the MDGs requires increased resources to deliver what has been promised to those for whom the MDGs are not a reality."

The MDGs are international development goals that all 192 UN member-states and at least 23 international organizations have agreed to achieve by 2015.

Aside from fighting HIV/AIDS, malaria and other killer diseases, the other MDGs are eradicating extreme poverty and hunger; achieving universal primary education; promoting gender equality and empowering women; reducing child mortality; improving maternal health; ensuring environmental sustainability; and developing a global partnership for development.

At risk: sex, HIV and the community

Once established among key men-who-have-sex-with-men communities and bisexual groups, HIV may spread rapidly to the general population, particularly women who are married to these men.

Around 15 years of age, clad in a dirty shalwar kameez, the boy walks around the park, zeroes in on a customer and having struck the deal, takes him to the filthy public toilet located on the premises. The 'transaction' takes a few minutes and the boy is out looking for his next client. He makes 30 to 50 rupees per job and in one day he can service several customers – and all of this unprotected sex.

Wearing a green shalwar kameez, kajal on her eyes, sporting bright pink thickly applied lipstick, painted nails and dangling earrings, Anmol, the transgender beggar in Jinnah Super Market greets me with a wide smile. "*Baji aaj tu kuch dey do. Itney din baad ayee ho*." Anmol is not the only one of her ilk here. Over the past one year there has been a huge influx of transgender people (hijras) on the streets, in market places and in the public parks of all major cities, where they actively ply their trade – usually one that places them on the fringe of society.

"People perceive transgenders as sex workers, beggars or dancers. Unfortunately that isn't too far from the truth. A lack of education and employment opportunities forces them to make their living in these ways," says Sarah Gill, a transgender medical college student in Karachi, who is actively working for transgender peoples' rights and to end the violence and discrimination faced by them. Gill is president of the Moorat Interactive Society (MIS) and general secretary of the Gender Interactive Alliance (GIA). "There is no acceptance for our community in society. We are a symbol of shame even for our blood relations," says Gill, who launched the first helpline for transgender people in Pakistan and is working to bring them from being a marginalised community into the mainstream, by creating an enabling environment in which "they can be treated like, and have the same rights as, males in our society."

"The term MSM has gained currency over the years. It basically refers to males who have sex with males, not men who have sex with men; the latter are just homosexuals. But MSM includes transgenders who are not men. Actually, there are many who would fall into the MSM category. An MSM could also be a man who has had a sexual experience with another man once in his life, but is essentially heterosexual. By that definition, a majority of the men in the world would be considered MSM," says Qasim Iqbal.

HIV-positive since 1999, Iqbal has been working in the HIV sector in Pakistan since 2006. Educated in the US, he holds degrees in Fashion Design and Computer Engineering. Says Iqbal: "In the West when you talk about men who have sex with men, you can clearly identify the majority of them as being 'gay' or 'bisexual.' However, in our part of the world things are a bit different. Due to our cultural and religious values that result in a general inaccessibility of women, men satiate their urges with other men. Most of the time it is with peers, friends, classmates or neighbourhood kids; at times also with relatives. Sex is also quite common between clerics and their students. And often young waiters at roadside chai wala hotels are sexually abused by truckers passing by."

"In the north," adds Iqbal, "'bachabazi' is culturally accepted, where an affluent, older man has a young boy as an apprentice of sorts. Everybody knows there is a sexual relationship between the two. Even the wives know it, but look the other way. In the 'civilised world' we consider this sexual abuse, but often the boys invite it. They get taken care of and lead a life they would not otherwise. Whether they enjoy it or not, is moot."

According to Iqbal, Pakistan has a large MSM population. However, he admits, "We have no idea how large, and it would be very difficult to estimate. The number of hijras can be roughly estimated, as they are recognisable. Explaining the difference between the two, Iqbal says that many MSM would fall into the category of 'gay boys,' but unless they acknowledge they are gay, nobody can say so with any authority. By western definition they would not be considered gay, because eventually most of these men in Pakistan do get married to women and have families. However, there are large underground gay communities in the country, comprising such men, who meet and mingle at gay parties every month. And considering there are between 400 to 600 people at a party, you can imagine the numbers."

Iqbal continues, "Condom use among MSM is very rare, even within MSM sex workers. If you ask them why, they say, 'We are not going to get pregnant.'" And they seem oblivious to the dangers of sexually transmitted infections (STI), including HIV, which they have heard of as a *la ilaj bemaari* (incurable disease), but ponder over little. Thanks to the HIV ad campaign, a lot of stigma has been attached to the disease, so it has done more harm than help.

When the HIV infection, (called AIDS at that time) first erupted in the gay bath houses of San Francisco, the media started calling it the 'gay cancer.' And in the West, the gay community is still at highest risk of the disease. In Pakistan, since 1987, over 5,000 cases of HIV positive people have been reported to the National AIDS Control Programme, Ministry of Health (NACP). UNAIDS however, estimates that there may be 96,000 HIV-positive individuals in the country. Certainly, the number of HIV-positive people in Pakistan is burgeoning, prominent among them injection drug users and their sexual contacts, including male and transgender sex workers (MSW), forming the core of the epidemic.

According to a study, sex work has a long tradition in Pakistan. Over the past three decades, this has transitioned from a predominantly brothel-based sex-work culture to a diverse and dispersed pattern where women, men and transgenders sell sex. Male sex workers (MSW), hijras and a third of all female sex workers (FSW) operate in public spaces such as parks or streets; the remaining FSW operate out of homes or *kotikhanas*. Only about 400 work in brothels. The extrapolation of surveillance data in the study suggests there are around 125,000 FSW and about 35,000 each of the MSW and transgender

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 countries**
- **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.

sex workers in the country. Mostly young (22 to 28 years), they debut early in the sex trade (the average age is 16-17 years for MSW and hijras) and engage about 7-10 clients a week. Only about 20% (MSW/ hijras) of the sex workers report condom use with clients.

Dr Ayesha Khan, an infectious diseases specialist, states, "Transgenders are clearly at an increased risk of HIV and other STIs. Part of this is due to the fact that they engage in receptive anal sex, have multiple risk partners with the lowest condom use among the Most at Risk Populations (MARPs), and initiate sexual activity at an earlier age than male sex workers. The use of lubricants is also rare among transgenders and that increases risk of transmission as well."

Dr Khan's study HIV Epidemic in Pakistan, indicates that "Anal intercourse transmits HIV more efficiently than vaginal intercourse, and once established among key MSM/bisexual groups, HIV may spread rapidly to the general population, particularly women who are married to these men."

"Globally," she adds, "transgenders have been more reluctant to use the healthcare system and face greater stigma and barriers to access, and Pakistan is no different."

Reflecting on the Supreme Court ruling two years ago, that gave transgenders equal citizenship, community member Bindya Rana, 40, says, "We were so happy that we went to the Press Club to show our gratitude." The ruling involved collecting data on the number of transgenders in the country. Thousands were registered, but when the hijras started demanding ID cards, the authorities said "we need to get you physically examined to determine whether you are male or female," says Rana. "Why should we get medical check-ups? Why can't we have just 'transgender' written in the sex column?" Rana asks.

Rana maintains that in Sindh alone there are around 16,000 to 17,000 transgenders. The Sindh government says the number is 2,547. She continues, "Hijras are victims of taunts and mockery. If we go to a health facility, the doctors ask questions such as, 'Is your name Reema – Meera? Where do you feel the pain?'" Although she runs a boutique for a living, Rana spreads HIV awareness and prevention messages and gets transgenders tested for HIV/STIs. Says Rana, "It's a pity that the world has moved on so much, but a segment of our society is so deprived – fighting for the most basic human rights. My struggle shall continue."

"The case [pertaining to transgenders] remains pending before the Supreme Court; the orders relating to transgenders are basically in the nature of interim orders," says Anees Jillani, advocate Supreme Court. He adds, "So far nothing has changed on the ground. If all the hijras are issued ID cards, it would help resolve some of their problems, like opening bank accounts. However, merely obtaining ID cards is not going to revolutionise their lives."

According to Jillani, the only thing that can help this segment of the population is "to give them proper jobs. How many of us have the courage to hire hijras whether at home or for our business? These are social issues and the public needs to be made aware about them and to muster courage and help them."

Religious edicts and social norms strongly forbid male to male or homosexual sex, deemed crimes punishable under the Pakistan Penal Code. Mufti Saifullah Khalid, Punjab Coordinator Inter-Religious Council for Health (IRCH) says, "Male to male sex is a 'ghair fitri amal' (unnatural act). Qaum-e-Loot was destroyed due to this very reason. The punishment for this act is very severe." According to Khalid, "Men and women should be identified as male and female through their apparel. As far as hijras are concerned, in all aspects they are men, not women." As a member of the IRCH, Khalid has conducted many workshops on awareness and given prevention messages on HIV and AIDS.

Says Qasim Iqbal, "An important challenge vis-à-vis reaching MARPs is that they are often marginalised, stigmatised and discriminated against. Partly as a result of this, and partly as a result of self- segregation, there is often a lack of information about these

cruising site in Karachi

groups." Iqbal recently started work on a project to prevent the spread of HIV among MSM and transgenders in South Asia. The goal of the project, he says is "to reduce the impact of HIV and AIDS on men who have sex with men and in transgender populations (TGs). The project is being implemented in seven countries of South Asia. Of all these countries, Pakistan is getting the largest amount of money. Iqbal maintains, "This project will give the MSM community a sense of belonging, a place to turn to. We are not going to advertise it as an MSM clinic, but a 'male health initiative.' Sex workers will be hired as field workers."

The truth is, in Pakistan, we are still largely in denial about HIV. This is a dangerous thing because AIDS affects not only the person who contracts it, but can affect entire families, or in some cases entire communities or villages.

Shivanand Khan, CEO Naz Foundation International, believes, "Social exclusion needs to be addressed in ways that can encourage MSM and transgenders to change patterns of risky behaviour that arise from low self-esteem and self-worth." According to him, the populations most at risk comprise both injection drug users and MSM/TGs, and they are the main drivers of the epidemics.

Talking to Newsline about the provision of health services for MSM, he says, "While several NGOs are supposedly providing services, the quality of that service delivery is inadequate, top-down, and does not engage MSM/TGs in service delivery. Ownership of the issue is thus very limited, and makes it very difficult to empower MSM/TGs to shift from high-risk behaviour to low-risk behaviour. As a consequence, poor services lead to poor access, and therefore low numbers accessing services. To address low coverage requires an increase of funding for MSM and transgender HIV services."

Given that HIV/AIDS is now a household term around the globe – even in many Muslim and developing nations, it is time Pakistan woke up and smelled the coffee. Denial will not make the problem go away.

This article was originally published in the December 2010 issue of Newsline under the headline, "No Sex Please, We're Pakistani." http://www.newslinemagazine.com/2010/12/at-risk-sex-hiv-and-the-community/

website: www.apcom.org

APCOM

ASIA PACIFIC COALITION ON MALE SEXUAL HEALTH

HIV programmes can only be truly effective if sexual minorities are decriminalised, Global Commission told

Over 200 participants from 22 Asia-Pacific countries gathered in Bangkok for a historic dialogue hosted by the Global Commission on HIV and the Law. As of now, 90 per cent of countries in the Asia-Pacific region still have laws and practices that obstruct the rights of people living with HIV and those at higher risk of HIV exposure.

Members of the Asia-Pacific LGBT community, public health workers and civil society came face-to-face with lawmakers, judiciary and police during a rare opportunity to air their grievances and share stories in hopes that a frank discussion on the core issues around HIV might change hearts and ultimately change laws.

The first of six regional dialogues for the Global Commission on HIV and the Law was held in Bangkok on February 16 and 17. The event comes almost midway through the 18-month lifespan of an independent commission, convened with the support of the United Nations Development Program (UNDP), and tasked to analyse the critical legal and human rights challenges of the HIV epidemic and recommend remedial policies.

Work started for the Commission in June 2010 and its 14 Commissioners – which include former presidents and members of international judiciary in its line-up – are working towards the goal of delivering key findings and recommendations by December 2011.

Observers believe that the credentials and political clout of this independent commission – which count Former President of Brazil, Fernando Henrique Cardoso, Parliamentarian Dame Carol Kidu from Papua New Guinea, the Honourable Michael Kirby, former Supreme Court Judge from Australia and Jon Ungphakorn from the Thai Senate among its members – could help convince governments and judiciaries that laws and law enforcement should support, rather than block, effective HIV responses.

During the dialogue, the Commissioners assigned to this first session and their legal counterparts from the region, heard that the burden of HIV rests on the shoulders of Asian and Pacific Islander gay or bisexual men and other MSM. If current trends prevail, 50-per cent of new HIV infections will be among by MSM by 2020, according to a Commission on AIDS in Asia report released in 2008. It is for this reason that various community groups who presented for the Commission advocated so stridently for the decriminalisation of same-sex behaviour.

This localised understanding is timely as scientific evidence released at the 2010 International AIDS Conference supports models of targeted prevention and treatment services for those most-at-risk of HIV infection. The research found that focusing on key-affected populations can result in a decline in overall prevalence in the general populations. Hence governments and public health workers are being urged to "know their epidemic" and provide care and support for those who need it the most.

Dr Stuart Koe, CEO of Fridae and Vice-Chair of the Asia Pacific Coalition on Male Sexual Health (APCOM) attempted to spell out the conflict that is suffered by men who have sex with men and transgender people in the face of HIV.

"Discriminatory actions by public authorities threaten recent progress in addressing the HIV epidemic among these particularly vulnerable populations," Dr Koe said. "During the past year, police and public security authorities across the Asia Pacific region have increasingly targeted men who sex with men and transgender people with physical and sexual assault, harassment, extortion and sometimes forced blood testing."

Dr Koe and other community spokespeople from around the region recounted stories of human rights abuses against gay or bisexual men and other men who have sex with men with clear repecussions on HIV risk and access to treatment. Reports from China and the Philippines reveal how police often use charges of sex work as means to harass MSM and transgender people. Charges are often dropped in exchange for extorted money or sexual favours. There are several cases where on-duty HIV outreach workers have been snared by police in South Asia on suspicion of sex work. Possession of condoms was used as evidence of the charges.

Many laws in the region are preventing the distribution of MSM-specific safer sex education information on the basis that these materials contravene strict pornography laws, for example in Sri Lanka and Indonesia. Or similarly in Malaysia and Singapore where censorship codes prohibiting the promotion of homosexuality in the public domain hinder the scaling-up of MSM-specific HIV and sexual health outreach.

As the issue of homosexuality was raised, a Supreme Court Judge from Sri Lanka implored the Asian LGBT community to come together in solidarity because HIV is not just "gay or MSM issue". Justice Shiranee Tilakawardane said that many lesbians were at risk of HIV as acts of rape and sexual violence was commonly used to "cure" lesbians of homosexuality. This reporter, who's also Fridae's HIV Programs Manager, made the point that while solidarity among LGBT people was likely to be common goal, laws need to be changed so that LGBT groups within the region can be recognised, thus enabling the community to organise and engage in public discourse. Violence and discrimination as demonstrated by religious fundamentalists across the region highlighted the urgent need for protection of sexual minorities under the law.

Dr Koe noted that while some instances exist where governments have learned to turn a "blind eye" and allowed MSM-targetted HIV programs to run freely despite criminalisation of same-sex acts, true progress can only be made when "champions" from within governments and civil society work together and advocate for change.

Of equal concern during the Dialogue was the way in which the law navigates issues for transgender people. "In the eyes of the law we don't exist," Khatini Slamah of the Asia Pacific Transgender Network said bluntly in reference to the failure of many governments to recognise gender identity. "And if we don't exist," Slamah explained during the Commission meeting, " how can we stand here and talk to you about rights if you don't see us."

Gender reassignment is not legally recognised in many countries in the region, though there are glimmers of progress in India, Nepal and Pakistan. This creates problems for transgender people in day-to-day life when their outward appearance does not match that of the person recorded on national identity cards, passports and other official documents. The consequence is that many transgender people disengage from conventional safety nets and health services set-up for the community. Transgender people are left to fend themselves at the margins of society, with limited options for livelihood. This kind of marginalisation becomes a structural barrier to access care, treatment and support, fanning the flames of HIV risk and transmission among transgender people.

The tension between intellectual property laws, free trade agreements and providing affordable treatment was another hot issue brought before the Commissioners and the region's lawmakers. Issuing compulsory licenses to free up production of generic HIV medication has been a political lightening rod for the Thai government since the turn of the century. A similar scenario is now playing out within free trade agreement negotiations between India and the European Union. If left unchecked this new bilateral agreement could affect millions of people throughout the Asia-Pacific region who depend on cheap generics for treatment of HIV and other diseases.

The Asia-Pacific Regional Dialogue covered several topics relevant

to those most affected by HIV in the region: men who have sex with men, transgender people, sex workers, people who use drugs, women, children and young people. As the Dialogue continued it was clear there were more issues that could fit in one session.

Discussions about protecting people living with HIV from discrimination came late in the day. Activists waited patiently for the chance to share their stories that were charged with emotion and frustration. One story from Princey, a single mother in Sri Lanka who faces intense harassment from health workers and fellow villagers on the sole basis of her HIV status. Other stories came from migrant workers of Sri Lanka and the Philippines who discovered their HIV status during mandatory testing required by visa regulations. These workers were swiftly deported, often in harsh conditions and with little support upon arriving home. For some, their ordeal was compounded by breaches in confidentiality and news of their HIV status and sexual orientation were leaked to others without consent. The Commissioners and their legal colleagues were reminded that all people living with HIV are impeded by restrictions on travel and migration by many countries.

Several commentators from the community repeated the adage that "the laws of the street and the laws on the books are two different things" throughout the session's proceedings. This acute dichotomy is clearly felt for all the groups most-at-risk of HIV in Asia and the Pacific. A handful of countries have successfully passed laws and policies which recognise the rights sexual minorities, sex workers, people who use drugs or people living with HIV, and yet bigotry and intolerance remain unchecked in offices, villages, schools and clinics within the same jurisdictions.

It was fitting that the Regional Dialogue ended with a civil society representative for young key-affected populations who demanded a place for young people in any debate over laws, human rights and HIV. Skand Amata, Program Officer for the Coalition of Asia Pacific Regional Networks on HIV/AIDS' Youth Lead Project, reminded the Commissioners that the legacy of HIV is being passed on to a generation who was born in the midst of a global epidemic, and many young people in Asia below the age of 25 – particularly MSM, are living with HIV. He said youth does not mean one is except from infection of HIV, nor should they be denied the right to sexual health. Amata said that if progress is to be had in the fight against HIV then young people need to be involved in the process because the future is in their hands.

The Regional Dialogue was hosted by the Global Commission on HIV and the Law, is jointly organised by UNDP and UNAIDS in partnership with the United Nations Economic and Social Commission on Asia and the Pacific (ESCAP).
03/03/2011, Fridae.com

Watch videos of the Asia-Pacific Regional Dialogue, held on 17 February 2011 in Bangkok, Thailand, using the player below. Video segments are broken down as follows:

Part 1 - Welcome and Context
Part 2 - Transgender people
Part 3 - Sex work
Part 4 - Men who have sex with men
Part 5 - Injecting drug users
Part 6 - Laws and practices that mitigate or sustain violence and discrimination lived by Women
Part 7 - Laws and practices that facilitate or impede HIV-related treatment access
Part 8 - Discrimination and legal aid responses
Part 9 - Law and HIV pertaining to children
Part 10 - Wrap-up

http://vimeo.com/channels/aprdglobalcommission

Smartphones get guys hooked on to smut

Bangalore, India

Keshav Sadashiv (name changed) bought a smartphone with an internet connection six months ago and it's got him addicted to pornography. So addicted is he that he's unable to sleep without peering into at least a few porn video clips every night. Sadashiv's spouse lying next to him is unaware of his porn escapades.

The very private nature of the mobile phone, combined now with good bandwidth, allows people like him to surf the smutty stuff far more than what PCs allowed, given that PCs tend to be family devices. No wonder then that according to some estimates, the consumption of pornographic videos and adult content has gone up by 30% in the last one year.

Though no agency tracks the volume of porn consumption in India, cyber experts say it us seeing a phenomenal increase, and that most porn sites are hit between 10pm and 12 midnight.

Pawan Duggal a Supreme Court lawyer and cyber law expert, says smart technology devices are giving quicker and secretive access to pornography. Experts believe that pornography will be a big driver of data under the 3G regime, which will allow high definition multi-media porn content, videos and movies to be easily available for private consumption on-the-go.

"Something people used to download painstakingly on a computer to catch a secret glimpse is now available aplenty in their bedrooms and bathrooms for easy consumption," says Deepak Harilal, a telecom analyst.

Rohit Srivastwa, founder of club-hack, a hacker club, alleges that some telecom service providers in the country seem to be already selling pornography or encouraging customers to get hooked on to smut. "Almost 40% of the default websites currently available on cell-phone browsers directly or indirectly take you to smutty spots. Porn is going to be a killer application for 3G and service providers are currently in the process of cultivating an appetite for smut among its customers, so that they can go the whole hog once the bandwidth is available," Srivastwa says. Mukhi, a Mumbai-based cyber expert also thinks there will be an exponential growth of consumption of pornography with 3G. *30/12/2010, Times of India*

Man 'rapes' another in China

A Beijing court came up with a peculiar problem when they tried to handle the first ever case in China about a man raping another. The criminal law has no provisions to punish such behaviour.

Consequently, the Chaoyang district people's court in Beijing sentenced the accused, a 42-year old security guard at a sports stadium, for causing "intentional injury" to a 18-year old colleague, who had complained of being raped.

The accused has been awarded a one-year jail sentence and ordered to pay 3000 yen in compensation to the victim. The sentence is somewhat light because Chinese law prescribes a minimum of three years when a man is found have raped a woman, sources said. But the court awarded a sentence reserved for minor injury.

It took over a one and half years for the judiciary to award the punishment since the incident occurred in Northeast China's Jilin province in May 2009. The police had promptly detained the accused after receiving the complaint. But the judiciary needed time to make up its mind about awarding punishment because it was not possible to classify the behaviour of the accused as rape.

"Legislators hadn't thought of the possibility that men could rape other men, or that women can also rape men. The law should be changed to include these possibilities," the local media quoted Hong Daode, a teacher at the China University of Political Science and Law, as saying. *Times of India, 6/1/2011*

Transgender rights is not simply gay rights

In the aim of strengthening their cause, gay rights activism often compromises the identity and struggle of transgender people by lumping the two communities' issues together, writes Audrey Mbugua of Transgender Education and Advocacy - Kenya.

There is a systematic ploy to erase the transgender community, experiences and lives. The ubiquitous actions that are slowly expunging transgender people from our civilisation and their pernicious nature are weighing heavily on the transgender community. It's worth dissecting the issue for human rights activists to get a better perspective of how their activism is of benefit to transgender people. Luckily, there is a growing momentum in the transgender community to ensure the restoration of the dignity and autonomy of the community. There is a plethora of pitfalls - and mostly among the people who are targeted for re-education about the transgender concept.

Richard Feynman, an American physicist, once said that if you think you understand quantum mechanics then you don't understand quantum mechanics. Without the fear of sounding cocky, I will say this: if you think you really think you understand the transgender concept, then there is a chance you don't have the slightest clue what its all about, and might never be able to get it. The field of human rights activism targeting the lesbian, gay, bisexual and transgender (LGBT) community is overflowing with fundamental flaws on the subject and issues of transgender people. The problem is further compounded by a similar lack of awareness among a large section of the donor community. The result of course is that you end up having a huge chunk of funds being utilised to marginalise and spread misinformation about transgender people. While I appreciate and recognise people's freedom of speech - the right to say anything under the sun or moon (but away from the police) - and that there are communities out there who have been vilified and their rights violated, I will not don kid's gloves in addressing the matter at hand due to the people involved. This is an educational approach and it would be immature for anyone to blow a gasket because they have been told they are wrong.

There are a number of stereotypes about women: they are soft, don't fight back, are timid, cry for no reason, walk swinging their hips and, the most ubiquitous one, they all have broken wrists. There is a whole array of laws transsexuals have to abide by, some extending to who they should date. This phenomenon is referred to as gender-normative garbage (GNG). Some activists refer to it as hetero-normative (they are wrong) but that's a topic for another day. Pamela Hayes[1] reveals that transgender women get entrapped by this to the point of being defenceless in the face of oppression.

'Some transsexuals are so concerned with how they appear to people, that they come across like robots. I have been in the company of trans women who seem like they have no personality. They are so preoccupied with being sweet and ladylike that they come off acting like a machine.

'So many times, trans women have been out in public and have been insulted by a store clerk or have had people to get in their face and utter pejoratives... "Why didn't you say something to the person who insulted you?" ... "But I don't want to be unladylike."

'I don't think saying something derogatory to someone who has insulted you is being unladylike. And maybe trans women need to knock it off with this perpetual ladylike garbage. Sometimes you can't be ladylike. Circumstances preclude that.'

This gender policing means that transgender women have to conform to these laws or face censure, which can take the form of being called a man in a dress, sissy boy or bottom. At times the pain of seeing what transgender people have to put up with is so intense you nearly get an anger stroke. For example, we all recall the arrest and trial of Auntie Tiwonge and her boyfriend Steven in Malawi that sparked condemnation from local and international human rights fora. Despite the evident transgender status of Tiwo, these activists humiliated her over and over again for them to perpetuate the gay agenda in Africa. Instead of these activists taking the opportunity to educate others about the transgender concept and challenge the lack of laws that cater for people who are changing sex, they branded her and her boyfriend as male homosexuals. It's only after their release that some gay activist made token noise that Tiwonge is indeed transgender, but the damage had already been done.

The gaynisation trend at times just catches you unaware. I was recently reading an article going by the name 'Transgender rights are gay rights' by Nathan Tabak.[2] The intention to write the article is clearly positive but was done is a manner that evokes pity towards him and those who share his philosophy. The philosophy is of mislabelling transgender people - by calling them gays - so as for gays to agree to support the transgender movement. It's sad.

He first admits that the gay environment is not very friendly to transgender people:

'While many gays and lesbians are fully accepting of transgender men and women, there's no question that transphobia is a major issue in the gay community.'

But, he shies off at the last fence in doing something positive by an indefatigable moral and intellectual cowardice:

'The freedom transgender people deserve isn't just for them. It's for every person -- gay, bi, straight, or anything else -- who wants to be able to express their identity freely.'

But, if you put to account what transgender/transsexual is, you would realise that the issues of transgender people are not those of gays. Accessing sex-change operations is not an issue for gays or lesbians and neither is it an issue of all cissexual people. The ability to change your names and sex in academic papers is a transgender issue but it never features in the minds of gays. It's even ironic that Nathan talks about people expressing their identities freely while he is busy shoving the gay label down transsexuals' throats. For what? Maybe he thinks by transsexuals taking up the gay label, the gays will better accommodate them and see them as part of them and in need of their support. As we shall see below, such a move is a colossal waste of time and saliva.

But, should we compromise the transsexuals' right to identity, self-determination and their autonomy for the gays to support their activism? Any gay or lesbian worth his or her salt would ridicule this idea because it is simply oppressive. Would it be okay if heterosexuals told gays that they had to cease being gay for them to accept them and support their activism for non-discrimination?

This gaynisation trend by some gays among gays is spectacularly unnecessary and in fact yields more transphobia by some gays and lesbians towards transsexuals.

Nathan's article is followed by comments from some gays and lesbians whose blasphemous tongues are simply diametrically opposed to the spirit of the respect of the human rights of transgender people. Look at these:

'I am a lesbian. I do not like transsexuals ... I think to remove your penis, and insert said flesh inside of your body, or the other way around, is a cheap cop-out and a lazy way around the problems that really plague your heart... I am so incredibly tired of psychologically ill people using cross-dressing, third genders, and transgendered platforms to carry out their own fantasy, while the rest of us have to suffer...'

This lesbian (she said she is one) has some backing (as expected):

'I'm a big butch I totally agree with Laureen... these cases need of mental help... there is a line between play and believe your own fantasies or desires as reality. This point or line makes the difference between sane or insane minds... I believe some people just played so

hard that they lost the plot at some point in relation to their sexual identities and they trapped themselves in this situation... Gender must be defined by physical appearance not by a subjective personal opinion about who we want/believe about ourselves.'

I admire the courage of these people (the ability to say those words) but these words do have a negative effect on other people's lives. We are sick and tired of people saying 'I don't have a problem with trans folks but...' Why but? I don't see their beeswax in our lives. No one asked for their opinion about us.

Nathan presents a section of gays who are burning the midnight oil, scrapping at the bottom of the barrel to find reasons to call transgender people gays. Even when he knew his move would draw a backlash against transsexuals, he went ahead to write his shenanigans in the name of supporting the transsexuals (by the way, no transsexual asked him for this favour) and which has resulted to a lot of psychological pain among transsexuals. Isn't it crystal-clear that you don't fight transphobia among gays and lesbians by calling transgender people gays to appease gays?

Also, there is the culture of using transgender people and lives during pre-colonial times to support the notion that homosexuality has always existed in the untainted African culture. Murray[3] is one such person who (among others) will use the African transgender phenomenon and their private affairs to pimp the idea that homosexuality is as African as heterosexuality. True, but it's scandalous for these scholars to call transgender women homosexuals and use some of their sexual activities to pimp up their gay research.

What other consequences are there as a result of this mislabelling? Homosexuality is criminalised in Kenya - note the difference for some gays and lesbians say that LGBT people are criminalised (it's wrong). You go around telling members of the public LGBT people are the gay community (but being transgender does not make one gay), then a transgender woman goes to the hospital for gender reassignment. Don't you think she will be denied access to medical services because the doctors will think by providing hormones and surgery to her they are assisting to legalise homosexuality? And, extrapolate the same on changing names in identification documents like the ID card. Additionally, transgender people are more visible than gays and lesbians. During and after the transition, the parents/guardians or family and relatives will actually know about the transition (unless they are blind). Then amidst these 'difficult' times, they see some LGB individuals calling transgender people gays/homosexuals. What will be the reaction? They form a twisted and wrong picture of who their daughters or sons are. Note that I am not saying it's okay for gays to be denied access to medical services. But you cannot turn transgender people into sacrificial lambs for the sake of activism. You are messing up people's lives and surely they never gave you their consent for you to do so. Who loses out of this misinformation?

And let's consider the ever-ridiculous habit of the images that LGBT organisations use to depict transgender people. What happens is they use a picture of a person busy applying a tonne of make-up and a wig. Then this person has to have features that are meant to say 'it's a man putting on make-up', or a picture of a person with a very hairy torso and in a dress. This results in the world believing that transgender people are female impersonators, pretending to be women and going late at night to get unsuspecting straight men to sleep with them. They get accused of the crime of deception, which results in hostility and violence against transgender people.

Most people would point out at my imbalanced perspective of the dynamics of the LGB and transgender activism. There are some gays who are mature and don't oppress transsexuals. I totally agree but am not in the business of counting evil sheep. I have so far refrained from making sweeping generalisations about gays and lesbians. Not all gays and lesbians oppress transgender people and in fact some great strides that have benefited transgender people have been made with the support of some gays and lesbians. And still there are people who are not gays and lesbians or bisexuals who have also made significant contributions in the lives of transgender people. We appreciate all these contributions but that should not preclude us from challenging all forms of oppression by the LGB community. If it's a trade where some gays help us in return for us acquiescing our identities and lives and take on theirs then that's unacceptable and we shall resist it to our graves.

And, is it wrong for transgender people to voice these concerns? I am not a confrontational person but I don't support the idea of sucking up and apple-polishing, pretending the shoe ain't pinching. Some may say it's more prudent to let the issue pass; the gays might think we are being homophobic. Let's give them more time; they will learn and understand us. Or maybe we might lose their support if we criticise the poverty of their activism when it comes to trans matters; they might think we are separating ourselves from them. These sentiments aren't new to me. I have encountered these so many times that my head is still spinning. Well, the lack of courage among these individuals makes them fence-sitters, weak tea and frozen bacteria. Let's stop ignoring the elephant that's in the room. We have to acknowledge there are problems and create remedies to end the violation of the rights of transgender people within the LGB community.

** Audrey Mbugua is a member of Transgender Education and Advocacy, a Kenyan organisation formed to address social injustices committed against the country's transgender community.*

http://allafrica.com/stories/201102110459.html

SOGI list, 16/2/2011

An end to antigay aid?

The Financial Services Committee of the US House of Representatives passed an amendment Tuesday that "urges Treasury to advocate that governments receiving assistance from the multilateral development institutions do not engage in gross violations of human rights, for example, the denial of freedom of religion, including the right to choose one's own religion, and physical persecution based on sexual orientation or gender identity." Rep. Barney Frank (D-Mass.), who introduced the measure, cited Uganda, which benefits from the Heavily Indebted Poor Countries program, as an example of a nation that abuses its LGBT citizens. Frank said the United States should not support providing multilateral bank development funds "to the governments of countries which engage in the physical persecution of people because of their religious beliefs, sexual orientation or gender identity." The amendment will be added to a bill that outlines budget priorities regarding issues under the committee's jurisdiction. Frank's office said the bill passed with nearly unanimous support, which may win it support in the Budget Committee and the full House.

The Advocate, 15/3/2011

NFI Resource Centre continues to develop new posters, booklets and other resources for its partners promoting sexual health among MSM. These products are available on the NFI website: http://www.nfi.net

A gender journey

Suman is proud of her boob job. It cost about $2500, a small fortune for most Indians, but comes with a "lifetime guarantee" and the promise of higher earnings. Like many Indian transsexuals, known here as hijras, Suman boosts her income with sex work. Breast enhancement operations, now easily available in big city hospitals, are increasingly popular among the naturally flat-chested hijras. Suman's investment is paying handsome dividends.

"I'm getting more clients now and I can charge more than before," she says.

For thousands of years, transsexuals such as Suman have been part of the subcontinent's complex civilisation. But her implants and her prostitution are indicators of the pressure placed on this community by rapid social and economic change in India.

There is no official count but it is thought there could be 750,000 hijras. They are often referred to as India's "third gender", and the name implies a journey between genders. "It comes from the Arabic word, 'hij', meaning a journey that has begun but not ended," says Rahul Singh, a community worker and activist who has been involved with hijra communities for more than a decade. "They have taken up a journey to leave the masculine form and become a woman but this cannot be completed because biologically they can never become a woman."

Castration has always been a feature of the community. Those preparing for it are called *akwa hijras*; those who have been castrated are called *nirvan hijras*, meaning they have been released from their male gender. But the operation is not imperative: "Some of them opt for castration but some don't; it depends on the individual's choice," Singh says.

Ashok Row Kavi, an expert on India's sexual minorities, says hijras can fall into at least four "clinical" categories. "There are transvestites who cross-dress as a fetish, transsexuals who feel they are in the wrong body, intersexed males and cross-dressing gay males," he says. "If a person from any one of these joins a hijra group then they are called one."

India's two biggest religions, Hinduism and Islam, have helped create a variety of rich hijra cultures and identities.

In the north, the tendency to Muslim characteristics is attributed to the prominent role eunuchs played in the Mogul dynasty that ruled much of the subcontinent in the 17th and 18th centuries. "Hijras had great power in that Muslim administration," Rahul Singh says. "Most of the hijras in north India embrace Islam, or their mannerisms are very Islamic. They tend to take up a Muslim identity." Many hijras take on Muslim names even if they were born into Hindu families.

Many transsexuals in north India now reject the term hijra and insist on being called kinnar, a description they say is more respectful. Further south, in the state of Tamil Nadu, the predominantly Hindu transgender community call themselves "*Aravanis*" and follow *Aravan*, a character in the Hindu epic *The Mahabharata*, who died a heroic death in battle. At a special festival each year in the town of Koovagam, Aravanis ritually marry Aravan and then mourn his death.

Tamil Nadu has officially recognised its transgender community and issues ration cards with a special "third gender" category. Targeted social services including education and counselling are also available.

Eunuchs are referred to in the earliest Hindu texts, the *Vedas*, written in the second millennium BC. Hindu mythology includes well-known transgender roles, of which perhaps the most prominent is Shikhandi who, like Aravan, is a character in *The Mahabharata*. The child of King Drupad, Shikhandi had the body of a man but the soul of a woman and was a respected and celebrated warrior.

Hijras in India also identify with Shiva, one of Hinduism's highest gods. A popular form of Shiva is *Ardhanarishvara*, who is half-man, half-woman. But transsexuals are not always portrayed positively in Hindu scriptures. One of *The Mahabharata's* heroes, the warrior Arjuna, was cursed to live a year as a eunuch after committing sin. Kavi says many Indians still fear that if they touch or interact with a hijra they might become impotent, and Hindus consider it a bad omen if a hijra exposes herself in front of them.

Hijras have traditionally survived by demanding money from families in return for blessing a newborn child or newly married couple. Their blessings - or curses - are considered unusually potent because of their transgender nature. They also dance and sing and tell bawdy jokes at weddings and festivals.

Collection tactics can be aggressive, including threats to reveal themselves, or strip, unless they are paid to leave. Many families give them money because they fear being cursed.

"But with changing times it has become more and more difficult for hijras to earn their livelihood through this source of income," Singh says. In big cities, where hijras tend to live, the advent of high-rise flats and gated neighbourhoods has reduced their opportunities to collect money. "People's attitudes have also been changing; they have become much more indifferent to them," Singh says. "All this has really hurt the community and they are opting for sex work and sometimes begging as well."

Activists say prejudice towards hijras makes it difficult for them to get mainstream jobs and many feel sex work is their only option.

HIV has become a threat. Local studies in Delhi, Mumbai and Chennai have found HIV rates above 40 per cent among hijras. The nirvan hijras, who have been castrated, are at extreme risk; studies show infection rates of up to 70 per cent in the group.

Such figures are not enough to deter Suman from sex work. "My clients are high-society businessmen, those with white-collar jobs," she says. "All night with me costs 5000 rupees [$A110], two hours 2000."

It is common for hijra households to refuse entry to strangers: despite their frequent public appearances, their tight-knit communities have a "highly feudal and secretive structure", Kavi says. But after a chance meeting on the streets, Suman invites *The Age* to visit the house where she lives with nine other young hijras. They rent space in a gloomy concrete building on the north-east fringe of the capital, Delhi. A small factory producing lipstick cases operates from a room on the roof.

Suman, 24, is wearing a super-short black dress. Thick make-up covers acne scars on her face. Her housemates are adorned with cosmetics, jewellery and brightly coloured women's clothing. One of them, Sonia Rai, has blush caked on her face but her upper lip sprouts a substantial moustache.

The hijra community is known for its highly structured networks of "*gurus*" (leaders) and "*chelas*" (followers). Kavi says communities normally resemble a traditional Indian joint family. Suman is the undisputed leader of her household: members address her by the respectful title "*guruji*" and follow her instructions. In turn, Suman has an older hijra guru who lives elsewhere.

"This group is like my family now," Suman says. "And I am their mother. They share their problems with me and I sort them out."

Suman was born in a poor village near Kolkata in eastern India. She says her family cast her out at the age of 10 because of her effeminate behaviour and she joined a hijra group.

"From the time I was born my family suspected I was transsexual," she says. "One day my mother asked me to leave the family, so I fled. I felt very bad and I cried all the time. Even now I'm very sad that my family pushed me away."

Superstitions and prejudices about hijras are still strong in rural India. "I feel more comfortable in Delhi than in my village," says Suman. "There is a strong social stigma for transsexuals back there." She visits her family once a year but is angry about the way they treated her.

Delhi hijras

"They should have stood with me rather than following what society tells them."

All members of her household have stories of rejection, vulnerability and isolation.

Prejudice had particularly tragic consequences for Koyal Mollick, a 25-year-old hijra who lives with Suman. "My family got rid of me very early in life but people in my village came to know I was a transsexual," she says.

"My sister was unable to find a husband because of this stigma and she recently committed suicide."

Everyone in the group claims to have been born without a penis or testicles. Koyal even lifts her dress to prove she has no genitalia. A small hole in her lower abdomen allows her to urinate. "No one here has any sexual organs," says Suman.

On a typical day, Suman's group dress up and roam neighbourhoods in Delhi to request money from households that have a newborn or are about to host a wedding. Hijras call this 'tolly". "It is our due, we are entitled to it and it is our dignity," she says. "If we do not get our due we are not being respected."

Suman would like to stop her own sex work in about six years, then "train and handle" her girls. She even has hopes for a wedding of her own. "Sometimes clients fall in love with people like me and they get married. I hope that happens," she says. "I'd like to fall in love with a man and get married."

The nine hijras in a household in the Delhi neighbourhood of Shastri Park, not far from Suman's home, have already given up dancing at weddings and collecting money at births, and rely exclusively on sex work. They have also abandoned the traditional hijra guru and follower household and instead have a female guardian and landlady they call "mommy". The home - effectively a brothel - has a series of gloomy rooms for entertaining clients. The group, all in their early 20s, trawls for clients outside the house and at a nearby road well known for prostitution. They charge as little as 200 rupees for sexual services.

But the growing number of hijras involved in sex work in itself threatens to further undermine the community's traditional sources of income. "The aura that hijras have comes from a belief in society that they don't have sex," says one expert on the community. "That's why people believe they have special powers to bless and curse and why society seeks their blessing and gives them money. If it becomes very public that they have sex, it will hurt their livelihoods."

Ashok Row Kavi says hijra customs are vanishing. "Low and middle-class families can't pay them much," he says. "They are getting less because, whether they like it or not, they are not begging in front of Mogul monarchs. As India changes, they will have to change, otherwise they are finished."

SOGI list, 08/01/2011

"Who dat" with the largest penises in America?

New Orleans, D.C. and Ne Hampshire top the charts for penis size. Condomania announces the largest database of penis sizes on the planet: 27,000 men, 76 penis sizes

New Orleans now has another reason to call itself "The Big Easy." The home of this year's Super Bowl champs has taken the top spot in Condomania's ranking of U.S. cities by penis size!

And the men of Washington D.C. apparently are more than just bigtalk, big egos, and big promises. The Beltway boys claimed a close second place for the biggest average penis size in the nation.

As for the "biggest" state in the Union? While New Hampshire may be one of the smallest states, it's not so small when it comes to penis size, topping Condomania's state by state comparison.

America's first condom store, Condomania has just unlocked its huge database of penis sizes and released these unique rankings of the 50 states and the 20 most populated U.S. cities by average penis size. After 20 years in business, Condomania knows perhaps more than anyone else about the nation's penises.

So just how does Condomania know these intimate details? In 2004, the company launched TheyFit Condoms, the world's first line of tailored-fit prophylactics, in 76 sizes. Since then they have sold custom-fit condoms to over 27,000 men in 70 countries, and now have just begun to analyze this incredible cache of data.

"These fitted condoms range in length from 3 to 10 inches and from super slim to extra roomy." says Chris Filkins, Condomania's Directory of Technology. "After gathering detailed information on over 27,000 penises, we now have the most comprehensive database of penis sizes on the planet! Needless to say, these men's privacy is our utmost concern, and we're interested only in the statistics, and not who's who! But the data itself is pretty interesting."

Previously, the largest formal survey of penis sizes was conducted in 1948 by the famous Kinsey researchers, when 2,500 men recorded their erect penis sizes on pre-stamped cards.

Condomania's ten-times larger database is compiled from the unique "FitKit" measuring system for TheyFit condoms, where the user measures the length and girth of his erect penis to the millimeter and then matches those results to one of 76 possible sizes that comprise different length and girth combinations. In this system, the 76 sizes are comprised of non-sequential letters and numbers, so that the smallest is no more obvious than the largest.

"Unlike other studies in which participants were measuring their penis size solely for the sake of recording a measurement, and were perhaps more likely to exaggerate," says Filkins, "our database is comprised of men looking for the best fit condom for safety and comfort, and thus, we believe, apt to be more accurate." Filkins continues, "The customer satisfaction surveys we received overwhelmingly indicated that men of all sizes, but particularly those on either end of the size spectrum, benefited immensely from a properly fitting condom."

Here are some highlights from Condomania's penis database:

Top ranking state by average penis size: New Hampshire

Lowest ranking state by average penis size: Wyoming

Top ranking U.S. city by average penis size: New Orleans

Second highest ranking city (just behind New Orleans): Washington, D.C.

Lowest ranking city by average penis size: Dallas/Ft. Worth

Penises come in a wide range of sizes: The smallest penises are less than 3" in length and the largest penises are longer than 10" in length

Penis sizes chart almost a perfect Bell Curve: 25% of the Male Population is Under 5" in Length, 50% are Between 5" and 6" in Length and 25% are Longer than 6" in Length

www.secure.condomania.com/Rankings

Gay pride only goes so far in India

'Queer' activists out and proud in Delhi and Mumbai have little connection with those forced to live in small-town secrecy

I grew up in Saharanpur, a "small town" of 1 million people in India's most populous state, Uttar Pradesh. Saharanpur is very like the hundreds of other towns littering the vast plains of the region, and not notable for much except its mangoes and woodcarving industry.

In the early 90s I was at a Catholic-run school in the town and had my first sexual experiences with another boy near the railway tracks. That's what my brother was alluding to when he phoned me a couple of nights ago with what he called "breaking news from our childhood".

Under a headline saying "Gay party has been exposed", the local Hindi-language newspaper, Amar Ujala, had published a photograph of some 20 frightened-looking men sitting on the floor, many trying to conceal their faces with shawls and scarves.

A series of bullet points beneath the photograph highlighted what the editors presumably thought were the most shocking aspects of the story: a doctor, MBA students and teachers were present; this "indecent" party was organised under the guise of a birthday party at a *dharamshala* (spiritual dwelling or sanctuary); and alcohol was served.

The news item went on to name some of the men who were arrested; thankfully, all have fairly common first names, and their last names were not provided. However, the organiser of the party was identified as Bunty and the piece informed us that he runs a "beauty parlour" named after him. So, for anyone interested in following up the story with a spot of gay-bashing, the aforementioned Bunty should be easy enough to find.

The English-language Times of India went further with its irresponsible reporting of the same story, mentioning the jobs and neighbourhoods of some of the men.

The paper also chose to identify the host Bunty with his last name and gave the exact location of his beauty parlour. I read the rest of the piece in horror. The names of those arrested include both Hindus and Muslims (both religions have sizeable numbers in Saharanpur).

The location of the *dharamshala* is just two miles from my old school, where I was mercilessly bullied for being too effeminate when I was a boy.

There are quotes from the police officer who organised the raid, in which he talks about finding "used condoms" and guests in a "compromising position". Saharanpur is described as an "ultra-conservative" town and a college teacher called Ayub Qureshi is quoted expressing his indignation: "This is certainly unheard of in Saharanpur. I don't know where are we heading to."

Thirteen men were arrested, though according to police the party was attended by more than 100. The arrests should be condemned. These "gay" men probably have nowhere else to meet and many perhaps still live with their families, where discussing their sexuality would not be an option.

As I looked at the English-language news item, I noticed that one of the first comments comes from someone in the state of Haryana:

"Dear sir, all these western gay thing is now allowed in our culture. v must stop these gay people from having sex because then they increase in population and soon our beautiful culture country will be full of them. police have done good job. kudos to them"

The notion of homosexual activity being considered foreign – and often as specifically a western perversion – is an idea I came across before, when making my film, *A Jihad for Love.*

Last month, out and proud gay men and women marched in Delhi's annual gay pride march. Many posed happily for the news cameras. Rainbow flags were in abundance, as was western terminology such as "gay", "queer" (even transcribed into Hindi on some signs) and "LGBTQ".

As I looked at photos of the event taken by my Facebook friends,

I realised that most came from middle- or upper-class families and would have a degree of ease with the English language. I have often wondered about the need to use western models of emancipation such as "gay pride" marches and rainbow banners in cultural contexts that are vastly different.

While filming "gay" Muslims around the world, I realised that very often an absence of affirmative language for their sexual selves in their native tongues was what united them. I have always found the word "queer" problematic and find its use on signs in Hindi to be surprising at the very least.

In so many countries, invisibility is the norm and the preferred option for those who have same-sex desires. I have no doubt that most of the men and women who were busy marching in Delhi waving their banners would not like to be seen at a downmarket venue like the *dharamshala* in Saharanpur and I am not even sure if many of these newly minted "queer" activists from India's big cities would find common cause with the small-town types arrested at this "gay party".

India remains a land of some of the greatest dissonance in the world. A booming economy and the world's largest and probably most aspirational middle class, it still seems to be not completely at ease with the sexual freedoms that are usually touted as western.

Just last year, the archaically worded anti-sodomy section 377 of the British-written penal code was successfully challenged in the Delhi HIgh Court. The vociferous activists in Delhi and Mumbai hope that the law will be repealed nationally, thus making homosexuality "legal" in the world's largest democracy. In the meantime, outdated laws written by colonisers with Victorian ideas of morality continue to be enforced in other parts of India.

As I look at the picture of the frightened men in Saharanpur again, I wonder if I can recognise anyone from my school days. I wonder if Bunty or any of the other men would have wanted to attend the Delhi pride march. Would they understand what "queer" meant at all?

The Guardian, 30/12/2010

"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)

Indian males lead in sexual violence, worst in gender equality

Nearly one in four Indian men has committed sexual violence at some point in their lives and one in five has forced his wife or partner to have sex. The findings of a recent International Men and Gender Equality survey reflects a new low for Indian men. Only 2% of Brazilian males and less than 9% in Chile, Croatia, Mexico and Rwanda were found to have indulged in sexual violence.

82% men in Croatia were seen as 'gender-just' men, and more than 50% in Brazil, Chile and Mexico. Rwanda, which is among the least developed nations in the world, fared better than India, with 30% males qualifying as 'highly equitable'.

The survey was conducted in sex developing countries. Researchers from the Centre for Research on Women and Instituto Promundo in Brazil interviewed over 8,000 men and 3,500 women, aged 18 to 59 from these countries.

Indians were ranked last on the 'gender equitable men' scale, given that only 17% qualified to the 'highly equitable' category.

Rwanda, however joined India with highest rate of domestic violence, with 38% men admitting they had physically abused their partners. More than 65% Indian men believed that women should tolerate violence to keep the family together and that women sometimes deserved to be beaten.

And although Indian men were the most sexually and physically violent at home, they were not involved in violence or criminal behaviour outside. Only 4% Indian men had participated in robbery and 7% had been involved in fights with weapons, compared to 36% men in Croatia, and 22% men in Brazil.

At the same time, the survey found that 86% of Indian men believe that changing diapers, giving kids a bath and feeding them, is a woman's job. Almost an equal number don't participate in household work.

Even men in Rwanda seemed comparatively fair since 61% considered child a woman's duty. And nearly half of the men interviewed in all other countries, including Brazil, Chile, Croatia and Mexico, said they played an equal or greater role in one or more domestic chores.

Women were asked the same set of questions to confirm men's answers.

Moreover, roughly 80% Indian men say they should have the final word about decisions in the house. This 'I-am-the-boss attitude' seemed less prevalent in all other countries especially Croatia and Mexico where only 20% men wanted to dominate.

The report pointed out that educated men were more likely to live gender equality in their lives. These men were comparatively happier, communicated more with their partners and had better sex lives. Interestingly, India was the only country where majority of men saw gender equality as a zero-sum game where gains for women mean losses for men.

Commenting on these findings, gender activist Vibhuti Patel said, "Young men in India have accepted that educated women bring money and they are benevolent, allowing women certain freedoms, but only as long as it does not touch their power. They continue to exercise total control over the money and house. In that sense men are allowing women to do certain things as they please out of paternalistic concern."

Times of India, 7/3/2011

Size matters: Anogenital distance tied to fertility

When it comes to male fertility, it turns out that size does matter.

The dimensions in question is not penis size or testicle size, but a measurement known as anogenital distance, or AGD. Men whose AGD is shorter than the median length- around 2 inches – have seven times the chance of being sub-fertile as those with longer AGD, according to a study published in the journal Environmental Health Perspectives.

That distance, measured from the anus to the underside of the scrotum, is linked to male fertility, including semen volume and sperm count, the study found. The shorter the AGD, the more likely a man was to have a low sperm count.

This offers the prospect of a simple screening test for men, said the study co-author Shanna Swan of the University of Rochester Medical Centre. "It's non-invasive and anybody can do it, and its not sensitive to to the things that sperm count is sensitive to, like stress or whether you have a cold or whether it is hot," Swan said.

In earlier studies, scientists tested for presence of phthalates in the pregnant women's urine. They found that women who had high levels of phthalates in their urine during pregnancy gave birth to sons who were 10 times more likely to have shorter than expected AGDs.

Times of India, 05/03/2011

NFI Resource Centre is developing a series of posters reflecting on stigma, discrimination and social exclusion of gender variant males, using specific sacred texts from Christianity, Islam, Buddhism, Hinduism and Sikkism.

The set will comprise of 4 quotes from the sacred texts of each faith, giving a total of 20 posters, which will be produced in a range of South Asia languages, and English.

Peter J. Gomes, an American Baptist minister is professor of Christian morals at Harvard University. Gomes, who preached for three decades to standing-room-only crowds at the university's church, was a gay Republican who spoke out against intolerance. Time magazine named him one of America's most distinguished preachers. He died on 6th March 2011.

Homophobic? Re-read your Bible

By Reverend Peter J. Gomes
This was written in 1992.

Opposition to gays' civil rights has become one of the most visible symbols of American civic conflict this year, and religion has become the weapon of choice. The army of the discontented, eager for clear villains and simple solutions and ready for a crusade in which political self-interest and social anxiety can be cloaked in morality, has found hatred of homosexuality to be the last respectable prejudice of the century.

Ballot initiatives in Oregon and Maine would deny homosexuals the protection of civil rights laws. The Pentagon has steadfastly refused to allow gays into the armed forces. Vice President Dan Quayle is crusading for "traditional family values." And Pat Buchanan, who is scheduled to speak at the Republican National Convention this evening, regards homosexuality as a litmus test of moral purity.

Nothing has illuminated this crusade more effectively than a work of fiction, "The Drowning of Stephan Jones," by Bette Greene. Preparing for her novel, Ms. Greene interviewed more than 400 young men incarcerated for gay-bashing, and scrutinized their case studies. In an interview published in The Boston Globe this spring, she said she found that the gay-bashers generally saw nothing wrong in what they did, and, more often than not, said their religious leaders and traditions sanctioned their behavior. One convicted teen-age gay-basher told her that the pastor of his church had said, "Homosexuals represent the devil, Satan," and that the Rev. Jerry Falwell had echoed that charge.

Christians opposed to political and social equality for homosexuals nearly always appeal to the moral injunctions of the Bible, claiming that Scripture is very clear on the matter and citing verses that support their opinion. They accuse others of perverting and distorting texts contrary to their "clear" meaning. They do not, however, necessarily see quite as clear a meaning in biblical passages on economic conduct, the burdens of wealth and the sin of greed.

Nine biblical citations are customarily invoked as relating to homosexuality. Four (Deuteronomy 23:17, I Kings 14:24, I Kings 22:46 and II Kings 23:7) simply forbid prostitution, by men and women.

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 Definition

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

Two others (Leviticus 18:19-23 and Leviticus 20:10-16) are part of what biblical scholars call the Holiness Code. The code explicitly bans homosexual acts. But it also prohibits eating raw meat, planting two different kinds of seed in the same field and wearing garments with two different kinds of yarn. Tattoos, adultery and sexual intercourse during a woman's menstrual period are similarly outlawed.

There is no mention of homosexuality in the four Gospels of the New Testament. The moral teachings are not concerned with the subject.

Three references from St. Paul are frequently cited (Romans 1:26-2:1, I Corinthians 6:9-11 and I Timothy 1:10). But St. Paul was concerned with homosexuality only because in Greco-Roman culture it represented a secular sensuality that was contrary to his Jewish-Christian spiritual idealism. He was against lust and sensuality in anyone, including heterosexuals. To say that homosexuality is bad because homosexuals are tempted to do morally doubtful things is to say that heterosexuality is bad because heterosexuals are likewise tempted. For St. Paul, anyone who puts his or her interest ahead of God's is condemned, a verdict that falls equally upon everyone.

And lest we forget Sodom and Gomorrah, recall that the story is not about sexual perversion and homosexual practice. It is about inhospitality, according to Luke 10:10-13, and failure to care for the poor, according to Ezekiel 16:49-50: "Behold, this was the iniquity of thy sister Sodom, pride, fullness of bread, and abundance of idleness was in her and in her daughters, neither did she strengthen the hand of the poor and needy." To suggest that Sodom and Gomorrah is about homosexual sex is an analysis of about as much worth as suggesting that the story of Jonah and the whale is a treatise on fishing.

Part of the problem is a question of interpretation. Fundamentalists and literalists, the storm troopers of the religious right, are terrified that Scripture, "wrongly interpreted," may separate them from their values. That fear stems from their own recognition that their "values" are not derived from Scripture, as they publicly claim.

Indeed, it is through the lens of their own prejudices and personal values that they "read" Scripture and cloak their own views in its authority. We all interpret Scripture: Make no mistake. And no one truly is a literalist, despite the pious temptation. The questions are, by what principle of interpretation do we proceed, and by what means do we reconcile "what it meant then" to "what it means now?"

These matters are far too important to be left to scholars and seminarians alone. Our ability to judge ourselves and others rests on our ability to interpret Scripture intelligently. The right use of the Bible, an exercise as old as the church itself, means that we confront our prejudices rather than merely confirm them.

For Christians, the principle by which Scripture is read is nothing less than an appreciation of the work and will of God as revealed in that of Jesus. To recover a liberating and inclusive Christ is to be freed from the semantic bondage that makes us curators of a dead culture rather than creatures of a new creation.

Religious fundamentalism is dangerous because it cannot accept ambiguity and diversity and is therefore inherently intolerant. Such intolerance, in the name of virtue, is ruthless and uses political power to destroy what it cannot convert.

It is dangerous, especially in America, because it is anti-democratic and is suspicious of "the other," in whatever form that "other" might appear. To maintain itself, fundamentalism must always define "the

continued on page 23, col. 1

Re-read your bible

continued from page 22, col. 2

other" as deviant.

But the chief reason that fundamentalism is dangerous is that, at the hands of the Rev. Pat Robertson, the Rev. Jerry Falwell and hundreds of lesser-known but equally worrisome clerics, preachers and pundits, it uses Scripture and the Christian practice to encourage ordinarily good people to act upon their fears rather than their virtues.

Fortunately, those who speak for the religious right do not speak for all American Christians, and the Bible is not theirs alone to interpret. The same Bible that the advocates of slavery used to protect their wicked self-interests is the Bible that inspired slaves to revolt and their liberators to action.

The same Bible that the predecessors of Mr. Falwell and Mr. Robertson used to keep white churches white is the source of the inspiration of the Rev. Martin Luther King Jr. and the social reformation of the 1960's.

The same Bible that anti-feminists use to keep women silent in the churches is the Bible that preaches liberation to captives and says that in Christ there is neither male nor female, slave nor free.

And the same Bible that on the basis of an archaic social code of ancient Israel and a tortured reading of Paul is used to condemn all homosexuals and homosexual behaviour includes metaphors of redemption, renewal, inclusion and love - principles that invite homosexuals to accept their freedom and responsibility in Christ and demands that their fellow Christians accept them as well.

The political piety of the fundamentalist religious right must not be exercised at the expense of our precious freedoms. And in this summer of our discontent, one of the most precious freedoms for which we must all fight is freedom from this last prejudice.

From the archives of the New York Times

(Editor's note: Since then a great deal has occurred to address the appalling level of human rights abuses against MSM and transgenders across the globe. But the good fight continues. More needs to be done. I wonder if we can say similar things in regard to those who profess Hindu, Islam and other faiths)

Gay rights in Lebanon: Down with sectarianism

It is widely assumed today that Lebanon has turned into a Mecca for gays and lesbians in the Middle East, and that the struggle for liberation has reached advanced stages--especially with the growing number of bars, hotels and events that are classified as "gay and lesbian friendly." Based on this perception, which has become prevalent in several quarters, the International Gay and Lesbian Tourism Association last November named Beirut one of the best capitals for gay and lesbian tourism, and decided to hold its annual meeting there, aiming at marketing tourism to that sector. Lebanon has been promoted to the gays, with a message that "The situation for the LGBT community in Lebanon has significantly improved over the past few years. Gay bars, clubs, restaurants, saunas operate freely and a LGBT centre has been created to cater to the community's needs." (http://www.beirut2010.com)

On the other hand, gay nights have attracted a number of newspapers around the world, most notably the New York Times, which said that "Beirut represents a different Middle East for some gay and lesbian Arabs: the only place in the region where they can openly enjoy a social life denied them at home." (http://travel.nytimes.com/2009/08/02/travel/02gaybeirut.html)

But if we look at the development of gays in the light of this capitalist and patriarchal society, we note that discrimination, and arrest and harassment by police, continues to affect large segments of them - especially those who belong to the working classes and poor. Article 534 of the Penal Code stipulates that homosexuality is still an offense carrying a prison sentence. The study prepared by the attorney Nizar Saghieh (http://helem.net/node/53) shows that poorer gays are most affected by these provisions.

This contradiction between the promoted image and the fact reveals a clear gap. We are supposed to believe that sexual orientation is the only factor that unites people, and ignore, at the same time, that class differences are a key factor. In fact, there is a great difference between the interests of gays among the working class and poor, and those who have found a good situation in the system.

The Pink Pound and the culture of consumption

This is still very tentatively debated among activists in the gay movement. Even today we have not seen any serious criticism in this regard from the associations and movements that work for gay liberation.

In fact, the gay scene that we see today is a stereotype of what our needs are. Sexual orientation alone is not enough to make one gay, since the term has come to reflect a lifestyle associated with styles of clothing, accessories, restaurants, nightlife, styles of music, magazines, and even types of drinks. But these patterns have become an indicator of liberation. Thus, the market here determines the look and style of life that must be adhered to by gays, which determines how gay one is.

By the same lights, the class differences in society are reflected in turn among gays. There are those who find it in their interest to maintain this culture of consumerism and restrict the question of freedom to these indicators. Many activists support it-- for example, supporting the owners of nightclubs, bars and restaurants named "gay friendly," on the grounds that they provide them with safe space and allow an area of freedom, as well as offering opportunities for comfortable jobs.

In fact, the space of freedom they are talking about does not apply to all gays, but varies according to social and economic class. Many are in danger of harassment, and sometimes beaten by private security guards in those places. The relationship between employers and employees is characterized by the same labour standards existing anywhere else under this system --including long working hours, low wages, and controls over appearance and behaviour to conform with the community.

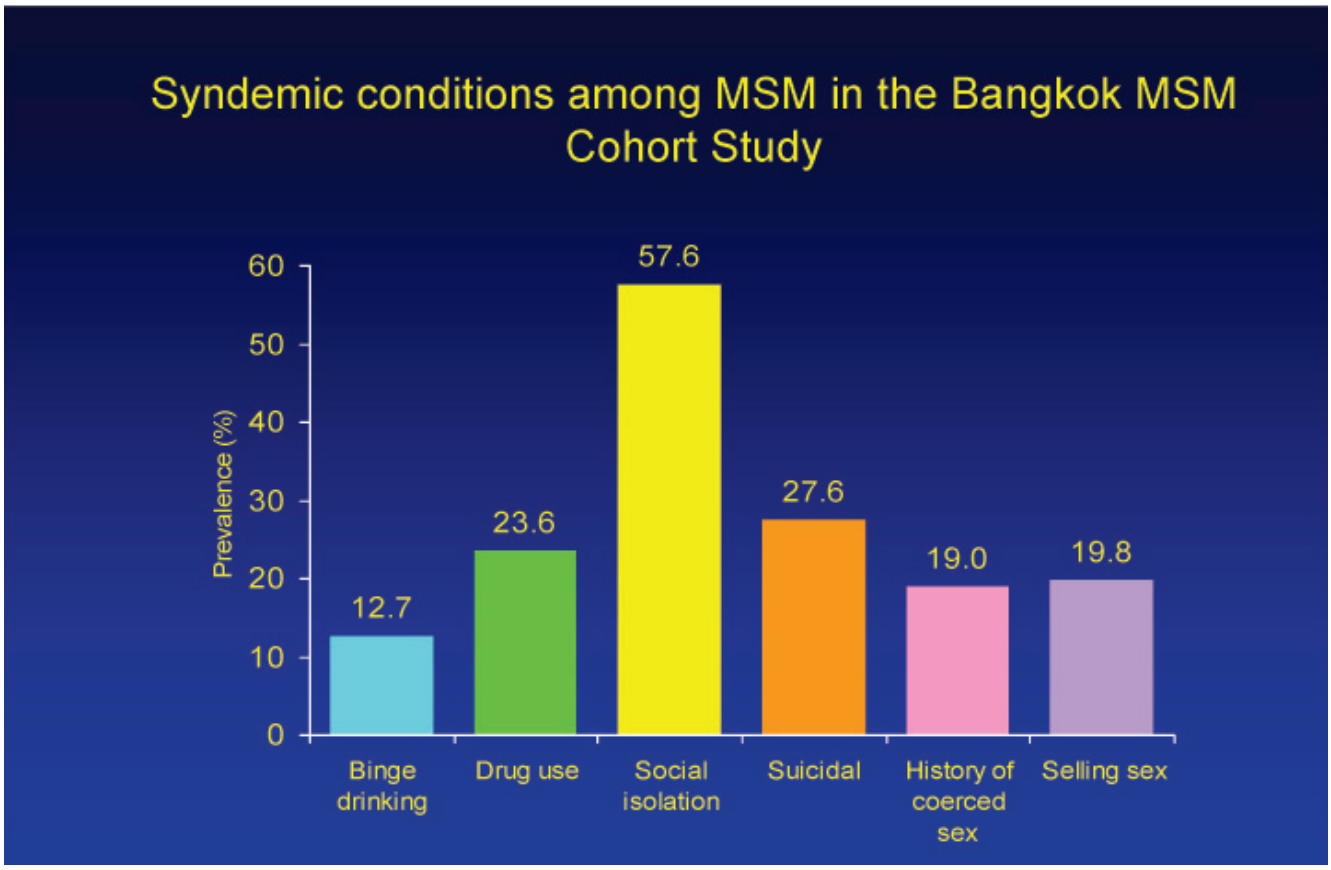
Accept the system or fight it?

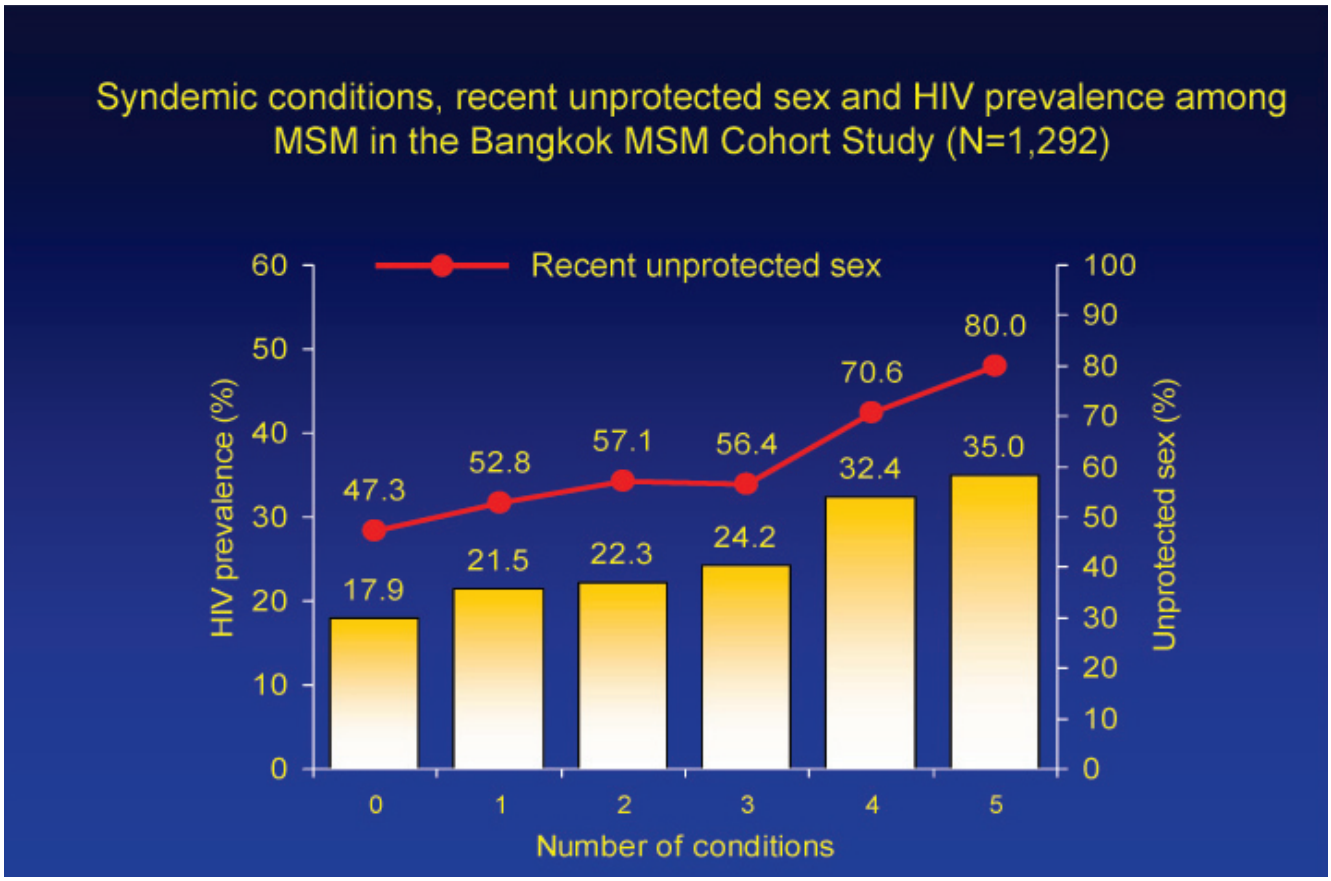
As a result, the struggle for the emancipation of homosexuals becomes a struggle to accept the system rather than fight it, and becomes a capitulation to the market rather than resisting it. It has become accepted that gays are a group of consumers, and that only this consumption offers them security and acceptance in the community.

But on the other hand, the factors of class and gender are precisely what gives to a certain category the privilege of being visible and clearly expressive about their sexual orientation. Thus they dominate the gay scene and the political agenda.

It is imperative today that the movement stems from the interests of working-class gays and represents them. A radical movement with slogans calling for change in the system—particularly the economic system, which marginalizes most of them and leaves them open to multiple forms of discrimination. A movement rejecting the culture of consumption based on the principle of exploitation. A movement to ensure real change in society as a whole. Let's reject the caste system!

Al-Akhbar, 8/3/2011





These two slides are drawn from a presentation given byDr. Frits van Griensven, CDC Thailand at the 200 Forum, APCOM's pre-conference session at the 9th ICAAP, Bali, Indonesia, HIV epidemiological status of men who have sex with men and transgenders in the Asia Pacific region, which clearly shows the urgent need to address syndemic conditions that MSM and transgenders face that significantly increase their risks and vulnerabilities (http://ww.apcom.org/200forumdocs)

Jakarta's working ladyboys

It is a few minutes past eight in the evening on Jalan Blora in Central Jakarta and nightlife revelers are starting to trickle onto the street, still wet and muddy from the downpour earlier in the afternoon. A piercingly loud dangdut tune pours out of one of the street's shabby clubs, where women in tight, brightly colored outfits stand and strut by the front doors.

Just a few meters from the club, some 25 people wearing sarongs and peci, the traditional Muslim cap, sit on the floor inside a 3-meter by 10-meter vacant kiosk, chanting Islamic prayers led by a cleric. More than half are transvestites who make ends meet as sex workers in Taman Lawang, a nearby red-light district famous for its ladyboys.

On this night, the prayers are dedicated to Faisal Harahap, also known as Shakira, a transvestite who was shot to death by two unidentified men during a robbery gone awry in Taman Lawang on March 10.

Just outside the kiosk, 25-year-old Thalia Lopess sits on a wooden bench with some fellow ladyboys chatting and, at times, listening to the prayers. "I don't want to go in. Don't ask me why. I just don't want to," he says. Thalia was a roommate of Shakira 's and knew him well.

Thalia, who's birth name is Eko Chandra, has been working as a prostitute in Taman Lawang for four years. At the age of 13, the eldest of four left his hometown in Medan, North Sumatra, and has since lost touch with his family.

"I didn't want to see my family, especially my mother, get hurt by the fact that I am someone with this sexual orientation," he says. "I decided to cut off all communication because I love them. I don't want to be a burden for them."

With the help of a mama-san, or madam, Thalia got a job as a prostitute in Malaysia and worked there for six years.

"I loved working in Malaysia because people were less hypocritical than in Indonesia," says Thalia, whose adopted name was inspired by a famous Mexican actress . "Transvestites could be found 24 hours a day because there were always clients. Here, people wait until it gets dark to see us because they don't want to be seen by others."

Thalia says that, like most transvestites, his typical working day starts very late, often at midnight. When he finishes work around four hours later, he goes to bed and then wakes up for lunch at 3 p.m. before going back to sleep until it is time to get ready for work.

Thalia is also the Jakarta leader of Organisasi Perubahan Sosial Indonesia (Social Change Organization Indonesia), a local group that works to promote the protection and rights of sex workers in Indonesia. The organization, he says, is part of a large international network made up of similar groups. "I just got back from a meeting in Bangkok," he says.

As a sex worker, Thalia says he earns about Rp 500,000 ($57) on a busy night and about Rp 100,000 when it is quiet.

"There are more clients on weekends and during school holidays," he says. "Some of my clients are high school kids and university students."

Thalia said his rates were based upon the "different types of the clients," meaning how affluent they appear. "Students pay the least because I know they are still financially supported by their parents. Meanwhile, people who ride motorbikes pay less than those who drive cars," he says. "For those with cars, I will charge more to a person driving a BMW or Volvo than somebody driving, say, an old Kijang van."

He says he charges foreigners three times higher than his base rate, simply because they earn a lot of money here.

"My English is very limited but I guess 'yes' and 'no' and 'enough' is enough," he says with a laugh.

"I prefer bule clients because, apart from paying a lot more, they are more understanding. When they know I feel tired, they will stop and not be pissed off. And still be willing to pay."

Transvestite sex workers, Thalia says, face a lot of risks on the job.

"We do risk getting sick from the cold weather, being the target of raids by public order officers, meeting jerks who refuse to pay after using our services, not to mention the discrimination we deal with from society," he says. "I realized that all along. But I never thought that any of us would get murdered out here.

"I feel sad and disappointed because people can be really cruel to us, like animals. While I believe that all citizens have equal rights, it seems to me that people like us have no place in this country."

The neighborhood where he and 14 other transvestites share a two-level house, Thalia says, is very tolerant. After the group members decided to be actively involved in the neighbourhood's events, people in the area learned to accept the transvestites as a part of their community.

Shakira used to rent the room next to Thalia's in the house.

"We blend in with the people here by involving ourselves in various events, such as during Independence Day celebrations. We also offer to help when a neighbor holds a wedding party or when someone dies," he says. "I think, wherever we live, whether or not we can be accepted by the community depends on how we interact with others."

With around 50 transvestites walking the streets around Taman Lawang, Thalia says competition surely does exist.

"But it's a healthy competition. There is no such thing as rivals, let alone enemies, among us," he says. "We believe that our fortune has been written for us."

Thalia admits he devotes a large portion of his income to buying beauty products to stay attractive.

"I tell you what — transvestites spend a lot more money on beauty products than women do. We don't have the same hormones, but we're trying to get what women have," said Thalia, who underwent plastic surgery in Malaysia in order to get breasts.

His beauty products, he says, consist of everything from vitamins for his hair and nails to evening primrose oil for healthier skin. He also regularly pays someone to come to his home to cleanse his skin with brazil-nut scrubs.

"I can spend Rp 3 million on all this stuff," he says. "It's okay because it's an investment. I'd rather spend my money on body-care products than on clothes."

Although he said he is not sure when he will give up sex work, Thalia says he does have plans to retire one day.

"I'd like to run a beauty salon business after I quit this job," he says. "I have learned the skills to become a hairdresser."

Thalia, surprisingly, said no when asked if he ever dreamed of being born again as a woman.

"Even if I had the chance to be born again, I wouldn't want to be a woman. I never did," he says. "I am happy with what I am now. I think transvestites are awesome. It is two elements, a male body and female characteristics, in one being."

Having been away from home for 12 years, Thalia says he would love to see his family again. However, he says he would wait until all of his three siblings, especially his only sister, were already married before visiting them.

"I don't want their future husbands or wives and their families to change their mind to marry my siblings if they found out that they had a transvestite in the family," he says.

"I wasn't even there when my father died. I heard about it from a friend of mine who met my family when she went home to Medan several years ago," he says.

"On Idul Fitri, I cry because I remember them. What I feel for them is no longer what you call 'longing.' It is way beyond that."

Jakarta Globe, 16/03/2011

Sexual plagiarism: Contemporary Indian sexualities, contemporarily

Nishant Thakur, NFI Research Coordinator
A personal viewpoint

Peno-vaginal heterosexuality for reproduction is parcelled out as opium for the masses. Language, a pre condition for thought, further impedes scope to understand sex and sexualities, and articulate its elements. The contemporary Indian scenario, where much is borrowed or mimicked from Eurocentric literature and understanding, offers the extreme. Where literature as the Kamasutra or sculptures such as those at the Khajuraho temple, are overtly sexual but on other end of the spectrum, there are no vernacular terms for clitoris or orgasm. When biology itself is vandalized by moral policing, and where current understanding of gender, sexualities, masculinities and the myriad possibilities within each of these, becomes complicated. Whatever little has been written falls under the canopy of HIV and AIDS. The National AIDS Control Organisation labels any form of deviance from peno-vaginal heterosexual behaviour as a "target population" or "bridge population" thereby putting a subtle message that deviance exacerbates HIV. Also the loci of health intervention shifts from understanding the issues around sexualities and gender components and then offering holistic prevention programmes to target oriented programmes. The exigency of understanding issues of sexualities and gender and then planning for HIV prevention lies in the fact that what India is witnessing is concentrated HIV epidemics, which may not evolve into an AIDS epidemic. This is imperative for a resource scarce country, where Supreme Court has to intervene for second line ART (`28,500 per patient per year) for HIV positive people.

As closely guarded by unwritten and unforgiving social mores and culture, backed by legal sanctions sex between males is judged more than it is understood, is rebuked more than it is reconstructed.

Yet, sex between males is thriving!

Part One

The fluidity of the Indian male's sexual experience and behaviour and its articulation are framed by differing contextual sexual identities, where sexual identity arises from an inner sense of oneself as a sexual being, including how one identifies in terms of gender identity and/or sexual orientation. Some believe that sexual identities should never be assigned or ascribed, but only self-reported, with meanings determined by the person assuming that identity. Personal identity is public property, where any deviance can be questioned. "I am *not* a *kothi* or MSM, as when I am having sex with a man I feel like a complete women, you know. So I am heterosexual" a young kothi shared during a focus group discussion in Karnataka. With such complex identity associations and preference for association coupled by presence of vernacular terms for behaviour and identities make the Indian sexual framework not just unique but also complicated, offering more questions than answers. Western understanding of sexuality as a binary, heterosexual and homosexual, sex for recreation and reproduction, fail to elucidate Indian context.

For instance a kothi is having sex with a male, just to validate his/her feminine sensibility, is neither for reproduction nor, to some extent, recreation. This would not qualify as hedonistic pleasure seeker as most same sex behaviours are labelled as, since pleasure from the sexual engagement was not the primary objective. In such cases, sex happens but that sex is complimenting and shaping the person's sexuality. Human sexualities encompasses sexual knowledge, beliefs, attitudes, experience, values, and behaviours of individuals. Its dimensions include the anatomy, physiology, biochemistry of the sexual response system, identity, orientation, roles and personality, thoughts, feelings and relationships. The expression of sexuality is influenced by ethical, spiritual, religious, cultural, and moral concerns. Sexuality is the amalgamation of gender, sex, feelings, behaviour, gender identities, roles, family, sexual orientations, fantasies, desire, belief, language, attitude, eroticism, availability of space to demonstrate sexuality, understanding of self and other factors. Of course, not all these aspects are always expressed or experienced. The World Health Organisation says sexuality is influenced by integration of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. What needs to be understood is that all these factors influence an individual's social construct, which in turn influences sexual exploration and sense of sexual self. If the exploration (sexual encounter with a male, just the ACT, not sexuality) is acceptable to the individual, social constructs will be wittingly or unwittingly framed to perpetuate the activity. The process forms a revised sexuality, beginning to shape ones sexuality. Theoretically plausible but this falls short in Indian context.

Sexuality is ductile where the two ends are being dragged by society and individual. As per a situational need assessment by Naz Foundation International (NFI) in Karnataka- 76% identified themselves as kothi, 54% were married and 62.5% had sex with females who were not spouses. From this basic raw data two major themes emerge. Firstly, sexual labelling of self is not a prerogative of sex alone with another male otherwise 62.5% MSM should have labelled themselves as bisexuals; its more related to gender comprehension and performance of self and sexuality is comprehended in isolation vis-à-vis sexualities. Secondly, the majority of so-called MSM succumb to marriage, primarily because this is a socially compulsory act in the Indian context. Marriage happens to be the milestone and benchmark for manhood and femalehood. It is an institution one has to enter for family honour, clan honour and community honour. Any rejection or delay to marriage is seen as a potent threat to such honours. Marriages still today are seen as a correctional institute for financial instability, and psychological imbalance to same sex behaviour.

Yet, marriage does not deter same sex behaviour. It occurs outside marriage as source of pleasure and discharge. With this, dual sexual identities germinate with ease and its homoaffection and homosociability that irrigate such dual identities. It's common for men to urinate side by side along the road, hold hands, sleep together, live together, travel together, bathe together, change clothes together all these activities accompanied by desire to explore often graduates into engaging in sexual advances with each other without consciously acknowledging the fact or act. This is called MASTI with *jigrey dost*. This *masti* is not seen as a permanent feature, even though it may actually be so, but rather an additional, situational and opportunistic outlet. As per a research by NFI in Dhaka 50% respondents reported that their first sexual experience was with a male relative. Married MSM while having sex with a male relative will expect that the person will eventually get married and have children, thus making the act, behaviour, sexuality of the person invisible and leaving no scope of social repercussion or labelling. Slyly, under the blanket. Here again the debate as to how many MSM are required to "come out" for favourable policies and funds, definitions and understanding, acceptance and normalization is pertinent?

'Coming out' is understood as a process whereby a person publicly acknowledges and makes visible his or her same sex activities and sexual sense of self and sexual orientation. Yet it's an exceedingly western concept around "gayness". The Indian social fabric offers a very bleak scope in response. Firstly, family support is required as majority of Indians are from the lower socio economic strata and financial disowning as a result of coming out can have serious ramifications. This would be true for low-income MSM, perhaps encouraging them to be engaged in commercial sex work. Since social security is very poor, and where often education or vocational skills are also likely to be poor unlike the West where family as an institution itself is not a converging focal point of emotions, social norms, pride, honour, aspiration, wealth and blatant demonstration of these elements. Also, one never leaves his/her family as the psychological and emotional anchoring is hard to be unleashed from. Thus the trauma and backlash from family, community, peer, clan is hard to overcome and usually results in depression and in some cases suicide. Plus can the west ever boast of having a guaranteed spiritual cure by roadside quacks for homosexuality! Still the larger issue remains who qualifies to come out? Is coming out in a way not seeking acceptance or validation from a larger hetro- normative society?

Do heterosexuals "come out"?

Entangled within the matrix of marriage and coming out, laced with rhetoric and labels like target population there are lives being lived. There are sexualities being manifested. Sex is happening and love is surviving. The need is to cull these life stories, understand how fluid are these sexualities, understand how multiple sexual behaviours are being maintained, what is defining pleasure, how marriages are surviving, what are the issues, how is frustration being ventilated, how is desire to have anal sex with one's wife being negotiated or negated, how to give terms and words to voice what and how we feel, how to separate research from knowledge creation, how to ensure all this is not culled out by fly-by-night scholars with software to decode and analyze such information. To make sure that what is felt and what is lived by the respondent is articulated the way it was intended and not the way project requires or tweaked by researchers bias. Only then Indian sexualities will be understood, else we can rely on western literature, with footnotes!

A situational need assessment by NFI in Hyderabad- 20% of MSM reported to have more than 51 partners in the last one month for sex. By all means 51 is a huge number and its 51 partners, not the number of acts. A number sufficient to make the anus numb by the month end. What is the rationale behind such high numbers being reported? Is it a way of suggesting that more partners means more feminine appeal? Or is our "community" at the edge of social outcast and exclusion, mocking and shame, guilt and torture, that the only way to boost self-esteem is report higher number of partners? Without addressing and understanding such issues HIV prevention programmes for "Target Population" are rather hollow and incompetent, definitely fail to integrate field realities.

Talk of behaviour change!

Apart from transgenders, hijras, opportunity driven kothi's MSM behaviour often masquerades as heterosexual, may be in response to homophobia. Is homophobia related to the sex act between two males, or the exaggerated feminine behaviour of transgenders/hijras (done again to project themselves as a women, a gender element), or the feminised kothi behaviour, or the inability to reproduce from same-sex behaviours, or a parent's fear of their son/daughter leading a lonely life without children. It seems perhaps it has nothing to do with same sex and all to do with family honour. Perhaps no one ever talked to them about same sex sexualities, or the interpretation of religious scripts, or what culture is being referred to. Or it's a political ideology or it's a control agent, or what age group has what understanding of homophobia, or it's a presumption that homosexuals are perverts, or its linked to child abuse? What is it that the society at large unanimously finds UNSPEAKABLE, and what is Indian homophobia? It is as important to understand the thesis as it is to understand the anti thesis. When the thesis (sexualities) has myriad shades, its antithesis by default should also have myriad shades. If we have answers to such antithesis we can respond accordingly at a policy and sensitisation level. MSM will themselves get an enabling environment to reciprocate positively. But Indians don't talk sex; it is dirty, perverted, adult, provoking, promiscuous, lecherous to talk about sex. Only god knows how we became a nation with more than one billion population without sex!

Publicly talking of sex between males, *gandus (a derogatory slang term used for males who get penetrated anally by other males)* and *hijras* can put one behind the bars in India. Even though section 377 of Indian Penal Code has been 'written down' by the Delhi High court in 2009 (the majority of people may not have any idea what "written down" means!), public opinion has not changed. Public opinion supersedes law. For comparison, the Immoral Trafficking Prevention Act (ITPA) has been modified and made 'commercial sex worker' friendly. Yet commercial sex workers are arrested, abused, used. In Bangalore 5-7 sex workers are arrested every week!

As per NACO reports, homosexual behaviour accounts for 1.5% of the route of transmission of HIV, since there are NO target interventions for lesbians, this 1.5% invariably is MSM group. Interestingly 3.3% route of transmission is unknown! Further the HIV prevalence rate is 7.4% among MSM. Considering the Indian social frameworks it is futile to think that the Integrated Counselling and Testing Centres (ICTC) and Antiretroviral Therapy Centres (ARTC) have that level of sensitization that men can walk is and say that, "I am a homosexual". How many counsellors are comfortable discussing issues of anal sex with the person being counselled? To allow the numbers to speak - NACO estimates that there are 3.5 hundred thousand MSM in India, the credibility is doubtful as some states show ZERO MSM like Himachal Pradesh. Recent estimates stand at 30.5 million in India. Contemporarily speaking, an internet based gay social network site has 60,907 active Indian members. However, only 6.9% of the total population has access to internet!

Therefore, diminutive estimates, diminutive investment.

All MSM have to come out and get registered with HIV prevention programmes? How is this preferably invisible group to be integrated into safer sex awareness drive? Only that kothi and hijras who cruise at public spaces is to be "targeted"? How is the use of technology, like mobile phones impinging upon the cruising scenario? These answers have to be scooped out for any successful HIV prevention programme. A kothi gets penetrated by all classes of people. So if he gets HIV, it has to come from the penetrator to begin with. Therefore HIV prevention remains incomplete if it does not address the penetrator, (the *asli mard),* as WHO affirms "referral of partners of MSM is an important element in providing STI services to these (MSM) populations". An "MSM" requires more than condoms and lubricants delivered by outreach workers. An "MSM" requires an enabling environment, a space to be understood, to articulate, to choose, to refuse, to debate, to participate, to have gender, sex, sexualities expressed, to be empathized, not sympathized, something that will boost self esteem and ego. Otherwise, condom negotiation skills will always remain weak, and that is the crux of HIV prevention where sex happens in public toilets, behind the bushes, under the bridge. For this, HIV funding should offer spaces and resources for ethnographic and anthropological studies, historical methods, life histories, longitudinal studies.

So where does contemporary Indian sexuality stand?

Contemporary Indian sexualities, is multi polar and reflects the social hetronormative hegemony. Where, on one hand religious prostitution and religious homosexuality in the form of *Jogappas* and *Jogtas* of south India enjoys impunity, while on the other end of this trajectory, Pansexuals debate right to same sex marriage, trisexuals do everything. Contemporary Indian sexualities are at

continued on page 28, col. 1

conflict with each other as well. Like two kothi's having sex with each other is considered sinful among kothi's, equivalent to two sisters (females) having sex (thus negating lesbian sex, marginalized among marginalized! Where hijras, the most visible form of sexual diversity and most marginalized of all, also have hierarchy and stratification. Where, *nirvana hijras* (castrated hijras) look down upon *Akwa hijras* (awaiting or still contemplating castration). Where the one who is penetrated is a non-man, a *gandu* or *khusra* whereas, the one who penetrates remains a man and clings on to his heterosexual tag. Where even after getting married, reproducing and performing his duty towards his wife (thanks to social pressure) a *kothi* will not call himself a bisexual, as western literature would understand it. Where the mall hopping middle class and gucci wearing upper class clings on to the western gay tag. Though they are not doing anything different from what a panthi, kothi, or a double decker. They just call it top, bottom or versatile!

The fact of the matter is whatever parameter we take - religious, social, economical, financial or sexual, a contemporary Indian sexuality hardly exists. What exits are opulent sexualities, which manifest as labels and names given to the sexual act and sexual partner, or derogatory tags. Sexuality is not understood, it's a sexual plagiarism from west. Yet, a *hijra* is not a drag or a transvestite or any western tag. There is a plethora of the name game, and sexual witch hunting that meticulously and seamlessly camouflages contemporary Indian sexualities with labels. This mainly happens because Indian sexualities, if any, are itinerant. They are expressed and suppressed alternatively; they are sandbagged within social obsession for binaries. A man lives a different home life, different workplace life, different park life, different family life, different social life, different cruising site life, different sex site life, different peer group life. Within each life the sexualities and behaviors are different. Still there is a method in this randomness. If there is pleasure in that same sex encounter, there is denial in public, shame and guilt in family life and desire for more within. Sexual behaviours in this construction are not an expression of a personal identity. Rather it is one of opportunity, accessibility, context and an urgent desire to discharge.

Sexualities instead of sexuality. Homosexualities instead of homosexuality. Because we consider sexuality to be contextually constructed, it is important to remember that contemporary ideas about sexuality are often confused and understood within the framework of reproductive health and not sexual health, where HIV imbued literature exacerbates the situation by offering a smoke screen. Sexual health has a broader meaning, as WHO define "A state of physical, emotional, mental and social well-being related to sexuality; and not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive approach to sexualities 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". Inflating homophobia by linking it to HIV and not offering ANY information on the challenges, philosophy and biology of homosexualities is the threat that reproductive health oriented literature poses. Homosexualities are rendered unnatural, where as many things that people loathe like disease, death, farting, lip cleft, acne are all natural. Only heterosexual sex for reproduction is permissive. But then what about those heterosexual couples who are sterilized or use condoms, or engage in oral or anal sex, or are unable to reproduce, are they also unnatural? Here again the dissemination of information about sexual health or sexual diversity is where the gap is, where usually any literature on sexuality ends up being peer reviewed or ends up libraries (Hard cover, though!). Whereas, information on, reproductive health and MSM being a route of HIV percolate down to the masses. Not for nothing that *gandu* is still an abuse, where as sterilization is proudly advertised on mass media.

Within this complicated framework, what is sexuality in an Indian context? Is it that sexuality has to be expressed to exist? Where to draw line between masculinities, gender and sexualities. The gay movement of the West perhaps does justice to the struggle between the binary heterosexual and homosexual. But can something like a *gandu* movement (to coin a phrase) in India ever encompass the fluid sexualities or more fundamentally can this word be used publically, indigenously. The crux is not to establish an anti west parallel Indian sexual pyramid, but with a focus is to integrate what is indigenous and bring it out to the world.

Nothing captures and moulds Indian minds like Bollywood. Bollywood plays a crucial role in forming or deforming public opinion about sexualities. Unfortunately, it does more harm than any good. It commercially trivializes the issue by making mockery of any issues at hand. Hollywood gave "Brokeback Mountain" which peels layers and offers an insight into the dilemmas and issues of males having sex with males. Bollywood is still contending with mocking gender non-conformists. Mass media could have played a major role, where in the past, people were scandalized to see a sanitary pad advertisement on TV. Yet today the media is flooded with such advertisements, and now every small town mall openly displays sanitary pads from the ones that can make you fly, to the ones that lock the liquid, where as condoms didn't enjoy such media pampering and are still largely at the chemist shops! Applying this logic, if media talks about sexualities, in the language that the common person will understand, and not the "conference paper" language, even issue of homosexualities can be normalized. Though there is nothing abnormal about it; it's just that heterosexuality is common and homosexuality is normal. Between these two goal posts stands Indian contemporary sexuality. Which way we want to score is for us to decide. Heterosexuality has good sponsors; homosexualties have an era of stigma and discrimination to stand up against. Homosexuals don't require heterosexual to derive pleasure in same sex, heterosexuals require homosexuals to constantly validate their conformism to an obsolete social stereotype. A prejudice and chauvinism free space should be doled out as opium for the masses to deconstruct and then reonstruct our constructed sexualities. Contemporary India needs a challenge, this is one in offering. Be game.

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