

Male sexuality and HIV: The case of male-to- male sex:

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Information note

A background paper produced for Risks and Responsibilities: Male Sexual Health and HIV in Asia and the Pacific International Consultation held in New Delhi, India 23-26 September 2006.

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Culture, biology and the science of sexuality

Even though sex ranks with food, air, and water as a primary basic human need, the science of human sexuality has only fitfully progressed during the past 70 years. Biologists have documented the vast diversity in sexual adaptations among many hundreds of species, ranging from fish and birds to all kinds of mammals, but to date, human sexuality remains inadequately documented and unexplained. Efforts to examine the biological roots of sexuality in humans always seem to reach a point at which genetic, hormonal or other chemical factors cannot explain it all. While it is clear that there are biological components to gender and sexual behaviours in humans, these are linked to psychological and social phenomena in ways that are not well understood.

If we look for hints in the sexual behaviour of our closest relatives in the animal kingdom, the bonobos and chimpanzees, who share 98 percent of their genome with us, we find a wide variety of adaptations, apparently linked to different environments, reproductive and feeding strategies. Among the bonobos or pygmy chimpanzees, female-female sex and male-male sex are common and appear to serve to reduce aggression and competition, particularly over food, to form bonds between pairs of animals that are useful for future mutual protection, to release tensions after fighting and appear to contribute to overall social cohesion. These same animals also engage in male-female sex and reproduce at the same rates as other chimpanzee species. Like humans, hierarchy and dominance play a major role in ordering relationships. The social organization of human sexuality shows many similar features and same sex mating may serve some of the same functions as well as several distinctly human ones.

While extrapolating motivations or social functions from non-human primates to humans remains problematic, it is clear that the flexibility and diversity seen in human sexuality are important adaptations for the species, rooted in our evolutionary past. In the 1940s Alfred Kinsey demonstrated clearly that human sexual behaviour existed along a continuum, like most natural phenomena, and that there were no dichotomous categories, such as heterosexual and homosexual (Kinsey et al., 1948). The term homosexual was coined in 1869 and the term heterosexual was brought in a bout a decade later. These terms were adopted by European medical and legal professions in the late 1800s for the purposes of defining pathology and criminality. More recent sexuality research indicates that such divisions are too simplistic to reflect reality. To date, most epidemiologists who deal with HIV and STIs have not accommodated the existing social-behavioural realities in their labels and it remains for social scientists to correct this, in order to design better and more effective HIV prevention programmes. By improving our understanding of human sexual relations and selfhoods within the socio-cultural frameworks that shape them, it should be possible to design HIV prevention activities that address the most salient issues associated with risk-taking behaviours and build a sustainable approach to male sexual health.

There is copious evidence that stigmatization and marginalisation as social processes contribute greatly to HIV vulnerability. In the case of male-to-male sex, this marginalisation, even unto denial, has played a serious role in misdirecting attention and resources for HIV prevention and care. The larger question for us today is why humans are the only animals in which condemnation and oppression are common social responses to diversity in gender and sexuality.

Defining MSM

The recently coined term 'MSM' standing for 'men who have sex with men', was introduced into the world of HIV/AIDS discourse in the late 1980s to designate men practising certain behaviours-without attaching to them any particular sexual identity. It was adopted in order to avoid stigmatizing labels and to provide a descriptive category that might improve epidemiological assessments. While it was meant to focus on behaviours, it has often been used to define persons. In several countries, terms such as 'homosexual' and 'gay' had already been seen to be inadequate as many males who did have sex with other males did not identify with those terms. When the homosexual/heterosexual (and later bisexual) terms were incorporated into medical discourse, men or women with same-sex desires (and even anyone who masturbated) were considered as pathological, but a century of attempts by psychiatrists to treat homosexuality has demonstrated that such desires are not necessarily associated with poor mental or emotional functioning. Coupled with a changing political landscape, starting in 1973 the psychiatric profession has eliminated homosexuality

from psychiatric diagnostic categories in both international and country-specific standards.

Outside of Eurocentric cultures, terms such as 'homosexual' or 'gay' often have no local equivalent, but that does not mean male-to-male sex is unrecognized. Previously, for centuries in much of the world, ordinary people made little fuss over male-to-male sex and often left it unlabelled and invisible. As most men who experienced sex with other men also had sex with women and were married, there was no need to see them as a separate species, so to speak. Male-to-male sex under such cultural regimes may be viewed as a kind of socially harmless erotic play or a normal developmental stage, having little impact on the basic imperative of family formation and reproduction.

In the world's remaining small hunting and gathering tribes there do not appear to be any specific terms designating male-to-male sexual practice, or any associated sexual identities. Among some Australian Aboriginal tribes and among some peoples on the island of New Guinea, male-to-male sex was a major part of initiation rituals and was also practiced simply for pleasure, but was never associated with any specific sexual identity. From an anthropological view, it appears that, not until societies became more complex, and population density and role specialization increased, did males who practice sex with other males become a named phenomenon. Writings from early Greek, Sanskrit, Arabic, and Chinese civilizations record terms and descriptions for homoerotic acts, feelings and the people who experienced them (Hinsch 1990; Hubbard 2003; Murray 1995; Vanita and Kidwai 2000).

Currently, most reports of HIV or STI prevalence in the USA use the medical terms 'homosexual/bisexual' while behavioural studies more often use the term 'MSM' but, if the subjects of these studies are asked which of the terms they would use to describe their sexuality, a significant minority call themselves 'heterosexual', 'straight' or other sub-culturally specific terms. In complex societies, identity terms typically imply power and status differentials. Sexual identity terms are similar in that socioeconomic status or ethnic minority status can also be implied by these terms and, in some social and political settings, are likely to be resisted, both because they often further marginalise already marginalised people and because they implicitly disclose one's conduct publicly in a setting where such disclosure may be damaging (Mao et al., 2002).

The term 'MSM' has now, unfortunately, become as difficult to use as is 'gay' or 'homosexual/bisexual'. Exported widely and adopted in other countries, the term has lost much of its original meaning. For example, in Myanmar, discussions with non-government organisations (NGOs) and members of the communities they serve revealed that, although they have several local terms for males who are open about their preference for sex with other males (apwint) and those who are not (apone), when asked who these people have sex with, the only answer was 'men'. When asked if these are MSM, I was told 'no, they are just men.' In Myanmar and elsewhere, the term is misused, misunderstood and no longer useful.

It is here that we have to distinguish between sexual behaviours, sexual preferences or attractions and sexual identity. When epidemiological survey researchers pay attention to unpacking these components of sexuality, they find that there is rarely 100 percent concordance between practice and identity among men or women. In the USA, a series of studies has shown a range of concordance between behaviours and identity terms, from about 70 percent to 85 percent, depending on where the samples are collected (Pathela et al., 2006). The concordance appears lower in population or venue-based vs. clinic-based samples. That is, it has been found that, men who have more male sexual partners than female may call themselves 'heterosexual', while men who have more female sex partners than male may call themselves 'homosexual', as well as other discordant combinations.

A few published studies in Asia have attempted to distinguish these components of sexuality. One study with probability sampling was done by Centres for Disease Control in Thailand among technical school students using the audio computer assisted technique, one which allows greater privacy and anonymity than any other method devised to date. The males who stated they were sexually attracted only to females (92.2 percent of 893), comprised 20 percent of those who labelled themselves 'homosexual'. Among males who said they were sexually attracted only to other males (4.1 percent of 893), only 70 percent considered they were homosexual, 21 percent labelled themselves bisexual and 9 percent said they were heterosexual.

In practice, the men who called themselves homosexual or bisexual had, on average, 25 percent female sexual partners and 75 percent male. The majority, 81 percent, had their first sexual contact with another male. Among those calling themselves heterosexual, 4.1 percent had first sexual contact with another male

(van Griensven et al., 2004). One study in China found that, although 49 percent of 426 men who had sex with men also had sex with women and a third had been married, only 24 percent labelled themselves as bisexual, almost all of the rest stating they were homosexual (Beichuan et al., 2000). In a probability sample of males who had sex with males in Phnom Penh, among the 27 percent who described themselves as homosexual, in the past month 45 percent had had multiple female partners as well as 90 percent having multiple male partners (Girault et al., 2004).

These components of human sexuality are made more complex by gender and gender roles. In many societies and periods of history, genetic males have taken on female gender dress and social roles. While this is not always associated with a preference for male-to-male sex, it often is and today we call this transgenderism. This pattern is not to be confused with transvestitism, a term referring to mostly heterosexual males who take pleasure in dressing and living as females at times. Male-to-female transgenderists are nearly always people who feel more comfortable living in third-or-mixed gender communities or roles, with features of both male and female gender in their personalities and role behaviours. Some, a much smaller number, prefer to live totally as women, but this has become more of a possibility only with the development of gender-reassignment surgery. With the use of hormones, breast, jaw, genital and other surgery, a genetically-born male can become virtually indistinguishable from a female and live according to female gender roles. In some countries, such individuals may also be permitted to change their legal names and passports. At the local level, terminology for transgenderism is also complex but usually easier to clarify than the term MSM.

Where men who prefer sex with men do not feel that a feminised public self is required to express themselves, those who are living as women have, in some countries, become further marginalised (Taywaditep 2002). Many male-to-female transgenders and transsexuals do not see themselves as 'men' who have sex with men, as they have spent most of their lives adjusting their bodies to express their feminine psyches. In addition, many (though not all) of the men with whom transgenders have sex, consider themselves heterosexual. There is a growing refusal among many such gender-altered groups to allow themselves to be classified as 'MSM' for HIV/AIDS programmes (Boyce et al., in press). As the lives and needs of transgenders are often considerably different from other sexual minority males, it seems inevitable that they will demand their own programmes and organizations.

Caution must always be applied when thinking about sexual identity classifications. A fully life-long unitary and fixed sexuality is not the fate of everyone. Where investigated, in the USA, sexual orientation and identity for some people are flexible and change throughout the lifetime, apparently more often among women than among men (Kinnish et al., 2005). Universally far more males than females demonstrate a strong drive for sexual partner variety without romance or commitment as well as a quicker time to consent to having sex with a new partner (Schmitt et al., 2000), a finding resulting from surveys of 16,288 people in 52 nations within ten major world regions and that holds across sexual orientations. The degree to which this is a result of gender socialisation, including the social construction of sexual/gender identity and practice, or has a basis in evolutionary adaptation still remains unclear, but the role of these findings in HIV risk behaviour for all males must be acknowledged.

Today, in countries such as Australia, the USA, the UK, and much of Western Europe, the English word 'gay' has become the primary identity term most people know for those practising male-to-male sex. The term evolved with a political purpose and is associated with men who openly disclose their sexual orientation and preferences. Where gay communities are formed as neighbourhoods with commercial venues specifically designed for gay men, most male-to-male sexual encounters take place among gay men. However, outside of these communities, among minority ethnic groups and in many Asian and Pacific countries, identification as 'gay' is not the predominant self-identity term and the sexual partners of male sex workers and others who do not sell sex, may not be 'gay' or 'MSM'-identified men at all. Because these men may not identify as anything other than 'normal' men, and simply seek male-to-male sex while maintaining a normative male social identity at their jobs, in their marriages and families and so on, they have been shown to be very difficult to reach with standard targeted HIV prevention programmes. This represents one of the major challenges in HIV prevention today.

Globally, it is probably true to say that most men who have sex with men also have sex with women, ranging from seldom to over half the time, and, depending on the society, many are married to women. In Hong Kong, for example, a recent survey revealed that 40 percent of men who had sex with other men within

the past 6 months were currently married (Lau et al., 2004). In Beijing, in a sample of 482 men who had sex with men found that, within the past 6 months, 28 percent had sex with both men and women and 11 percent had not used condoms with either (Choi et al., 2004). In a sample of 2910 rural men in India, 4.3 percent reported having had sex with another men in the past year, 58 percent of who were married (Verma and Collumbien 2004). In Chennai, a random sample of 774 men from 30 slums, showed 5.9 percent had sex with men, 57 percent of whom were married. These men also were eight times more likely to test positive for HIV than the others (Go et al., 2004). Similar findings have been recorded in Cambodia, in Indonesia, in some samples in Thailand, in Bangladesh and Pakistan. Hence, it is certain that in the context of Asia, men who have sex with men definitely represent a vulnerable group who, if infected, can pose a risk to others, including the spread of HIV heterosexually from and to women and on to their infants.

Further, among men who sell sex for a living, some sell sex to both men and women and may have differing personal preferences, irrespective of their commercial life. For example, in a recent survey of 582 male sex workers on the streets of Dhaka, 28 percent reported being either married to women or had a woman as their main partner. In addition, and in the past month, 11 percent had bought sex from females and 13 percent from males (Government of Bangladesh 2000). Similar patterns of practice have been documented in Thailand, Bali, Cambodia, and elsewhere. There are, in addition, groups of men who identify almost totally as heterosexual and would never call themselves male sex workers who also have sex with men, mainly to acquire drugs or money for drugs.

And, finally, situational male-to-male sex is common in enforced all male settings, such as detention centres, prisons, remote oil rigs, and so on, and may have few implications for identity or even future sexual activity at all. Published estimates of the proportion of men who engage in sex with men in prisons range from 2 to 90 percent (Hellard and Aitken 2004).

It is becoming increasingly clear to all students of human sexuality that sexuality in both males and females is not dichotomous, but is highly situational, flexible and diverse and these scientific findings must be accommodated in national HIV programmes.

How many males have sex with other males?

National or other representative samples of males throughout the world usually find between 5 and 20 percent have had sex with another male some time in their lives, although in certain countries proportions were higher. However, the proportion of males who report recent male-to-male sex within the past year or past 6 months, is always considerably lower, ranging from 2 to 10 percent, or approximately half. Certainly, the manner in which these surveys are conducted and the degree of stigma associated with male-to-male sex varies region by region and can be expected to influence survey results, most likely towards under-reporting. Men who report being exclusively interested in male-to-male sex rarely exceed 5 percent in any population.

Estimates of the number of males who have sex with males in different locations are hard to confirm, but given the attached stigma, must be considered as mostly under-estimates. The Bangladesh AIDS programme estimates between 40,000-150,000 men who have sex with men, including male sex workers, which is surely an under-estimate for a country of 147 million. Given a conservative estimate of 4 percent, there would be at least 1.7 million men who have sex with men on a regular basis. Other estimates include 70,000 in Ho Chi Minh City (Colby 2003), about 1.6 million in Indonesia (MOH Indonesia 2002), and 2-10 million in China (Chinese MOH/UN Theme Group 1997). Published estimates of male-to-female transgenders include 12,000 waria in Indonesia (MOH Indonesia, 2002), 200,000 katoey in Thailand (Winter 2002), 10,000 mak nyahs in Malaysia (Teh 1998), 26,000 warias (MOH Indonesia, 2005), a million or more hijras in India, and 12,000 hijras in Bangladesh (MoH 2000). A recent review attempting to examine surveys from around the world suggested that lifetime prevalence of male-to-male sex was 3-5 percent for East Asia and 6-12 percent for South and Southeast Asia (Cáceres et al., 2006). This same study also estimated that the prevalence of male-to-male sex during the past year was approximately half of the lifetime figures but that the prevalence of unprotected sex was around 40-60 percent in East and Southeast Asia but 70 to 90 percent in South Asia.

Cultural patterns of male-to-male sex in Asia and the Pacific

South Asia

In South Asia, studies repeatedly show local male-to-male sexual practices of two major types, the more common gender status-based pattern and the less common elder-younger relationship (Khan and Khilji 2002; Jenkins 1998). In Pakistan's Northwest Frontier Province, the practice of 'bachabazi' exemplifies the less common elder-younger pattern. Men may have sex with teenage boys and some may be seen publicly with their lovers, often sponsoring their education, clothing and other care (Family Health International 2003). Among the Pashtun in Afghanistan, a recent article documents the traditional practice, estimated to occur among as many as 50 percent of all males, of sex between halekon, young, "beautiful" males between about 12 and 19 years old, and older men who reward them with money and gifts. During the Taliban regime, such practices were reported to be severely punished, and some local observers thought the practice had diminished but is now again rising. Locals caution that this is not a reflection of homosexual identity, rather of the limited options among males to have sex with females (Reynolds 2004).

The national behavioural surveillance surveys of India (NACO 2002) document how some males have sex with males before having sex with females. In a sample of 1,387 men who practice male-to-male sex (19-35 years old) from Delhi, Kolkata, Mumbai, Chennai and Bangalore, the median age at first sex (defined as manual, oral or anal) with another male was consistently lower (15-17) than the median age at first sex with females (16-22). Their first male partners were usually older than they were, and were mainly friends, neighbors and relatives.

What percentage of young men experience this pattern on a national scale is less well documented. In Sri Lanka, a study of male university students found 50 percent had sex with other males, often before having sex with females (Silva et al., 1997). A 1997 survey of 977 single males (average age 18.8) in Mumbai of low income status attending colleges found that 18 percent had had a same-sex sexual experience and 23 percent had had sexual intercourse with a female (Abraham and Kumar 1999). A large study conducted by the National Institute of Health and Family Welfare in Delhi and Lucknow slums among young people from 15 to 25 years old showed that male-to-male sex was reported by 5 percent of respondents (Sharma 2001).

While general population statistics vary, it is nonetheless clear that some proportion of young males find that their experience of sex with other males resonates with their own sexual desires and gender role preferences. Besides hijras, only a minority of whom are castrated, and zenanas (non-hijra transgenders), there are a large number of kothis. Kothi, a term now widely used in India and Bangladesh, refers to men who are not transgendered but assume feminine traits that attract male sexual interest. Their (usually) insertive partners are called panthis (giryas in northern India and Pakistan). Kothis are usually fairly feminine in behaviour, cross-dress or partially cross-dress, and some take female hormones in order to develop breasts. There are many variations, with civil kothis in Bangladesh who present publicly in male gender-normative manner and gupti kothis in India, who are more completely hidden. Due to the social and familial pressures, many kothis eventually marry and produce children. Sex within marriage is performed as a duty by some, but others seem to take pride in the fact they can perform satisfactorily with women and prove to themselves they are really men, even though receptive sex with other men continues for pleasure (Khan et al., 2005). Some kothis, particularly if poor, may become sex workers.

Other men also sell sex who are not kothis (e.g., malishias in Pakistan). The 'real' men who have sex with kothis and other male sex workers are often called panthis or giryas (by the kothis). Being men of all ages and types, married and unmarried, who seek sex with other men, they are not a homogenous group. The sexual practices engaged in are usually, but not always, according to gender roles, i.e. insertive oral or anal intercourse for panthis and receptive for kothis. The term do-parata is used for those who switch sexual roles (in Pakistan, known as chavas). It should be noted that these are fluid categories and the range of variation within each overlaps in different ways, particularly with regard to sexual practice.

There are, in addition, Hindu temple transvestites dedicated to Goddess Yellama, the jogta, or the male equivalent of the devdasi. The jogta are mostly found in Karnataka and Maharashtra, but south India

has similar roles, known as Shiv Shakti, Parvatis, and Ganacharis. While they can marry women and have families and are not hijras, today many have become transvestite sex workers.

In Nepal, metis is the term for the more feminized, sometimes cross-dressed males; dohoris is the term used for those who present in a gender normative manner in public, and tas refers to all the other males who have sex with both of these sub-groups, as well as with women. In Nepal, the police are particularly abusive of these divergent males, especially the metis, and create severe barriers to effective HIV outreach. Blackmail, extortion, the threat of exposure and coerced sex are common experiences (Boyce and Pant 2001).

In addition, poor young men may work on the beaches offering sex to tourists and others for pay (Ratnapala 1998). Gay identification in Sri Lanka is highly stigmatized, despite widespread male-to-male sex (Ammon 1999).

South East Asia

In South East Asia, male sexual diversity has been documented best in Thailand. Elsewhere, except for Myanmar, traditional patterns are not well known. Modern technology, including chat rooms and the Internet, is working rapidly to transform whatever might have been the least bit traditional. Commercial sex has a major presence in several countries, particularly in Cambodia, Thailand and Vietnam. Tourism has played an important role in fostering the male sex trade and, due primarily to political and economic conditions, a large percentage of both male and female sex workers in northern Thailand today come from Myanmar (N.A. 2006). Studies report that some Thai non-katoey male sex workers are not homosexual by preference and provide services to both male and female clients (Beyrer et al., 1997; McCamish et al., 2000). Similar patterns have been found among male sex workers in other countries.

Thailand's configurations of male-to-male sex have been extensively explored in print and the transgender/transsexual role of the katoey has been the object of numerous popular films and shows. Feminized males and homosexual practices are not acceptable in Theravada Buddhism in the context of the monastic life and it is often said that katoey are suffering in this life due to having been adulterers in a former life (Jackson 1998). Yet, at least in northern Thailand, katoey do have a role in temple life and male-to-male sex in Thailand is relatively easy to experience for any male who desires it without major implications for one's masculinity, as long as it is a private act. While it seems true that Thai society is quite tolerant of gender variance and alternative sexualities on a public level, privately families are often very shamed by the feminine presentation or homosexual behaviour of a son and there are numerous examples of young men who acquired HIV having been tossed out of their homes to die elsewhere (Jenkins et al., 2006). Consequently, despite well-lauded HIV prevention programmes for female sex workers and their clients, until recently, Thailand had neglected to scale-up prevention programmes for men who have sex with men (McCamish et al., 2000).

In Cambodia, a distinction is made between the 'long hairs', or more feminized, often transgendered males (srey sro), and the 'short-hairs' (Sovannara and Ward 2003). The presence of same sex relations between men been generally ignored (except by the former King of Cambodia who advocated for full rights for same-sex couples) and high levels of stigma and harassment occur. However, there is both anecdotal and archival evidence of a previously existing transgender role prior to the culture-destroying decades of recent Cambodian history. In 2000, a survey of men who had sex with men in Phnom Penh showed 14.4 percent had HIV. Most sold sex to men and some to women; 36 percent had more than one female partner the previous month, many of whom were themselves sex workers (Girault et al., 2004).

The available literature on Vietnam is fairly silent on traditional configurations of same-sex desire. It is known that Vietnam have female and transgender shamans, known as n-dom-kho or bong lai cai or bong lo, who wail mournfully at funerals (Heiman and Cao 1975). But both the French occupation (Proschan 2002) and the modern state seem to have erased these traditions, except perhaps in the most rural areas. The common slang word is 'Be De' (derived from 'pederast') but most people have little understanding of what it means. Today the common terms used are bong lo for those who are feminized in public and bong kin who are not and are themselves often married (Bao et al., 2005). There is no law against male-to-male sex but there appears to be a great deal of stigma and fear of exposure. In urban Vietnam, one can see both highly feminized ladyboys and 'gay boys'. Some people refer to a group they call 'official' gays, those with higher-level positions in society who would not be expected to overtly reveal their sexual identities.

One study also discussed the *con trai*, men younger than about 28, who “enjoy a completely inert role in a sexual partnership. They lie or stand still while their partner does whatever he wants” (Wilson and Cawthorne 1999). Although it has been said that the police generally ignore male sex workers (Colby et al., 2004), gay venues have been closed several times in recent years, and their managers have been given long prison sentences. The few studies conducted since the early 1990s are specifically behavioural and reveal little about the contexts and meanings of male-to-male sex and relationships in Vietnam.

In Myanmar, there are many terms to refer to males who have sex with males. The more inclusive term is *achau*, which includes a wide range of gender presentations. The main roles are labelled as *apwint* (open), *apone* (closed) and *tha nge* (real men). The *apwint*, who are often clearly transgendered, hold a special sacred role in that some may act as mediums for contacting the spirits of one of the 27 nats. Nat worship comprises a complementary folk religion to Burma’s Buddhism. Two of these nats, brothers celebrated at the Taungbyon Festival and other Pagoda Festivals yearly in central Myanmar, are the patron spirits of transgenders, who can become *nat-gadaw*, or wives of the brothers under the direction of teachers known as *nat saya*. At these festivals or *nat pwe*, they dance to communicate with the spirits, and male-to-male sex is extensive and celebratory. At these festivals, there is little concern about public opinion and reportedly a great deal of anal sex takes place. In the main urban areas, *apwint* often work as beauticians and clothes designers, and some become quite well-off and famous. There is a wide range of cross-dressing from none or occasional and hidden, to full, i.e. those who use make-up and hormones to feminize their appearance, wear long hair and feminine clothing nearly all the time. Among these *apwint* are found elder mentors, the *meme* or *mamu*. Sexually, *apwint* is seen as a receptive role and some maintain a long-lasting relationship with a boyfriend, considering themselves married. Some, especially those who are older, report that they often pay *tha nge* to have sex with them.

Among younger men, the majority of whom live at home with parents, the entire coming out process can be very painful, as parents, especially fathers, expect sons to marry and may throw their sons out of the house when they discover their behaviour. As a consequence, a large number of *achau* remain *apone*, hidden and passing, with a secret life. On the other hand, if an *achau* is the main earner for the family, he may be provided with respect and treated as the family’s decision-maker.

In Laos, despite the widespread stigmatization of male-to-male sex, a recent non-probability sample of 775 men revealed that 18.5 percent had ever had sex with men and, within the past 6 months, 10 percent had had sex with men, almost all of whom also had sex with women. More men reported having anal sex with a woman than with a man. While there are openly gay men, male sex workers and *katoey* in Laos, there are also non-identified ‘full bodied men’ (*phuxay tem tua*) who have sex with all of the others (Toole et al., 2006).

Island South East Asia: Indonesia and the Philippines

Indonesia has a complex cultural scenario, multiple patterns of male-to-male sex and it is not, therefore, surprising that the local variations and terms are complex also. Many vernacular terms are in use and it is difficult to know how much they overlap or are used with different meanings by different writers. Most Indonesians group people into three genders, namely, male (*laki-laki*), female (*perempuan*), and an in-between, third gender called *banci*, *wadam*, or *waria*. There are, in addition, dance and performance traditions such as the *warok* and *gemblak* relationships in Java, which appear as an older system of relationships between elder men (*warok*) and teenage boys (Oetomo 2000). Gender-normative appearing males are known as ‘homos’ or ‘gay’ and other terms picked up from the mass media. Men of all types sell sex. Gay venues and gay identities are proliferating but appear to be associated as yet with urban, academic and privileged contexts (Boelstorff 2003, 2005). As elsewhere, descriptors and social networks are associated with socio-economic class.

The best-known indigenous gender-variant role in the Philippines is the *bakla*, but as elsewhere in Asia and Africa, gender-variant shamans have been erased by missionaries. On the island of Negros, ethnographic studies of Cebuano speakers (Hart 1968) documented the presence of *báyot* or effeminate men who were respected and held sacred roles. Today both terms, *bakla* and *báyot* designate male-to-female transgenders (Winter 2005).

Traditional expressions of male sexuality are changing, however. The 2002 Young Adult Fertility and

Sexuality Survey (YAFS 3) found that about 15 percent of sexually active young men in the country had engaged in sexual acts with other men (Raymundo 2003). Today, the western-influenced gay scene is widely visible and includes a significant number of men of masculine appearance, so called 'call boys' who sell sex to others, including to bakla and tourists. These men often identify as 'macho' or heterosexual and maintain their masculine role as inserters, thus avoiding the label of homosexual (Imperial and Hernandez 2000). While homosexual relations in private are not illegal, shame and social stigmatization are present and associated with the anti-homosexual position of the Catholic Church. The Internet, however, records the sociological fact that more Filipinos google the terms 'gay sex' than do people in any other country, followed by Saudi Arabia (www.google.com/trends).

East Asia

Historical studies of Japan demonstrate numerous forms of male same sex relationships in courts, monasteries, among the Samurai, associated with Kabuki theatre and others (Wandering n.d.; Hinsh 1992). In modern times, the variety of expressions range from the transgendered/ transsexual male as entertainer to super-buff male bodies as erotic objects. One type has become the focus of young women's romance comic books, a social phenomenon apparently related to a rejection of accepted standards of dominant masculinity by many young women (McClelland 2000). The early 1990s were seen as a gay boom in Japan but despite popularization and commercialization of the phenomenon, gay identity politics among Japanese same sex attracted men, with few exceptions, has not been highly visible. It appears that, by keeping their sex lives separate from family and work, most Japanese men who have sex with men, do not confront a great deal of active homophobia.

Same-sex desire and sexual relationships were well-documented in ancient Chinese literature. There appears to have been periods of repression alternating with periods of greater tolerance, although the literature focuses on the privileged classes. A law against voluntary homosexual intercourse was enacted in 1740 and later, the British introduced a sodomy law in 1865 in Hong Kong. In Maoist China, same sex relations were heavily repressed, men were persecuted, and the social legacy of shame and fear continues for many today, especially in rural areas (Wong et al., 2006). In 1997 sodomy was decriminalized and in 2001 the Chinese psychiatric society removed homosexuality from its categories of mental illness. Especially in cities, social attitudes are now under rapid change. Since the 1990s, media, both novels and film, have spread the word about same-sex love and sex to the general public and academics have embraced the theme (Zi'en 2002). A recent behavioural study was conducted that showed about one-third of a sample of self-identified men who have sex with men in Beijing also had sex with women in the past six months (Choi et al., 2004), indicating, as elsewhere, how commonly men are bisexually active. Family pressures to marry remain strong and many of these men eventually marry and have children. In 1997, the UN Theme Group on HIV/AIDS in China estimated that 0.5 percent of married urban and 2.3 percent of married rural men engaged in male-to-male sex (Ministry of Health China 1997). But in 2004, another estimate was issued of 5 to 12.5 million, based on estimates of 2 to 4 percent of the male population (Feng 2004).

Nonetheless, same sex attracted men continue to report considerable stigmatization and police harassment (Liu and Choi 2006). With millions of men who have sex with men in the country, gay and lesbian rights organizations in China have begun to organize. A manifesto written by one group of tongzhi (literally 'comrade', but derived from tongxinglian, meaning same-sex love) in 1996 states that individualistic and confrontational gay identity politics, as carried out in the west, does not fit their needs and that their movement will have to strategise in more culturally-specific ways (Chinese Tongzhi Conference 1996).

Male-to-male sex in Korea has been documented in ancient texts and songs (Kim and Hahn 2006) and was associated with noble youth in an elite military group known as Hwarang. Cross-dressing catamites known as chajewi were also associated with royalty although male-to-male sex was practiced among other classes as well. Troupes of male performers who also sold sex called namsadang were a feature of rural life for centuries, however, officially, same-sex desire is condemned by the principles of Confucianism. As elsewhere, family continuation is a core value in Korean culture and, while hidden and casual same-sex activities might be overlooked, refusing to marry is a serious social transgression. The HIV epidemic, however, has served to highlight the extent of social discrimination and misunderstanding. Over 90 percent of those with HIV are men and about half are said to be 'homosexual', a situation that has increased the importance of greater public discussion and openness which have largely been initiated by recently formed self-identified young people (Cho 2003).

Pacific Islands Region

The Polynesian peoples of the Pacific Islands are well-endowed with traditional gender-variant roles for males, for example, the fa'a'afine of Samoa, fakaleiti of Tonga, mahu in Hawaii, laelae in the Cook Islands, and many others. While there is little evidence that these roles have ever had a sacred nature, it is well documented that these persons were accepted and respected in their communities, and some served as healers. Although it is generally understood that young men often had their first sex with fa'a'afine ('way of a woman'), the sexual aspects of the role did not predominate in the traditional pattern (Schmidt 2003). Some mothers deliberately raised a last-born son as a fa'a'afine because they showed a propensity to carry out female work roles, which was valuable to the community. Many took on some of the work roles of both women and men. But urban life has obscured these labour role distinctions and substituted sexual or erotic markers. Over time, the fa'a'afine has become more widely known to non-Samoans as a flamboyant nightclub performer and sex worker. An exaggerated feminine sexuality has become publicly dominant. In many tourist areas, fa'a'afine participate in beauty competitions and other shows. The sexual xx

A similar process has taken place in Tonga (James 1994) and in Hawai'i. The term mahu has become pejorative in Hawaii and the standard western negativity, originally introduced by missionaries and other colonial powers, about gender variance has taken hold (Matzner 2001).

Most Pacific Islanders who live gender-variant roles and the men they have sex with resist the terms transgender, gay, transsexual, homosexual and so on because these terms focus on sexuality and sexual preference. Indigenous terms tend to be more centered on roles and aspects of the person that were appreciated within the family and community; sexuality and sexual expressions were seen as private matters not central to public identity. Nonetheless, under the constant influence of western models of sexuality, economic pressures and tourism, and, to some extent, the models utilized in HIV/AIDS prevention programmes, these Pacific formulations are under pressure.

In addition, male-to-male sex among young people takes place in most islands as a stage of sexual development before they become heterosexually active. A cluster survey in Fiji of 822 men under 25 years old showing 10 percent had experienced their first sex with other males (Kaitani 2004).

Under the clear influence of Australia and New Zealand, aspects of gay identity are beginning to be seen in Fiji, but the larger number of males who do have sex with other males are behaviourally bisexual. As church leaders have not yet learned to respect sexual diversity, and in the case of Fiji, have tried to advocate for the removal of their rights in the constitution, many such men remain fearful and difficult to reach for HIV prevention.

In the islands of Melanesia, male-to-male sex appears to be about as common as elsewhere. One national, non-probability rural sample in Papua New Guinea found 12 percent of males had ever had sex with other males (NSRRS and Jenkins 1993). Boys having sex with boys and both consensual and coercive sex in prisons are well recognized phenomena. Unlike much of the rest of the world, traditional transgendered roles are rare in Melanesian societies, yet male-to-male sex was once both ritualized and practiced simply as sex in several Melanesian culture areas. In no case did these practices have any implications for personal or community identity and apparently, prior to Christian missionaries, no major stigma. Almost all men married and had children, while some continued a behaviourally bisexually active life, as do some men today (Jenkins 1996). However, missionaries, commerce, urban life and foreign models have brought marked changes. Male sex workers have been known in urban areas for many decades, both a 'girlie-girlie' type and gender-normative young males who sell sex both to men and women. In Papua, Indonesia, urban areas now have small numbers of Melanesian waria who sell sex and live largely in a female presentation (Morin, in press). In Papua New Guinea urban centers, a rising number of relatively 'out' and increasingly feminized young men have adopted the term 'palopa' for themselves, derived from the name 'Jennifer Lopez'. As elsewhere, the more visible these young men are, the more often they experience violence and harassment, sometimes from the same men who seek sex with them (Maibani-Michie and Yeka 2005), the non-feminized. The changes taking place in Papua New Guinea may be emblematic of some of the negative aspects of globalizing 'gay' identities and the greater visibility these entail (Ryan et al., 2003).

Vulnerability and HIV risk

Contrary to the claims often made by those who know little about the history of sexuality, male-to-male sexual practices were not imported from the west, but the intolerance of these behaviours was. The social, cultural and legal barriers to the acceptance of men with sexual interests in other men has created enormous problems for HIV prevention. For years, many countries in the Asia-Pacific region have tried to deny or ignore the complex realities of male-to-male sex. The public health implications of this denial have been and continue to be very dangerous for all sectors of society (Altman 2006). The linkages are clear. About half of all men who have sex with other men in Asia also have sex with women (i.e. wives, girlfriends, female clients and female sex workers) either occasionally or regularly during the same time periods. Some of these women acquire HIV from these men and become pregnant, passing the virus on to their babies. Where tolerance for male-to-male sex is greater and young men who clearly do not want to marry women, can avoid being forced to marry, this problem is reduced. But few nations are sufficiently tolerant of sexual diversity yet and men who have sex with other men bear a heavy burden of stigma and discrimination.

The Roots of Intolerance

Religion

Much of the homophobia and anti-sexuality found throughout the non-western world today is rooted in Judeo-Christian-Islamic religious teachings which were exported throughout the world by missionaries over the last 500 to 1000 years. The proscription of homosexual behaviour has a long history in European countries, based on Christian teaching from early times. Thomas Aquinas characterised bestiality, sodomy (male and female) and masturbation as sins against God, thereby providing the basis for the inclusion of the first two in the penal code. Blackstone in the late 18th century restated early anti-sodomy legislation as a 'crime against nature'. The offence of 'carnal knowledge against the order of nature' was exported to various colonies, including the American colonies, Singapore, Malaysia, Pakistan, Bangladesh, India, Fiji, Singapore, and Papua New Guinea.

Theravada Buddhist countries like Sri Lanka and Burma had no legal statutes against homosexuality between consenting adults until the colonial era when they were introduced by the British. Thailand, which had no colonial experience, still has no such laws. In the UK itself, following the Wolfenden Report in 1957, sexual acts in private between consenting adult males over 21 were decriminalised in 1967 (Sloan 1987). Various motives for this were claimed, including the fact that the implementation of a total prohibition on homosexuality was unenforceable and therefore tended to bring the law into disrepute. More recently in 2005, same sex civil partnerships have been introduced in the UK, indicating a rapid change in social attitudes and beliefs.

In orthodox Judaism, most forms of Christianity and Islam today objections to same-sex sexual relations remain based on the notion that men and women are complementary sexes created by God and only vaginal-penile intercourse is natural. Islam has several schools of jurisprudence and the punishments for male-to-male sex differ by whether the men are married or single and whether it is the first time or repeated. For most Muslim men who have sex with men, being publicly honest about their sexuality is nearly impossible. Many maintain the major religious rites and obligations of a Muslim and must live with the unresolved sin in their hearts (Boellstorff 2005; Jenkins 1998; Naz Foundation International 2005). In the past, in most Muslim and Christian countries, it appears that social tolerance was common, social status was protective and persons were only prosecuted when public and political standing was at stake. Today these issues have become contentious once again in several countries and attacks on men who have sex with men are carried out, largely it seems to publicize the nation's official stance (Human Rights Watch 2004).

Hindu scriptures are generally silent on homosexuality but, within the diverse views and interpretations of Hinduism, opinions are generally tolerant and moderate. Male, female and third-gender principles and persons are recognized. The distinction between homosexual and heterosexual was not a concern of ancient writers and there is no law requiring punishment for homosexual acts. Erotic desire is legitimate but promiscuity of any form is clearly not a path to moksha or enlightenment. Fulfilment of religious duties, however, does include the perpetuation of one's family. This remains the primary source of conflict in Hindu

values for men who do not wish to marry women (or women who do not wish to marry men), in that one is supposed to follow one's own nature as well. Social values emphasizing family continuation through the preferential birth of sons remain strong and a source of numerous related problems in Hindu societies. Buddhism is less specific about homosexuality as a sin. More importantly though, lust in any form is considered wrong action, including sex that is self-centered, coercive, exploitative, abusive and so on. The Dalai Lama has interpreted Buddhist scriptures to mean that any sex among Buddhists that is not for procreation is improper. This, however, does not preclude full support by Buddhists for the human rights of all persons, no matter what their sexual orientation may be.

Patriarchy and mainstream masculinity

Homophobia has other than religious roots. Hundreds of studies have shown that there is a close association between homophobic attitudes, anti-female sexism and an aggressive, often violent formulation of masculinity (Davies 2004; Kite and Whitley 1998). These attitudes are significantly more common in men than in women, and are the same found in the most intractable wife-beaters (Richards et al., 2001-2002). Many analysts have shown that, around the world, authoritarian, patriarchal values drive both violence against women and homophobia, which are two sides of the same coin. In particular, when men believe their masculinity must always be tough, rough and ready for sex, when they believe that men are superior to women, that men must dominate women, and consider beating women acceptable, they are also more likely to be homophobic.

The gender role concepts are clear and result in those males who are seen to be effeminate, experiencing more violence and harassment. In high schools in the USA, studies have shown that young men who do not have sex with men are also beaten and subject to harassment if they are even thought to be effeminate or gay by others. The policing of masculinity among young men in secondary schools comprises a major part of the bullying syndrome in many countries (Gilchrist et al., 2003; Martino, 2000).

Discrimination, violence and stigma

In South Asia, kothis, seen as lesser men, experience considerable violence and harassment and, unless protected by higher incomes and social status, often are unable to finish school or gain an occupation (Bondyopadhyay and Khan 2002&2004). In a non-probability survey of 124 kothis in 4 cities of Bangladesh, 35 percent reported having been raped by policemen, often group rape carried out in police stations, 52 percent by mastaans on the street, often when they refused to give them money, and 33 percent by 'friends'. A recent non-probability study of katoey in Thailand also showed that 34 percent had been beaten or raped, more in Pattaya than in Bangkok, Chiang Mai or Phuket (Jenkins et al., 2006). A probability sample done in PNG showed 60 percent of sampled men who reported having sex with men had been raped and 22 percent beaten due to sexual orientation (Maibani-Michie and Yeka 2005).

Male rape statistics drawn from probability samples are almost impossible to find, partly because few researchers have ventured into the area, and because rape of males is not a reportable offence in most of the countries in the region. Nonetheless, high levels of rape and beatings have been reported from Pakistan (Khan 2002), Nepal (Boyce and Pant 2001), Cambodia (Catalla et al., 2003), Papua New Guinea, Sri Lanka (Miller 2002), and India (Human Rights Watch 2002). In northern Thailand, one recent study of technical school students revealed 26 percent of 'homosexual/bisexual' males had been coerced into sex against their wills, compared to only 4.6 percent of 'heterosexual' males. 'Homosexual/bisexual' women reported even higher levels of coercive sex, 32 percent, compared to 18.2 percent among heterosexual females (van Griensven et al., 2004).

In addition to direct violence, including sexual violence, effeminate males experience considerable job discrimination. This is often linked to abusive treatment by teachers and other students at school and consequent dropping-out, leaving the young man with few educational qualifications. But, in Thailand, even if a katoey has a PhD, she will find it hard to gain permanent employment at any of the larger institutions, such as universities or the civil service, unless she renounces her transgendered identity (Jenkins et al., 2006).

Stigma is a spoiled identity and is projected onto someone when they are labeled with a term of opprobrium. This leads to marginalization, discrimination, harassment and violence. But stigma can also be internalized and many young men who find themselves wanting sex with other men become despondent and suicidal. In the USA, where homophobia is widespread despite legal guarantees of non-discrimination, many men

who have sex with men engage in sex-enhancing drug use (Thiede et al., 2003; Kim et al., 2002), are subject to suicidal thoughts and attempts (Paul et al., 2002), hidden sexual lifestyles, depression and other states of emotional ill-health (Stall et al., 2003) significantly more often than men who do not report having sex with men. The same is documented in Australia, Canada, the United Kingdom, New Zealand, and the Philippines. In Bangladesh, India, and elsewhere where homosexuality is criminalized, the consequences of internalized stigma are compounded by the threat of blackmail, extortion, arrest, and imprisonment.

The consequences of internalized stigma and official oppression are strong and multiple, and act in an additive way, having their greatest impact when men are young (Dudley et al., 2004). The net effect is often participation in unsafe sex, even in a time of AIDS. This effect continues to be seen among HIV-positive men who experienced childhood sexual abuse, and subsequently was often anxious and not self-accepting as homosexual (O'Leary et al., 2003).

Fear of exposure and internalized stigma also contribute to the creation of homophobic homosexuals, i.e. men who have sex with men and then beat, abuse or even kill their partners. In the USA, domestic partner battering among male sexual partners appears to be very high, especially for young men and those who are HIV-positive (Greenwood et al., 2002). These issues have not been explored in Asian and Pacific groups, but there are hints that it may also occur in some of these countries. In S. Asia, non-kothi men often maintain that they are just fooling around when they have sex with kothis, just 'discharging', not really having sex, like a 'real man'. These attitudes also contribute to the stigma associated with this pattern of male-to-male sex.

Public health and enabling environments

The enormous contention among men found in most societies today as to what the proper type of sex is that they should have, is rarely informed by wider considerations than morality and politics. The emergence of HIV in the twentieth century ushered in another dimension and exposed the raw fact that people whose social status is compromised by stigmatization, including the stigma of poverty, ethnic minority status, disapproved occupations and life styles, minority gender and sexual orientations, accumulate disproportionate numbers of infections. The science of public health, however, demonstrates that investing in tailored HIV prevention and care programmes for stigmatized groups, including males who have sex with males, does work (Johnson et al., 2005). But the politics, real and imagined, of investing in socially disapproved groups creates barriers to action. In some countries, there is enormous fear merely to name these groups, as naming them would then require dealing with them, something those governments would rather not do. By avoiding research among these groups, they remain invisible. In other countries, they are named and even included in national AIDS strategies and plans, but receive minimal investment relative to more socially acceptable at-risk sub-populations. Globally, UNAIDS has recently estimated that only 9 percent of men who have sex with men had access in 2005 to any type of HIV prevention programmes, ranging from 4 percent in Eastern Europe and Central Asia to 24 percent in Latin America (UNAIDS 2006).

In the case of men who practice male-to-male sex, the stigmatization is so great that the majority of these men in most countries cannot be identified. Even among those who are willing to disclose their sexual practices, at least among themselves, there are many social divisions, based on class, gender presentation, ethnic affiliations, educational level, and so on. Sexual networks may not overlap with social networks, which makes HIV outreach to hidden men very difficult. Studies in the USA have shown that those whose cultures mitigate against disclosure, for example African-Americans, are more likely to disassociate themselves with publicly recognized venues and organizations that are dedicated to men who have sex with men. They are also more likely to have sex with women and not have ever been tested for HIV (Shehan et al., 2003). Where large proportions of behaviourally homosexual men are also married to women, as in South Asia, these women and their future infants are at very high risk.

The only force that has emerged to counter the reluctance of some governments to invest in stigmatized groups is the informal coalition of interest groups focusing on diverse but converging issues, such as gender equality, public health, human rights, identity politics, reproductive rights, and alternative sexualities. As people realize that their social position is destroying their health, they often organize to demand their rights. It is interesting to note that in contemporary young men in the USA, homophobia is not associated with the denial of rights, i.e. men who say they beat up 'faggots' may still consider that gay men are entitled to the same civil rights as others (Davies 2004). Where legal and social barriers are creating obstacles to comprehensive and scaled-up prevention and care services for all kinds of males who have sex with males, it is the responsibility of national authorities, including National AIDS Programmes, Justice, and Interior Ministries, to reduce these barriers- for the good of all.

References

- Abraham, L. and Kumar, KA. Sexual experiences and their correlates among college students in Mumbai City, India. *International Family Planning Perspectives*, 25 (3): 139-146, 1999.
- Altman, D. Taboos and denial in government responses. *International Affairs* 82(2):257-268, 2006.
- Ammon, R. Being fearful and boldly gay in Sri Lanka. <http://www.globalgayz.com/g-srilanka.html>, 1999.
- Bao, V., Binh, D., Colby, D., Girault, P. and Lien, T. **Reaching Men Who Have Sex With Men in Ho Chi Minh City: Sexual Identities and HIV Prevention Opportunities**. Ho Chi Minh AIDS Committee/FHI/US-AID, 2004.
- Beichuan, Z., Dianchang, L., Xiufang, L. and Tiezhong, H. A survey of men who have sex with men: Mainland China. *American Journal of Public Health* 90(12): 1949-1950, 2000.
- Beyrer, C., Artenstein, A., Kunawararak, P., VanCott, T., Mason, C., Rungreunghthanakit, K., Hegerich, P., Nelson, K., Khamboonruang, C., and Natpratan, C. The molecular epidemiology of HIV-1 among male sex workers in Northern Thailand. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 15:304-307, 1997.
- Boelstorff, T. Dubbing culture: Indonesian *gay* and lesbi subjectivities and ethnography in an already globalized world. *American Ethnologist* 30(2):225-242, 2003.
- Boelstorff, T. Between religion and desire: Being Muslim and gay in Indonesia. *American Anthropologist* 107(4):575-585, 2005.
- Bondyopadhyay, A. and Khan, S. **Against the Odds**. Dhaka and Delhi. Bandhu Social Welfare Society/Naz Foundation International, 2002 & 2004.
- Boyce, P., Huang, M., Jenkins, C., Mohamed, S., Overs, C., Paiva, V., Reid, E., Tan, M. and Aggleton, P. Putting sexuality (back) into HIV/AIDS: Issues, Theory and Practice. *Global Public Health*, in press.
- Boyce, P. and Pant, S. **Rapid Ethnography of Male Sexuality and Sexual Health**. Family Health International, 2001.
- Cáceres, C., Konda, K., Pecheny, M., Chatterjee, A., and Lyster, R. Estimating the number of men who have sex with men in low and middle income countries. *Sexually Transmitted Infections* 82(Suppl. III): iii3-iii9, 2006. doi.10.1136/sti.2005.019489
- Catalla, T., Sovanara, K. and van Mourik, G. **Out of the Shadows. Male to Male Sexual Behaviour in Cambodia**. Khana/AIDS Alliance, 2003.
- Cho, B-H. Social impact of HIV/AIDS in Korea. Seoul National University, Korea., 2003. <http://www.undp.or.kr/files/ReferFile/SOCIALpercent20IMPACT.doc>
- Choi, K-H, Gibson, D., Han, L. and Guo, Y. High levels of unprotected sex with men and women among men who have sex with men: A potential bridge of HIV transmission in Beijing, China. *AIDS Education and Prevention* 16(1):19-30, 2004.
- Colby, D. HIV knowledge and risk factors among men who have sex with men in Ho Chi Minh City, Vietnam. *Journal of Acquired Immune Deficiency Syndromes* 32:80-85, 2003.
- Dandona, L., Dandona, R., Kumar, G., Gutierrez, J. McPherson, S., Bertozzi, S. and the SDCI FPP Study Team. How much attention is needed towards men who sell sex to men for HIV prevention in India? *Biomed Central Public Health* 6:31, 2006. <http://www.biomedcentral.com/1471-2458/6/31>

Davies, M. Correlates of negative attitudes toward gay men: Sexism, male role norms, and male sexuality. *Journal of Sex Research* 41(3) 259-266, 2004.

de Waal, F. Apes from Venus: Bonobos and human social evolution, p.41-68. In de Waal, F. (ed) **Tree of Origin. What Primate Behaviour Can Tell Us about Human Social Evolution**. Cambridge: Harvard University Press, 2001.

Diamond, M. Homosexuality and bisexuality in different populations. *Archives of Sexual Behaviour* 22(4):291-310, 1993. [tp/od/nc](http://od/nc)

Dudley, M., Rostosky, S., Korfhage, B. and Zimmerman, R. Correlates of high-risk sexual behaviour among young men who have sex with men. *AIDS Education and Prevention* 16(4):328-340, 2004.

Elford, J. and Hart, G. If HIV prevention works, why are rates of high-risk sexual behaviour increasing among MSM? *AIDS Education and Prevention* 15(4):294-308, 2003.

Family Health International. **An Assessment of the HIV/AIDS Situation in Pakistan and Programmimg Recommendations**. Bangkok: Asia Regional Office, 2003.

Fausto-Sterling, A. Animal models for the development of human sexuality: A critical evaluation. *Journal of Homosexuality* 28, 3/4: 217, 1995.

Feng, Z. Males homosexuals estimated up to 12.5 million. *China Daily* 12-02-2004.

Forstein, M. The pseudoscience of sexual orientation change therapy. *British Medical Journal USA* April:143-144, 2004.

Gilchrist, H., Howarth, H., and Sullivan, G. **School's Out: Homosexuality, Bullying and Suicide**, 2003. <http://www.aare.edu.au/02pap/gil02454.htm>

Girault, P., Saidel, T., Song, N., Van Wijngaarden, J., Dallabetta, G., Stuer, F., Mills, S., Or, V., Grosjean, P. Glaziou, P. and Pisani, E. HIV, STIs, and sexual behaviours among men who have sex with men in Phnom Penh, Cambodia. *AIDS Education and Prevention* 16(1):31-44, 2004.

Go, V., Srikrishnan, A., Sivaram, S., Murugavel, G., Galai, N., Johnson, S., Sripaipan, T., Solomon, S. and Celantano, D. High HIV prevalence and risk behaviours in men who have sex with men in Chennai. India. *Journal of Acquired Immune Deficiency Syndromes* 35:314-319, 2004.

Government of Bangladesh. **Report on the Second Expanded HIV Surveillance, 1999-2000**, Bangladesh, GoB/UNAIDS, 2000.

Greenwood, G., Relf, M., Huang, B., Pollack, L., Canchola, J. and Catania, J. Battering victimization among a probability-based sample of men who have sex with men. *American Journal of Public Health* 92(12): 1964-1969, 2002.

Hart, D. (1968) Homosexuality and transvestism in the Philippines: The Cebuan Filipino báytot and lakinon. *Behaviour Science Notes* 3.4: 211-48.

Heinman, E. and Cao, V. Transsexualism in Vietnam. *Archives of Sexual Behaviour* 4(1):89-95, 1975.

Hellard, M. and Aitken, C. HIV in prisons: What are the risks and what can be done? *Sexual Health* 1:107-113, 2004.

Hewitt, C. Homosexual demography: Implications for the spread of AIDS. *Journal of Sex Research* 35(4):390-396, 1998.

Hirsch, B. **Passions of the Cut Sleeve: The Male Homosexual Tradition in China**. Berkeley and Los Angeles: University of California Press, 1992.

Horowitz, J. and Newcomb, M. A multidimensional approach to homosexual identity. *Journal of Homosexuality* 42 (2):1, 2002.

Hubbard, T. (Ed.). *Homosexuality in Greece and Rome: A Sourcebook of Basic Documents*. Berkeley: U of California Press, 2003.

Huebner, D., Davis, M., Nemeroff, C. and Aiken, L. The impact of internalized homophobia on HIV prevention interventions. *American Journal of Community Psychology* 30(3):327-348, 2002.

Human Rights Watch. *In A Time of Torture. The Assault on Justice in Egypt's Crackdown on Homosexual Conduct*. 2004. <http://hrw.org/reports/2004/egypt0304/>

Human Rights Watch. *Epidemic of Abuse: Police Harassment of HIV/AIDS Outreach Workers in India*. Vol 14.No.5(C), 2002.

Imperial, R. and Hernandez, I. Anal sex and sexual orientation, co-factor in HIV/AIDS transmission: From mildly to wildly effeminate men in the Philippines **XIII International AIDS Conference, 2000, #ThOrD687**, 2000.

Jackson, P. Male homosexuality and transgenderism in the Thai Buddhist tradition. In: Leyland, W. (ed) *Queer Dharma: Voices of Gay Buddhists*. San Francisco: Gay Sunshine Press, 1998.

James, K. Effeminate males and changes in the construction of gender in Tonga. *Pacific Studies* 17(2):39-69, 1994.

Jenkins, C. The homosexual context of heterosexual practice in Papua New Guinea. In: Aggleton, P., Ed. *Bisexualities and AIDS. International Perspectives*, Social Aspects of AIDS Series. London, Taylor & Francis Pubs., London, pp. 191-206, 1996.

Jenkins, C. *Varieties of homosexuality in Bangladesh: Implications for HIV prevention*. Paper presented at 12th World AIDS Conference Record, Abst. #155/14312: 244-245., 1998.

Jenkins, C., na Ayutthaya, P. and Hunter, A. Katoey in Thailand: **HIV/AIDS and Life Opportunities**. Policy Project/USAID, 2006.

Johnson, W., Holtgrave, D., McClellan, W., Flanders, W., Hill, A. and Goodman, M. HIV intervention research for men who have sex with men: a 7 year update. *AIDS Education and Prevention* 17(6):568-589, 2005.

Kaitani, M. *Bridging the Gap: The Changing Reproductive and Sexual Expectations of Fijian Men*. PhD Thesis, Australian National University, Oct 2003.

Khan, S., Hudson-Rodd, N., Siggers, S. and Bhuiya, A. Men who have sex with men's sexual relations with women in Bangladesh. *Culture, Health & Sexuality*, 7(2):159-169, 2005.

Khan, S. and Khilji, T. *Pakistan- Enhanced HIV/AIDS Programme: Social Assessment and Mapping of Men who have Sex with Men (MSM) in Lahore, Pakistan. Report for the World Bank*. Naz Foundation International, 2002.

Kim, A., Kent, C. and Klausner, J. Increased risk of HIV and sexually transmitted disease transmission among gay and bisexual men who use Viagra, San Francisco 2000-2001. *AIDS* 16:1425-1428, 2002.

Kim, Y-G. and Hahn, S-J. Homosexuality in ancient and modern Korea. *Culture, Health & Sexuality* 8(1):59-65, 2006.

Kinnish, K., Strassberg, D. and Turner, C. Sex differences in the flexibility of sexual orientation: A multidimensional retrospective assessment. *Archives of Sexual Behaviour* 34(2):173-183, 2005.

Kinsey, A., Pomeroy, W. and Martin, C. **Sexual Behaviour in the Human Male**. Philadelphia: WB Saunders, 1948.

Kite, M. and Whitley, B. Sex differences in attitudes towards homosexual persons, behaviour, and civil rights: A meta-analysis. **Personality and Social Psychology Bulletin** 22:336-353, 1996.

Lau, J., Kim, J., Lau, M. And Tsui, H. Prevalence and risk behaviours of Hong Kong males who seek cross-border same-sex partners in mainland China. **Sexually Transmitted Diseases** 31(9): 568-574, 2004.

Liu, J. and Choi, K. Experiences of social discrimination among men who have sex with men in Shanghai, China. **AIDS and Behavior** DOI 10.1007/s10461-006-9123-5, 9 pp., 2006.

Lombardi, E., Wilchins, R., Priesing, D. and Malouf, D. Gender violence: Transgender experiences with violence and discrimination. **Journal of Homosexuality** 42(1):89-101, 2001.

Maibani-Michie, G. and Yeka, W. **Baseline Research for Poro Sapot Project**. FHI/USAID, 2005.

Mao, L., McCormick, J. and Van de Ven, P. Ethnic and gay identification: gay Asian men dealing with the divide. **Culture, Health and Sexuality** 4(4):419-430, 2002.

Martino, W. Policing masculinities: Investigating the role of homophobia and heteronormativity in the lives of adolescent school boys. **Journal of Men's Studies** 8(2):213-, 2000.

Matzner, A. **'O Au No Keia': Voices from Hawaii's Mahu and Transgender Communities**. U.S.A.: Xlibris Corp, 2001.

McCamish, M., Storer, G. and Carl, G. Refocusing HIV/AIDS interventions in Thailand: the case for male sex workers and other homosexually active men. **Culture, Health and Sexuality** 2(2):167-183, 2000.

McLelland, M. **Male Homosexuality in Modern Japan: Cultural Myths and Social Realities**. Richmond, Surrey:Curzon Press, 2000.

Miller, J. Violence and coercion in Sri Lanka's commercial sex industry: Intersections of gender, sexuality, culture, and the law. **Violence Against Women** 8(9):1044-1073, 2002.

Ministry of Health, Directorate General of Communicate Disease Control and Environmental Health, Indonesia. National Estimates of Adult HIV Infection Indonesia, 2002. Ministry of Health, 2003.

Ministry of Health, China/UN Theme Group on HIV/AIDS in China. China Responds to AIDS. HIV/AIDS Situation and Needs Assessment Report. Beijing: Ministry of Health, 1997.

Morin, J. "It's Mutual Attraction": Transvestites and the Risk of HIV Transmission in Urban Papua. In: R.Eves and L. Butt (eds) **AIDS in Oceania: Culture, Politics and the Global Pandemic**. Hawai'i University Press (in press, Aug 2006)

Murray, S. Southwest Asian and North African terms for homosexual roles. **Archives of Sexual Behaviour** 24(6):623-629, 1995.

N.A. Burmese male sex workers in Thailand face stigma and AIDS risks. <http://www.youandaids.org/Features/Burmese.asp>. Accessed July, 2006.

National AIDS Control Organization, India (2002). **National Baseline High Risk and Bridge Population Behavioural Surveillance Survey 2002 Report. Part 2. Men who have sex with men and injecting drug users**. New Delhi: NACO.

National Sex and Reproduction Research Team and Jenkins, C. **National Study of Sexual and Reproductive Knowledge and Behaviour in Papua New Guinea**. Papua New Guinea Institute of Medical Research Monograph No. 10, Goroka: Papua New Guinea Institute of Medical Research, 1994.

Naz Foundation International. **A Jihad of the Heart. Faith, Cultures and Sexualities.** International AIDS Alliance/International AIDS Alliance, 2005.

Oetomo, D. Masculinity in Indonesia: Genders, Sexualities, and Identities in a Changing Society. In Parker, R., Barbosa, R.M. and Aggleton, P. (eds) **Framing the Sexual Subject: The Politics of Gender, Sexuality, and Power,** University of California Press, Berkeley, 2000.

O'Leary, A., Purcell, D., Remien, R. and Gomez, C Childhood sexual abuse and sexual transmission risk behaviour among HIV-positive men who have sex with men. **AIDS Care** 15(1):17-26, 2003.

Pathela, P., Blank, S., Sell, R. and Schillinger, J. The importance of both sexual behaviour and identity. **American Journal of Public Health** 96(5):765, 2006.

Paul, J., Catania, J., Pollack, L. and Stall, R. Understanding childhood sexual abuse as a predictor of sexual risk-taking among men who have sex with men: the Urban Men's Health Study. **Child Abuse and Neglect** 25:557-584, 2001.

Paul, J., Catania, J., Pollack, L. Moskowitz, J. Canchola, J., Mills, T., Binson, D. and Stall, R. Suicide attempts among gay and bisexual men: Lifetime prevalence and antecedents. **American Journal of Public Health** 92:1338-1345, 2002.

Preston, D., D'Augelli, A., Kassab, C., Cain, R., Schulze, F. And Starks, M. The influence of stigma on the sexual risk behaviour of rural men who have sex with men. **AIDS Education and Prevention** 16(4): 291-303, 2004.

Proschan, F. "Syphilis, opiomania, and pederasty": Colonial constructions of Vietnamese (and French) social diseases. **Journal of the History of Sexuality** 11(4):610-636, 2002.

Ratnapala, N. Male Sex Work in Sri Lanka. In P. Aggleton (ed.) **Men Who Sell Sex: International Perspectives on Male Prostitution and HIV/AIDS.** London: UCL Press, 1998.

Raymundo, C. Survey shows young Filipinos are opening up to homosexual activities, July 23. Young Adult Fertility and Sexuality Study (YAFS3). Demographic Research and Development Foundation, Inc., 2003. www.yafs.com

Relf, M., Huang, B., Campbell, J. and Catania, J. Gay identity, interpersonal violence, and HIV risk behaviours: An empirical test of theoretical relationships among a probability-based sample of urban men who have sex with men. **Journal of the Association of Nurses in AIDS Care** 15(2):14-26, 2004.

Reynolds, M. Halekon Pustun males. Los Angeles Times. Thursday May 27. Reprinted in **Pukaar**, July 2004, 46: 12-13, 2004.

Richards, J., MacLachlan, A., Scott, W. and Gregory, R. **Final Report 'Identification of Characteristics and patterns of Male Domestic Partner Abusers'.** Criminology Research Council, Australia, 2001-2002.

Ryan, C. and Rivers, I. Lesbian, gay, bisexual and transgender youth: victimization and its correlates in the USA and UK. **Culture, Health & Sexuality** 5(2):103-119, 2003.

Schmidt, J. Paradise lost? Social change and fa'afafine in Samoa. **Current Sociology** 51:417-432, 2003.

Schmitt, D. and 118 Members of the International Sexuality Description Project. Universal sex differences in the desire for sexual variety: Tests from 52 nations, 6 continents, and 13 islands. **Journal of Personality and Social Psychology** 85(5):85-104, 2000.

Sharma, R. More than a quarter of India's youngsters have premarital sex. **British Medical Journal** 322: 575, 2001.

Shehan, D., LaLota, M., Johnson, D., Celentano, D., Koblin, B., Torian, L. and Thiede, H. HIV/STD risks

in young men who have sex with men who do not disclose their sexual orientation - six cities, 1994-2000. **Centers for Disease Control Morbidity and Mortality Weekly Report**. 52(5):81-86, 2003.

Silva, K.T., Schensul, S.L., Schensul, J.J., Nastasi, B., Amarasiri de Silva, M.W., Sivayoganathan, C., Ratnayake, P., Wedsinghe, P., Lewis, J., Eisenberg, M., & Aponso, H. **Youth and Sexual Risk in Sri Lanka**. Women and AIDS Research Programme. Washington DC: International Center for Research on Women, 1997.

Skegg, K., Nada-Raja, S., Dickson, N, Paul, C. and Williams, S. Sexual orientation and self-harm in men and women. **The American Journal of Psychiatry** 160(3):541-546, 2003.

Sloan, I. **Homosexual Conduct and the Law**. London-Rome-New York: Oceania Publications, Inc., 1987.

Sovannara, K. and Ward, C. **Men Who Have Sex With Men in Cambodia: HIV/AIDS Vulnerability, Stigma and Discrimination**. Phnom Penh: Policy Project/Futures Group International, 2003.

Stall, R., Mills, T., Williamson, J., Hart, T., Greenwood, G., Paul, J. Pollack, L., Binson, D., Osmond, D. and Catania, J. Association of co-occurring psychosocial problems and increased vulnerability to HIV/AIDS among urban men who have sex with men. **American Journal of Public Health** 93:939-942, 2003.

Stokes, J., Miller, R. and Mundhenk, R. Toward an understanding of behaviourally bisexual men: The influence of context and culture. **The Canadian Journal of Human Sexuality** 7(2):101-113, 1998.

Taywaditep, K. Marginalization among the marginalized: Gay men's anti-effeminacy attitudes. **Journal of Homosexuality** 42(1)1-17, 2002.

Teh, Y.K. Understanding the problems of mak nyahs (male transsexuals) in Malaysia. **South East Asia Research** 6(2) July: 165-180, 1998.

Thiede, H., Valleroy, L., MacKellar, D., Celantano, D., Ford, W., Hagan, H., Kobin, B., LaLota, M., McFarland, W., Shehan, D. and Torian, L. for the Young Men's Survey Study Group. Regional patterns and correlates of substance use among young men who have sex with men in 7 US urban areas. **American Journal of Public Health** 93:1915-1921, 2003.

Toole, M., Coghlan, B., Xeutvongsa, A., Holmes, W., Pheualavong, S. and Chanlivong, N. Understanding male sexual behaviour in planning HIV prevention programmes: lessons from Laos, a low prevalence country. **Sexually Transmitted Infections** 82:135-138, 2006.

UNAIDS. **2006 Report on the Global AIDS Epidemic**. UNAIDS, 2006.

Van Griensven, F, Kilmarx, P., Jeeyapant, S., Manopaiboon, C., Korattana, S., Jenkins, R., Uthaiworavit, W., Limpakarnjanarat, K. and Mastro, T. The prevalence of bisexual and homosexual orientation and related health risks among adolescents in northern Thailand. **Archives of Sexual Behaviour** 33(2):137-147, 2004.

Vanita, R. and Kidwai, S. (eds). **Same-Sex Love in India: Readings from Literature and History**. New York: St. Martin's Press, 2000.

Verma, R. and Collumbien, M. Homosexual activity among rural Indian men: Implications for HIV interventions. **AIDS** 18:1845-1856, 2004.

Wandering, N. (nd). Sex in the Past. Homosexuality and Buddhism in Ancient Japan. <http://www.nathan-ielwandering.net/Japan.htm>

Wilson, D. and Cawthorne, P. "Face up to the truth": Helping gay men in Vietnam protect themselves from AIDS. **International Journal of STD & AIDS** 10: 63-66, 1999.

Winter, S. **Research and discussion paper: Counting kathoey**. Division of Learning, Faculty of Education,

University of Hong Kong, 2002. http://web.hku.hk/~sjwinter/TransgenderASIA/paper_countin_kathoev.htm

Winter, S. Of Transgender and Sin in Asia, 2005. <http://bangkok2005.anu.edu.au/papers/Winter.pdf>. Accessed July 20, 2006

Wong, C. and Tang, C. Sexual practices and psychological correlates of current condom use among Chinese gay men in Hong Kong. *Archives of Sexual Behaviour* 33(2):159-167, 2004.

Wong, W., Zhang, J., Wu, S., Kong, T. And Ling, D. The HIV related risks among men having sex with men in rural Yunnan, China: a qualitative study. *Sexually Transmitted Infections* 82:127-130, 2006. doi:10.1136/sti.2005.016790

Young, R. and Meyer, I. The trouble with “MSM” and “MSW”: erasure of the sexual-minority person in public health discourse. *American Journal of Public Health* 95(7):1144-1149, 2005.

Zi'en, C. (2002). Filtered voices: representing gay people in today's China. *International Institute for Asian Studies Newsletter #29*, November. <http://www.iias.nl/iiasn/newslet.html>

