



MAKING VISIBLE THE INVISIBLE

**sexuality and sexual health in south asia
a focus on male to male sexual behaviours**

Shivananda Khan

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ACKNOWLEDGEMENTS

This report is dedicated to all the
gay-identified men and men who have sex with men in India,
who have died from AIDS
unrecognised, unacknowledged, and often unwanted

This report is published
The Naz Foundation
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Palingswick House, 241 King Street, London W6 9LP
tel: +44 (0)181 563 0191
fax: +44 (0)181 741 9841
e-mail: 100647.3422@compuserve.com

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Sexuality and Sexual Health in South Asia

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

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

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

It is currently estimated by the World Health Organisation that there are some 1.5 - 2 million people living with HIV infection in South Asia. Within the next decade, this figure is likely to reach up to 20 million such infections. The Harvard AIDS Institute’s estimates are even higher - some 40 million infections. South Asia has the fastest rate of increase of HIV infection in the world, and by 2020 will have more people living with HIV/AIDS than the combined numbers of the rest of the world. While currently, it is estimated that one in four reported STD infections in the world is an Indian.

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

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

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

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

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

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

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

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

- a. "Don't do it!"
- b. "Do it safely!"

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

Neither of these approaches will work. Firstly because there is a denial of sexual histories within our countries. In a perverse way this denial, and often suppression of such histories, arise within a Western context and is a part of their "guilt" cultural frameworks. Thus Indian officials can say that there is no homosexual behaviours, or there is no extramarital sex, or premarital sex, or if they do exist it is at very small levels. The actual evidence states dramatically otherwise.

The use of religious and scriptural texts as possible mechanisms of HIV prevention often denies the reality of actual human sexual behaviours but they also deny the histories of these religions and their social interactions in the cultures which sustain them. After all professing to be a Hindu, Muslim, Christian, Sikh, Buddhist, etc. has not stopped behaviours which have been deemed to be against the specific tenants of these religions. The truth of the matter is that in South Asian cultures, based on the dramatic differences between public and private spaces and framed within concepts of shame and honour, often lead to risky sexual behaviours where these sexual behaviours are socially invisible. Public messages around culture, religion, anti-West, etc. will not have the desired effect because they ignore the constructions of sexual behaviours.

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

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

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

This reduces the rich histories of sexualities to an oppositional dichotomy between concepts of heterosexuality and homosexuality.

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

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

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

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

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

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

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

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

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

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

Within the context of the current concerns about sexual health in South Asia, in particular, rape, cervical cancer, STDs, Hepatitis B and C and HIV infection, as well as the alarming increases in sexual dysfunctions amongst women and men, it becomes an urgent necessity to explore the issues outlined above, to formulate strategies that make visible these alternate histories, that deconstruct the frameworks of contemporary conceptualisations of sexuality, and to reconstruct them in the light of the historical discoveries being made.

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

Summary

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

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

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

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

In terms of the cultural frameworks that construct South Asian sexual behaviours, the following points need to be remembered:

1. Marriage is considered a duty and family obligation, not one based upon personal desire and choice.
2. Marriage is also seen as compulsory.
3. To be single is seen as an aberration. Cultural beliefs dictate that a person is not an adult until married.
4. The central objective of marriage is the production of children, specifically male children.
5. Sexual pleasure based upon desire, or lust, for one's wife is sometimes considered shameful. The Wife holds a special place in this regard. She is the Mother. A place of honour, for it is she who is charged with the responsibility of upholding family tradition, and the rearing of children. Sex with one's wife is often seen as a duty.
6. This leads to a concept of sexual pleasure being permissible outside of the marriage context.

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7. Since there is no identity structure around the gender choice for sexual pleasure, what matters is more to do with the sense of malehood and concepts of masculinity.
 8. Thus, concepts of identity revolve around ideas of penetration. The penetrator is still “manly”, the penetrated is “not a man”.
 9. Further what matters is not the pleasure of the partner, but the pleasure of the self. Sexual behaviour becomes one of sexual discharge.
 10. Gender segregation, female virginity, loss of honour, and so on often make it easier to access other males for sex than females.
 11. Such accessibility is also made easier because of the extended family systems, and the homosociability of South Asian cultures.
 12. The sense of shame and dishonour arises from a public (community) perception about personal behaviour and the need to fulfil one’s (public) duty.
 13. Since the concept of sexuality and sexual behaviours is bound up within concepts of sexual discharge, this often leads to frequent sexual partners, rather than forming continuous sexual liaisons with a single person.
 14. Often the gender of the sexual partner is irrelevant.
 15. This can be expressed by the statement “The person has a relationship with his wife, but has sex with others”.
 16. Women are much more supervised and policed by family and community, than men.
 17. This makes it somewhat difficult for women to carry out socially illicit sexual encounters/relationships.
 18. The penalties for women are of a much greater intensity.
 19. It is easier for women to access other women than men.
 20. Within these contexts, women’s sexual and reproductive health is to a large extent dependent upon male sexual behaviours and the methodologies of their practice. Their constructions are framed by space, time, availability, gender roles, personal desires, opportunity and so on.

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An overview of South Asian men who have sex with men

(This paper was presented to the Tata Institute of Social Science, at their seminar on Sexual behaviour in India, November 1993.)

Methodology

The discussion and conclusions that this paper presents have arisen from 6 years of work amongst South Asian men who have sex with men (whether “gay”-identified or not) both in the South Asian communities resident within the Diaspora as well as within South Asia itself.

It represents discussions, shared interviews, anecdotal research, communication exchanges, and questionnaires with 200 South Asian men who have sex with men between 1988 - 1992.

While some may argue that those South Asian men who live in the West cannot be compared with South Asians living in the subcontinent, I would argue otherwise. Correlations between Diasporan South Asians, and those living in South Asia, in terms of community dynamics and cultural specificity, exist to a great extent. The same motivations, religious practices, belief systems, and to a large extent, psycho-social dynamics, exist. If anything the communities resident in the West tend towards greater conservatism than the urban cultures of South Asia. In terms of the socio-cultural demands, gender constructions, sexual behaviours, family networks, social roles, marriage and other frameworks, differences were minimal.

Other factors also had to be included. In South Asian cultures, gender segregation and the policing of women’s sexual behaviour is a cultural norm. Such segregation often reduces the availability of sexual encounters between male and female. However, we are asked to believe that South Asian men and women are able to control their sexual desires until they are married. Marriage is often delayed till the mid-late twenties because of economic reasons, perhaps on educational or business grounds, or a lack of an appropriate potential wife.

South Asian cultures are extensively homosocial. That is, males feel comfortable enough to display public affection with other males through extensive body contact. There is a great deal of socialising in male only groups. Findings in South Asia and also in the UK indicated a significant number of men would either access female sex workers or if such opportunities did not exist (the cost, accessibility, etc.) would find no real difficulty in turning to another male for sex. Such a sexual encounter would often mirror the equivalent encounter between a man and woman, i.e. penetrator and penetrated. So what sort of sexuality and identity was involved here? Similar situations arise in prison populations, boarding schools, the armed forces, in fact anywhere which has evolved single sex environments. In the UK as well as in South Asia, the significance of “uncle” and “nephew” sexual encounters has often not been noticed.

Simplistic projections of the Western terms of homosexual, bisexual, sexuality, gay and so on, have been shown to be inadequate to explore sexual behaviours and their contexts in this regard.

The question of sexual behaviour is so tied up in our cultures with honour and shame, with invisibility and denial, that I needed to create a safe space for men to talk about their own sexual behaviours, their own sexual desires, their strategies to obtain sexual release, their needs to find frameworks of accepting themselves and their desires and actions.

In this research the need was to develop trust. Trust, in that the participants knew that I would not pass any judgement on their sexual behaviours, identities, or strategies of coping with their sexual needs. Trust, in that the participants knew that I was also like them and in a very strong sense “was one of them”. Trust, in that the participants knew that I would

not reveal any personal knowledge that I may gain about them. They would still remain invisible, their personal security assured. Finally, being willing to talk about myself as openly as I expected them to talk about themselves. All participants knew that I would be drawing some general conclusions. In other words, the dialogue arena was one based upon mutual trust and openness.

Meetings with men were conducted either on a one-to-one basis at private residences or in safe public spaces, such as a cafe, a park, a beach, or in small groups of three to six men who knew each other well and could trust each other. These meetings developed over a cup of tea (hence “chai research”), a meal, or some other similar framework and discussions could be spread over a period of time. They were on an ad-hoc basis, not planned in any way, not formally structured, with no agenda for discussion. They developed by expressing a personal curiosity, a sharing of personal experiences. In other words, I had to be open about myself in order to enable the other participants to be open about themselves. After these meetings, I would write down my observations.

Another route used was through letters and telephone calls. During the these five years, since I had formed SHAKTI, and later The Naz Project, I had received 2240 phone calls. During these telephone conversations, issues around sexual behaviours, identities, sexual access and encounters, family relationships, marriage, “coming out”, developing a “gay” identity, and so on were involved.

Further, during this time, I had received 900 letters from South Asian men in South Asia, primarily India. These letters would often involve a “pouring out of the heart”. The sense of loneliness, isolation and frustration for so many was astounding and very painful.

Such research is not dispassionate. The researcher and that being researched was not separated by some clinical and scientific attitude. The old reductionist methodology cannot work in such an environment. Research was done through a befriending process.

Criticism may be levelled in that I may be accused of being biased, of placing my own value judgements upon the data, drawing conclusions based upon my own emotions. I would like to point out to such critics that there is no such thing as value-free research, particularly when such research explores sexual behaviour and the person. How questions are structured, what words a person uses, what body language is being effected, what is the “psychic” relationship between the interviewer and the interviewee, what is the power-relationship between the two, even what clothes are worn by the interviewer, what social class, what religious affiliation, what caste, and so on, can construct a dialogue between interviewer and interviewee which contaminates information. My role was to create a place and a space where people are enabled to talk about themselves in a free and personal way, without any form of judgement being passed upon them. Then to sort out what they had said and try to find correlations with what others had also said. In that I believe my arguments above have been justified.

To summarise, my conclusions have been drawn from 5 years work with:
1200 men who have sex with men These contacts have involved :
900 personal letters
2240 phone calls
800 personal meetings

All the men were of South Asian origin. The majority were either from the UK, specifically London, or from India. Others were either living in Pakistan, Bangladesh or Sri Lanka or were living in the United States and Canada. In the majority of cases, the men approached myself via SHAKTI or The Naz Project, and in this sense they were self-selected respondents. Thus any data cannot in itself be extrapolated, but they do give indications on constructions of sexuality, sexual behaviour and identities.

While I do not claim any specific accuracy concerning this data, nor can I extrapolate as fully as possible into our cultures at large, the issues raised and the conclusions drawn are definite pointers and should be treated as such.

Results

Total number of respondents:	1200
Gender of respondents:	male

See Table One for age and residency range

Marriage (See Table Two)

As can be seen from the data, the vast majority of men who have sex with men were married. What was interesting in a broader context, was that both myself and the vehicles I used for developing communication, a newsletter, SHAKTI KHABAR, and an advertised telephone number and contact address, were located within the terminological context of “gay”. It therefore seemed possible that specifically “gay-identified” men (in the sense of a person who lives a “gay” lifestyle) would be the most obvious contacts. The data indicated that this was not so.

In some 12% of the respondents from the West reported acceptance by their families of their sexual and emotional desires and were enabled to remain single. In South Asia only 5 people reported similar acceptance.

36-45

With regard to those who were neither married nor engaged, either accommodations had been made with their families, they had separated from their families, they had “come out” as gay men or they had divorced their wives.

45-60 and above

Those who were neither engaged nor married, 50% of them were widowers or divorced. The remainder had been able to maintain their unmarried status through family accommodation.

It must be remembered that the construction of South Asian families is different from that of the West. We are enjoined in a joint and extended family network, a kinship and community group, with its host of relatives as diverse from fourth cousins to in-laws. In the West, the discussion is around nuclear families of immediate relatives.

The cultural practice of arranged marriages, within a context of compulsory marriage, lies behind the marriage of so many men who have sex with men. To be single is seen as an aberration by many within our communities. Marriage is a duty, a necessity, and most often not a matter of personal choice. For these men, disobeying their parent’s wishes was seen as denying this duty, of bringing shame and dishonour to their families, of not being able to resist family pressures. There was no real construction of having a personal identity around sexual behaviour and desire. What sort of identity could they have? The term bisexual was seen to be inappropriate because the issue of marriage wasn’t a personal choice.

In several cases, while the parents (one or the other, and sometimes both) have known of their son’s sexual choices, they have still insisted upon marriage and children, explaining to their sons that they will be able to continue making those sexual choices after their marriage. The functioning of the wife was irrelevant.

Extremely few of the married respondents have informed their wives of their sexual choices. I am only aware of 2 out of the married total, and both live in the West. In the main, many believed that they could function as husbands in terms of economic support, engaging in sexual intercourse to produce children and other supposedly “husbandly duties”. Many of the married men would only have sexual intercourse with their wives a few times a year to enable their wives to become pregnant or to allay suspicions, or to “satisfy their wives”. Sex within this context was seen as a duty, not as a choice.

Sex for pleasure was seen as outside the marriage. This was usually with a series of different sexual partners, fleeting encounters in spaces where men could meet men for sex. Identity was not the issue; sexual release was.

While there had been some respondents who had contemplated divorce as a way out of the situation, when this subject was brought up within family contexts, the pressure was placed upon the wife. She had in some way failed the husband. Family pressure was also placed upon the marriage to maintain itself, as divorce was seen as bringing disaster to family. This attitude was beginning to change, and there could well be an increase in the divorce rates because of this issue. However, it was interesting to note that the attitude was changing much more rapidly in India than in the West. At this point divorce was not seen as an option by most of the married men.

In all cases the married men knew of their sexual desires before getting married. All of them had some sort of sexual encounter with another male before marriage.

Several had stated that they made a special attempt to stop these sexual encounters after marriage, but all the respondents indicated failure to do so. Their sexual desires were too overwhelming.

Marriage often constrained their sexual encounters/behaviours too in terms of frequency and availability. Too many excuses created suspicions. However her suspicions tended to be focused upon other women.

In 20 cases, the husbands reported that they could not sexually perform with their wives, and had come to some sort of accommodation to explain their “impotency”. They were not impotent with other men though.

What was significant was that a large number of married men would choose not to have emotional relationships with other men as this would have affected the stability of their marriage. Hence the frequency of sexual partners, the quickness and invisibility of the sexual act, and the tendency to have anonymous partners.

Sexual Behaviours

1. At what age did you first have sex with another male?

	West	South Asia
before 14	20	37
14-16	68	66
17-20	225	158
21-35	480	126
36-45	20	0
totals	813	387

What was interesting was also the level of sexual abuse and rape that some respondents indicated. Some 15% of respondents indicated that their first sexual encounter with a male could be classified as rape/sexual abuse.

2. What type of sexual act was this?

	West	South Asia
masturbation	379	110
femoral sex	120	105
frottage	96	82
oral sex	92	26
anal sex	126	64
totals	813	387

3. What was the age of your sexual partner

Age	West	South Asia
pre 14	6	10
14-16	60	80
17-20	180	72
21-35	300	120
36-45	195	80
above 45	72	25
totals	813	387

4. Who initiated the sexual act?

	West	South Asia
self	512	163
partner	301	224
totals	813	387

5. What was the location of the sexual act

	West	South Asia
home	305	106
other's home	212	115
park	130	70
toilet	81	46
car	41	8
alleyway	8	8
school	36	34
totals	813	387

6. What was the relationship of this person to yourself?

	West	South Asia
friend	125	24
brother	10	5
cousins	76	35
brother's friend	90	21
nephew	30	15
nephew's friend	52	46
uncle	88	38
uncle's friend	27	24
father	5	0
parent's friend	63	15
neighbour	36	24
servant	0	26
stranger	211	124
totals	813	387

7. At the current moment, what type of sexual act do you enjoy the most in order of preference?

masturbation	720 (60%)
femoral sex	480 (40%)
frottage	300 (25%)
oral sex	420 (35%)
<i>giving</i>	310
<i>receiving</i>	420
<i>mutual</i>	280
anal	480 (40%)
<i>giving</i>	290
<i>receiving</i>	340
<i>both</i>	130

(the use of the terms giving and receiving and not "active" or "passive" is deliberate. The latter terms carry too many connotations in regard to identities and language terminology. The words are emotionally loaded for participants.)

8. Average number of different sexual partners per year currently.

14-16	2
17-20	5
21-35	42
36-45	35
46-60	8
above 60	5

The lowest number of different partners was 1. The highest was 280.

Note the high figures for those between the ages of 21-45. From the respondents, it appeared that between these ages:

- there is less parental patrolling of individuals by family members
- easier access to sexual partners based on a growing knowledge of accessibility and location
- a reported higher sexual “urgency”
- working environments enabled easier excuses to be late, out, etc.

In other words the rise in sexual partners was more to do with accessibility.

For those between 46 and above, very often this was due to a lowering of desire around a sense of lack of fulfilment, and the partners tended to be more regular and stable. There was also a perceived difference between those males living in the West and those in South Asia.

I was able to find significant increases in the number of different sexual partners for those men in South Asia. In the terms of those in the West, there was a drop in the frequency of the number of different partners, as the age increased. A possible reason for this difference is that male to male sexual availability may well be higher in South Asia than it is in the West for a range of socio-cultural reasons. Further there are more support structures in the West towards men loving men than there are in South Asia.

Within the West, there are significant support structures to develop stable sexual partnerships, such as support groups, “gay” venues, and so on. These do not exist within South Asia.

What was interesting was the perceived notion towards developing long term stable relationships. Some 50% of the South Asians respondents living in the West spoke of wanting to form such relationships, while some 20% in South Asia did likewise. The desire for a monogamous relationship (or what can be defined as serial monogamy) was often expressed, but this would require supportive social systems to be built. It was clearly understood that What was the barrier towards this development was the fact of cultural and social pressures to conform to community dictates, i.e. marriage and invisibility. The other reason, especially in South Asia, was the lack of socially acceptable and safe spaces for "gay" men to meet. The environments where men meet other men for sex are such that they lead to furtive encounters, rather than encouraging long term relationships. This was an area where a “gay” movement could encourage such developments.

The anecdotal data needs to be further analysed

9. Average number of times that a person has had sex with another male in a year.

1-5	4%
6-14	17%
15-30	25%
31-45	36%
over 46	18%

10. Where do you currently have sex?

a. South Asia

The primary areas where men can find male sexual partners appear to be (in order of frequency):

parks
toilets
beaches
trains/buses
personal/friends homes (age dependent)
hotels/guest houses
taxis/rickshaws

I was unable to categorise these options as the same person may use different locations at different times. However, the favourite options appeared to be parks, toilets and beaches.

b. West

Primary areas were extended family systems, and to some extent parks and toilets. A small number met partners in the “gay” scene and at other discos. A significant number apparently found sexual partners through extended family networks. And a growing number would meet partners through telephone “chat-lines” specifically for men interested in meeting men. The actual sexual act may take place in either partner’s home, or in a car, or nearest park. Of the 813 from the West, only some 120 used this route to meet sexual partners as part of their quest. Other routes were also used. In terms of the West, only some 50 stayed exclusively within the “gay” scene, that is “gay” discos and bars, for finding partners.

The reason for these options, as expressed by many of the respondents, was the need to maintain invisibility and not declare their sexual desires. Anonymous sex was preferred since emotions may develop that would affect the stability of a marriage and thus lead to a possible exposure producing what was seen to be an intolerable strain on the person. The fear of blackmail was central to some of these concerns.

Since the foundation of SHAKTI and The Naz Project, both of which had support structures to enable a person to come to terms with his sexual feelings, and begin a movement to express those desires within an identity framework, there had been a slow increase amongst the younger men towards utilising the social facilities within the “gay” scene in the main cities. These included social support groups, clubs, bars and discos. This had also begun to increase the context of an affirming lifestyle.

Anal Sex

35% of the married respondents reported that they would have anal sex with their wives as this was the only way they could get sexual satisfaction. What their wives thought of this was not reported.

Further these and some others also stated that many sexual partners who were also married, and with whom they would only have anal sex, also stated that they enjoyed anal sex with their wives.

It therefore appears that anal sex between men and women is a significant sexual behaviour in South Asia as well as for those living in the West.

Male to Male Sexual Availability

A significant number of respondents in both South Asia and in the West spoke of the large numbers of men that would use other boys and men for oral and/or anal penetration. But they would only act as the penetrator. The sexual act was very quick, and was seen as a “discharge”, an “energy to get rid of”. The attitude was very much “what is available now”, not “I desire to have sex with you because you are a man”.

This was more apparent in South Asia, and the rationale for this could well be the gender segregation, the more easier sexual accessibility of boys/men than girls/women, the lack of a homosexual construction for the penetrator (thus maintaining a sense of malehood), the nature of the sexual pick-up scene in the frequent parks, toilets, stations, etc. Much more sociological work needs to be done in developing the thesis of sexual discharge as a mechanism for South Asian men, rather than an identity structure.

Sexual Health

1. Knowledge of methods of HIV transmission and its prevention

Anecdotal data has been difficult to analysis since this research had been initiated since 1988. HIV/AIDS, particularly in South Asia, was not getting any profile apart from what the media reported from the West. I had however, made an attempt to develop the analysis. I have done this by categorising level of knowledge in terms of a) none or incorrect b) a little c) medium level of awareness, d) high level of awareness. I have tried to also place this in the context of percentage points in regard to the numbers available for such analysis., i.e. 813 from the West (primarily the UK) and 387 from South Asia (primarily India). This of course does not imply that this information is in any way accurate, for anything but this particular group of respondents, but may give some indicators. The information is thus spread over the period from the end of 1988 till the middle of 1992.

Age	West	South Asia
14-16	30/50/10/10	90/10/-/-
17-20	35/30/20/20	70/20/10/-
21-35	40/30/20/10	60/20/15/5
36-45	40/30/20/20	60/15/15/10
45-60	40/25/25/10	60/30/5/5
above 60	60/30/10/10	70/30/-/-

Examples of ignorance:

- belief that HIV is only passed only through anal sex (in the West)
- belief that HIV is only passed through vaginal sex (primarily in South Asia)
- that HIV is only with white people (both West and South Asia)
- that only Africans and gay people get HIV (the emphasis is on the word gay here - again evident in both the West and in South Asia)
- that HIV and AIDS are the same thing
- that HIV means death
- that there is no prevention of HIV, so why bother

I was unable to quantify the specifics of knowledge of transmission, since our discussions were not done through a questionnaire format. The percentage points are a gross estimate that came from grading the discussions from 1 to 5 in terms of level of knowledge.

2. Condom Usage

Questions were asked with regard to condom usage in terms of HIV prevention, and not specifically in regard to STDs. I have analysed the results in terms of frequency of usage of condoms (with reference to anal sex in this regard, i.e. a) not at all b) sometimes c) always. I have tried to develop percentage points for these answers. Again these are qualitative estimates and not quantitative. No questionnaire was used, but information gleaned from the range of conversation, personal and telephone, as well as from letters.

Age	West	South Asia
14-16	100/-/-	100/- /-
17-20	70/25/5	100/- /-
21-35	60/20/20	70/20/10
36-45	50/30/20	60/25/15
46-60	50/30/20	70/25/5
above 60	70/20/10	90/10/-

What was significant was that not one married person reported the use of a condom with their wives, even though they may have used a condom with other men. Reasons given for this were:

- My wife would become suspicious if I started to use condoms
- I only penetrate the other man; I am never penetrated
- I am safe. Only women can give you AIDS (sic), and my wife doesn't have it.
- I am always safe. I make sure the boys I have sex with are clean.

The low level of usage of condoms was explained by:

- it doesn't protect you
- it makes me feel uncomfortable
- I can't feel anything
- you should only use them if you have sex with prostitutes
- it keeps breaking
- it slips off all the time
- anyway they are no good

In terms of India, the most common condom used by over 80% of those who did use condoms, was Nirodh. However,

this particular brand is not very good for anal sex as it tended to tear very easily. Further, as illustrated in one workshop that I did about condom use where over 50% of the participants failed to put the condom on correctly to avoid slippage, tears, bursting, the level of condom knowledge was low.

Circumcised men who use condoms had reported higher levels of maintaining condom usage than those who were not circumcised. In further questioning it appeared that those who were not circumcised apparently did not pull their foreskin back before putting on the condom. They reported a small degree of pain and irritation. Also several men reported difficulties in pulling back their foreskin.

In a South Asian context circumcision is also a religious marker, with Hindus uncircumcised and Muslims circumcised.

Another issue was access to lubrication, particularly in South Asia. A large number of the men who practised anal sex spoke of using spit, vaseline, ghee or even motor oil as a source of lubrication. In order to encourage the use of condoms, the issue of accessibility of water-based lubricants must be looked at. Is it available? How accessible is it? What about price? Can it be easily distributed?

Other issues that need to be explored

- a. alcohol and other drug use
 - what are the levels of alcohol use by men who have sex with men?
 - does this have an affect upon judgement?
 - what levels of other drugs do men who have sex with men use?
 - are there numbers of men who have sex with men who share needles?
- b. male sex workers
 - how many who have sex with men use male sex workers?
 - what are the dynamics of male sex workers, and how do these differ from female sex workers?
 - where do they operate?
 - are the class and caste and religious issues to take into account?
- c. room service "boys" in the hotel business
- d. levels of sexual abuse and male rape within and without families
- e. levels of sexual activity within prisons
- f. levels of needle sharing in prisons
- g. condom availability and accessibility.
- h. quality of condoms for anal and vaginal sex
- i. levels of anal sex between men and women
- j. water-based lubricants availability and accessibility

Room Service

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

Methodology

a series of informal discussions were held with 20 room service “boys/men” over a period of two weeks at each hotel. These discussions were part of general discussions about their lives, hopes, fears, and expectations. The discussions took place in a mixture of Hindi and English. There was little resistance to discussions on sex and personal sexual behaviours. Factors in favour of such discussions were:

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

Results

1. Number of young men interviewed: 20
 2. Age range: 18 - 25
 3. All the men have had sex with another person
 4. 8 men have had anal sex with another male
6 men had been anally penetrated
8 men anally penetrate
 5. A further 5 men had only non-penetrative sex with another male
 - a. masturbation 5
 - b. thigh sex 4
 6. 7 men only have sex with women
 7. Sex partners

Hotel guests:	12
Male hotel guests:	12
Female hotel guests:	8
Friends:	8
Parks/toilets:	2
Relatives:	13
women:	14
 8. 6 men had penetrated male hotel customers
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9. 4 men had been penetrated by male hotel guests
 10. 8 men had vaginal sex with female hotel guests
 11. 5 men had regularly girl friends
 12. Of these, three men also had sex with other male
 13. Of the men who have sex with women
3 have a regular girlfriends
14 men visit female sex workers on average once a month after payday
 14. 14 of the men had vaginal sex
 15. Of these 6 men had anal sex with women also
 16. Only one man used a condom regularly
 17. 3 men used condoms irregularly and only with foreigners
 18. The others did not use condoms at all
 19. Of those who practised anal sex with men/women, only one used a condom fairly regularly
 20. All the men masturbated themselves regularly, on average twice a week
 21. 5 of the men had male to male sex every week
 22. None had been tested for STDs/HIV
 23. None were married
 24. All intended to get married usually through family marriages
 25. None identified themselves as “homosexuals”
 26. All saw sex with hotel guests as another source of income
 27. All of the financial exchange between room service “boys” and customers were through “gift-sex” rather than cash exchange
 28. All saw such sexual encounters as “masti” or “discharge” - as play

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The Politics of Penetration

(This paper presented to the History of Alternate Sexualities Seminar, New Delhi, India, December 1993), organised by SAHKI and The Naz Project)

This was not presented as a written paper, but rather as a subject for discussion. The format was one of raising questions, expressing thoughts and concepts, generating ideas and challenges for participants to explore and think about.

1. HIV prevention programmes are being presented in the main through condom promotion, and can thus be seen at one level of social interaction as promoting penetrative sex either vaginal or anal.
2. The word “foreplay” appears to signify that the act of penetration itself is the “ultimate” sexual act and the centre of all sexual activity. Anything else must therefore eventually lead to this specific activity.
3. It is assumed that because vaginal penetration is a requirement for procreation, that women enjoy the act of penetration. Has any research been done to justify this assumption?
4. If the act of sexual penetration is seen as the “be all and end all” of sexual activity, then could it be that many men and women are conditioned to perform this act as their main sexual activity? If other options were equally promoted, would the level of penetration in terms of non- procreative sex change?
5. In the context of South Asia, the sexual act often has the following characteristics:
 - a. In the dark
 - b. brief sexual contact in terms of the length of time for penetration and ejaculation
 - c. very little affectionate contact
 - d. lack of knowledge of each other’s bodies
 - e. no effective privacy
 - f. a significant percentage of non-circumcised men cannot use condoms
 - g. a significant percentage of men do not know how to use condoms anyway
 - h. a significant percentage of men have premarital and extra marital sex
 - i. a significant percentage of men believe that sex with a wife is for children only
 - j. a significant percentage of men whether married or not tend towards being indiscriminate about the gender of the sexual partner. That is they will have sex with other men/boys as well as with women.

There is enough anecdotal evidence to indicate that the actual act of sexual penetration, whether anally or vaginally is quite brutal in that very often tissue tearing occurs. Not enough time is given for the woman to generate her own lubrication to ease vaginal penetration, and anal penetration requires self-administered lubrication for ease of penetration. Water-based lubricant is not readily available, and where it is it is quite expensive, and even if it was available, when can it be used in the above contexts?

6. Non-penetrative sex is not seen as “real sex”, and where it is known that it is practised the practitioner is often defined as “less than a man”. The act is seen as childish. It is not “serious” sex.
 7. Sexual penetration then can be seen as part of being a man and where it is the sole form of sexual expression which is given any validity, it becomes a social expression as well..
 8. In this sense sexual penetration can be seen as part of the expression of a phallogocentric culture.
 9. The language of sexual penetration is filled with terms that indicate degrees of violence and power.
 10. Male sexuality and sexual expression is specifically constructed around penetration.
 11. Definitions of malehood and masculinity are constructed around the penetrator and the penetrated.
 12. It is the penetrator who is seen as the man, as the active person.
 13. The penetrated is one who is seen as not-man - a woman, passive, female, feminine.
 14. The language of penetration is used in other arenas that also express levels of social and political violence. It means to dominate, to take over, to control, to have power over, to be possessed.
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15. Penetration then can become an act of violation.
 16. Even forms of alternate sexualities express these constructions of penetration.
 17. The way homosexual behaviour is defined, the confusion from many men and women as to “what lesbians do?”, and of the way Hijras are defined.
 18. Because of the way cultures have developed phallogentric, patriarchal, male dominated structures, penetration as the active principle is a predominate symbol of such cultures . In this way the act of sexual penetration becomes the central focus of all sexual activity and manhood. Sexual penetration is given supreme validity.
 19. Other forms of sexual activity that do not involve penetration, whether anal or vaginal should be given equal social validity.
 20. In terms of sexual health of women and men, not only should there be condom promotion, but equally, non-penetrative (very often safer) forms of sex should be also promoted.
 21. Non-penetrative sexual activities should be seen as valid alternates of penetrative sex, rather than just “foreplay”.
 22. The centrality of the act of sexual penetration can be linked to the centrality of concepts of compulsory heterosexuality and pro-creative sex. The act of “baby-making” as the only legitimate form of sex forces us to see all sex as penetrative. This is then transferred to anal sex, whether between men and women, and between men and men.
 23. Does talking about and enacting penetrative sex means becoming involved within psycho-social dynamics of masculine dominance?
 24. This raises the issue of the act of sexual penetration, whether anally or vaginally, is enjoyable to both partners. However the language of penetration carries with it these hidden agendas of masculine power over others, of patriarchal social structures and of conflating sexual activity within dynamics of compulsorily heterosexuality within the confines of male dominance. It would be useful to construct a different language around sexual pleasure and penetration so as to avoid this conflation.
 25. It is suggested that an alternative term for penetration which would reflect the issues of mutual pleasure, non-penetration, and such like could be the word “receptive”.
 26. Thus we would have “receptive sex” which disempowers the whole psycho-social concepts of “penetration” and enables a construction of “loving acceptance” in the sexual act, rather than the act of penetration.
 27. What was interesting in the group dynamics of the discussion was the different relation of the women and the men to the issues raised.
 28. To deny that the act of penetration was enjoyable was to deny the malehood of men and the sexual power they enjoy over women and/or other men.
 29. Specific research needs to be done on sexual behaviours in terms of pleasure and choices of sexual acts.
 30. This research should also include data about anal and vaginal walls scarring in the act of penetration, and an analysis of these levels in terms of HIV and STD infections.
 31. More research needs to be done particularly on the relation to choices of a particular sexual act and the personal psychological profiles of participants.
 32. Historical work being done in South Asia regarding sexual activity indicates that there have been periods where non-penetrative sex was seen as socially valid and that penetration was only within the confines of “baby-making”. These histories need to be made visible.
 33. And finally research should be done in terms of those men and women who do not practice penetrative sex, but only practice other forms of sexual activity. Why? And what?

Emerging Gay Identities in South Asia implications for HIV/AIDS and sexual health

a conference for gay men and men who have sex with men, December 1994, Bombay India, organised by The Naz Project and The Humsafar Trust

Development and Process - Community Action In Action

(extracts of the open plenary speech)

This is the first Conference of its kind in India. A historical moment. Here in Bombay some 50 delegates from India and Sri Lanka, with nonresident Indians from the United States, United Kingdom and New Zealand, have come together to share, discuss, argue and develop concepts around personal identities, “gay” identities, and the implications for our sexual health. The Organising Committee did try to secure delegates from Bangladesh and Pakistan, but as yet to no avail. So while this Conference was labelled as South Asian, to some extent we can say with the representation here that this is an Indian Conference.

All delegates here are men who have sex with men. All delegates here are involved in developing a sexuality, an identity framed by issues of desire. A desire for same - sex partnerships.

Many of you are involved in the struggle for human rights, developing supportive networks for men who have sex with men, evolving an identity that may be called “gay”. To challenge the social frameworks of compulsory marriage and procreation, to build on the right to choose not to be married. To challenge the levels of denial and invisibility that exist.

But what is this identity? We often use the term “gay” when working through the issues associated with it. What does “gay” mean? In an Indian context? In a South Asian context? This is one of the challenges for this Conference to explore. Can the word “gay” as it is understood in the West be used in an Indian context? Do we need to develop different frameworks, different labels, different ideas. Our histories are different, our socio-cultural frameworks are different, our sense of self is different.

The second major issue of the Conference is the impact of HIV/AIDS upon our lives.

Since homosexual behaviour is not recognised as part of the HIV epidemic in South Asia, “homosexual” men who are affected by HIV/AIDS are also not recognised.

India is under a major threat to social stability because of HIV/AIDS. If we accept as a minimum WHO’s estimates concerning the levels of HIV infection in India, then currently we are talking about 2.5 million people, men, women and children, and there is reasonable evidence to indicate that the actual figure is much higher.

Even at 2.5 million, a figure that is growing faster than in any other country in the world, this means that we can expect something like a million people living with (and dying from) AIDS by the end of the century, only five years away. A minimum of one million. Relatives, friends, lovers, sexual partners. Many of these people will be men who have sex with men! Our relatives, our families, our friends, our lovers, our partners.

There is sufficient evidence across the globe regarding preventing the spread of HIV to indicate that people make positive choice about their sexual health and their sexual partners when they have a positive sense of self. An identity that recognises personal responsibility and responsibility for others.

This Conference is bringing these two issues together. Exploring emerging identities, and developing contexts for HIV and STD prevention as well as support and care for those affected by HIV/AIDS amongst gay-identified men and men who have sex with men. A difficult challenge, but one that is central to the development of our lives.

In India for the majority of men who have sex with men, personal identity is not seen as the main the issue. Behaviours are constructed within cultural frameworks of compulsory marriage and procreation, in terms of homosociability, lack of privacy, extended and joint family networks and so on. What we then have is a range of sexualities, a range of homosexualities and homosexual behaviours, a range of identities that very often are very differently constructed than in the West.

For effective development of HIV/STDs prevention strategies, all these issues need to be discussed. Made visible.

However it must also be recognised that because of the social and cultural conditions in India, because of Section 377 of the Indian Penal Code, because of high levels of denial and invisibility, because of stigmatisation and harassment, enabling men who have sex with men to share, discuss and formulate strategies for the future is extremely difficult.

As a beginning, it was necessary to recognise the growing sense of emerging “gay” identities in India, particularly in the urban, middle-class arena and that many of the men involved in this development are also involved in a wide variety of sexual networks, some with other “gay”-identified men, and some with men who have sex with men.

In others words, there was a “window of opportunity” which perhaps could used to address these issues. Discovering and promoting strategies for the development of mutual support systems for men who have sex with men and “gay”-identified men could also involve development of strategies around HIV/STD prevention and support for those affected by HIV/AIDS amongst these communities.

This Conference is going to explore the confluence of the two issue. How we can help ourselves and in the process help others. This is peer support, peer education, peer counselling and peer prevention at its best.

The Conference is an extremely important initiative. It is part of a growing demand for the human rights of men who have sex with men to be addressed. It is part of a growing demand that people, whatever their sexual choice have a right to self-determination, a right to privacy, a right to choose not to be married, and the right to have access to all the services and resources that any other citizen of India has.

All the delegates here, as with any other man who has sex with men, whether “gay”-identified or not, are caught in a peculiar trap. At one level, the existence of men who have sex with men is denied, made invisible, and therefore nonexistent. Yet in both qualitative and quantitative research, the numbers of men who have sex with men in India is immense, perhaps at a minimum, some 40% of sexually active men, not necessarily exclusively, perhaps intermittently, but at some periods of their sexually active lives.

At another level, based on Western media hype, men who have sex with men are victimised as the main vector for HIV and AIDS. Yet WHO/NACO statements have indicated that there is no homosexual transmission of HIV in India. We are caught in the trap that to discuss the issues is to make visible the stigmatisation. While not to discuss the issue may make individuals feel safe from victimisation, but put them more at risk in terms of HIV/AIDS.

All the while the third element of the trap is the confluence of homosexual behaviours with Western “corruption”, a result of liberalisation of the economy and allowing Western influence to infiltrate India. Many of you will have read the debates in some national newspapers regarding this very Conference which have led to several delegates being to afraid to attend. This of course is nonsense, for those who use this argument are ignorant of Indian cultural and sexual histories.

It is your job as delegates to confront these three issues, rise to the challenge and issue your recommendations to action.

This Conference is for “gay”-identified men - whatever the term “gay” means to us - and men who have sex with men who have come from all over India, from the East, West, North and South, from different socioeconomic groups, from different religious affiliations from different castes, language skills, from differing communities. Each has its own specific tensions, dynamics and history, which often will create different agendas based on perceived needs. But there are also shared concerns, shared dynamics, shared understandings. Where there is diversity, there may also be a unity of diversity. The right to be different is what joins us all together. And in that right, the right to have access to human

rights and services. To live our lives with dignity.

It is within this context that this Conference has been organised. This is your Conference. It is a space that we have all created to share concerns, develop a sense of solidarity and empowerment that may have to challenge ourselves, our families, our cultures, our societies.

There are no real models in such work, no set ways forward, no real experts. You are the experts. Your life the model. For all of us it is a learning process, a sharing process, a common purpose.

As “gay” - identified men, as men who desire other men, we have the opportunity to explore what it means to have an alternate sexuality, and what challenges HIV/AIDS represent to this emerging “gay” identity. How we can generate our responses to these challenges, and what we can take back to our areas of residence and begin, continue and evolve programmes, services and strategies is supremely important, vital and needful to halt the spread of HIV/AIDS. Such services are empowering in themselves because they arise from ourselves, in responding to our community and social networks. The issues will be owned by ourselves and our response will arise from our own needs and sense of responsibility. As a group of men working together, sharing together, creating a solidarity amongst ourselves, we will be developing our own response within our own contexts.

This is what is meant by Development and Process - Community Action in Action. The challenge to our personal sense of identity, to our desires, the challenge of HIV/AIDS is here, right now. Let this Conference be just one of many positive responses we can generate to face this challenge.

A Personal and Community Commitment

(extracts from the closing plenary speech)

Well here we are, in the final hours together. Soon you will all be going your separate ways, back to where you have come from, hopefully as a changed person, with a different perspective, a different viewpoint, a challenge to action, whether through your own group, or organisation, or network, or individually.

Both myself and the Conference Organising Committee hope that you have enjoyed your time together here, making new friends, struggling together towards new visions, new insights, new hope. We would also like to thank each and every one of you for having the courage to be here, for the willingness to open yourselves to share, to learn, to work with each other.

What you have all done in coming together, in sharing your personal pain, in sharing your visions and hopes, is to create this remarkable sense solidarity and commonality.

When I first broached Humsafar Trust with the concept of this Conference and we held our first discussions on what this Conference would be about, how we could go forward in organising it, what its content would be, it was with some trepidation. Comments like “it won’t work”, “it would be like a party”, “too many egos” and so on followed us. But all the doubters have been disproved.

You have all worked remarkably hard, from 9.30 in the morning till 8.00 in the evening. Struggling towards a common vision that still holds a diversity of viewpoints.

Your work has created options for change, challenges for the future, a vision towards which we can all work together for. You have created recommendations for action that empower you all. You have raised a challenge to all HIV/AIDS services, whether governmental or non-governmental. A challenge to the invisibility of your existence.

What we have been about in coming together is, not only to build a coalition, a network of people, groups, and networks of networks, but also to work together to find ways ahead for us all in developing a response to HIV/AIDS within our networks and communities. We have done this, not alone, but together.

We have responded to the process used at this Conference, of working together, sharing our knowledge, skills, visions and hopes, our dreams and our pains, our personal histories and our lives, with a willingness and an openness, that in itself is remarkable. It has been done with love, with due attention and support, with a sense of responsibility. In that sense we

have been dutiful to our personal needs and those of others who share similar hopes and aspirations, but in quiet desperation that is invisible to others.

There have been so many questions seeking answers, and answers seeking routes for empowerment. Recommendations have flowed from your work. Challenges to work with. How do we challenge our networks to accept personal responsibility and a duty towards others in our own sexual behaviours? How do we ensure that our networks have the knowledge, the information about HIV/AIDS and sexual health? How do we set about developing appropriate community responses towards provision of support and care for those within our networks living with HIV/AIDS? How do we go about developing a strong sense of personal identity around who we are, what we are, in a positive and self-affirming way? How do we challenge the social institutions who deny our existence, victimise our lives, harass our persons?

Since the issues of HIV infection and preventing its spread, and growing development of services for those affected by HIV/AIDS, has become part of the Government's agenda as well as for a significant number of non-governmental agencies and international donor agencies as well, an increasing amount of material has become available on the subject. There have been several publicity campaigns sponsored by Central Government, local Governments, and non-governmental agencies. Television commercials, posters, leaflets, booklets, and newspaper adverts have all tried to alert the public towards being sexually responsible.

There has also been a growing number of non-governmental agencies dedicated to providing a range of services, from education and prevention campaigns to support services for those living with HIV/AIDS. But what has been available for you? Who has taken up your needs, addressed your concerns, provided you with support?

No-one, except yourselves.

HIV/AIDS is a complex issue that affects all our lives, whatever our age, gender, sexuality, socioeconomic group, class, caste, religious affiliation, and so on. It affects the way we think about each other, how we relate to each other personally sexually and socially. It has an impact upon our language, on imagery, and through the effects of our fears often stimulated by media perceptions, it has also affected the way we perceive the issue itself, through condemnation, blaming and denial.

We end up wanting to believe that we personally are not at risk. I don't have sex with "dirty" people. I am "clean". And so on. We project the risk onto others. I'm OK.

While as men who have sex with men, doubly marginalised because of desire and risk, "gay" networks, groups and organisations have been targeted for vilification, violence and harassment because they represent the visible. But underneath this visibility is this immense invisibility of men who have sex with men.

Your visibility has been courageous, for often you have so much to lose. You have shown strength to be here, to accept the challenge.

We are not immune to the issues of HIV/AIDS. Perhaps for many of us other issues may play a more central role. Possible victimisation, fear, intimidation, loss of employment, and family pressures on marriage, that we often may want to forget about HIV. But we cannot. Our networks' response to the challenges of developing effective, appropriate and responsive services for those of us living with HIV/AIDS, as well as preventing its spread has been inadequate to say the least.

But also, both governmental and non-governmental agencies have been caught in the trap of denial and invisibility which has led to totally inadequate response from themselves. "Homosexual behaviours? Doesn't exist. Not a part of Indian culture." What nonsense is this. Men who have sex with men, and a broad range of institutions in the country, have mutually supported each other in such denials. This is dangerous. Dangerous for each of our lives. Dangerous, because if we don't have the knowledge, the correct information, the personal desire - which can only arise from an affirming self - how can we possibly make positive choices about our personal sexual health and that of our sexual partners.

Inadequacy is a mild term. Bleak, frightening, genocidal these would be better and more appropriate. What information that is available is often irrelevant or superficial, misleading, ignorant, if not downright untruthful. It certainly does not address the needs of men who have sex with men, whatever the identity.

Such presentations - or should I also add a lack of presentations - can only be described as discrimination and an abuse of our human rights, whether unintentional or not.

The silence is deafening. But we add to that silence by masking our voices so that they speak with another voice.

We are surrounded by assumptions. We don't exist. But if we do it is because we have been "corrupted" by Western culture. We have no history, no identity, no shape, no framework. We are invisible. We are nothing.

But your very presence here over the last few days has raised a challenge to all that. You have spoken, and your voice will be heard.

What then are some of the issues that concern us?

- * What are the dynamics of transmission of HIV amongst men who have sex with men? What are the relative dimensions between vaginal and anal sex? What are the levels of infection amongst men who have sex with men, in all the numerous sexual networks that exist?
 - * have resources been denied to our networks because of "homophobic" assumptions which lead government, local authorities and non-governmental agencies to accept that such behaviours do not exist in India?
 - * to what level have our communities, religious, business and social leaders, as well as health professionals adopted the myths about HIV/AIDS in India?
 - * At what levels has training been offered to social and health care agencies around sexuality and sexual health?
 - * how is sexuality, sexual behaviours and sexual health generally discussed?
 - * how can we develop coping systems to deal with friends, lovers, spouses, partners, relatives living with AIDS, or dying from AIDS? What about caring for those very ill? What about funeral arrangements, fostering/adoption? What about our sons/daughters living with HIV/AIDS? Medical treatment? Economic costs?
 - * how are we going to go about creating safe, supportive and caring systems?
 - * Can compulsory marriage be socially challenged? And in what ways that still sustain our Indianness?
- We can go on and on. But hopefully you have come with some solutions, or ways towards solutions and resolutions.

The issues of emerging "gay" identities and developing appropriate and accessible services around HIV/AIDS and sexual health, needs to be confronted and addressed now. What we have been going through these last few days is part of that process. We have to do it ourselves. We have to develop our own resources, our own strategies, our programmes. By helping ourselves, we help others.

But what we can demand is that AIDS service organisations, whether international, Governmental or non-governmental need to confront themselves and explore how they deliver their own services. Are they going to be responsive? What assumptions are they operating from? What prejudices exist within them? Can these prejudices be done away with?

We are the OTHER, hidden away under the blanket, swept under the carpet, collecting alongside the crannies of society. Our histories, sexualities are buried under layers of lies, myths, fears and anxieties.

Assumptions about our sexual behaviours, our sexualities, and our identities abound. Too often we find Western perceptions and language imposed upon us without thought and understanding.

But in coming together, in working together, in generating the challenges for action, you have created another space, a space that you own, a space from which you can stand proudly. You are taking responsibility for yourself, and in doing so you are being responsible towards others.

Your lives are already lived in fear. Victimisation and harassment from the police. Fear of exposure. Fear of what the family will say. Fear of what others will do. You have all read the relatively recent newspaper coverage of this particular event. The risks were enough so that the venue for the Conference was not disclosed. Many of you live with constant harassment at college, at the workplace, on the street, in the home.

Threatened communities and individuals always build barricades against the threats and are driven into greater invisibility. This makes it supremely difficult for empowerment and self-awareness. It makes it more difficult for

developing positive choices about sexualities, sexual behaviours and sexual health. It is this invisibility and denial that enables HIV and its consequences, AIDS, to become a growing issue of major concern for us all - an issue of life and death.

The challenge needs to be faced now, before it is too late. It is a mutual challenge. As individuals arising from differing historical roots, from differing sexualities and identities, we need to explore our own internalised oppressions. And our societies, as well as ourselves, have to recognise that invisibility and denial are pathways to disaster.

We must all acknowledge that our behaviours and our attitudes, our beliefs and our ignorance, may often carry major risks for the spread of HIV. We all need to develop compassionate, caring and non-judgmental attitudes so that we can be empowered to create compassionate, caring and non-judgmental services for all affected by HIV/AIDS.

This Conference can then demand that as “gay”-identified men, as men who have sex with men, that our human rights for choice, for privacy, for dignity as human beings, are respected and adhered to. From the discussions too which I have been privileged to be a party of, from the thoughts that you have all expressed, this is the demand that is being clearly voiced.

Both The Humsafar Trust and The Naz Project would like to thank you all for your courage and determination, in coming together and working so hard together. In being “out” to each other, and in being honest and expressing the dignity of your lives.

We hope that we will continue working together for the betterment of all our lives, of those of our friends, our families, our partners and lovers, of our society and our countries of residence. It is a challenge, an adventure, and like any adventure there will be high points and low points. But in supporting each other let us take this high point, this solidarity expressed at this Conference back to our homes, to our daily lives, and act upon in our daily lives all that we have struggled to learn together.

This then is our personal and community commitment, our declaration of intent.

© December 1994

Under The Blanket

INTRODUCTION

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

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

It is currently estimated (1994) by the World Health Organisation that some 1.5 - 2.5 million people are living with HIV in India. Further within the next decade, this figure is likely to reach up to 20 million such infections. The Harvard AIDS Institute’s estimates are even higher, some 50 million infections. South Asia has the fastest rate of increase of HIV infection in the world, and by 2020 will have more people living with HIV/AIDS than the combined numbers of the rest of the world.

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

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

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

The fluidity of the Indian male’s sexual experience and behaviour (and here I am generalising, but with significant anecdotal evidence), the frameworks of sexual invisibility, gender segregation, Indian homosociability, male ownership of public space, shame cultures, community *izzat*, compulsory and arranged marriages, joint and extended families, lack of personal identities (or at the least, subsumed within a family/community identity which has precedence), and male

and female roles as definers of adulthood, have a central impact upon the constructions of sexual behaviours. It is in this that Eurocentric constructions of identities and sexuality is problematic.

This essay focuses on male sexual behaviour in India and in this context, what could be deemed as male “bisexualities”. But we would first need to look more closely at the constructions of “bisexualities” in India and seek its relevance to the increase in HIV/AIDS in India before we can develop appropriate strategies for HIV prevention and sexual health promotion.

What follows is somewhat simplistic, generalised and iconoclastic analysis. However, it is understood that there are always exceptions, but like the adage, exceptions prove the general rule. This analysis has arisen from 7 years work in the issues of sexuality, sexual behaviours and HIV/AIDS within a South Asian context.

It should also be pointed out that very little research has been done in India into male to male sexual behaviours. What sexual behaviour studies have been done are too often within Eurocentric constructions, with questions and methodologies providing ready-made responses. People have not been allowed to speak for themselves, except perhaps in very limited ways.

LANGUAGE

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

George Orwell - ‘1984’

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

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

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

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

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

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

For example, the act of sexual penetration is often seen as a definer of phallic power, a male signifier. For a person to be penetrated is to define that person as “not man”. The language of penetration is around gender and power. So *gandu* and *khusra* are local terms that are sometimes used synonymously with the term homosexual, but they do have the same meaning. These words represent men who are sexually penetrated and have meanings connected with a lack of

masculinity and malehood, a person who is “not a man” perhaps “not a woman”, but a third gender in the same way that the word *hijra* is also taken to mean a person of a third gender. These terms are abusive, derogatory and degrading. But also be careful here. In India, malehood and femalehood are also defined within constructs of family, community and social duties. A man can be extremely “effeminate” in behaviour (as the term is defined in the West), but because he fulfils his community duties as a married man with sons, he is defined as manly, a proper man. Further a boy (a male who is not yet a man in terms of social duties and responsibilities) may be extremely masculine (in a Western sense), but is still defined as not-yet-man. He is not married with sons. In that sense there is a framework of a specific gender construction around post-pubescent boys who are not “men”. In this context the “beardless youths” of Arab and Mughal India sexual histories are indicators of this, while this construction has strong overtones of sexual accessibility.

CULTURE

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

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

Family

Within Indian communities, there are extremely strong links with the family and within the family. Here the family is much more than the immediate biological parents and siblings. It includes all the relatives; grandparents and their relatives, all the uncles and aunts, brothers and sisters-in law, nephews and nieces, cousins five times removed. The Indian family is a joint and extended family, a community in its own right, defined by language, dialect, religious practice, caste, place of origin, and so on. Often whole villages are made of one interconnected family.

These links are held together by custom, tradition, belief, practice and economics. Their value lies in providing a form of social security and welfare in a culture that has neither. The elders are supported, as are the unemployed, the unmarried, the range of children, the disabled. It is considered a moral duty for the family to stay together in this mutual support system, whether this staying together is physical or psychological.

Of course such extended family systems can be a liberating experience in terms of the social conditions of individual members. To rely on the family for such support, emotional, physical, or financial, relieves much of the burden for sustaining the self. But as a consequence, the concept of individuality often becomes lost. There is no space for it. Personal choice and desire becomes subsumed within family choice and desire. The person is replaced by the family. In this context there is no space for a personal identity as the central means of self-definition. Who you are individually is of less importance than which family you are a part of.

This has meant that children tend to stay much longer within the family household than their European counterparts, only leaving (if they do) when they get married. There are a significant number of men and women over 30 who are still living with their parents, who are still single, and who are still considered and treated as children, as not adults. Such single people are often not single by choice though. The economics of marriage have begun to affect marriage dates. The need to find a space, dowries, the cost of living, further education or even developing a business has delayed marriage to later and later ages. Many men are now marrying in their late twenties or thirties.

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

For the vast majority people, in living with their parents they find no personal space. The majority of homes consist of one or two rooms, holding parents and several siblings, and even other relatives. Some households also divide up what space they have into male space and a female space, spacial boundaries for sleeping.

What privacy is here? What confidentiality ? The crammed conditions of sharing “male space” in a culture with high levels of homosociability often create conditions of “masti” a release of “body tensions”, these quick and furtive sexual

gropings that are maintained as invisible behaviours, behaviours of the dark, behaviours “under the blanket”, behaviours that are therefore not real.

You NEVER leave the family home. You carry the psychological space with you all the time. While the crowded flat will generate intense arguments, disagreements, family fights, all members of the extended family, and sometimes even the neighbours, will join in, usually on the side of the parents. This is supported by the attitude and belief that the duty of the child is to obey the parent, whatever the age of the child. Obedience to parental demands and pressures is one of the central glues that is perceived as holding the family together. To disobey one’s parents is to bring shame and dishonour upon the family.

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

This form of social control is constructed by traditional concepts of HONOUR and SHAME. Honour, not so much as what is deemed honourable, but in terms of community standing. Shame, not so much as what may be deemed as wrongful, or sinful, but by visible behaviour and conduct which brings shame to the family and/or community as a whole. These two intersecting frameworks arise out of understandings of value systems around what is PUBLIC and what is PRIVATE.

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

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

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

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

Something that occurs in a public space may not be considered public if it is not observed, or if observed, not discussed. For example, there is a park in Calcutta which is a “cruising site” for men who have sex with men during the early evening, and where the public toilet is the scene for sexual activity. There are no lights in the park during this time, and thus the park could be seen as a “private space”. Nothing is clearly visible. The toilet is at one corner of the park, near to a road intersection which holds a street light. This sheds some faint yellowish light into the toilet itself, and if you stand at this corner, you can sometimes see what is happening inside the toilet. There are occasions when individuals have done that, spotting a range of sexual acts being performed in the semi-dark. These acts are still private events because there is no discussion by the observer. It only becomes a public event, which then will bring shame, when there is an open discussion; the observer makes loud comments; the police arrive.

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

To maintain her economic worth and to safeguard family honour, she must be protected from the lust of men. Her virginity as a prized possession is to be nurtured and protected, for it is upon her status as a virgin on her wedding night that will announce publicly the family honour. In this context, women are more socially “policed” in terms of their behaviour, especially sexual, particularly in the “public domain”. Women’s honour and their honourable behaviour has to be scrutinised. This means that many sexually active men have very little sexual access to women, other than wives,

or perhaps female commercial sex workers.

Marriage

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

Traditionally marriages are arranged between two extended families, where such arrangements are based around economic and inter-family connections. Nowadays amongst middle and upper class families, parents may ask their children with regard to the suitability of their choices, and there are processes whereby the two prospective partners can meet each other regularly before the wedding. But often such meetings are chaperoned by some parental figure. And even while such choice maybe significant, ultimately there is no choice about marriage itself. For the majority of women and men, personal choice is subsumed within family choice.

Where there is resistance from a son or daughter towards marriage, enormous pressure can be brought to bear upon them to submit to the parent’s/family’s wishes. As the child gets older, such pressures increase and some families will utilise a range of options to enforce the family dictates such as emotional blackmail, financial inducements, threats, excommunication, and sometimes violence, will be used.

To remain unmarried is often seen as an aberration, a sickness, bringing shame and dishonour upon the family. Something must be wrong with the person and/or with the family. The family could not find a marriage partner, or the child has a problem, or they couldn’t afford the dowry, and so on.

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

Of course the pressures upon the young women are even more intense. At least the young man can often make a greater range of excuses. Business, education, travel, etc.

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

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

Few married men will inform their wives about their extramarital behaviour. Many believe that all they need to do to function adequately as husbands is in terms of economic support for their wives and engaging in sexual intercourse in order to have children. There are many men who will only have sexual intercourse with their wives a few times a year specifically to get their wives pregnant. There is no joy in such intercourse. It is seen as a duty only. Duty as an adult male, duty to the wife and family, a duty to have children.

Children and filial duty. Sex as an obligation. As one person in a sexual health workshop in Orissa told me, “I do duty to my wife”. The wife, sometimes seen as an Honoured Partner, cannot be touched by sexual desire. The wife is Mother, Sister, the bearer of her husband’s children. Sex for procreation is what occurs in marriage. Sex for pleasure is what occurs outside the marriage.

Its is considered natural for men to be “lustful”. Sex for pleasure and sex as lust are often seen as synonymous. This leads to significant numbers of married men who have sex outside of their marriage. As long as this behaviour is invisible, it brings no shame and dishonour to the family. Public life is separated from private life. If women are not accessible or cannot be afforded, then perhaps other men or boys can be. It is not so much sexual desire, but sexual discharge.

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

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

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

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

A married woman's options can be severely limited. Not only her own family, but members of her husband's family will place enormous pressure to maintain a marriage. Divorce is still relatively low, not because marriages work better than in the West, but because divorce and separation carry dishonour and shame for both families. The public perception of a marriage that maintains itself must be upheld.

For men who have sex with men, where there might be some sort of "gay sensibility" in the Western sense, this too becomes restricted, buried under the weight of tradition and custom.

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

Religion

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

What needs to be clearly understood is that religion and culture are not isolated from each other, nor do they represent the same thing, but are interwoven in complex dynamics. While the religions specify particular social practices, beliefs and attitudes, very often cultural traditions and customs will outweigh religious beliefs and statements. What matters is interpretation, but who does the interpretation? Where interpretation of religious texts interpenetrate cultural beliefs and customs, then very often these customs and practices will take on a sanctity that never existed in the original sacred text.

It should also be remembered that in contrast to the way that Christianity is viewed and practised in the West, where it is seen as very much a matter of personal choice and individual response, the religions of the subcontinent relate to how communities function as a whole. Religious and secular life centres in the mosque, the temple and the gurdwara. Public faith in a specific system of beliefs, whether Hindu, Muslim or Sikh is not separated from the day to day life of the person, but an integral part of community and public life.

This of course does not mean that there isn't intense personal belief and practice. Of course there is. The private *namaz*, the personal prayer, the *puja* at home. For many religion provides personal solace, meaning and content to one's life. But with all this goes the daily observances, the food a person eats, his or her relationships with each other and the family,

interactions with the community and community structures, various religious celebrations and festivals, which are all interlinked and interdependent. This is the visible side, the proof of one's religious observance. Private and public are co-joined, which means that there will be those for whom only the public observance matters, whose private practice may not be in line with public observance.

Religion and religious practice becomes an obligation to the community, a duty to the community. Not to accept this duty can bring shame and dishonour to the family and to the community. Thus we can say that community participation, more than a personal belief, has a greater relevance. It relates a lot more to what you are seen to do than what you actually do. Participation involves submission to the daily rituals, customs and traditions that surround a specific religious belief. It is public acceptance rather than a private knowing.

Romance and Friendship

What has love got to do with marriage? This question is often heard amongst sexually active men in India. The expectation and hope is that love will grow after the marriage. Anecdotal evidence indicates that for many women and men this only remains a hope.

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

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

In terms of Indian cultural norms, direct relationships between men and women before marriage, whether social or sexual, is frowned upon and usually not unacceptable. Such socialisation is seen as allowing the possibility of dishonouring the woman's family. Men are seen as naturally lustful, uncontrollable, while young women are seen as being able to arouse that lust. Women must be protected from men's lust, whilst men must be protected from "women's wiles".

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

For many men, across all ages, all this emotional and sexual energy, this romantic longing, the affectional needs tend to be channelled between themselves. Intense friendships are formed within homoaffectionalist frameworks which includes extensive male to male touching, holding of hands, body contact, and sleeping together in crowded spaces.

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

But the line between homoaffectionalism in such a supportive environment and actual homosexual behaviour is a fine line, and many males cross this line in situations that enable the behaviour to maintain its invisibility. Thus at times two boys/men sharing a bed under the same blanket will find it easier to sexually access each other without consciously acknowledging the fact.

One situation that I was witness to was in a domestic servant's single room home which housed the mother, her four children, and her younger brother. One of the children was a male in the mid teens. The male teenager and uncle were sharing a blanket sitting on the bed, while the female members of the household were getting on with cooking a meal on the floor. It was obvious what the two male were doing under the blanket, a behaviour totally ignored by the women. Discussions with the uncle at a later time indicated that during the night, the two young men would often masturbate

together under their shared blanket, and on some occasions, the older would penetrate the younger. “When everyone is asleep”. Because the behaviour was invisible, there didn’t appear to be any sense of shame or guilt. “What can I do? I get body tension. He gets body tension. We are together? It just happens. We are friends.”

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

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

Despite these intense friendships which produce visible physical affection between males of all ages, which sometimes may well led to sexual acts between friends (and if there is an age difference between the two males, the older one may penetrate the younger), and where such feelings may defined in Western terms by the word “gay”, this identity is just not there in the person. Sex with another male is not so much a permanent feature but an additional outlet. The constant expectation is that one day the person will be married and have children, and perhaps they may be able to afford sex with a female prostitute. Here sex is discharge, opportunity.

Sexual Availability and Behaviours

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

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

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

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17. Indian cultures are homosocial and homoaffectional, both in public and private. It is not uncommon for two or more males to share a bed. This makes opportunities for sexual encounters much more easier. Very often this takes place in the dark, under the blanket, when partners can disassociate themselves from the act - "it was in my sleep".
 18. For other socioeconomic groups, primarily middle classes, domestic servants, male or female, become sexually accessible.

All this does not imply that loving bonds between men do not exist. Yes it does. Intense emotional and sexual relationships do exist, but these are framed by the cultural necessity of marriage and children. Very few men or women are able to escape this cultural necessity.

There are also frameworks for desire for a specific gender, i.e. men specifically desire other men and seek other men for sex (and sometimes love). Such seeking can often only occur in public spaces. There are no "gay" bars, clubs, discos. Indian public spaces are primarily male. The street, the bus stand, the park, the public toilet, the railway or bus station, these are the arenas of contact. Such publicness leads to quick sex, penetrative or otherwise, in the darkness of parks and toilets, behind bushes, in alleyways, on beaches.

Workers in the public arena are also involved in these sexual networks. Whether just for sexual release, money, or actual desire for sex with other men is a difficult question to answer. Taxi-drivers, rickshaw wallahs, malish wallahs, room service and housekeeping boys/men in hotels, waiters at restaurants, shop assistants. The framework is ubiquitous. The glance, the second glance, the smile, the appropriate questions, sometimes "for a few rupees more", sometimes just masti.... In Indian urban cultures, male to male sex does not exist in a few selected areas as in Western cities. It is anywhere, in the right conditions, the right time, the right space. Perhaps we could say that Indian "sexualities", are time and spacially based!

In the middle classes domestic servants are often sexually accessed. In a discussion with one self-identified gay man of twenty-two, he revealed that he had "seduced" his father's driver when he was twelve, persuading him to anally penetrate him. He further stated that his father also had sex with his father. His father was anally penetrating the current driver, who was anally penetrating the son. The driver was anally penetrating the young fourteen year cleaner boy as well as going to female sex workers. The cleaner was also being anally penetrated by the cook, who was also having sex with the son!

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

Such behaviours are not only an urban phenomena. Discussions over the years with several hundred village men between the ages of 15 to 30 indicate that sex between men also occur in village environment. In the fields, in the dark. In the home under shared blankets. A lot of this sex is between relatives; uncles and nephew, cousins, in-laws, where space and time afford it.

Let us just play with some figures. In India, 54% of the population are male. The Indian population is approximately 900 million. This means that there are 490 million males. The majority of males lie are under the age of 45, while anecdotal research seems to indicate that the Indian male begins sexual activity at about fourteen. So let us say that 60% of males are sexually active. This gives us a total of 291,600,000 sexually active males. And out of this number the majority would below the age of 40.

All evidence indicates that male to male sex is very high in India for all the reasons stated above. But let us state that perhaps 50% of this figure has sex with other males. I am not stating that they ONLY have sex with other males. I am just stating that sex with other males would be a part of their sexual repertoire. This gives us 145,800,000 males that at some time or other, have, or have had, sex with other males, frequently or infrequently.

In a variety of research done by The Naz Foundation, the first sexual partner was (in descending order):

- a. cousin (male or female)
- b. an uncle or aunt
- c. a neighbour (male or female)
- d. friend
- e. male domestic servant

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- f. another relative
 - g. parent's friend
 - h. stranger

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

What terminology can be used then? I don't know. The term bisexual, I still believe, carries enormous risks in for how HIV prevention programmes become constructed. Yes, there are a growing number, small at the moment, urban, educated, English speaking, who are beginning to identify with the label "gay" or even "bisexual". They have "homosex" or "gaysex". Yes, because of marriage, one could say that most Indian male to male sex is behaviourally bisexual. However, I still feel uncomfortable.

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

AIDS

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

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

Here are some of them:

1. Extremely poor sex education. Very little public discussion on sex, except perhaps for the urban elite. Recently I came across an English magazine "Fantasy" which has an article - a how-to article - on anal sex between men and women. A detailed procedure was written, but not a word about anal sex between men, nor a word about condoms.
 2. Very poor knowledge of condom usage. Even where men can access condoms, what we are finding that the majority of men who use condoms do not know how to put condoms properly. There is very little education on how to use condoms. This results in high levels of breakage, slippage, and irritation.
 3. The time and space to use condoms is extremely limited. As stated above, the majority of homes have no privacy. Sex is under the blanket and in the dark. Sex is in a space where others will be around. No undressing for sex. Most male to male sex takes place in public spaces. Time is of the essence. For many penetration to ejaculation is often within five minutes. One of the constant questions that men have asked is about "premature" ejaculation. I have jokingly stated that there is no such thing as premature ejaculation in India, rather the ejaculation takes place within the time constraints!
(Similarly I have also joked that there are no heterosexuals in India. Rather there are people who are married or want to get married!)
 4. India has extremely high rates of STD infection. In 1992, WHO has stated that India had 94 million REPORTED cases of STD infection. It is estimated that the real figure was probably twice that. And the numbers are increasing as is the infection rate.
 5. Most bathing (unless in middle class flats which have their own private bath) is in a public space. Both men and women therefore do not undress completely to bath. Women will wear a sari, men their shorts. The bathing situation means lower genital hygiene.
 6. In urban areas, high levels of pollution, polluted water, environmental degradation, adulterated food, low hygiene, corruption of officials, over-congested public hospitals, expensive private hospitals, extremely low level of knowledge by the medical profession, ignorance around HIV transmission, AIDS phobia generally (well the list can go on) means that the time frame between infection and illness and death is much shorter than in the West.
 7. No coordinated strategy around HIV prevention, and almost no work regarding men who have sex with men, "gay-identified", bisexual" or otherwise. I am only aware of three small projects in the whole of India working in this arena which receive any sort of funding or support.
 8. No support at institution all level.
 9. No support from funding agencies, Indian -based or international.
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India still primarily focuses on targeted groups and within these targeted groups only on vaginal sex. Truck drivers, female commercial sex workers (forgetting about male sex workers of which India has a substantial numbers in urban areas), intravenous drug users(but all their education material is about IV use and nothing on their sexual behaviours). It forgets that men also have sex men as well as with women , that for significant numbers of unmarried men, sex between men is their only sexual outlet, either desire based or opportunity-based. That men also have anal sex with women. It has adopted Eurocentric constructions of identities and sees things in a heterosexual/homosexual framework, and thus misses the majority of male to male sexual behaviours.

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

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

In the light of this, it will be necessary to challenge the current perception that the HIV epidemic in India is "heterosexual". Because of this definition, almost no work is being done regarding the sexual health needs of men who have sex with men. Certainly these simplistic definitions are dangerous to the health of the nation. We have to move away from notions of "heterosexuality" and "homosexuality" towards frameworks that reflect actual behaviours if we are ever going to halt the spread of HIV in India.

The development of the range of preventative strategies that include issues of male to male sexual behaviours and also include anal sex between men and women is an urgent necessity. Now, if there is not to be the huge potential personal, social, cultural and economic impact. Already the estimate is of at least one million dying from AIDS within five years. Are we to enter into the next millennium with an uncontrolled spiral of illness and death which India can ill afford, and which individuals, families and communities do not have the capacity to cope?

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Social Constructions Of Male Sexualities In India

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

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

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

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

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

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

The sexual world view as expressed in contemporary India, has been formed by the central concepts of Vedic Brahmanism, Islam, Christianity and also of Ayurvedic and Western medicalisation of the body and sexuality. What we have is gender segregation of social space and labour, boy children as capital, male control of social spaces and economic resources. Gender roles are strictly defined, not only in terms of the physical body but also in terms of social duties and obligations. Transgressions of these roles can be severely punished through stigmatisation, social exclusion, exile,

physical abuse and even death. Post-pubescent boys on the other hand are not men, not adults, a state defined by marriage. In that sense they are the “beardless youths” of so much Arab and Mughal literature, sexually available to men. Malehood and femalehood are contextualised by genitalia and social duty. Adulthood contextualised by marriage and children. A boy becomes an adult male, a man, upon marriage, a girl a woman by marriage and children. This leads to a culture that demands compulsory marriage and procreation, that gives no validity and space to autonomous women and men, that stigmatises unmarried individuals, and only confers adulthood, social status and responsibility to married men and women who produce children.

The only way to deal then with issues around sexual behaviours is to invisibilise them. This is achieved by not having any public discussion about sex, sexual behaviours and sexualities. Since they are invisible they do not exist. While traditions expressive of sexual diversity are seen as dirty, deviant and perverted and men who participate as the penetrated are seen as demasculinised, as partial women. Sexual behaviours cannot be brought into the public domain. To do so is to bring shame and dishonour to the family and/or community. Sexual behaviour then takes the place of sexuality. Women’s sexual behaviour becomes controlled and marginalised, if not denied. Male sexual behaviour becomes self-absorbed, and is reduced to one of discharge rather than based upon a desire for the other person.

There is a social construction around male sexual behaviours which can be defined by the Hindi word *masti*. It means mischief, and is often used in the context of sexual play between young men and boys. More often than not this does not involve penetration. This *masti* arises at moments of sexual tension, as “body tension”, when sexual discharge becomes urgent, when sexual arousal arises during play or body contact, when opportunities are created for sexual contact, often under the blanket. Such opportunities are very frequent. Shared households in cramped conditions produce shared beds. There is social acceptance of males sharing beds, of male to male affectionalism, both public and private. This often means that a significant amount of sexual behaviour occurs in family environments, between uncles and nephews, cousins, friends, and even at times brothers. This is not seen as real sex. It is *masti*. Sex is between a husband and wife! In this construction sexual behaviours are not an expression of a personal identity. Rather it is one of opportunity, accessibility, context, and an urgent desire for sexual discharge. What we have are behaviours but not identities. Sexualities instead of sexuality. Homosexualities instead of homosexuality.

Personal identity is contextualised within the joint and extended family. The family identity is more important than personal desire and choice. Individuality becomes lost and subsumed within the family. Privacy does not exist. Here the form of social control of behaviour is constructed through concepts of honour and shame. This is very different from Western cultures of guilt.

Honour is a possession, not a quality. Shame arises from honour being lost. Both of these elements are an expression of public visibility. At the same time, public behaviour is bound within community and social acceptance, duty, obligation and honour. Not to fulfil these obligations, or to go against community values in a public way, is to bring shame, and hence dishonour, to family and community. It is the visibility of behaviour that is important, not the behaviour itself. When an individual behaves in ways deemed to bring dishonour and shame to the immediate family, or the extended family and/or community, the reaction can often be severe. Exile, excommunication, physical abuse, and sometimes death. Or there will be emotional or financial blackmail by family members to force conformity to family and community dictates.

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

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

Children and filial duty. Sex as a family obligation. For men, doing duty instead of having sex. For women, doing work!

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

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

But the public domain is a male social space. For women to enter that social space can often lead the woman to be sexually harassed, to be defined as “evening person”, a prostitute. Physical affection between men and women in public is not socially acceptable and often can be dangerous for both. For many men, because women are just not accessible, romantic longings are at a distance, unfulfilled, chaste, and often filled with a sexual urgency.

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

The line between homoaffectionalism in such a homosocial environment and actual homosexual behaviour is a narrow one, and many men cross this line in situations that enable the behaviour to maintain its invisibility. Thus often two boys/men sharing a bed under the same blanket may find it easier to sexually touch each other without consciously acknowledging the fact. This is *masti*. A lot of this sex is between relatives; uncles and nephew, cousins, in-laws, where space and time afford it.

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

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

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

Workers in service and domestic arenas are a part of these sexual networks. Whether just for sexual release, money, or actual desire for sex with other men, is perhaps a difficult question to answer. Taxi-drivers, rickshaw wallahs, malish wallahs, room service boys and housekeeping men in hotels, waiters at restaurants, shop assistants. The framework is ubiquitous. The glance, the second glance, the smile, the appropriate questions, sometimes “for a few rupees more”, sometimes just *masti*. It is anywhere, in the right conditions, the right time, the right space.

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

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

For the majority of Indian males, sexuality is not singularly constructed and contextualised within personal identities. Rather sexual behaviours based upon discharge and availability predominate. High levels of male to male sex exist because of the homosociability and homoaffectionalism of Indian society and the restricted sexual access to women.

Urban cultures and the growing middle class is beginning to develop social constructions of identities based upon specific sexual desires. These relate very much to economic and social spaces that enable access to privacy, access to Western literature and language, access to individuality. Whether these emerging identities imitate Western constructions, only future history will tell.

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Culture, Sexualities, and Identities

(This essay arises from a specific context of working with sexual health issues amongst men who have sex with men in South Asia, where HIV/AIDS has become an urgent issue. But there is very little work being done amongst gay-identified men and men who have sex with men. The epidemic has been defined as “heterosexual”, with immense levels of denial around the existence of “homosexuality”. Why? With historical evidence for homosexual behaviours and contemporary anecdotal evidence indicating very high levels of male to male sexual encounters, what is being denied? Is appropriate language being used to define such behaviours? And in the context of South Asia are all male to male sexual behaviours definers of homosexuality?)

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

Islam is an auto-rickshaw driver in Pune where he lives in one of the small shanty villages on the outskirts of the industrial area. He is married with four children. He says that sometimes he just has to go out and find a man to have sex with it, although he is happy with his wife. This usually happens about once every two months, and he feels that he can't control his desire for this. He finds men at the many contact points around the city. He doesn't call himself a homosexual; the word gay he doesn't understand, not having access to English. Nor does he see anything wrong in what he does. He is just “messaging about”. The terms homosexual or bisexual cannot refer to him he believes because he is happily married with children. He remembers his first sexual experience with his uncle back in his home village. He was 12.

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

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

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

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

Discussions around heterosexuality, bisexuality and homosexuality, “straight” or “gay”, appear to form clear cut distinctions in terms of sexual behaviours and identities. The lesbian and gay “movement” has been globalised and in South Asia, localised groups have been established, particularly in India, with Bombay Dost, Sakhi, G.A.Y, Counsel Club, Friends India. In Nepal there is the Nepal Queer Society, and in Sri Lanka, Companions on a Journey. Many cities in the region have established social networks of lesbians and of gay men with specific sexual “cruising” sites. But the debate is usually in English, with Western terminologies and understandings.

Western terms are bandied about without clarity and understanding, and without reference to local cultures or vernacular languages. So who is a homosexual? Who is lesbian or gay? Or as they say in India, who is a gay? The unthought through assumption is often that same-gender sexual behaviours must mean the person is a homosexual, while male to female behaviour must mean that the person is a heterosexual. And in this construct, procreative “heterosexuality” is seen as normative. However such constructs have very little contemporary or historical validity in South Asia. This reductionist ideology is a recent invention from the 19th century which consequently acted to reduce the rich diversity of alternate sexualities. Closer analysis indicates a confusion between sexual behaviours, genders, identity formation, and cross-cultural validity. Within such confusion there may also elements of neo-colonialism, racism, and Western imperialism. I am not arguing that there are no lesbian or gay identities in South Asia. What I am putting forward is that too often language and terminology is used inadequately outside its cultural context. In South Asia, over 80% of the population have no access to English! So transcribing terms becomes host to misunderstanding, inappropriate terminology, and in consequence, particularly with reference to HIV/AIDS work, South Asian countries can state there is no homosexuality. This leads to the proposition that there is no “homosexual” behaviour, which therefore means there needs to be no investment in HIV prevention programmes for men who have sex with men.

This debate is particular urgent in our countries, where the taboo on any public (and very often private) debate on sexual behaviours is extremely strong, where behaviours and identities are constructed within differing cultural frameworks, and where Euro-American understandings of lesbian and gay identities are only just beginning to be imagined, emerge and develop. But in what form? For whom? In what context? And in what language?

The debate can be perceived as a form of sexual neo-colonialism whereby South Asian discourses on sexuality, by professionals, laypersons, “straights” or “gays”, have been “invaded” by Western sexual ideologies with our own histories being discounted. What South Asian “lesbians” and “gay” men often do, particularly within the South Asian Diaspora, is to try to fit South Asian sexual and cultural histories as well as contemporary behaviours and identities, into a Western sexuality discourse. Thus we have the North American discourses on South Asian “Queer” histories by South Asian lesbians and gay men living there. This often means that there is an urgent need to seek “evidence” for a lesbian and gay history within South Asia itself to validate those who living outside of South Asia.

South Asian histories are replete with “evidence”. Many Mughal paintings and poetry are explicitly homoerotic, men with men, women with women. There is an abundance of temple carvings and iconography that show same-sex sexual behaviours. Konark, Khajarah and other sites become places of pilgrimage for the lesbian or gay man. The finger points. Here is the evidence. Yes there were lesbians and gay men in our past! But the constructions of these identities are never discussed. The presented is extrapolated into the past. They must have been like us, lived like us, and had the same understanding and meanings of sexuality as we do. This is particular dangerous within South Asia in the current climate of anti-West rhetoric and the high prevalence of HIV/AIDS.

There shouldn’t be a need for validation based on the past. Existence is its own validation. However, the basis of this lies in the conflation of sexual behaviour with a sexual identity. But for the majority of men who have sex with men or women who have sex with women in South Asia, these notions of sexuality are often considerably less significant than the clear distinctions between concepts of “active” and “passive”, of concepts of “discharge” or “pleasure and desire”, of even “real sex” (in marriage between husband and wife, where sex is defined by procreation and duty) and “*masti*” (between same sex friends, where sex is defined as play and therefore not “real”). None of these frameworks can be clearly understood within the Western lesbian or gay constructions. Most “active” partners in same-sex interactions do not necessarily consider themselves either as homosexuals, or as gays or lesbians, or even as bisexuals. What they do does not necessarily have significance to who they are. For many the act itself is more significant that who they define themselves to be, if they do at all.

The act of sexual penetration is not so much a definer of identity, but one of phallic power. The “penetrator” can maintain a sense of “manliness”, while the “penetrated” will be seen as “not-man”. In the contemporary debates in South Asia, to a large extent, homosexuality is being defined as “not being a man” as being sexually penetrated. This is based on an assumption that exclusive anal intercourse is the behavioural definition of homosexuality and that the exclusive

vaginal intercourse is the definer of heterosexuality. Of course what is forgotten that non-penetrative sex plays a substantial role in same-sex sexual behaviours and that for many women, they often have to bear anal penetration by men also. At the same time, the concept of homosexual identity becomes intertwined with sexual behaviour rather than with psychological states of being and desire.

In South Asia a specific social and culturally based group, the “Hijras” , have often been defined as transsexuals, transvestites and even as “passive” homosexuals. Of course none of these identity descriptions are particularly valid. Hijras, men who dress up in clothing defined as female, where some have been castrated for religious and cultural reasons, who act out a “woman’s” role, have religious, social and cultural roles in South Asian societies where such roles are defined as “not man” and “not woman”, a “third gender”. While desire, poverty, pre-adolescent sexual penetration by older men, and so on, may all play roles in such a person making the choice to become hijras, the framework is too complex to be reduced to transvestite, transsexual or homosexual.

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

It is not uncommon for both “active” and “passive” male partners to engage in sexual relations with women, to be married with children, as well as having sex with other men. This does not mean that all same-sex relationships fall into this characteristic of “active” and “passive” role/stereotype activity. Much same-sex sexual activity is around non-penetrative varieties, mutually indulged in frameworks of friendship and sexual play, whilst in other situations urgent sexual discharge is the significant factor. Indeed same-sex sexual behaviour may play a relatively insignificant role in the construction of an identity. Being a husband, a father, a wife or mother, often carries greater weight.

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

Sexual invisibility, gender segregation, joint and extended families, homosociability and homoaffectionalism, male ownership of public space, shame cultures, community “izzat” or honour, compulsory marriage and procreation, gender constructions where male and female roles are based upon duty and obligations as much as upon biology, and where adulthood is as much defined by duty as well as age, and so on, frame South Asian cultures and therefore identities.

Gender identities, sexual roles and thus personal identities, arise within the context of specific psycho-social, cultural, religious and historical dynamics. Perceptions of who we are, what we are and what we do will therefore have different meanings within different cultures. Within South Asian cultures, personal identities are not based on a belief of the personal self, but rather of being a member of a joint and extended family with all the duties and obligations bound to each individual within that network. Such a family network consists of siblings, biological parents, uncles, aunts, brother and sister-in-laws, all their resultant children, and so on. In other words, who we are arises from where we are in the extended family network and what family obligations and duties that creates. The person has a family and a community identity in which personal identity is subsumed. The focus of the self is not upon individuality but upon kinship. Concepts of individuality, of a personal self separated from others, and thus of personal privacy, are weak. And in the context of identities and behaviours they all have a central impact on the social constructions of actual sexual behaviours. Further there are also specific understandings of malehood and femalehood. These are to some extent defined by socio-cultural duties and obligations to the marriage partner, family and community, A man is not an adult man until he is married, a woman not until she is married and with her first child (often this could mean a boy-child). To be a single person after a certain age is seen as shameful, bringing dishonour to the family, and is often seen as an aberration or sickness. Marriage is the “cure” for aloneness.

Contemporary South Asian languages do not have specific expressions for homosexuality, heterosexuality, bisexuality as nouns or as adjectives in the contexts that they are understood in the West. What exists are terms that express differing forms of sexual behaviours that are genderised, but these terms are often abusive and male dominated

referring to specific acts of penetration. Sexual behaviours are within constructions of what is deemed appropriate penetrative or penetrated behaviour for men and women. In these constructions, who does the penetrating in a sexual act becomes important for male self-definition. To be penetrated as stated earlier is to be a “not-man”, a “woman”.

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

Such contemporary frameworks do not preclude differing frameworks of sexualities in the histories of South Asian cultures. The Indian subcontinent has experience layers of differing invasions from pre-Vedic times to the British Raj, bringing with them their own constructions and frameworks of identities. All of these have had a major impact upon constructions of gender, sexualities and sexual behaviours. The denial of these histories by various discourses of both Western and South Asian origin have given rise to the contemporary construction of sexuality, which is ahistoric and where “penetrative heterosexuality” is the only sexuality that is seen as relevant. Perversely, any other form is categorised as deviant and Western.

At the same time the construction of patriarchal social systems, the enforcement of compulsory marriage and the procreative necessity of boy children have created a pattern of destruction, marginalisation and denial concerning alternate sexualities and their histories in South Asia. A dominant sexuality has historically emerged which has claimed precedence over all others as a system of social control which enables male power to take on a singular and patronising social role.

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

Rather than a pluralistic vision emerging, only procreative and penetrative sexuality is seen as socially acceptable. Traditions expressive of sexual diversity are seen as dirty, deviant and perverted, and the work of evil, over sexual, devouring women. Sex is either defined as penetrative and gendered or outside of this and to maintain fictions of male power, sex becomes deconstructed into play or discharge.

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

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

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

This is not to deny that there is a small, but very important and growing movement amongst those whose sense of personal identity and emotional and sexual desires are outside the socially constructed “norm”, creating new forms of identities that enable them to express their desires in healthy and caring ways. Many of these may well call themselves lesbians, gay men, homosexuals, bisexuals and even heterosexuals. But in the main, these evolving, or emerging,

identities are arising arise through the growth of urban and industrialised cultures, the rising sense of individuality, privacy and private space with the development of nuclear family lifestyles, the expansion of education, and the power of the English-speaking middle-classes with access to Western literature and therefore of other choices. Lesbian and gay groups have emerged, particularly in India, but Bangladesh, Sri Lanka, Nepal and Pakistan also have gay groups, often closeted, but defined with the language of sexuality. These groups meet, socialise, discuss and debate (usually in English) the issues of sexual identities and “coming out”. Gay activism in these countries is growing, challenging national constitutions and legal frameworks to decriminalise homosexuality which were left over from the British Raj. But the real question will be whether these emerging identities will imitate Western constructions and attempt to live these out within South Asian cultures, or whether differing identities will be constructed. We await a paper from the future.

In the light of all this, it is necessary to see the concept of heterosexuality as part of spectrum of alternate sexualities and their expression, where the dualistic and oppositional construct of heterosexuality versus homosexuality can be challenged. In such a way we can begin to decentralise the concepts of heterosexuality and homosexuality as oppositional and their complimentary roles within frameworks of compulsory marriage and procreation.

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

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The Silent Killer: AIDS and the Muslim World

(A response to an article by Dr. Munwar Anees published in Naz Ki Pukaar, Issue 8, January, 1995. This article was originally a presentation at the Eight International Bioethics Symposium "Global Concerns in AIDS: Bioethical issues, held in Tokyo, December 14-15 1993. In it he calls for Muslims and Muslim governments to recognise the issues of HIV/AIDS and to develop appropriate services.)

At first reading, Dr. Anees article is very good, an urgent necessity, a call to the Muslim world to recognise the scourge of AIDS amidst itself and the unnecessary deaths of so many Muslim arising from the non-recognition. The hidden epidemic in Muslim countries is a fact! People dying invisibly, rising levels of HIV infection. From ignorance. This truly reflects the ACT-UP slogan from New York: Silence = Death.

At last, a prominent Muslim scholar raises a "clarion call to arms", that the issues of HIV and AIDS are relevant to all countries. The fact of being a Muslim country does not make that country, or its inhabitants, immune to HIV infection. That there is an urgent need for Muslims to recognise these issues, that Governments should address these problems, and inform their public about HIV and AIDS. People are dying, people are infected in countries with the strongest Islamic traditions, laws, and State control, like Pakistan, Saudi Arabia and Iran. To have Dr. Anees speak out is like "coming out". To much is said behind locked doors, "under the blanket", in closed rooms. As a result for the vast majority there is no information, no prevention, no address to the issues. While it is the elite, the ones with exit and travel visas, the ones with access to English who have access to information.

Why did Pakistan try to ban CNN reports about HIV and AIDS? Because the recognition of HIV as a sexually transmitted infection means that the primary response to HIV has to be in terms of sexual behaviour. And that is where the danger lies for the Muslim world. Sex and Islam can often be oppositional. Within Islam, sex is strongly controlled. It is seen as the great destroyer of social stability. It can only be socially acceptable within the marriage framework. To talk about it is to bring it into the public arena which can easily become the great destabiliser.

As Dr. Anees indicated, there is almost no support for an Islamic response, no acknowledgement from Muslim leaders.

The truth of the matter is that HIV and AIDS has to be as seen as separate and two different issues, even though one is a consequence of the other. AIDS is about ill-health, and the Islamic response to ill-health is compassionate and caring, or at least it should be if one follows the Koran. However Islam is very clear. The sexual route to AIDS may be defined as an abomination, as *fitna*, and therefore has to be opposed, denied, wiped out.

A central problem in Dr. Anees article lies in the phrase "Muslim world" which is embedded in the title. Words create reality, and by using this phrase, we are caught in the peculiarly religious dilemma, Islamic, Judaic or Christian, when dealing with social issues and individual behaviours, especially sexual. For the title implies, with the use of the term "Muslim world", some monolithic Muslim or Islamic framework of society and behaviour, when the reality is so different.

Since the article focuses on Islam, I will deal with Islam, although similar issues have to be confronted by Christianity or Judaism when dealing with HIV/AIDS. For Hindus and other "Eastern" religious frameworks, the cultural issues are very similar.

In this response, I am not talking about HIV transmission through transfusions of infected blood, nor mother to child,

nor through intravenous drugs use (although this last modality is relatively high in the urban areas of some Muslim countries). I want to discuss the main route of transmission, that is sexual, both male to female, male to male, female to male and female to female.

People of The Book are caught between systems of proscribed sexual behaviours and the reality of actual sexual behaviours and personal practices. Faced with this reality, from the viewpoint of the *Qur'an*, the *Shar'ia*, the *Hadith*, (and from the *Torah* as well as the Christian Bible), with the various injunctions about slander and witnessing, how can a Muslim country publicly admit to the existence of such behaviours within the *Umma* (community)? To make public such existence is to deny the term Muslim. The country cannot call itself Muslim or Islamic in that sense. The *Shar'ia* is very explicit; all sexual acts outside of marriage are illegal, punishable by whipping or death. Hence the importance of the witnesses to such sexual acts and the laws around slander. In other words, for an illegal sexual act to exist under the law it must be Witnessed by a number of males or females (the number is relative to the gender of the witnesses), and where the required number of witnesses do not exist then slander becomes a possibility. And such forms of slander carry their own punishments.

The crux to this is the requirement of a public act. The principle of Shame. What exists behind closed doors, unwitnessed, in a sense does not exist. To publicly talk about sex and sexual behaviours in a Islamic setting is to break this bond with the Umma, to make visible and create *fitna* and hence destroy the very Islamic setting you wish to protect. Most definitely a “catch 22” situation.

Here lies the core problem which is not addressed in Dr. Anees article. This is not the only issue.

Many Muslims (and also non-Muslims) create a concept that has no social validity. That a religious framework is also the cultural framework. That being Muslim in Indonesia is the same as being a Muslim in Saudi Arabia. That the words Islam, Muslim and culture can be conflated. That there is such a thing as a coherent Muslim world, and a Muslim response.

It is rather like saying that there is a Christian world from which arises a Christian culture, when there are so many differing Christian interpretations, viewpoints and responses.

Such thinking is actually very reductionist. Culture is reduced to artefacts, to writing, to poetry, to paintings, to great social and historical movements. It is conceived to be about the Law, the Social Code or Contract, about how people are supposed to conduct their lives. To some extent this is true. But again dig deeper.

Culture is also about languages, about interpersonal relationships, about what people do as well as what people are supposed to do. It is about oral histories, about ancient traditions, beliefs, myths, ideas. It is about the invisible as well as the visible. About the public arena as well as the private. It is about the relationships between humankind and God as much as between personal relationships between men and men, men and women, women and women, and adults and children.

Perhaps there was a time, the time of the Prophet when Islam represented a small tribal community, before it began to spread beyond Medina and Mecca under the conquering armies of the Prophet and later the Caliphate and other Muslim states, into Assyria, North Africa, Persia, and beyond, that the terms Islam, Muslim, Community and Culture could be contiguous, conflated into a single meaningful phrase.

Yes, the *Qur'an* asks its adherents to practice certain behaviours: the five daily prayers, the Friday prayers at the Mosque, the fasts, the *Haj*, dress codes, certain codes of sexual behaviours, compulsory marriage, reading of the *Qur'an* in the language of the Prophet, relationships between men and between men and women, imagery, and so on

And to a greater or lesser extent across the world, Muslims everywhere adhere to these codes publicly. In that sense a Muslim culture exists. But this is its public expression. This is its public face.

But several other factors have got to be considered, especially when dealing with people's private sexual behaviours.

1. Islam is practised in a broad range of countries with different histories, traditions, cultural practices and so on.
2. The majority of people in these countries are often illiterate in their own language as well as the language of the *Qur'an* and the *Hadith*
3. To this extent they are reliant upon the linguistic skills of their Imam for truth.
4. The *Qur'an* itself, and to some extent the *Hadith*, is open to interpretation.

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6. There are different schools of interpretation which have gained religious sanctity
 7. The majority of Muslims live in countries which have had strong colonial and/or economic exploitation from the West. As a result they have been involved in movements of liberation in the past.
 8. The vast majority of Muslim live in poor societies, increasingly being divided between “the haves” and the “have nots”.
 9. The moral certainties which the *Qur'an* imbues is not reflected in people's daily lives.
 10. Satellite television, access to a range of external media, has created frameworks of envy turned to anger, made visible exploitation, and resentment of Western cultures imposing their value systems onto non-Western traditions and cultures.
 11. The use of English terms to openly discuss issues around sex, sexuality and sexual behaviours.

For example, much of Western literature about HIV is about safer sex, about homosexuality, and a host of related issues. All these are contrary to the *Qur'an* and to the *Shar'ia*. If a country defines itself as Islamic, it cannot allow such discussions to be aired in public. To do so is to destroy its Islamic credentials.

The phrase homosexuality implies an identity, a personal framework, a state of being. To admit homosexuality exists in an Islamic community as a condition, as a state of being, is to also conflict with the *Qur'an* and the *Shar'ia*. Such a public admission is to create conditions of personal choice, non-marriage and uncontrolled sexual behaviours. *Fitna* the horror of all Muslim communities. This is all against the Islamic perceptions of society and community and what all the Islamic codes and laws are meant to prevent.

It is a basic conflict between two world views. In the historical development of the West there has been a specific understanding that has evolved, which basically states that religion is a personal viewpoint. In historical terms this is relatively recent, particularly since the time of the Christian Reformation. The separation between the State and the Church created frameworks of social conduct and legal frameworks that have led to concepts of personal choice, personal morality and individuality. Community standards and morality were replaced by secular law. And secular law reflected the increasing concerns of personal choice, personal morality and individual human rights.

The cultures in which Islam took root, had, and still have to a great extent, a different view regarding the rights of individuals and the rights of the community. For Muslim communities, the rights of community took precedence. Islamic law states this as well. The community must be protected above that of individual rights. We should note that this value placed upon community above that of the individual is not a specifically Muslim system. It is cultural system still valid in non-Muslim, non-Western cultures, of Japan, of China, of India, of Cambodia, of Vietnam.

HIV is mainly about sexual transmission. It is about practising safer sex, whatever the sexual practice. In the West it is about encouraging people to practice safer-sex, not about forbidding people from having sex outside certain constraints.

For Muslims, the concept of safer sex has no meaning, no validity. For to practice safer-sex (unless with the confines of a marriage because the husband/wife may have HIV infection through blood transfusion) implies a breaking down of the community, the individual taking precedence above that of community.

It's only route is the concept of celibacy before marriage, abstinence, no extra-marital sex. To do otherwise, to admitting to do otherwise, is to cease any legitimacy as an Islamic community or State. And in the current climate of aroused Muslims, politically it would be a serious breach of faith, and would create too many social tensions. The political situations in Pakistan, Egypt, Algeria, Iraq, practically all Muslim countries, makes this very clear.

Islam's attempt to build a social system based upon the *Qur'an* and the *Shar'ia*, to reconstruct Islamic cultural and social practices, has only had a partial success; a “public” success. The public face of Islam, has been relatively consistent throughout Muslim countries and communities. But HIV, while it is a public health issue relates to private practices, especially to sexual behaviours and practices. It is this that is at the centre of the conflict of ideology, public status and power, of what it means to define oneself as a Muslim.

Sexual behaviours are invisible. They are private, “behind locked doors”, “under the blanket”. That is the other weakness of Dr. Dr. Anees article. There is no acknowledgement of the specific sexual dynamics of these cultures. While the use of Eurocentric terminology of “homosexuality” creates its own dilemmas.

Contoured by frameworks of SHAME (so different from Western GUILT), a strict gender segregation, compulsory

marriage and procreation, a cultural history of the eroticisation of boys (beardless youths), leads to sexual frameworks of high levels of opportunistic sexual encounters that are brief, penetrative and hidden, and not contoured within Western constructions of sexual identities.

Further shaped by rapidly rising urban societies, the mass migration of rural labour to ever larger cities, with mass unemployment/under-employment, with public spaces “owned” by males, with women being more policed than men, with these cultures, leads to ever-present sexual tensions which seek release in invisibilised sexual behaviours.

With the high visibility of the tensions between the rich and the poor, between Islam and the West, between two opposing concepts of the individual versus the community, the conflict between the State organs and the “Umma”, ensures that nothing effective can be done about HIV transmission by the State, and often by private non-governmental agencies, in fear that they will be deemed unIslamic, blasphemous, or labelled *Khafir*, an infidel.

Often in Islamic states, the public denouncements of sexual behaviours has been used as a political tool. For example, the frequent deaths in Iran by public execution of so many people labelled as homosexuals, are nothing to do with their sexuality or even their behaviours. The *Shar'ia* is about behaviour. You cannot be executed for homosexuality only homosexual behaviour. AND you must have witnesses to the act or there must be a confession. These people were executed for political reasons. Lesbian and Gay organisations in the West who shout about homophobia have little understanding of the issues.

Of course all Muslim countries, Muslim cultures, Muslim communities wherever they may be, always have their share of intravenous drug users, male to male sex, female to female sex, pre-marital and extra-marital sex. This has also been so, historically. Such behaviours are nothing to do with Western capitalism, Colonialism, American culture, and so on. They just make useful targets that can absorb the high levels of frustration and pain that configures so many lives lived in social inequality and poverty.

In large urban settings, the development of single family households, sexual behaviours can be more invisible, denied and ignored. At the same rising poverty, and wealth for the few, affect significant sections of the male and female populations, while the constant drift from rural to urban areas are creating frameworks of sexual behaviours that can no longer be publicly controlled. If they ever were. For who would be the Religious Thought Police? And who watches the watchers?

It is not a matter of “sexual lifestyle” or “sexual preference” or “free-sex”, or “homosexuality”, or whatever label is conjured up from the West and used by Dr. Anees. As he points out, these don't make any sense in Muslim cultures/countries/communities. But he doesn't take it any further. These terms do not make any sense to these countries/communities, NOT because they are Muslim, but because they have different cultural histories and constructions and languages than the Western countries. The same situation would exist in India, Sri Lanka, Malaysia, Cambodia, China. The terms refer to concepts of individuality not community. Sexual behaviour in Muslim countries exist for a wide variety of reasons which have nothing to do with preference or homosexuality. Delayed marriage, no access to women, male social spaces, and so on, are just as much constructions of sexual behaviours as desire, choice and sexuality.

The whole issue of HIV prevention is to make visible the invisible. How will this be achieved in the case of the “Muslim World”, without the Muslim need for purging. The two are just incompatible. This can be defined as the central challenge for the “Muslim world”. How a Muslim society can deal with HIV prevention without losing its Muslim nature. No amount of thought police or religious police on the streets will control all sexual behaviours. All it would do is to drive the behaviours even further underground (as evidence from Iran would indicate). For only when there is acknowledgement of the reality of people's lives, of their own behaviours, the personal against community, without the obligatory punishment, can any effective work be done around HIV prevention.

An Islamic State might imprison, isolate or kill those infected, because of the route of transmission. It may try to isolate HIV positive people as a part of a strategy to protect community rights, but this would imply huge sums of money in terms of testing every citizen as well as closing all borders with the outside world. Never mind the high costs in terms of human rights abuse, increasing social tensions and so on.

The sadness is that so many people who identify as Muslims will die. While at the same time, so many Muslim countries feel under threat from political and economic forces and because of this, try to sustain what it means to them to be an Islamic state, a Muslim country, a Muslim community. To be an Islamic culture, state, community is to ensure that sexual behaviours that can lead to HIV infection are non-existent in the community. Thus some leading Muslim

scholars believe that this can only be achieved by the strict imposition of the *Shar'ia*, isolation from other countries, no visitors, strict social control, a Behaviour Police, and so on. But these are all public systems, while the sexual behaviour is “underground” and invisible. Meanwhile Muslims will die.

Vast numbers of people (there are some 1 billion Muslim-identified people in the world) live out their “schizophrenic lives” with a public acknowledgement of the *Shar'ia*, and a private practice of “sexuality”. This is what is what is going on in the “Muslim world”. It is indeed Dr. Anees’s “Silent Killer”. And while the debate, the violence, the arguments go on, more and more become infected. More and more people will die. Muslim people. Let us remember there is no cure for AIDS.

This response has not given any answers. Perhaps there are none. It is a constant challenge for The Naz Foundation. I don’t know of any answers that can effectively address the issues of Islam and private sexual practice, even though the agency I represent, works primarily with Muslims and Hindus in terms of HIV prevention, sexual health and supporting people living with HIV/AIDS.

Perhaps what we need is to go back to our roots and our histories with honesty, unafraid of what we will discover. We need I believe, to go back to the roots of Islam, to its beginnings. Not as a culture in terms of “stamping out this Western corruption” as has once been said to me, but rather looking at the phrase Muslim culture.

This should lead to an exploration of sexual histories in Muslim countries, its wide encompassing of many different cultural and sexual practices, its many interpretations. Islam at its best has a breadth and wisdom that is compassionate, tolerant and accepting of many values. It seems to have become mean-spirited, small-minded and violent. Perhaps what is needed is a reformation, not a break with the past but a reaffirmation of the spirit of Islam. We need to acknowledge that Allah is the only Judge of human behaviour and nature. That is why Allah is acknowledged as the All Merciful, the All Compassionate!

We need to deal with the “untruths” within what is said to be Islam by so many practitioners. “Untruths” that have been given sanctity by history. We need to look again at the relationship between Religion and State, between God and the individual.

We need..... I don’t know what we need. All I know is that I have many friends who do call themselves Muslims, who have died from AIDS, or who are HIV infected. I don’t (and won’t) deny them the right to call themselves as Muslims. That is between Allah and themselves.

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Dr. Anees is Editor-in chief of Periodica Islamic and is from Malaysia

Observations on male to male sexual behaviours in India and Bangladesh

While the terminology used to define “homosexual behaviours” has been men having sex with men, it may be more appropriate to use **male to male sexual behaviours**. Significant evidence exists in South Asia for including substantial number of boys, both pre and post-pubescent, as well as male youths, within the frameworks of male to male sexual behaviours.

The term men who have sex with men invisibilises boys and male youths in this behaviour. Evidence indicated that pre-pubescent as well as adolescent boys actively participated in these sexual behaviours.

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

There appears to be four to five male to male sexual behaviour frameworks that are interlinked and interpenetrate each other:

1. Homosexual (“gay”) men who desire sex with other men.

Many of these men develop a genderised framework, i.e. have “effeminate” behaviours and actions, and desire penetration. These men will seek out other boys and men in a variety of settings for penetration. Others will exhibit “normative” male behaviours and desire mutuality in sexual acts. Some of these men will desire long term relationships based on equality of status and power. These men have developed or are developing some sort of sexual identity, and are primarily from middle and upper classes.

This is sex through desire, but sexual partners need not (and often do not come from this group). Because of socio-cultural conditions, the majority of these men may well be married

2. Men who have sex with men.

These men have desire but have no personal construction of sexual identity. The desire is somewhat unnamed but can also be genderised. These men mainly come from the lower middle and working classes. Two frameworks appear to exist. Those who are penetrated and those who penetrate.

i. The penetrated:

many have genderised themselves and many call themselves *kothi* or *ranis*. They can exhibit effeminate behaviour in particular locations where other men and boys can be solicited for sex. There are also those whose street behaviour may well be genderised to varying degrees. Observations of several of these men indicate that behaviourally “normative” males find them readily available for sex, usually penetration.

ii. The penetrator:

these boys and men also desire sex with other boys and men, but have not feminised their behaviours and take on the penetrator role. They will also visit certain locations where they can find male sexual partners. Or they may be sexually active in social and working environments, i.e. hotels, restaurants, shops, or solicit sexual partners in bazaars and streets. Several males stated that they like anal sex because it is “tighter” than vaginal sex. The vast majority of these men will be married or going to get married.

3. **Dosti:**

Mainly boys and young men, usually unmarried, who in a homosocial environment find themselves sexually aroused in body contact either through play or sleeping next to each other. The line between homoaffectionalism and homosexual acts is very narrow in this context, and particularly at night, is easily transcended in a variety of sex acts. Where there is equality of age and power the sexual act is primarily mutual masturbation or thigh sex. Where there is an age hierarchy, oral and anal sex is also indulged. This type of sexual activity can be called *dosti* sex and is to some extent linked with discharge sex. Mutuality is a main aspect of this sex. Both partners give each other pleasure, but there is no construction of sexual identity. Sexual desire is primarily focused on women, the future wives, whilst the sexual behaviour will be with other boys/men who are friends and acquaintances. Here also the vast majority of these boys/men will be going to get married or are already married.

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

4. **Discharge:**

Primarily based on penetration. Very often opportunistic and immediate. There are many men who will visit specific locations when they feel sexually "hot", because they know that there will be other men present with whom they can penetrate. Situational sex is prevalent here in a male social space, i.e. restaurant owners who will sexually penetrate table boys, and so on. Many men will use *kothi* "boys" at an opportune moment. The man will be given oral sex, or will anally penetrate the younger boys/men. These men will also have sex with women other than their wives, often visiting female "prostitutes" when they can afford it. All these men will be married or going to get married.

5. **Gift Sex**

A form of male prostitution will range from direct payment for sexual service to sex as a barter mechanism for small gifts such as a piece of clothing, a present, or even a meal.

Male prostitution certainly exists in throughout South Asia, but at levels as yet not determined. However, the sensing was that gift sex was more prevalent than full time street male prostitution. Where such exists, many of the boys are genderised through effeminate behaviour and can also be called "kothis".

A lot of gift sex appears to be happening in hotels through room service and housekeeping, through assignments made in restaurants and tea-shops, through massage boys and young barbers, through chance encounters with cycle rickshaw and auto-rickshaw drivers. Much of this appears to be because of low income issues, but evidence existed of discharge and desire based frameworks as well operating through opportunistic encounters. The exchange of gifts creates a mutuality of desire with sex as one side of the gift exchange.

6. **Male Sex Workers**

As stated above, considerable "gift-sex" exists. However, at several specific public sex environments in both India and Bangladesh, evidence exists of the existence of a wide variety of male sex workers, operating across class and religion.

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

Most male sex workers appear to work in public sex environments, where clients may range from the street sweeper to businessmen. In one park in New Delhi, the main clients appear to be soldiers from a local army base, and policemen, where the average fee for anal sex was 50 rupees (equivalent to £1 sterling). The young men in the park would average some four to five clients per day.

Many of these male sex workers, may well have other jobs, but because of the low pay scales, extra earnings from sex work add to their income. Many may well be married, as much as their clients would be.

There is also anecdotal evidence of street "hustlers" who will have sex with clients for a fee and then go onto to rob them of their personal belongings.

7. Kothi

Amongst the men who have sex with men networks are several boys/men who have been defined as *Kothi*. They cut across income group, class, caste, religion and region. These boys/men exclusively desire other men, and genderise themselves through effeminate behaviour. The exaggerated behaviour make them visible in the public arena and is used as a flirtation mechanism. Men in need of sexual discharge irrespective of their sexual choices, more often than not respond to these boys/men for oral sex, masturbation, and where space permits, anal sex.

In observing several *Kothi* in a variety of settings, from walking down a street, in a restaurant, in a hotel, at a station and at public sex environments, I found that in the vast majority of cases, picking up a boy/man for sex was extremely easy. The sexual urgency of many boys/men was clearly obvious. This relates to discharge sex.

The behaviour seems incessant. I found boys as young as 16 and older men responding casually and easily to these *Kothi*, and the sexual behaviour takes place wherever private space is available, irrespective of the time. If the *Kothi* permits anal sex, then this is the behaviour, otherwise the *Kothi* will perform oral sex or masturbate the male.

Many *Kothi* may well be married with children for socio-cultural reasons. Condom usage is almost nonexistent, since the behaviour is spontaneous and opportunistic.

A wide variety of settings are used. During the day time, lodges, guest house, hotels, inside shops, behind bushes, derelict locations, cinema toilets, other toilets. Night time, railway tracks, toilets, cinema halls, derelict ground, construction sites, hotels, inside shops, behind bushes inside parked buses, trucks, railway carriages. Significant number of police and military personnel are involved in these activities. The discharge sexual behaviours appear to be ubiquitous.

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

Likewise, the male housekeeping and room service boys, all stated that they had been approached by other males inside and outside the hotel. Because of financial issues, many of them have responded to these sexual approaches. Where anal sex was practised, no condoms were used.

These behaviours are reliably reported to occur in all the other cities mentioned in the developed of the Joint Initiative with *Prakriti*, as well as in other areas, rural as well as urban.

8. Other frameworks of male to male sexual behaviours.

Many South Asian cities also has hijras who also sell sex, primarily anal, but also oral. The fees appears to much smaller than either male or female prostitutes.

Sexual networks in all male groups, such as:

student hostels and boarding schools

police

military

work environments including service industries, such as hotels, tea stalls, restaurants

prisons

orphanages

rail and bus terminus (i.e. porters, etc.)

street children

Many of the people I have talked with originated from villages. Anecdotal stories consistently mentioned male to male sexual activity in village environments.

There is considerable anecdotal evidence of significant sexual abuse and use of male street children of varying ages of sex, as well as levels of male rape. Further, I have found young boys of 8 upwards involved in sex works. There was some evidence to indicate that anal sex between men and women existed.

9. Marriage

Many of the married men stated that for them sex with their wives was duty. Duty to have children. Sexual desire for the wife appeared to be limited if existent at all. The wife could be sense as a friend but not as a lover. Further because

of the dominant male ideology and space, a man should spend more time with other men, otherwise he was often seen as weak and at times “womanly”.

10. Women

Many of the males desired sex with a woman, or young girl, even if they were married. However, in exploring these sense of this desire it was difficult to state whether this was based on sexual desire for vaginal sex or because such a desire was a social expectation and a way of naming sexual desire. Out of one network of twenty men who have sex with boys/men I discussed this with, it appeared that only one specifically mentioned that they wanted vaginal sex, whilst all stated that sex with other boys/men was expedient because girls/women got not be accessed. When I asked about female prostitutes, there appeared to be issues around shame(!), cleanliness, pollution, and cost. And the need to go to other locations, which may be distant from their homes. And going to female prostitutes appeared to be a more visible behaviour than having sex with other boys and men!

11. Visibility

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

12. Sexual and Reproductive Health

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

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

Summary

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

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

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

The lack of understanding and knowledge by many of the NGOs, donor agencies and other institutions regarding male to male sexual behaviours and frameworks of identities creates many barriers to the development of appropriate services. Such lack of knowledge may well be based on denial, but much of it is also because these individuals and agencies utilise

Western constructions of sexuality to attempt to define such behaviours. In a South Asian cultural context such constructions do not fit, and therefore increases the invisibility of the behaviours. It is necessary to separate behaviour from identities, and in developing appropriate responses focus on risk behaviours rather than on “risk groups”. Sexual behaviours between males is certainly not a minority practice, whilst “gay” identified men and “homosexual” men may well be a minority.

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Sexual Naming

In the growing debate amongst sexual health agencies and workers, the difficulties in finding appropriate terminology around same sex encounters has been problematic. Western terminology based on personal identities, sexual orientations and sexual desires are based upon medicalisation of behaviours into concepts of conditions, whilst the radical sexual cultures of the 1960's ensured the visibility of lesbian and gay frameworks. This was further refined with concepts of bisexuality, transvestism and transsexuality.

All these terms were problematic in the field of actual sexual behaviours, particularly in cultures very different from the Euro-American frameworks. A new terminology arose: men who have sex with men. This was an attempt to recognise that identity based sexualities were insufficient to address the needs of large numbers of men who had no specific sexual identity, or did not identify with a stigmatised sexuality. In other words there were significant numbers of men who have sex with men, but did not identify with the labels, gay or bisexual. At the same time different cultures had different understandings and meanings in terms of what in the West is loosely term transvestism and transsexuality. For example in India, Hijras have a different construct from transvestites and transsexuals or transgendered people. Further historical constructions of social and sexual identities differed from culture to culture. For many Asian cultures, based on shame, honour and marriage, identities were centred around family, marriage and children. Constructions of masculinity and femininity reflected this, and to a significant extent boys, while being male, were not men. Boys in this context had a sexuality separate from men. As such often they were objects of sexual desire by men.

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

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

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

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

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