

## Fact file 1: Defining terms used in working with male-to-male sex

**Buddy system** Buddy is an American term which means friend. In Hindi, the equivalent term would be *dost*.

In the early 1980's in response to many HIV infected people becoming ill and dying from AIDS related illnesses, a system of care and support was developed through a volunteering system called a "buddy system". Thus such a "buddy" would provide personal support and assistance to an individual who was unable to take care of him or herself because they were not well. This could involve regular visiting to providing household assistance, such as shopping, cleaning and cooking. Despite the growth in use of anti-retroviral therapies which have prolonged life and improved health for many in the West, the "buddy system" is still in use, particularly for stigmatised communities.

**Community-based organisation** Where the beneficiaries of a service are also the service providers, forming their own organisation to do so.

**Essentialism** The name given to the theory regarding "sexual orientation", in which it is believed that one is born a "heterosexual" or "homosexual"; an essential characteristic of a person. Thus one's sexuality is genetically determined or hormonally influenced in the foetal state. In this theory it is believed that one can repress and deny one's sexuality (more specifically homosexual desire), but one such desires are still existent.

**Gay** This word has a cultural history of meaning in Europe and America which was very different from its usage in the last 40 years. Since the 1960s it has been adopted by self-identified "homosexuals" with a political connotation, as a form of self-pride of one's "sexual identity" and away from the medicalisation and pathologisation of same-sex desire.

**Gender** There are some basic biological differences between female and male bodies, mainly linked to their different roles in reproduction. But beyond these differences, many societies define different roles, rights and responsibilities for what we define as women and men. "Gender" is the term used to refer to these socially-defined differences between men and women.

Gender differences are based on widely shared beliefs and norms within a society or culture about male and female characteristics and capacities. These beliefs and norms about gender usually create inequality between men and women. In most societies, men have more political, economic, and social power than women. Such gender inequalities have a significant impact on women and men's sexual health.

**Gendered Framework** The word *gender* is a classifying noun, but often the term gender is only used to deal with issues affecting women, ignoring issues about males. The term *gendered* is an adjective to describe a state. In South Asia where there is often fairly strict social policing of gender boundaries, and where the

primary (and visible) framework of male-to-male sexual behaviours is constructed not around sexual orientation, but around gendered identities, the term *gendered framework* is used as a short-hand description of this state of affairs, i.e. males who identified as *kothis* do not perceive themselves as males, but as “not-males” or feminised males.

**Hierarchical and  
oppositional  
framework**

NFI uses this phrase in the specific context of gendered relationships between males and females, or masculinity and femininity, where these genders and their qualities are seen as a hierarchical and in opposition to each other. In other words, maleness is seen as superior to femaleness and in opposition to it.

**Hijras**

A self-identified term used by males who define themselves as “not men/not women” but as a “third gender.” *Hijras* cross-dress publicly and privately, and are a part of a social, religious, and cultural community. Ritual castration may be part of the *hijra* identity, but not all *hijras* are castrated. Sex with men is common.

**Homosocial and  
homoaffectualist  
culture**

In South Asian countries, gender segregation of social spaces is a strong form of social policing of gender relationships. Primary relations are between the same gender (homosocial). Homoaffectionalism is the social acceptance of the public display of male-to-male or female-to-female affection. For example, it is common in South Asia to see two males holding hands, or arms wrapped around each other as they walk. Often male friends will also share beds when sleeping, wrapping themselves around each other. The boundary between homoaffectionalism and homosexual behaviours is very “thin”, particularly in shared spaces.

**Homosexuality**

The term homosexuality was first used in 1892 meaning “Great diminution or complete absence of sexual feeling for the opposite sex, with substitution of sexual feeling and instinct for the same sex”.

Over the decades since then, the term homosexuality broadened to describe the “condition” of a “population” of men who had sex with men, as a specific and exclusive desire or sexual orientation. This “condition” was often seen as a mental illness. The “condition” of homosexuality required that there be homosexuals who express this

In opposition to this the term, “heterosexuality” was invented at the same time, initially to describe a “condition” of male sexual desire for women, which was expressed in recreational or non-reproductive sex, which at that time was also considered a mental disease. It was only in the 1920s that the term heterosexuality was used to describe a “normative condition” of desire – an exclusive preference of male-to-female sex, irrespective of any reproductive necessity.

The terms homosexuality and heterosexuality are Euro-American constructions, and arise from their cultural history, and speak of an oppositional framework of desire based on gender preference.

**Kothis**

A self-identifying label for males who feminise their behaviours (either to attract “manly” male sexual partners and, or, as part of their own gender construction, and usually in specific situations and contexts), and who state that they prefer to be sexually penetrated anally, and, or, orally. *Kothi* behaviours often have a highly performative quality in social spaces. Self-identified *kothis* use this term for males who are sexually penetrated, even when their behaviour is not feminised. This is the primary and most visible framework of male to male sexual behaviours in South Asia. *Kothis* state that they do not have sex with other *kothis*, although this is not always true, and they may also be married to women.

In Pakistan, the equivalent term is *zenana*, while in Nepal it is *meti*. In Calcutta, India, the term *parik* is used. Other terms probably exist in other

areas.

- Masculinity** Masculinity is interpreted as the predominant and hegemonic framework, which defines how a man should behave and act personally, sexually, socially, and culturally. However, it is also recognised that there are different constructions of masculinity, that vary across cultures, age groups, sexual orientations, sexual preferences, actual behaviours, gender identifications, economic classes, and religions, and thus we should really speak of “masculinities”.
- MSM** This is usually an acronym for “men-who-have-sex-with-men”, however, the term “men” can be problematic within the context of different cultural definitions of “man”, “manliness”, and “manhood”. NFI therefore uses MSM to mean “males-who-have-sex-with-males”. Another phrase that has also been developed is male-to-male sex, and male-to-male sexualities.
- Panthis** A *kothi* label for any “manly male.” Male-to-male sexual behaviours are usually highly gendered in terms of sexual roles. Most male-to-male sex in South Asia appears to follow this pattern, where a *kothi* is not defined as a man, thus enabling the penetrating partner to still see himself as manly. A *panthi* is by definition a man who penetrates, whether it is a woman, and, or, another male. *Panthis* may also be married to women. Their occupations vary across the social class spectrum, from rickshaw drivers to businessmen.
- Pariks** A *kothi* label for the “husband” of a *kothi*. The *parik* may also be married to a woman and have sex with other women as well as males.
- Self-help organising** A group of people who share similar characteristics come together to help themselves. A peer group organisation.
- Sex** The word sex is used both in its biological sense, that is the “sex of a person”, i.e. male or female, as well as a term reflecting an action, i.e. “to do sex” or “to have sex”. However, we can also talk about a cultural definition, based on the meanings and significances that “sex” has, which are socially constructed.
- Sexual health** The WHO (1975) definition of sexual health is a useful one; “*the integration of physical, emotional, intellectual, and social aspects of sexuality, in a way that positively enriches and promotes personality, communication, and love*”.
- Sexuality** “Sexuality” refers to all aspects of people’s sexual lives; their sexual desires, their sexual behaviours and their sexual identities. It is important to focus on sexuality in HIV prevention work because it is important to understand people’s risk behaviours in the context of their sexual desires and sexual identities.  
However, contemporary researchers have been discussing the concept of a range of sexualities, to express the enormous diversity of cultural interpretations, meanings and significance palced upon sexuality.
- Sexual orientation** This originally was the process of orientation with respect to a sexual goal, potential mate, partner, etc. Later it chiefly became a person's sexual identity in relation to the gender to whom he or she is usually attracted; usually using western definitions to define their sexuality; heterosexual, bisexual, or homosexual.
- Social constructionism** A theory, is based on the principle of social constructionism, which holds that masculinities, sexualities, and sexual behaviours (if not sexual desires

themselves) are socially constructed through social and sexual scripting processes, and have a historical and cultural history.

**Vulnerability** The idea of vulnerability is useful in helping us to understand why some people in some places (at some times) are more likely to get infected with HIV than others. We can identify factors of vulnerability that influence:

- People's exposure to the risk of HIV infection
- The choices that are available to people to deal with that risk
- The social environment in which behaviours and risks take place, and the constraints that such an environment places on people
- The abilities that people have to make safer choices
- People's desire to use their abilities to make these choices
- People's personal power to take steps to reduce risk

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