

Contract No: Contract No. PMO/CASP/005

Enhance the capacity of the National MSM and AIDS Human rights, policy and advocacy Task Force to enable it to train, establish, monitor and coordinate the activities of up to 6 Local Policy and Advocacy Units in MSM Projects in 6 cities of India over a period of 1 year.

STUDY REPORT

A qualitative study into the degree of violence, abuse, discrimination and violation of civil and fundamental rights as faced by males who have sex with males in six cities of India, namely Ahmedabad, Goa, Cochin, Tiruchirapally, Pondicherry, and Vishakhapatnam.

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This study was conducted by **Naz Foundation International**

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Finally we wish to thank the entire team of the DFID-PMO for their able guidance and support.

Contents

Acronyms	5
Introduction to NFI	6
Stigma and Discrimination	8
The framework of sexuality and rights	12
Executive summary	15
Methodology	18
Detailed findings	20
Definitions	33

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-based Organisation
CSW	Commercial sex worker – primarily refers to females
CSA	Child sexual abuse
DIC	Drop-in centres
DFID	Department for International Development
FGD	Focus Group Discussion
HIV	Human Immuno-Deficiency Virus
HR	Human Rights
IDU	Injecting drug user
INGO	International non-government organisation
MSM	Males who have sex with males
MSW	Male sex workers – specifically refers to those males whose sole source of income is from sex work
NFI	Naz Foundation International
NACO	National AIDS Control Organisation
NGO	Non-governmental organisation
OBE	Order of the British Empire
STI	Sexually transmitted infections
SACS	State AIDS Control Society
TG	Transgender/transgendered

Introduction to Naz Foundation International

Naz Foundation International was registered as a not-for-profit charity in England and Wales, with its head office based in London, UK, and its Regional Liaison Office in Lucknow, India, when it became clear that HIV was increasingly becoming a problem in South Asia, whilst at the same time, there was not only very little recognition of male to male sex in the region, but even will or action, in providing services to this vulnerable population.

NFI believes in a world where all people can live with dignity, social justice and well-being. With a primary focus on marginalised males who have sex with males, NFI's mission is to empower socially excluded and stigmatised males to secure for themselves social justice, equity, health and well-being through technical, financial and institutional support. NFI works and advocates in South Asia and internationally to ensure that issues of masculinities, sexualities and sexual behaviours, together with social justice and human rights concerns that arise from them, are appropriately and adequately addressed in the provision of HIV/AIDS, sexual health¹ services, welfare and human rights policies and services.

NFI strongly believe in the innate capacity of local MSM collectivities, groups and networks to develop their own sexual health services through self-help organising and community-building, and provides technical, institutional and financial support towards achieving this goal.

¹ Sexual health: the World Health Organisation's definition of sexual health (World Health Organisation, Education and Treatment in Human Sexuality. The Training of Health Professionals: 1975. Technical Report Series Nr. 572) states: "Sexual Health is the integration of the somatic, emotional, intellectual and social aspects of well-being, in ways that are positively enriching and that enhances personality, communication and love. Fundamental to this concept are the right to sexual information and the right to pleasure. Thus the notion of sexual health implies a positive approach to human sexuality, and the purpose of sexual health care should be the enhancement of life and personal relationships and not merely counselling and care related to reproduction or sexually transmitted diseases."

NFI's Objectives

NFI has five overarching objectives:

- To empower low-income MSM groups to develop and deliver self-help sexual health programmes addressing their needs by providing them technical, financial and institutional support
- To work with other organisations, institutions, and agencies to improve the lives and well being of MSM
- To advocate on social justice and human rights concerns of MSM
- To foster cooperation, understanding and support between organisations developing responses to health, welfare and human rights needs of males who have sex with males, their partners and families
- To undertake research that highlight the issues and problems that marginalised and socially excluded MSM face, identify solutions and pro-actively promote the resultant findings, as well as understand the context of masculinities and sexualities which lead to more effective and sustainable sexual health, welfare and human rights promotion strategies for MSM
- To identify and leverage appropriate funds, resources and technical assistance to support the above activities

Stigma and Discrimination

Naz Foundation International has been involved in providing technical, financial and institutional support to MSM collectivities in India (and elsewhere in South Asia) since 1996. Since then we have assisted in the development of 70 such projects, which between them have reached nearly a million MSM.

In terms of the dynamics of differing frameworks of MSM, NFI and its partners have focused on those who are socially excluded, the marginalised and stigmatised, the poor, those who are the most vulnerable to infection and have least access to services. These are the most visible of MSM, the ones who construct their sense of being within a gendered framework of feminised behaviours and sex roles.

They are self-labelled *kothis* in India (also in Bangladesh, and as *metis* in Nepal, and *zenanas* in Pakistan,) And their sexual partners who are perceived as “real men” are called *panthis*, *tas*, or *giryas*. Such men are not seen, nor for they see themselves as homosexuals. They are real men because they penetrate.

Kothis are therefore doubly stigmatised because as biological males they are sexually penetrated – and thus not perceived as men. And their feminisation, their crossing of the gender roles and barriers accepted as social norms reinforces the stigmatisation, leading to exclusion and denial of access to services and to the social compact.

And they are vulnerable because of the sexual and gender roles they play within male sexual practices which often leads to significant levels of manly sex partners, sexual abuse, violence, rape, and harassment, often from an early age.

Evidence from research in India clearly shows that the process of stigmatisation

and thus vulnerability arise from concepts of masculinity in these cultures, which lead to marginalisation, social exclusion and abuse of the most vulnerable of MSM – those with feminised identities.

Social exclusion has a personal and social history that lead to negative impacts on educational and employment opportunities, which, of course, increases poverty and which increases an already low self-esteem and self-worth because of femininity, and leads to the potential for sex as a source of income for self and family and a survival strategy. This leads to a denial of social justice and human rights.

In other words, social justice and human rights issues for MSM are a complex matrix of issues, concerns, and needs that reflect personal psycho-sexual histories, economics, social-cultural policies and attitudes, as well as legal concerns, that create a context for MSM, but particularly for feminised males, of low-esteem, disempowerment, and marginalisation that leads to further abuse, violence and social exclusion. It is a vicious circle that constantly reinforces itself.

On the other hand, the partners of *kothis* can easily melt into the manly social background, their sense of masculinity maintained because they are the penetrators, not of other men, but of not-men.

Power inequality dynamics arising from the Indian constructions of masculinity, social attitudes towards feminised males and their sexual practices, sexual abuse, assault and rape, stigmatisation and poverty, discrimination and disempowerment, all configure the lives of most *kothis*. As a consequence they play a significant role in the emotional, sexual, physical and economic exploitation of feminised males, and give rise to a range of physical, psychological, and emotional problems, which further increase vulnerability and disempowerment. This disempowerment creates significant levels of suicidal impulses and self-damage, an expression of self-hatred and despair. And this of

course leads to significant increases to STI/HIV infection risks as well as impeding successful implementation of risk reduction strategies.

Without addressing these psychosocial concerns appropriately and with urgency, sexual health promotion programmes targeting *kothis* and their *panthi/girya* partners would not be able to adequately develop sustainability in behaviour change towards risk reduction.

“I don’t mind if my panthi beats me up. It only shows how manly and powerful he is.”

Along with these personal vectors, governmental policies for combating HIV/AIDS are often in conflict with the penal laws and the actions of local law enforcement agents. On the one hand the government AIDS programme may recognise the need to address the HIV/AIDS concerns of male-to-male sexual behaviours, but on the other, the continuation of the criminalization and social stigmatisation of such behaviours often leads to threats of blackmail, sexual abuse, and violence, if not arrest and imprisonment (where if course much male-to-mail sex and male-on-male sexual violence occurs). It discourages those in need of information and services to seek the same. In addition to this programme staff and target populations are vulnerable to local police excesses and abuse without adequate ways and means of addressing such abuses.

Those who are meant to protect, sustain abuse and violence. Many *kothis* face harassment, sexual violence and rape from law enforcement staff, from those whom they have called friends in schools and colleges, from those in positions of trust such as relatives, neighbourhood elders, elder friends, and teachers. Gang rape is not uncommon. And of course such forced sex is always unsafe and often results in serious physical injury like a ruptured rectum, internal haemorrhage etc.

One of the central issues that have arisen from our research and understanding is

that often it is effeminacy and not the factual knowledge of homosexual behaviour that leads to harassment and violence. That harassment and sexual violence results from the fact that many *kothis* do not live up to the expected normative standards of masculine behaviour.

It is clear that there is a predominate pattern of male-to-male sex focused on gendered behaviours of both sex partners. This is accepted both by the *kothis* themselves as well as the public they interact with. It is also understood that male feminised behaviour is considered to be less worthy than the accepted standards of how a man should behave. This leads to a notion that those who are feminised can be exploited and abused, that being feminised somehow weakens the person, a notion often harboured by the *kothis* themselves.

***“When my panthis beats me, I feel as helpless as a woman.
Since I want to be a woman, it actually makes me feel good”.***

Accepted notions around effeminacy are therefore one of the major factors that lead to disempowerment and opens *kothis* to abuse and assault and to a refusal of service provision. The fact that *kothis* themselves have internalized these notions so strongly, means that specific tools will need to be developed for *kothis* in order to empower them to start valuing their lives and enhancing their self respect.

And is clear that legal, judicial, political and social advocacy is urgently needed that is not only about living with the virus or with AIDS. It is not only about social justice and human rights for MSM. It should include challenging accepted notions of masculinity and femininity so that discrimination and stigmatization, social exclusion and marginalization can be effectively challenged as they confront the daily lives of *kothis*. It is only then that we can hope for a time when metis can live in dignity and well-being, with social justice and human rights.

The framework of sexuality and rights

International human rights law protects all persons equally, without distinction or discrimination. The broad range of human rights; civil, political, economic, social and cultural, should be equally enjoyed by all individuals. The protection of the basic human rights of MSM should therefore grounded in a human rights framework, that all people are worthy of equal respect and dignity whatever their situation.

The core international human rights treaties and conventions adopted by the General Assembly, *inter-alia*, the Universal Declaration on Human Rights,² Convention Against Torture, Inhuman and Degrading Treatment,³ International Covenant on Civil and Political Rights,⁴ the International Covenant on Economic, Social and Cultural Rights⁵, the International Convention on Elimination of All Forms of Discrimination Against Women⁶, and the Convention on the Rights of the Child⁷ guarantee all human beings freedom from discrimination on many grounds, including sex, colour, language, religion, political opinion, birth, national or social origin, property, civil, political and social or other status.

The principle of non-discrimination has also been adopted in regional human rights instruments such as the African Charter on Human and People's Rights,⁸

² Adopted by the General Assembly on 10th December 1948 under Resolution 217 A (III)

³ Adopted by the General Assembly on 10th December 1984 under Resolution 39/46 of December 1984. Entered into force on the 26th June 1987.

⁴ Adopted by the General Assembly under G.A resolution 2200 (XXI), UN GAOR, 21st session, Supplement No. 16, UN Doc. A/6316 (1966). Entered into force 23 March 1976.

⁵ Adopted by the General Assembly on 16 December 1966 under G.A. Res. 2200 (XXI); UN GAOR, 21st Session, Supplement No. 16 at 49, UN Doc. A/6316 (1966).

⁶ Adopted by the General Assembly under GA Resolution 34/180 of 18 December 1979. Entered into force 3rd September 1981

⁷ Adopted by the General assembly under GA res. 4/25 of 20th November 1989. Entered into force 2nd September 1990

⁸ Adopted on 26th June 1981. Entered into force 21st October 1986

the American Convention on Human Rights⁹, and the European Convention on Human rights.⁹

Further, the Human Rights Committee, which monitors the implementation of the International Covenant on Civil and Political Rights, has addressed the issue of the right to privacy, noting that Article 17¹⁰ of the International Covenant on Civil and Political Rights is violated by laws which criminalise private homosexual acts between consenting adults.¹¹

The Committee has also resolved that the term “sex” in article 26 of the Covenant on Civil and Political Rights, which prohibits discrimination on various grounds,¹² includes sexual orientation.¹³ Furthermore, the Human Rights Committee has also confirmed that the prohibition against discrimination requires states to review and, if necessary, repeal or amend their laws, policies and practices to proscribe differential treatment that is based on arbitrary HIV-related criteria.¹⁴

Discrimination against men who have sex with men and other disadvantaged groups¹⁵ increases such person’s vulnerability to the risk of HIV infection, as well

⁹ Adopted 22nd November 1969. Entered into force 18th July 1978

⁹ Adopted 4th November 1950. Entered into force 3rd September 1953

¹⁰ Article 17 states (i) “ No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation. And (ii) Everyone has the right to the protection of the law against such interference or attacks.

¹¹ Communication No. 488/1992, *Nicholas Toonen V Australia*, (Views adopted on 31st March 1994, fiftieth session). See Report of the Human Rights Committee Volume II General Assembly Official Record Forty-ninth session (Geneva, 18th October to 5th November 1993); Fiftieth session (United Nations Headquarters, 21st March to 8th April 1994) Fifty-first session (Geneva, 4th to 29th July 1994), (A/49/40) . <http://www.unhchr.ch/tbs/doc.nsf/Pages 226-237>, paragraph 8.2

¹² “race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status”

¹³ *ibid*, paragraph 8.7

¹⁴ *ibid*, paragraph 11

¹⁵ Such groups may also include women, children, minorities and indigenous populations, those living in poverty, migrants and other aliens and injecting drug users.

as the likelihood that they will be targeted for coercive measures, such as mandatory testing, arbitrary arrest, segregation, detention and deportation.¹⁶

Such discrimination also compromises the health of the general population as those affected, actively avoid detection and contact with health and social services. The result is that those most needing information and, education and counselling are driven underground. Here, specifically in the context of HIV/AIDS, the Human Rights Committee has found that the “criminalisation of homosexual practices cannot be considered a reasonable means or proportionate measure to achieve the aim of preventing the spread of HIV/AIDS ... by driving underground many of the people at risk of infection ... [it] would appear to run counter to the implementation of effective education programmes in respect of the HIV/AIDS prevention.”¹⁷

Safeguarding human rights in the context of HIV/AIDS is, therefore, not only vital in itself as a principle, but it is also pragmatic. Its aim is to encourage those who are infected to cooperate with the authorities so as to slow down the epidemic. This can be achieved only if people have assurances that their rights will be respected.

¹⁶ See examples of HIV/AIDS related litigation <http://www.tac.org.za/>; Carrasco E (2000); and Access to Treatment as a Right to Life and Health. Canadian HIV and AIDS Policy Law Review; 5:4. Available at: <http://www.aidslaw.ca/maincontent/otherdocs/Newsletter/vol5no42000/carrascodurban.htm>

¹⁷ Communication No. 488/1992, *Nicholas Toonen V Australia*, (Views adopted on 31st March 1994, fiftieth session). See Report of the Human Rights Committee Volume II General Assembly Official Record Forty-ninth session (Geneva, 18th October to 5th November 1993); Fiftieth session (United Nations Headquarters, 21st March to 8th April 1994) Fifty-first session (Geneva, 4th to 29th July 1994), (A/49/40) . <http://www.unhchr.ch/tbs/doc.nsf> Pages 226-237, paragraph 8.5

Executive Summary

Naz Foundation International (NFI) conducted a study into the impact of social, legal and judicial impediments to sexual health promotion, care and support for males who have sex with males¹⁰ in six cities of India as a part of a larger project *“Enhance the capacity of the National MSM and AIDS Human rights, policy and advocacy Task Force to enable it to train, establish, monitor and coordinate the activities of up to 6 Local Policy and Advocacy Units in MSM Projects in 6 cities of India over a period of 1 year”* with the intention to develop strategies to reduce the impact of stigma, discrimination and harassment on HIV risk reduction strategies. This involved capacity-building work with partner agencies in these six cities involved in the project, and undertaking activities regarding advocacy, legal literacy and monitoring human rights abuse.

An earlier study conducted by the Naz Foundation International in 2005 and published under the title **“From the Frontline”** had shown empirical evidence that there were significant levels of abuse, violence and rape of MSM, and that the social, legal and judicial environment was having a detrimental impact on sexual health interventions, where even staff of MSM agencies were being harassed, abused and violated.¹¹ It was clearly evidenced that these impediments led directly to disempowerment and increased vulnerability of MSM, where violence and the violation of human rights obstructed redress of grievances, and created

¹⁰ 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’. Males are not usually perceived as adults until they are married, and often sex between males can occur when one or both of them are adolescents.

¹¹ In July 2001, staff at the NFI Regional Liaison Office in Lucknow, India, along with staff from a local MSM sexual health project were arrested and accused of “promoting homosexuality”, and imprisoned for forty-seven days before bail could be achieved. During this time, significant levels of physical violence were perpetrated on them. Other MSM projects have reported a range of abuse, violence and harassment against their beneficiaries and against themselves.

an atmosphere of fear where implementation of sustained HIV risk reduction was very difficult, if not impossible.

It was also shown in the frontline study that there was denial by state and non-state actors who were the primary agents in affecting these impediments. Effective advocacy was also restricted by a lack of such verifiable evidence. Moreover there was a lack of understanding within the MSM networks and groups of the rights that were available to MSM, which made them vulnerable to abuse and violence. It was therefore believed that to begin to effectively address the significant levels of abuse and violence that MSM faced across the region, these impediments need to be documented and used for advocacy work with policy and decision-makers in the field of HIV and AIDS prevention, care and support. This has to be supported by capacity-building training of field workers in the partner agencies who would be involved in such advocacy work. In this respect advocacy cell were set up in the partner projects through providing training in legal literacy and rights, along with documentation and monitoring skills.

The present study has extended the scope of the same information as obtained in the frontline study by using and applying the same quantitative questionnaire as used in that study to six new cities in India where partner agencies were supported to set up policy and advocacy units. This is the added value of this study. IN effect this present study should be looked upon a a continuation of the frontline study and therefore is best read in conjunction with the frontline report.

This study has been supported by the Department for International Development, Government of UK.

It needs to be recognised that male-to-male sex and sexualities in India, to a large extent, do not 'fit' the heterosexual/homosexual oppositional paradigm that is so commonly used as a discourse to discuss same-sex behaviours. Rather,

the primary pattern appears to be that of a gendered framework, orientation and sex roles. This framework reflects a belief in a man/not-man duality, where the 'man' perceives himself as a normative male from the general male society, while the 'not-man' perceives himself as a feminised male, self-identifying as a *kothi*.¹² This led to an understanding that the issue of feminisation, as much as that of sexual practice, can itself lead to violence, abuse and harassment.

The detailed finding of the study in the six cities is as given in the chapter on findings.

¹² *Kothi* - a self-identifying label for those males who feminise their behaviours (either to attract 'manly' male sexual partners and/or as a part of their own gender construction (usually in specific situations and contexts), and who state that they prefer to be penetrated. *Kothi* behaviours have a highly performative function in social spaces. *Kothi*-identified males label their 'manly' sexual partners as *panthis*. For the penetrating partner, the self-belief is that since he is doing the penetrating he is still 'manly' and not a man who have sex with another man, or a homosexual. Both *kothis* and *panthis* may also be married. Many *panthis* also have sex with females.

Methodology

The study was an action-based study involving field staff of the partner projects in the collection of the data through a pre-set questionnaire. It was a quantitative that would explore the extent and degree of prevalence of the nature and dynamics of violence and violation of the rights of MSM.

Sampling was based on randomised identification at a range of meeting places, facilitated by the field staff of the partner projects and their knowledge of these spaces and those that used them.

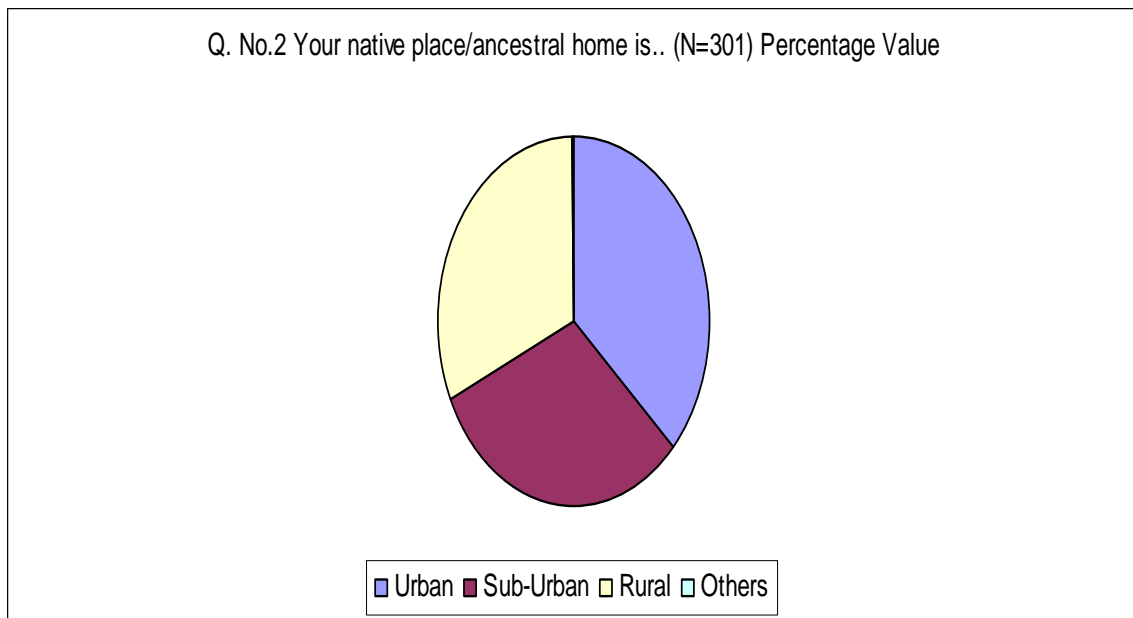
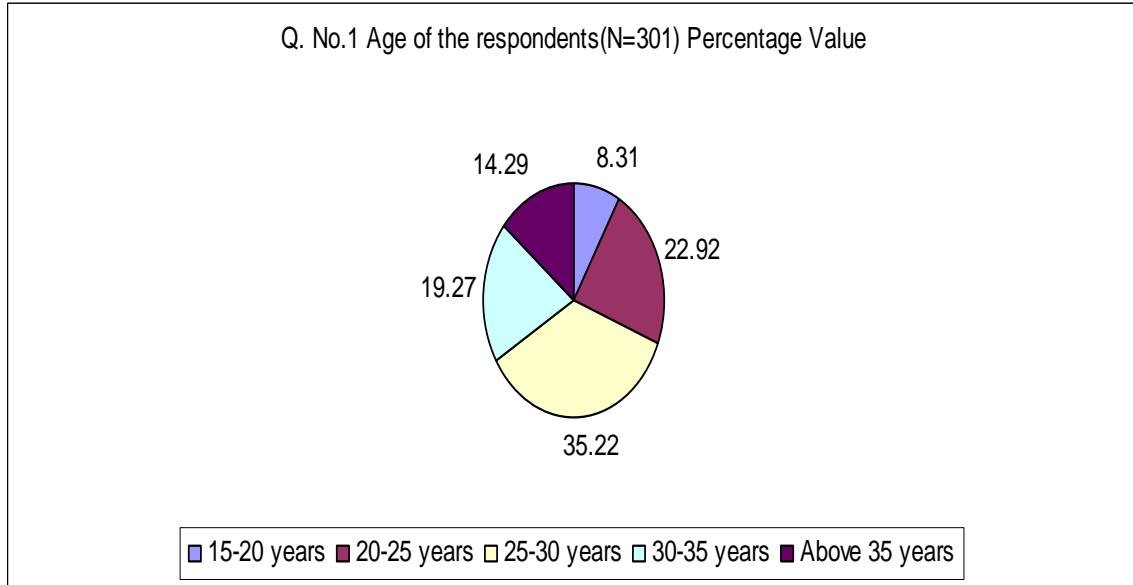
Consent to conduct the interviews and participate in the completion of the questionnaires, was obtained through a document which was read out to them in their own language and signed once understood and accepted.

Using field staff from the different project partners to conduct the study required skills building through a number of capacity-building workshops that not only explored study methodologies, but also developed skills and knowledge as legal literacy agents. These workshops included topics such as:

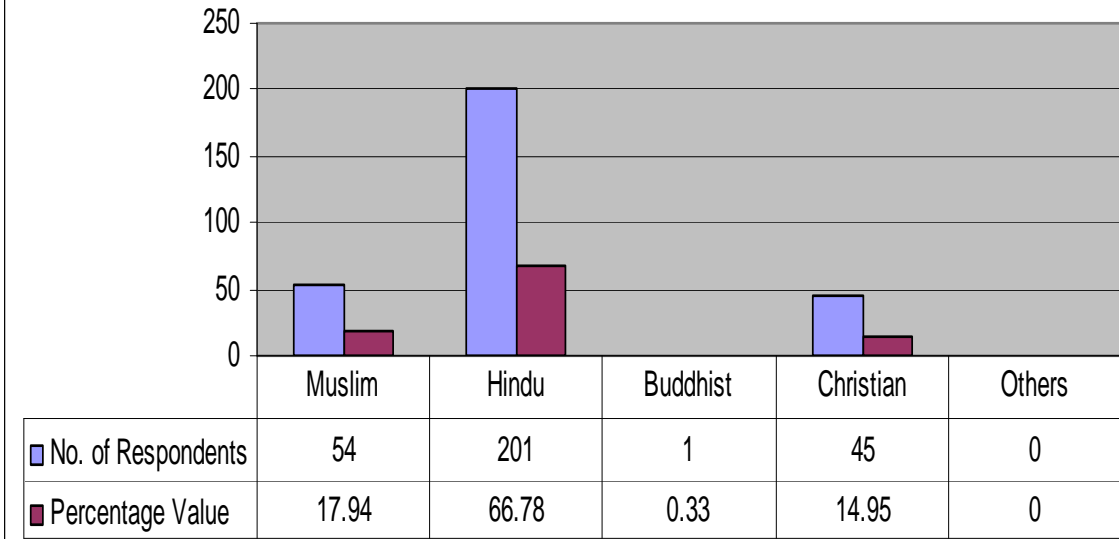
- Types of law, its origin and its practices
- The importance of rights in HIV/AIDS prevention intervention
- International law pertaining to MSM
- Bangladesh/Indian law pertaining to MSM
- Issue to be covered in qualitative data collection and appropriate ways of conducting an in-depth interviews
- Issues to be considered in conducting an pre-set questionnaire based interview
- Issues of free consent and ethical issues involved in conducting social studies.
- HIV and law

In order to ensure that advocacy work was developed that would address concerns being highlighted in the study, as a part of the process of implementing the study, policy and advocacy cells in all of the cities covered by the study were also developed. Further to this, National Policy and Advocacy coordination units in New Delhi coordinated the activities of these cells and monitored and evaluated their activities. It is the remit of these local cells to monitor and document violations of the rights of MSM in the geographical area they work in; conduct advocacy at a policy level to change attitudes as well as policies and laws; provide legal aid and interventions where actual violations come to light; and finally work on a long term basis to improve the socio-legal environment to make it conducive and supportive of MSM so that they are empowered to protect themselves against STI/HIV infection.

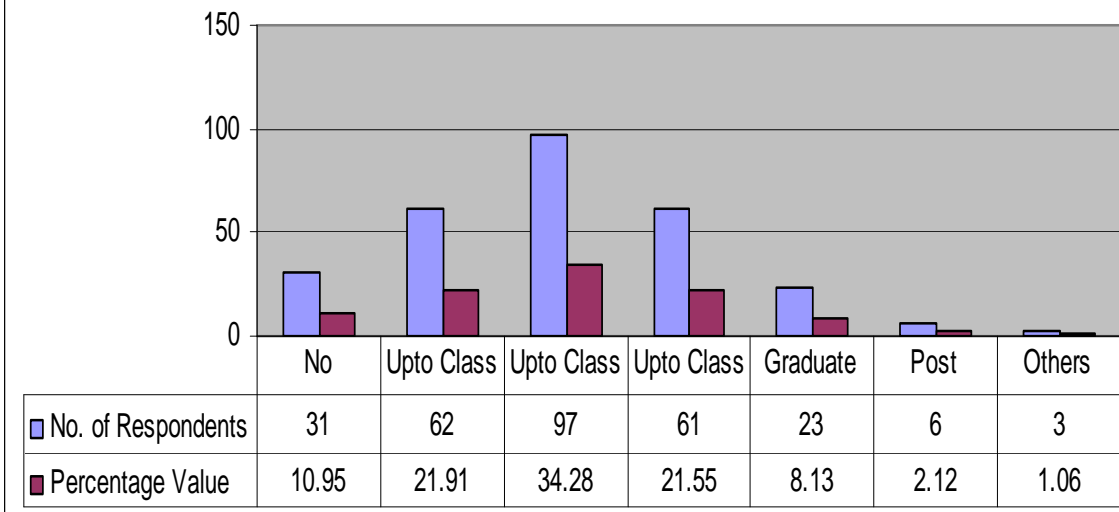
Detailed Findings

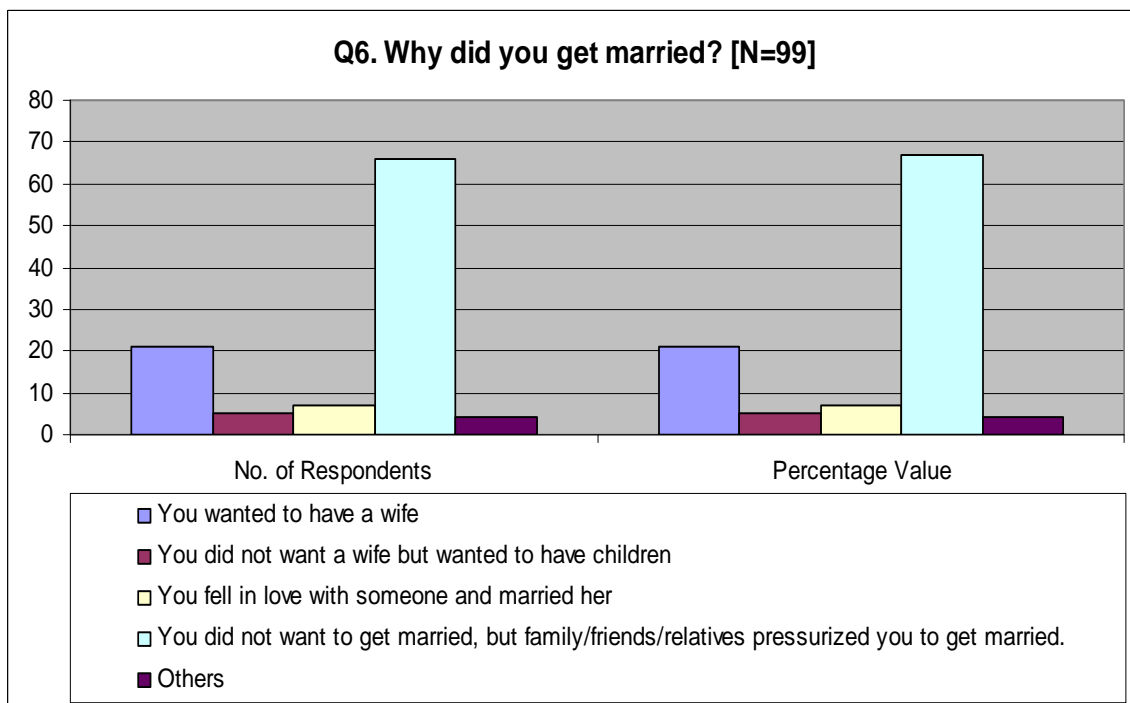
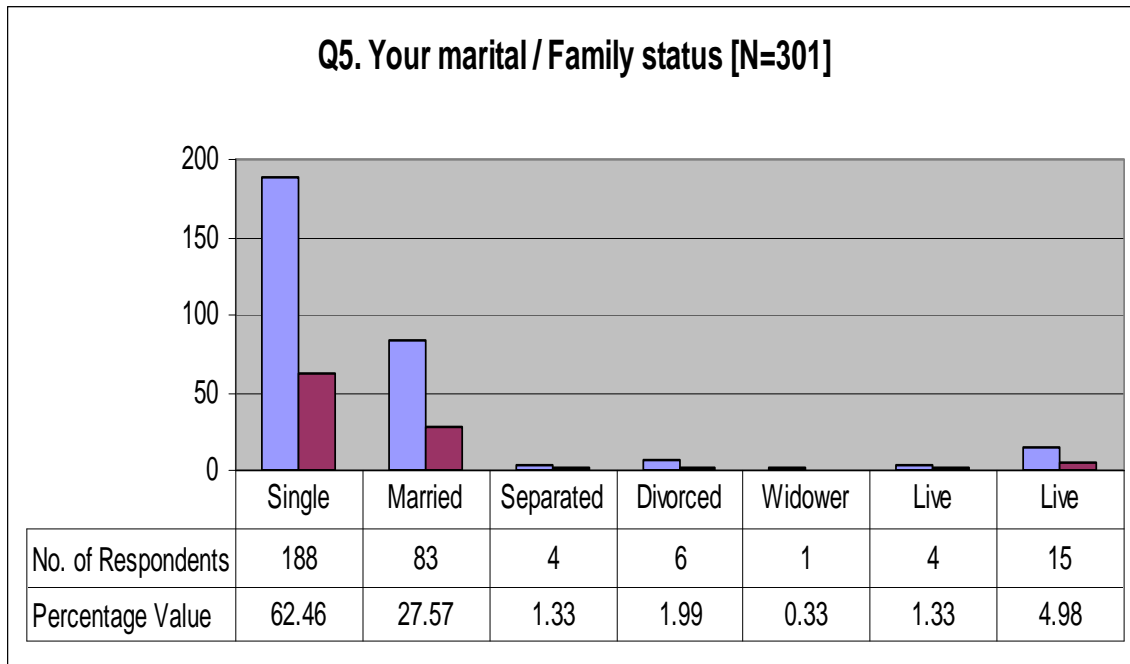


Q3. What is your religion?



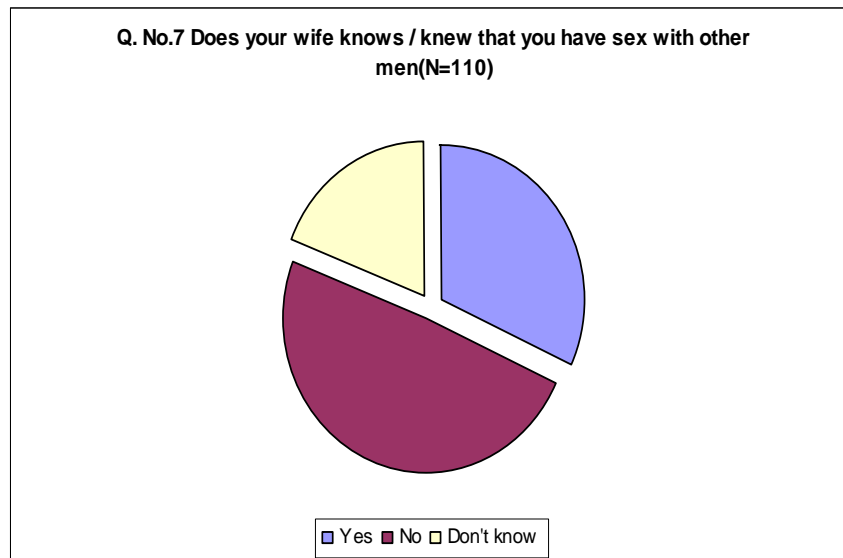
Q4. What is your Highest Educational Qualification [N=283]



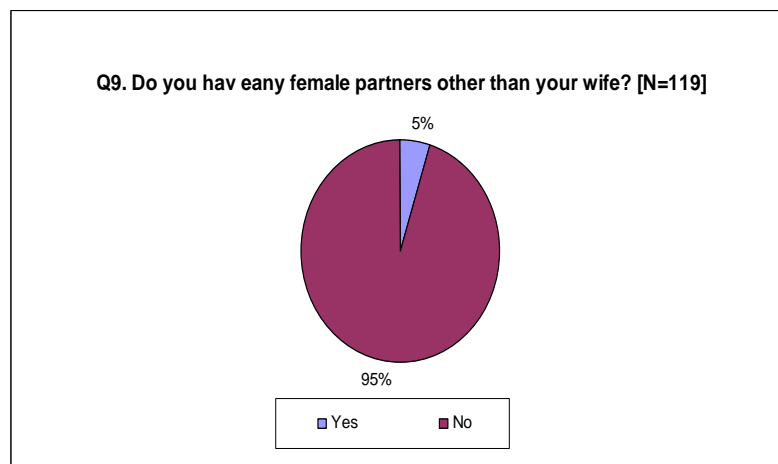
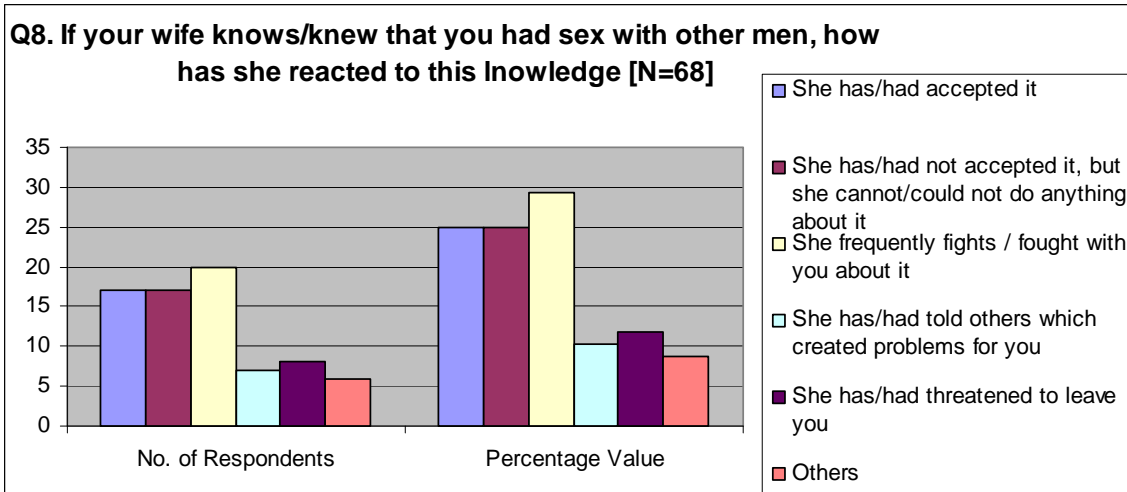


A significant number of MSM get married. Marriage is not a matter of choice, but of social obligation. As proved from the above two charts, almost two third of the

married respondents got married because of family pressure. Often MSM have to carry on an active sexual life with their spouse even as they also have sex outside of the marriage with other male partners. This means that many MSM act as a bridge population for the spread of STI and HIV. One of the objectives of any advocacy project should be to restore to MSM the power to choose not to get married. This can be done by both economic as well as social empowerment. If successful this can have a significant impact on the spread of HIV. It is significant to note that almost half the respondent state that their wives are unaware of their male to male sexual activities.

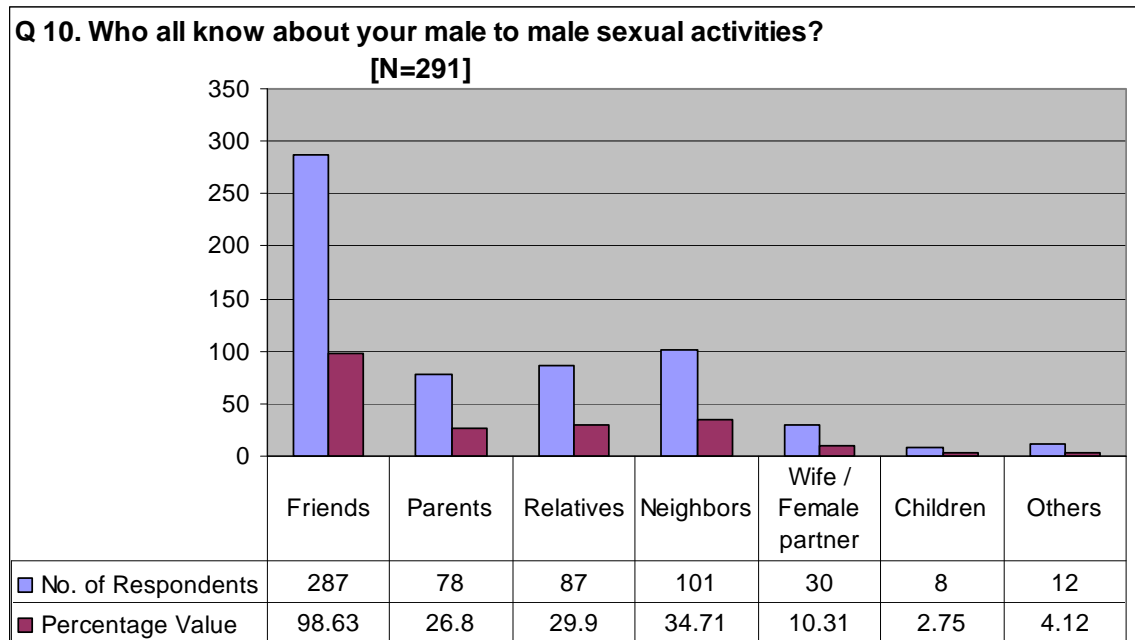


In fact even in those cases where the wives had knowledge of the male to male sexual activities of the respondents, almost half of them had accepted it, either reluctantly or willingly. This is reflective of the status of women in society, where the shame and stigma associated with divorce often compels many to meekly accept their husbands activities without protest. Moreover almost 5% of the respondents have stated that they had regular female sexual partners other than their wives.



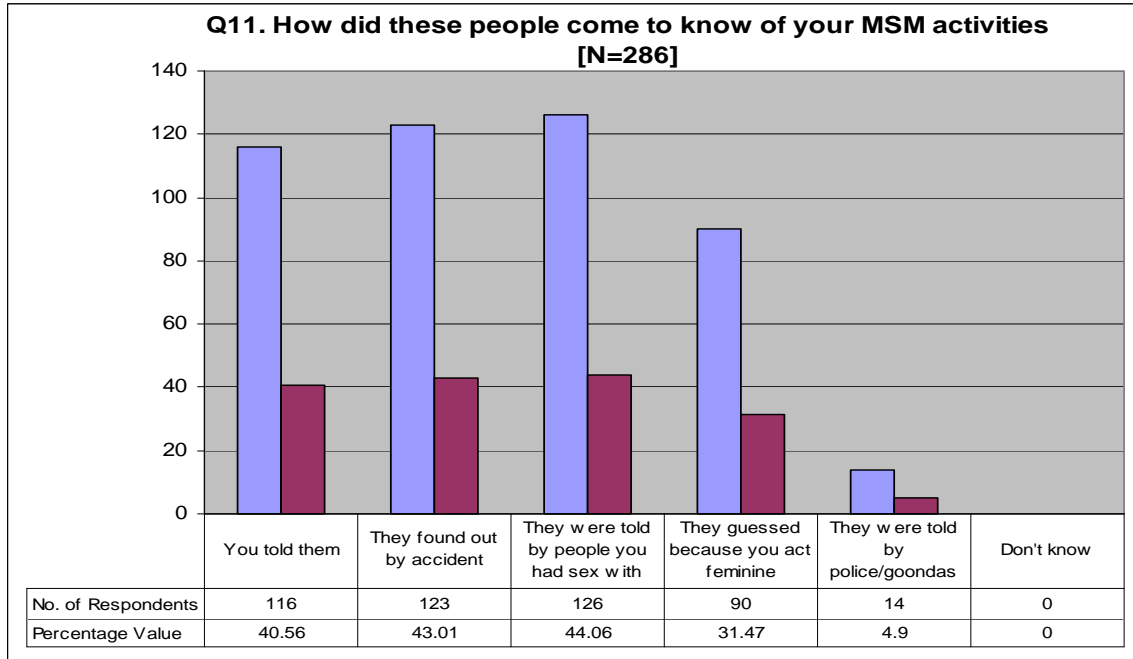
In a shame based society, knowledge of sexuality is often not overtly expressed and it is presumed that as long as something is not out in the open, it is not an issue. Only the possibility of shaming the person, the family or the clan is regarded as unacceptable. In turn this means that a wide range of people actually have knowledge of the male to male sexual behaviour of the respondents, but they choose not to overtly acknowledge it. It must be kept in mind that this knowledge however makes real to many of these persons the possibility of exposure and therefore shame, which is often a catalyst for violent reaction. Interestingly almost a quarter of the respondents stated that their parents know about their male to male sexual activities. Almost one third of the

respondent stated that these persons came to know of their same sex behaviour because they were effeminate or non-masculine. Also significantly the threat of blackmail by masculine sexual partners of Kothis mean that many a time these sexual partner themselves tell the relatives of the kothis that they had sex with him. In our sample almost a significant 41% had their sexual identity exposed by those that they have had sex with.

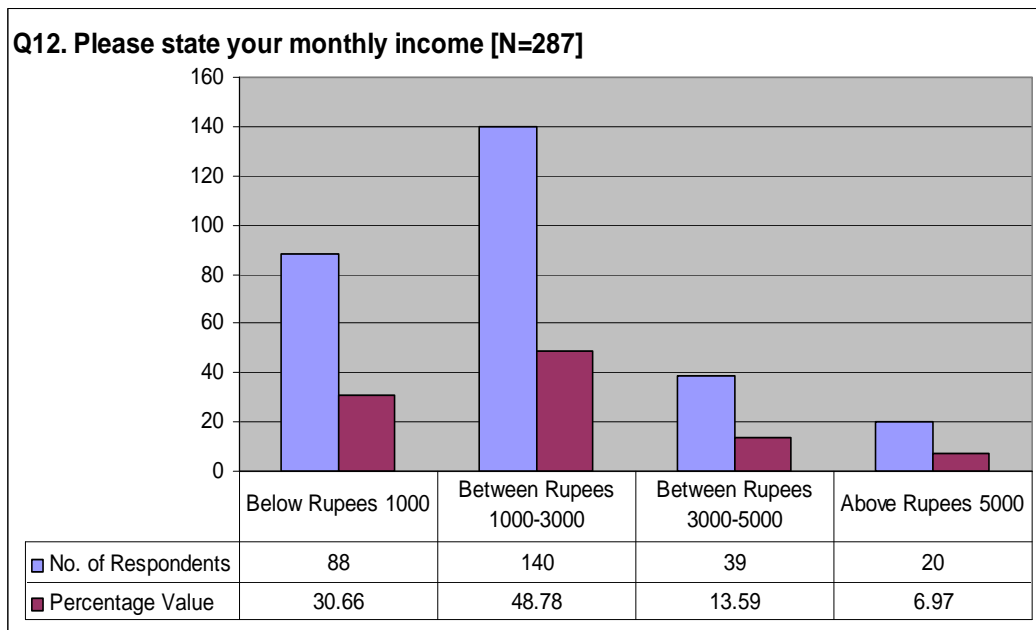


This finding validates two postulates. First that it is gender role and gender identity that is conflated with sexual behaviour and therefore if one is feminised, it is presumed that one would also be same sex attracted. Second, the shame and sometime stigma is attached only to the feminised partner and they are the ones open to violence and blackmail, since its getting penetrated in the sexual act, the perceived sexual role that feminised partners are supposed to sexually play out, which is stigmatising, while the masculine partners do not face any such social sanction, their masculinity is not affected, simply because they are the penetrating partner in the sexual act. They can therefore act with enough impunity to even be able to disclose the fact of the male to male sexual

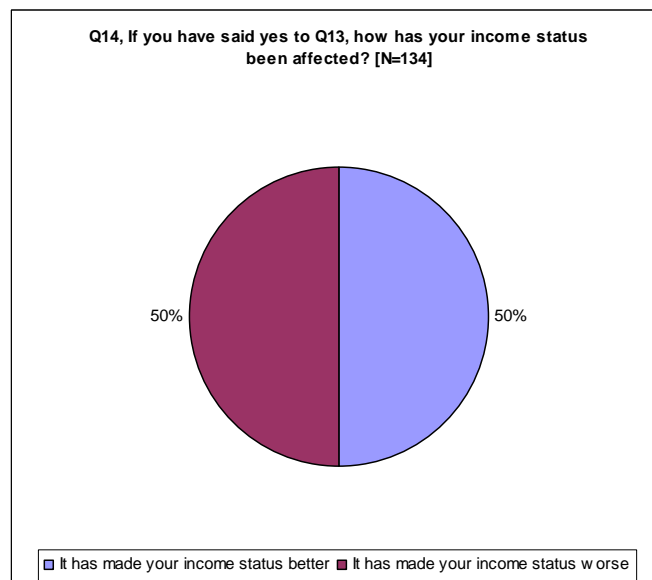
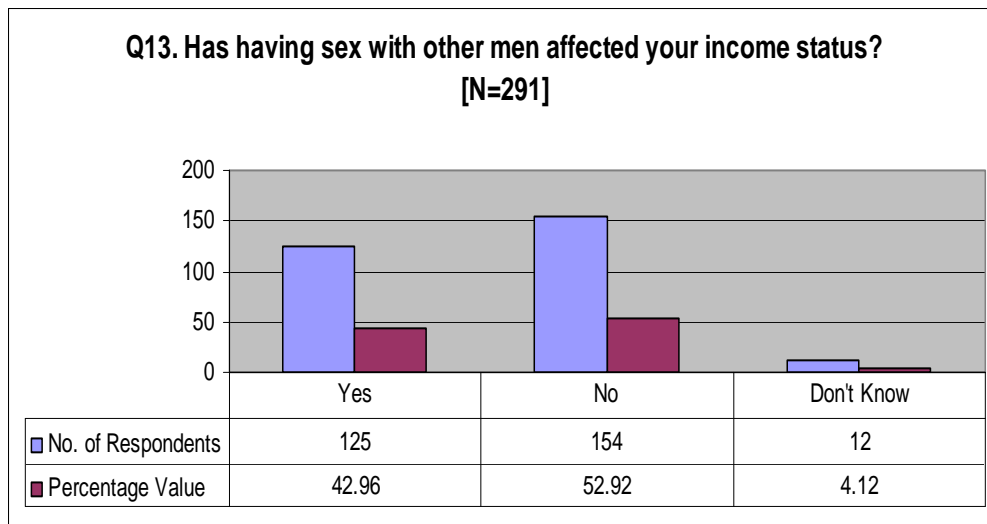
behaviour of the penetrated partner to their families without any stigma attaching to themselves.



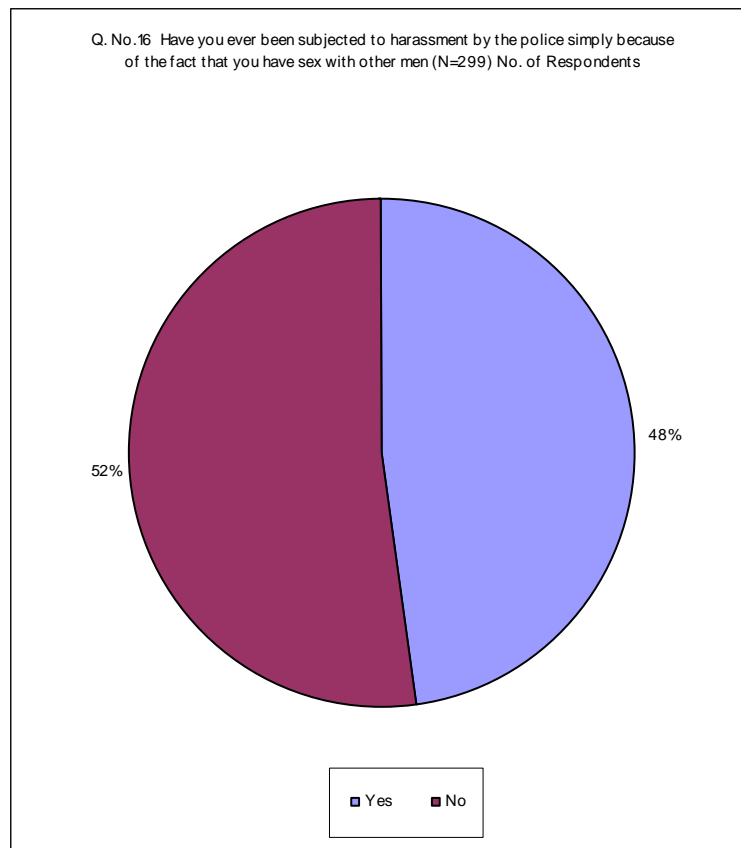
A repeat of the findings of the frontline study, reaffirmed and validated in this study as well is the fact that almost half the respondents state that their earning capacity has been affected because of their male to male sexual activity.



Kothis are usually under educated and economically from poorer sections. This is the result of many factors including to some extent the harassment that many kothis face in educational institutions, which mean that they do not finish their education. In our study almost half the respondents earn between 1000 and 3000 rupees a month.

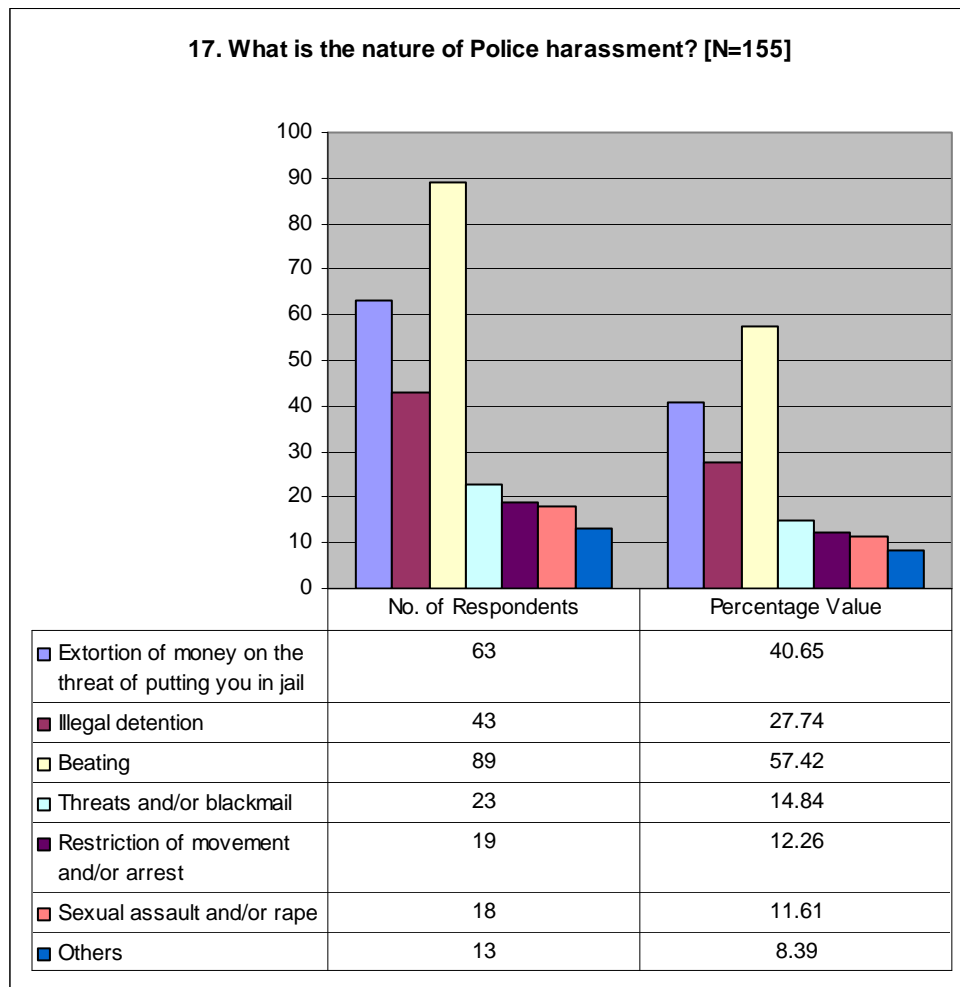


One of the positive result of the legal literacy work that has been carried out is that almost 76% of the MSM accessed for this study were aware that that is a criminality imposed by the law on same sex sexual activities. It was also evident from peer interviews that many MSM were willing to be part of any mobilising effort to ensure that the law is overturned and repealed. Many were also aware that it is the law that created the situation where they could be targeted and harassed by the law enforcement officials. Almost half of the respondents stated that they have at some point been harassed by the police because they had sex with other males.



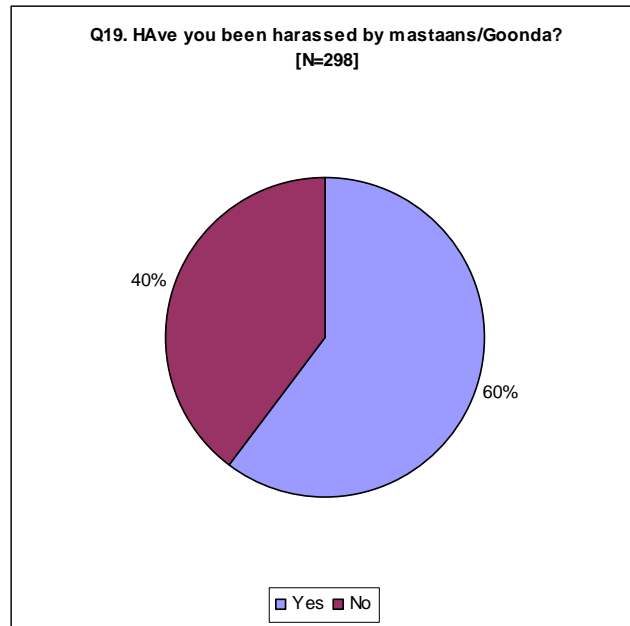
The nature of harassment from the police is wide ranging. The primary motivation of the police is to extort money. In a way we can say that the problem is not of an illegal act, nor is it of law and order. The real problem that many MSM face is the greed of a venal police force. Often the other forms of violence is applied by the

police only when the demands for money are either not met, or are not met as per expectations. Many a times the police demand sexual gratitude in lieu of monetary payments. This is coercive in those instances where the person is both unwilling to pay and to have sex with the police. In these situations the police become overly aggressive and violent, and there have been reported instances where MSM have been picked up from public areas and thereafter gang raped in police barracks.

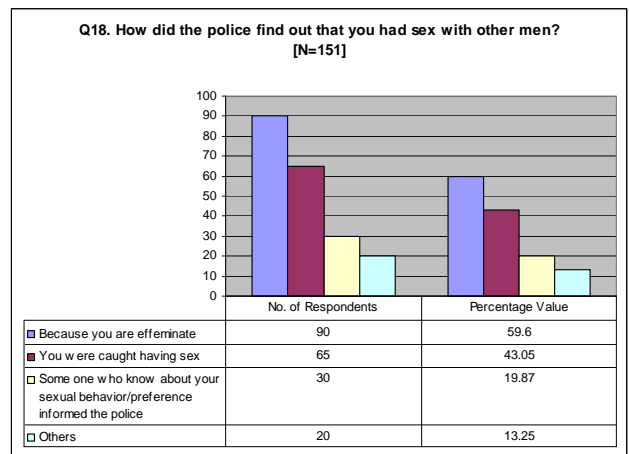
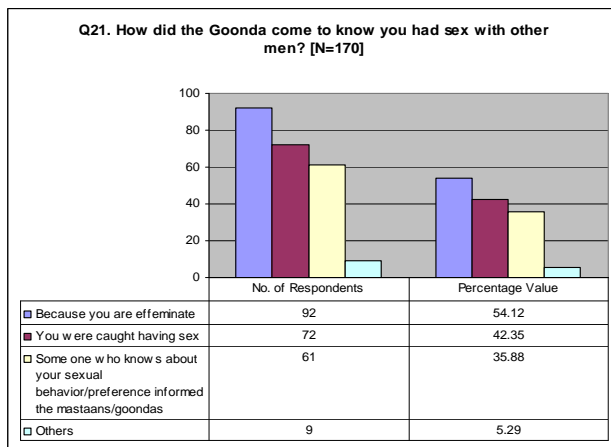


Other than the police, a significant number of respondents have stated that they have been harassed by Goondas/Mastaan [local toughs or bullies]. The nature of harassment and violence by Goonga is almost the same as that of the police. In fact often the goondas are hand in gloves with the beat police and share their

extortion take with the police. This means that the police effectively protect these goondas and therefore are unwilling to take any action against them even if there is a complaint against the goonda. This gives a lot of impunity to the goonda to continue with their violent actions.

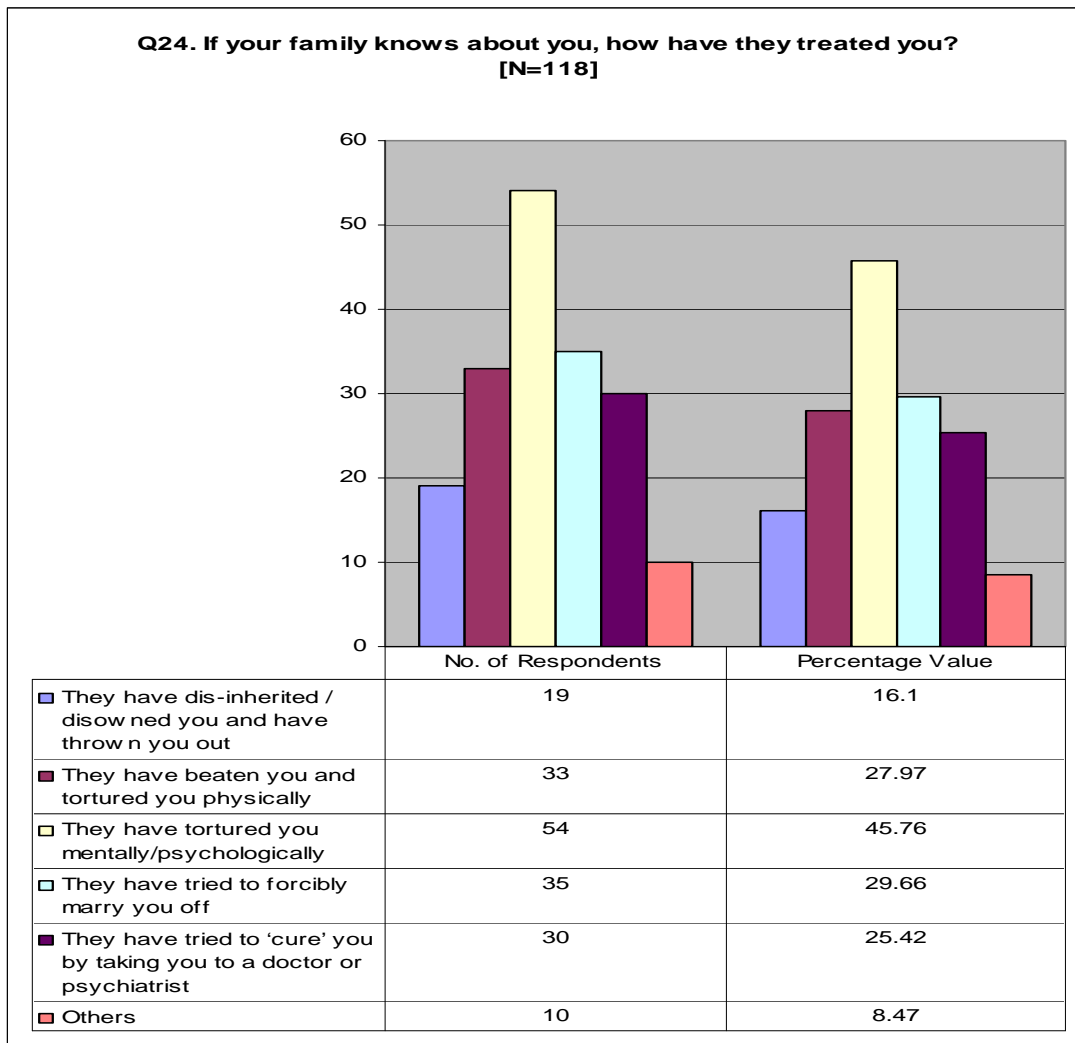


A significant finding is that in both the case of police harassment and goonda harassment, almost half the respondents have stated that they were targeted simply because they were effeminate.



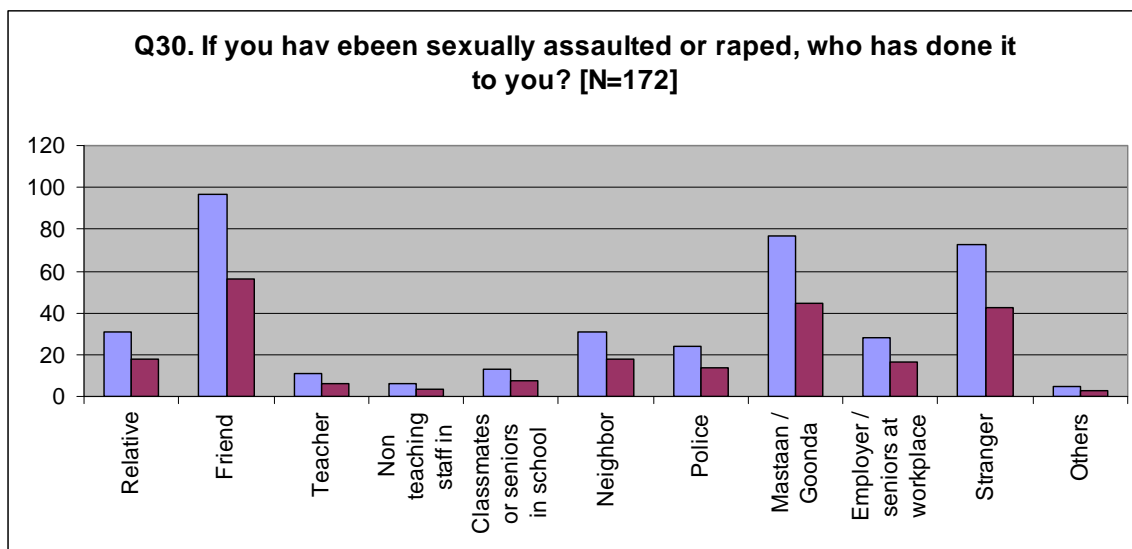
This fact again goes on to establish that most of the violence against MSM in India is gender based and is not necessarily dependent on the sexuality of the person.

The family is the other setting where a lot of violence takes place. The family is usually accepting of same sex behaviour if nobody comes to know of it and if the family is not shamed. However if the family is shamed, then the usual way of regaining honour is by being violent on the person that causes the shame. Kothis, being highly visible are usually stigmatised and this brings shame to the family. Therefore a lot of kothis face such familial violence.



53% of the respondents report that they have been sexually harassed or abused in the past one year simply because they were effeminate. Of these, almost 12% say that such incidents have been more than 10 in number in the past one year, while 8% report that it has been so frequent that they have lost count

172 out of 298 respondent stated that they have been sexually assaulted or raped in the past one year.



One third of all respondents reported harassment at the school or educational institution. They claim that this has affected their education and many left their studies mid way. About 40 say that if they had not faced any harassment, they would have been better educated and would have better employment prospects. Many respondents have stated that they are in sex work because of their incomplete education which has rendered them unemployable.

Definitions

Double-decker

Sometimes known as AC/DC, or even bisexual, this *kothi* label is used for those who state that they sexually penetrate and are also penetrated. Over the past few years, this label has also been adopted as an identity term.

Gay

While some males with a specific sexual preference for other labels use the term “gay” as means of self-identity, these men tend to be from the more educated classes. In its Western meaning, the word “gay” defines a man who sexually desires other men, and whose sense of self is based on developing egalitarian relationships of mutual desire and similarity in socio-economic status.

Gender

There are some basic biological differences between female and male bodies, linked to their different roles in reproduction. But beyond these differences, many societies define different roles, rights and responsibilities for 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 and but often when the term gender is used, it is focused on women, where men are absent as a gender in themselves. The author has used the term *gendered* as an adjective to describe a state. In South Asia where there is often fairly strict social policing of gender(ed) boundaries, and where the primary (and visible) framework of male-to-male sexual behaviours is constructed not around sexual orientation, but around gender(ed) identities, the term *gendered framework* is used as a short-hand description of this state of affairs, i.e. males/men 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 gender(ed) relationships between male and female, 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 superior to femaleness and in opposition to it

Hijra

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. They also have their own language, known as *farsi*, which many *kothi*-identified males share.

To often there is a major confusion between *hijras* and *kothi*-identified males, with both sub-populations being grouped as one. But this is not so. *Hijras* represent a specific community with its own rules, regulations and order. To become a *hijra* is not only about dress code, behaviour and language, but includes the acceptance of the hierarchal structure of the *hijra* community. There are rituals to perform such as the *reet* which is a ritual where a young male (and sometimes not so young), primarily *kothi* identified, who enters a *hijra* household through ritual offerings made to the *guru/nayak*, who has absolute authority over the new *chela*. Thus the hierarchy is *chela - guru - nayak*. A guru may have several *chelas*, while the *nayak* will be the head of the *hijra* community. *Chelas* must get permission from their *gurus*, and *gurus* must get permission from their *nayak* - head of a particular *hijra* household (not a *dehra*) to be involved in any activity.

Hijras have specific beliefs relating to their spiritually given powers over fertility, which are granted following the castration ritual. Not all *hijras* are castrated, but this is the end goal.

Homosocial and homoaffectionalist 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 in the sense that the term is used in this text means social acceptance of the public display of male-to-male or female-to-female affection. For example, it is common in Bangladesh 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. (See Hardman: 1993; Also Khan: 1996, where he points out that the boundary between homoaffectionalism and homosexual behaviours is very “thin” particularly in shared spaces and “under the blanket..”)

Kothi

Primarily used in Bangladesh and India, this is a self-identifying label for those 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 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 MSM behaviours. *Kothis* state that they do not have sex with other *kothis*; however, they may also be married to women.

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 speak of masculinities.

Males who have sex with males (MSM)

While the term men who have sex with men is generally used, NFI prefers to use the term males in this context in its biological sense, as many males do not identify as “men”, nor are they usually perceived by their sexual partners as “men”. The term “man” as usually used in India is around how the framework of manhood and masculinity is socially defined, i.e., in terms of social obligations, family duties, and marital status as much as the penetrative role that “men” are supposed to take.

Its use does not imply that it is an identity term referring to an identifiable community that can be segregated and so labelled. Within the framework of male-to-male sex, there are a range of masculinities, along with diverse sexual and gender identities, communities, networks, and collectivities, as well as just behaviours without any sense of affiliation to an identity or community.

Panthi

This is a *kothi* label for any “manly male” primarily used in North India. Male-to-male sexual behaviours are usually highly gendered in terms of sexual roles and reflect insertive or receptive practices. 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, and usually are if they are of marital age. Their occupations vary across the social class spectrum from rickshaw drivers to businessmen.

An equivalent term is *giryā* which tends to be used more in North India.

Sexual health

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

*World Health Organisation
Draft working definition, October 2002*

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**, expressing the enormous diversity of cultural interpretations, meanings and significance placed upon sexuality.

Transgender

Broadly speaking, transgender people are individuals whose gender expression and/or gender identity differs from conventional expectations based on the physical sex they were born into.

The word transgender is an umbrella term which is often used to describe a wide range of identities and experiences, including: female-to-male and male-to-female sexual reassigned persons, cross-dressers, drag queens, drag kings, gender queers, and many more. [In the Asia and Pacific region this would include *hijras*, some *kothis*, *zenanas and metis*, *kathoey*, *waria*, *bakla*, *fa'fa'finis*, etc.] Because transgender is an umbrella term, it is often thought to be an imprecise term that does not adequately describe the particulars of specific identities and experiences. (For example, the identity/experience of a post-operative FTM transsexual will probably be very different from that of a female-identified drag king who performs on weekends, but both are often lumped together under the term "transgender.")
web.mit.edu/hudson/www/terminology.html, accessed 14/9/06