Risk And Needs Assessment Amongst Males Who Have Sex With Males In New Delhi, India

Shivananda Khan

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Naz Foundation International

Naz Foundation International is a non-government HIV/AIDS and sexual health agency providing technical support, training and consultancy to local networks, groups and organisations in Asian countries, with a primary focus on male to male sexual behaviours.

It conducts feasibility studies; risk and needs assessments; provides technical assistance in the development of community-based non-government agencies to provide sexual health services for males who have sex with males; advocates on their behalf; develops and conducts training programmes exploring sexualities, sexual behaviours and sexual health issues as they pertain to male to male sexual behaviours and their impact upon male and female sexual health; helps develop policy and addresses human rights concerns. It works in Asian countries with a specific focus in South Asia.

This report is dedicated to all the those males who have sex with males
in South Asia who may be infected or affected by HIV/AIDS

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INTRODUCTION

The issue of males who have sex with males[1] in India is politically, socially and religiously sensitive and extremely difficult to address in conventional approaches to sexual health promotion. Further such behaviours are illegal under the old British law incorporated into the Indian Penal Code[2]. It therefore has profound implications for the control and management of STIs/HIV.

Because of these cultural, religious and social reasons male to male sexual behaviours are to a great extent invisible, if not denied, difficult to access in terms of current frameworks of sexual health promotion, with all that this implies for women's reproductive and sexual health. Such sexual behaviours do not appear to be contained within a heterosexual/ homosexual framework. In fact anecdotal and direct research indicates that levels of males who have sex with males in South Asia are significantly high[3] , that the majority of such males are married or will become married, and that many boys and men are involved in these activities.

What appears to exist throughout South Asia is a range of sexual networks that cut across class, religion, age, ethnicity and income status. These networks may overlap to some extent, but not always. However male to male transmission of STDs and HIV will be invisible because of the low levels of testing by men, the lack of anal and oral testing and because such behaviours are denied by the males themselves. Most of male to male sex appears to be unprotected.

Very little work has been done in India to explore these issues, to find levels of risky sexual behaviours amongst males, social constructions of male sexual behaviours, and needs assessment in the context of STI/HIV control and management[4] .

It was to address this gap in information, knowledge and services that a risk and needs assessment was conducted towards developing a local response to the sexual health needs of males who have sex with males in New Delhi, India.

A project was developed incorporating action-based, peer-led, research, developing a risk and needs assessment amongst males who have sex with males in both Lucknow and New Delhi, and empowering the development of a local response to these needs. This required the provision of appropriate training for recruited individuals from the male sexual networks to conduct such research and to encourage the development of appropriate service agencies

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1. Whilst generally HIV/AIDS agencies have used the term men who have sex with to describe the context of homosexual behaviours by those who are gay-identified, homosexual identified as well as those who do not so identified, what work Naz Foundation has done in South Asia, including India, that the the term "men" was also problematic within the cultural context. Whilst legally males were adult (in a Western sense) by the age of eighteen, socio-cultural factors played a role in other definitions. For example in early marriage, is a fifteen year old husband a "man"? Is a twelve year old male working to support his family a "man"? Also the research indicated significant levels of early sexual behaviours, below the age of sixteen, much of it consensual, but also much of it not. It was therefore with these factors in mind, that it was decided to use the term male rather than the term men.

Similarly the word boy will have a different connotation in India, and often does not signify so much a male of a particular age, but will be linked with issues around marriage, having children, status, and so on. In the context of this report I use the the term male to refer to any biological male, and the term boy as used in an Indian contxt, age not withstanding. For example in one public sex site in New Delhi, a male of 45 years, married with three children, but selling sex to others as the penetrated partner, was still labelled a "boy".

2. Section 377 of the Indian Penal Code reads: “OF UNNATURAL OFFENCES: Whoever voluntarily has carnal inercourse against the order of nature with any man, woman or animal, shall be punished with imprisonment for life or imprisonment of either description for a term which may extend to ten years and shall be liable to fine.
Explanation: Penetration is sufficient to constitute carnal intercourse necessary to the offence described in this section.”

3. See Naz Reports: Making Visible The Invisible, 1997; Perspectives on males who have sex with males in India and Bangladesh, 1997.

4. ditto

SEXUAL BEHAVIOUR RESEARCH

Before appropriate strategies can be developed for effective STD/HIV control programmes there needs to be appropriate research conducted in regard to the full range of sexual practices of individuals and the sexual behaviour patterns of families and communities. Further for such research to be **appropriately used** in such a development, then it must be contextualised within specific socio-cultural-economic frameworks. It should be recognised that sexual behaviour is not the isolated phenomenon of the individual but lies within a context of culture, social and economic conditions.

Here I quote
".... it would have to focus not only on the incidence of particular attitudes and practices, but on the social and cultural contexts in which sexual activity is shaped and constituted. Research attention would have to be drawn not merely to the calculation of behavioural frequencies, but to the relations of power and social inequality within which behaviour takes place and to the cultural systems in which it becomes meaningful.

"In relationship to HIV/AIDS, as in relation to gender inequality and sexual oppression, an understanding of sexuality and sexual activity as socially constructed has thus refocused attention on the inter-subjective nature of sexual meanings - their shared, collective quality, not as the property of atomised individuals, but of social persons integrated within the context of distinct and diverse sexual cultures. This emphasis on the social organisations of sexual interactions, on the contexts within which sexual practices occur, and on the complex relations between meaning and power in the constitution of sexual experience, has thus increasingly shifted attention from sexual behaviour, in and of itself, to the cultural rules which organise it. Special emphasis has been given to analysing the local or indigenous categories and systems of classification that structure and define sexual experience in different social and cultural contexts.

"In a remarkably short period of time, it has become apparent that many key categories and classifications used in Western medicine to describe sexual life or epidemiology are in fact, far from universal - unshared by people living in the diverse historical contexts ... or cultural settings that have increasingly become the focus for HIV/AIDS research. On the contrary, categories as diverse as "homosexuality" "prostitution" (we can include lesbian, gay, commercial sex workers, men who have sex with men...SK) or even "masculinity" and "femininity" may be altogether absent, or quite differently structured, in these societies and cultures - while other, local categories may be present that fail to fit neatly into the classification systems of Western science."
(Conceiving Sexuality - approaches to sex research in a post-modern world - page 11, 1995, Routledge)

MEANINGS

Further to this, Gary Dowsett in Practising Desire - homosexual sex in the era of AIDS - Gary Dowsett, 1996, Stanford University Press states that:
"It is probably not possible to know the extent of homosexual behaviour among males. What is clear from the research findings is that an incalculable number of ..... males can and do have sex with other males, some frequently, some occasionally, in the right circumstances or at certain times in their lives, in certain sites or in certain institutional settings, with certain cultural overlays, or all the above."

and that there is "...diversity of contexts in which males pursue males."

Whilst he relates this for New South Wales in Australia, it is even more pertinent to the situation in India.

He goes on to state:
"Many of the standard survey techniques may never obtain sufficiently accurate accounts of the extent of such activity. This is particularly true when such sexual matters are deemed unreportable for moral or legal reasons. Political/religious/cultural dynamics will always confound attempts to uncover just how sexually active males are...."

And
"the search for a definitive answer on the extent to which men have had and will have sex with other men is not going to offer a clue to the likely extent of this form of possible HIV transmission, and its geographical location.

"There is considerable doubt whether it is necessary to know the extent of homosexual practice among males in any country in order to develop public-health policy and to implement HIV and STD prevention strategies. More important is the consideration that no statistic on the extent of male-to-male sex, even of anal intercourse, should affect policy and budgetary decisions concerning prevention. This is so because it is not the extent of male homosexual behaviour that needs to be addressed, but the diversity of the contexts in which it is practices.

"So although surveys are conducted the world over to inform public health initiatives about the sexual behaviour of gay and other homosexually active men, counting condoms used, the number of partners coupled with, and sometimes even the memory of motivations surrounding sexual events, they cannot capture the complexity of sexuality or its meaning, intention, desire, and contextual contingency. Different research is needed to explore desire for, and the sexual contexts in which men seek, sex with other men."

This study on male to male sexual behaviours does not answer the question of numbers, nor does it explore all the contexts of such behaviours. It tries to avoid the trap of marginalising the behaviours through utilising only the questionnaire, but uses a variety of methodologies from collecting anecdotal stories, life histories, meanings given, exploring sexual diaries, observation and site visits, and often, participatory reporting. Questions of who, what and how are not enough if effective strategies for STD/HIV prevention are to develop and be implemented. Why, where, when, in what context, are equally as important.

DEFINITION

The World Health Organisation's definition of sexual health is:

> "The integration of physical, emotional, intellectual and social aspects of sexuality in a way that positively enriches and promotes personality, communication and love."

PART ONE

Introduction to the Project

INTRODUCTION

Purpose
To develop a strategic response to the reproductive and sexual health needs of males who have sex with males in New Delhi, India, so that they are empowered to access appropriate sexual health information and services.

Objectives
1. to conduct an action-based study into the socio-cultural dynamics of males who have sex with males in New Delhi, India, including the range and type of male sexual networks, types of sexual behaviours, safer sex practices, public sexual sites, marriage issues, gender relationships and access to HIV/STD information and services
2. To develop a strategic response to the sexual health needs of males who have sex with males in New Delhi, India through the support and development of an appropriate male sexual health project
3. To facilitate males who have sex with males and their sexual partners to access appropriate reproductive and sexual health information and services.

Strategies
1. Develop and conduct sexual behaviour surveys in targeted areas to indicate levels of male to male sex and their locations, levels of safer sex practices, types and range of sexual networks and the specific entry points into these sexual networks to ensure the most effective, appropriate and localised intervention programmes for STD/HIV education and prevention
2. Provide skills training programmes for individuals recruited from males who have sex with males sexual net works so that they can conduct the research
3. From the research analysis develop a needs and risk assessment regarding STD/HIV transmission
4. Through the provision of training and technical support empower the development of local responses to the sexual health needs of males who have sex with males in New Delhi
5. Utilise the networks of Naz Foundation to ensure that such initiatives can access appropriate donor agencies and technical support as on-going service agencies

Potential benefits
1. male sexual behaviour study and STD/HIV/AIDS needs assessment of males who have sex with males
2. promoting behaviour change towards safer sex practices amongst males who have sex with males
3. developing counselling and support systems for males who have sex with males
4. developing appropriate programmes for the reduction in STD levels and HIV transmission amongst males who have sex with males
5. improving the reproductive and sexual health of males and females through increasing condom use amongst males who have sex with males, accessing STD/HIV testing clinics, treatment and care
6. encouraging more responsible sexual practices amongst males who have sex with males and their sexual partners

PROCESS

1. Personnel
   Recruitment of 10 individuals from male to male sexual networks in New Delhi.

2. Sexualities, Sexual Behaviours and Sexual Health workshop
   A two day workshop addressing
   a. STD/HIV/AIDS
   b. sexualities, sexual behaviours and identities
   c. safer sex and males who have sex with males
   d. sexual health promotion models amongst males who have sex with males
   e. local strategies for intervention

3. Survey guidelines workshop
   A two day workshop on
   a action based research models
   b. questionnaire surveys
   c. appropriate interview techniques
   d. focus group discussions
   e. collection of anecdotal materials
   f. one-to-one interviews

4. Surveys conducted over a 5 month period
   This research included :
   4.1 Questionnaire Survey
   A detailed questionnaire was designed which looked at
   a. home and family
   b. sexual history
   c. paid sex work
   d. women
   e. sexual health
   f. feelings
   The questionnaire designed for self-administration, and was translated from English into Hindi.
   A total of 400 questionnaires were completed. These individuals were identified by the members of the survey group and were primarily friends, sexual partners and members of their sexual networks.

   4.2 focus group discussions
   Six focus groups were held consisting of
   a. married males
   b. kotis[1]
   c. giriy*as*[2]
   d. gay-identified males
   e. students
   f. male sex workers

Discussions focused on personal feelings, identities, behaviours, sexual practices, family, religion, family, and desires.

Each group consisted of 10 people recruited by members of the survey team

4.3 Anecdotal material
reflecting personal sexual experiences and sexual health issues

4.4 One-to-one interviews
10 rikshaw drivers
10 hotel staff
10 street males
6 tea -shop "boy"s
15 males in parks
10 truck drivers
40 male sex workers
Total of 101 interviews
focusing on life histories
including sexual feelings and experience
family
current beliefs and practices
family,
marriage and children
identities
behaviour
desires
religion
health
STD management
personal sexual histories
anecdotal stories

4.5 Sexual diaries
40 sexual diaries were maintained for 6 months
a. sexual feelings, desires and expectations
b. sexual experiences including solo masturbation/games
c. and include with whom, where, what, when and any condom usage

4.6 Identifying Sexual Networks
This included
a. site visits to a range of public sex environments
b. identifying differing sexual networks and other locations
c. type of participants: class, occupations, area of origin
d. identifying main types of sexual activity at these sites
e. condom usage within these sexual networks
f. access to STD services by those from these networks

5. Project Management
Project administration and management was established in New Delhi by Naz Foundation India Trust

6. Project Development Workshop
   A workshop was provided for the survey team on capacity building towards developing specific services for males who have sex with males
   The workshop focused on
   a. infrastructure development for projects
   b. financial management
   c. monitoring and evaluation
   d. education resources
   e. funding proposal, budgets and work reviews

7. Funding secured for the Project.

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1. Koti - see Part Two, section on labelling and identities

2. Giriya- as Note 1

THE TRAINING WORKSHOP

Sexual Behaviours, Sexuality and Safer Sex

Workshop Agenda

Day One: **Sexual Behaviours and Sexuality**
- Introductions
- Sexual language
- Sexual behaviours
- Desire of Discharge?
- Culture, Sexuality and Sexual Behaviours
- Sexual Stereotypes
- Women and Marriage
- Sexual identities versus sexual behaviours
- Sexuality and Sexual Health: Definitions

Day Two: **STI/HIV/AIDS and Safer Sex Behaviours**
- Welcome
- HIV Questionnaire: Knowledge and Attitudes
- Risk Behaviours
- Safe sex or safer sex?
- Personal Risk Analysis
- Practising Safer Sex
- Prevention Strategies
- Gay Men's Guide to Safer Sex
- Risk Groups or Risk Behaviours?
- The Way Forward

Day Three: **The Project (1)**
- Research Methodologies
- The Questionnaires
- Sexual Diaries
- Recording Information

Day Four: **The Project (2)**
- Observational Analysis
- Focus Groups
- Interviews
- STD services
- Project Management
- Conducting the Survey
- Results and Follow On

At certain intervals during the workshop, role play and drama was used to illustrate certain points. This was very successful. These mini-dramas included:
a. two *kotis* discussing sexual behaviours and other males
b. talking with truck driver/rickshaw driver about safer sex
c. picking up a rickshaw driver for sex
d. sexual cruising in a park
(note: *koti* - a self-identified label, based on effeminate behaviour)

Language

Language created specific issues, since the majority of participants were not English speakers. It was therefore necessary to an appropriate translator and interpreter to work with myself. This was Arif Jaffar from Lucknow. The process, while extending the time frame of each day, actually worked very well. It was also necessary to translate and print workshop documents into Hindi. This include STD/HIV/AIDS information booklets, as well as a range of Naz Foundation documents.

Participants

Participants were aged between 18-40 and all attended the workshop consistently over the 4 days. There were 20 participants,

All participants could be defined as “middle-class” both lower and middle and all were men who have sex with other men. Only four men were self-identified gay men.

There was a clear division within the workshop group which related to behaviour and identity. This could be defined in their own language as those who defined themselves as:
a. *Kotis*
This is the label that many males use who are anally penetrated as the preferred sexual act and had “effeminate” behavioural characteristics as a means of “picking up” their sexual partners who may not necessarily be “homosexuals” themselves. Ko*tis* have access to a code language which is similar to the language of the *Hijra* in the use of hidden meanings and slang terms. For the ko*tis* the effeminate behaviour is usually restricted to selected sites where access to male sexual partners was available.
8 participants
b. *Giriyas*
The label used by *kotis* to identify males who prefer to anally penetrate other males and whose behaviour could be deemed “masculine”.
5 participants
c. Others
Males who have mutual sex with another males
3 participants
d. gay-identified men
4 participants

Recruitment

Participants were recruited through using three key informants and their friendship and sexual networks. This allowed a certain random selection to come into play.

Participants Sexual Histories

All participants were sexually active.

14 were sexually active from the age of 12
6 sexually active from the age of 16 - 17

5 had been sexually abused at the age of five by
- a. older brother
- b. uncle
- c. neighbour

5 of the participants stated that their first male sexual contact was with their older brother
7 with other male relatives
2 with their servants
6 with neighbours

10 of the participants had previous sexual encounters with females
2 of the participants regularly visit female commercial sex workers
10 continue to have sex with other females
2 were married

All participants who have had sex with females reported significant levels of anal sex with them.

All participants stated that they had experienced oral sex.

Only one of the participants stated that they would not get married.

Condom Usage

11 stated that neither they or their sexual partners, used condoms
8 stated they and their partners sometimes used condoms
1 stated that they and their partners always used condoms

Where lubricants were used for anal sex these were all oil-based: ghee, butter, vaseline, motor-oil, hand-cream. In most cases, saliva has been used.

Only two men stated that they used KY jelly. These two were English speaking, gay-identified men.

In the condom usage test in the workshop only 2 participants out of 20 demonstrated condom usage correctly.

It should also be noted that no appropriate condom for anal sex, nor a suitably packaged and accessible water-based lubricant is available in India.

STI/HIV/AIDS Knowledge, Attitudes and Treatment

An HIV Knowledge and Attitudes questionnaire was used at the beginning of the workshop.

Out of 20 participants only 3 were able to distinguish between HIV and AIDS. All participants however had very limited knowledge (if any at all) about any of the issues around HIV/AIDS.

There were clear indications that none of the participants had really thought through the consequences of HIV infection and living with AIDS.

There was no knowledge about the relationship between sexually transmitted infections and the risks of HIV infection.

Apart from 3 participants, all the others had very little knowledge of sexually transmitted infections and treatment.

Those who had been anally penetrated stated that

a. none had been tested for anal infections
(We already know that at STD clinics, the clinicians never ask about anal sex)
b. 50% of them stated that they experience piles and some bleeding

Some 8 participants reported STD symptoms in the last 2 years.
1 of them went to a clinic for treatment.
2 went to pharmacies for syndromic treatment
4 went to “quacks” and used “homeopathic” remedies
1 went untreated

At the end of the workshop, participants clearly indicated a positive attitudinal change regarding STD treatment and condom usage. Those living in New Delhi will utilise the service being provided by Naz India. Those from Lucknow would seek an appropriate service.

Further participants agreed on the urgency of condom usage as part of a safer sex strategy, but also recognised the issue of appropriate condoms for anal sex and access to appropriately packaged and cheap water-based lubricant. Naz was requested to explore this issue and urge appropriate authorities for their availability in India.

Sexual Knowledge

Participants indicated very limited levels of sex education and information, including knowledge concerning physical and sexual responses and anatomy (both male and female).

Sexual information was primarily obtained from friends, peers, at "cruising" sites, sexual partners, and cultural myths (i.e. masturbation weakens the body, i.e. one drop of semen is equivalent to 40 drops of blood). Similarly any knowledge about sexually transmitted diseases was obtained through such frameworks. One participant reported that a friend of his had stated that his sexually transmitted infection was the result of a neighbour's curse. Another stated that he had been told by one of his sexual partner's that anal sex was safe rather than vaginal sex. He was of this opinion because he had been told that having sex with a woman was dangerous because they had diseases.

Over 15 participants asked personal questions about their own body and its sexual responses, masturbation, sexual behaviours, sexual desires, sex with women, size and shape of their penises, and other issues. Many myths were articulated which needed to be deconstructed and shown to be only myths.

It was very clear that the lack of appropriate sexual education, has a major impact upon psychological and sexual health and the frameworks of sexual behaviours.

Desire and Identity

A significant issue explored within the workshop was the question of identities; who was "gay", who was a homosexual?

For the majority of participants, their personal identities reflected primarily socio-cultural issues rather than sexual identities. That is the identities reflected marriage status, family position, etc. There were only 2 participants who clearly identified themselves as gay men, but even in their context marriage was a part of their identity.

Further to this, in many cases the sense of sexual identity reflected whether the person penetrated or was penetrated.

These identities placed considerable constraints on changing sexual behaviours towards safer sex practices. For example a married male would not use condoms with his wife because of she uses other forms of contraceptives and would become suspicious, or the environment in which sex takes places may preclude use of condoms, or there is no connection with the sexual partner, but a person in the dark.

The sense of personal self as a primary agent was imbedded in larger frameworks of identities. This was reflected in low levels of self-esteem amongst the "koti" participants, the high levels of depression amongst all participants (4 had expressed previous suicidal feelings) the expressed need for a "partner" but the recognition of the social constraints within Indian culture and society. Personal sexual health choices become limited within these constraints.

What could be understood from the workshop and personal conversations was that identity was not fixed, but rather fluid, based upon time, space and who they were with. Perhaps we could call them locational identities. A person's identity at home will be different on the street and again reframe itself in the park. This could be an important area for psycho-sexual research towards developing appropriate strategies for behaviour change.

Who is engaged in male to male sexually activity?

Participants were asked to list those engaged in male to male sexual activity from their own personal experiences. The following resulted:
teachers with students
brothers
uncles with nephews
cousins
other male relatives
neighbours
with domestic servants

between domestic servants
between friends
"elder brothers". i.e. residential school hostels
students
truck drivers with helpers/others
rickshaw/taxi drivers
construction labourers
amongst bus/train passengers
male prostitutes with clients
police/army/airforce personnel
security guards
doctors
ward boys in hospitals
hotel staff amongst themselves and with customers
landlords with tenants
students in hostels
street children with each other and with others
private tutors with their students
amongst prisoners and prison staff
in orphanages
in boarding schools
between shopkeepers and staff, i.e. restaurants/tea shops
beggars
businessmen

Why do males have sex with males in India?

Participants were asked to list the reasons from their own personal experiences
personal desire
sexual pleasure
females don't do anal/oral sex
males are easily available for sex
anus is tighter than vagina
males are more available than females
nobody is suspicious if we mix with other males
females are more socially controlled
sexual adventure and curiosity
sexual play
no chance to be friendly with girls
females unavailable
meeting physical needs
males can sleep in the same bed without a problem
to be aloof from girls
girls virginity must be protected
no chance of being pregnant
easier to seduce boys than girls
easier to get along with males than females
no financial involvement
no marriage involvement
living together with other males
poverty leading to selling sex
attraction to other males
migration and separation from wife
maintaining chastity

Where do you go for sex?

All the participants reported visiting a number of parks, streets, and neighbourhoods which are known amongst the male to male sex networks as places where males come to meet other males for sexual pickups. At some of the sites the sexual act takes place on location where there are many bushes/trees. Other places are also used, including personal

homes, friends homes, guest houses, hotels, side streets, construction sites, dark alleyways, inside cars, trucks, and behind bushes where sex can take place unobtrusively.

Some also stated that they have sex in public/private toilets, or in cinemas, restaurants and tea shops with owners/staff at an appropriate time.

Conclusion of Workshop

At the conclusion of the Training Workshop there were significant changes in all participants attitudes towards HIV/AIDS and safer sex behaviours indicating an increased willingness to modify personal sexual behaviours towards safer sex practices including changing the type of sexual behaviour to non-penetrative sex and also increased use of condoms.

However, such attitudinal changes would require constant reinforcement and access to appropriate sexual health products, as well as accessible sexual health services and information, It will further require that the workshop group maintains levels of group solidarity and peer reinforcement of safer sex messages. This can be achieved through the Research Phase as the group work together to collect information.

A further approach that will be used will be through the Project Office which will enable regular group meetings and discussion groups to be held, thus reinforcing the messages.

All participants agreed to be a part of the Research Phase, collecting information and being involved in the questionnaire survey, interviews, focus groups and keeping of sexual diaries.

This Training Workshop achieved its goals of

a. training and recruiting peer researchers
b. increasing knowledge of STI/HIV/AIDS
c. enabling changes of sexual behaviours towards safer sex practices

PART TWO

Risk and needs assessment

PROFILE OF QUESTIONNAIRE RESPONDENTS

Respondents for completion of the questionnaires were self-selected by members of the survey team, and usually represented friends, sexual partners, and members of sex networks with great care being taken to ensure that no duplication occurred.

The one-on-one interviews tried to address this social bias by focusing on those from lower middle and working class groups.

Table 1	**Age Range** N = 400	
Age range	**Frequency**	**% of respondents**
16-21	91	22.75%
22-35	241	60.25%
35-49	56	14.00%
50-	12	3.00%

Table 2 **Profession** N = 400		
Profession	**Frequency**	**% of respondents**
Students	85	21.25%
Professional (teacher/doctor/military/police etc.)	61	15.25%
Business*	113	28.25%
Service (includes servants/hotel staff)	87	21.75%
Unemployed	27	6.75%
Labourer/working class	27	6.75%

* Note: many have stated that they were business in that they owned a small tea-shop/paan shop or other small business. These also include those who worked in a business as an employee.

Table 3 **Language skills** N = 400		
Language Skills	**Frequency**	**% of respondents**
Literate in Hindi	358	89.50%
Excellent literacy in English	20	5.00%
Some literacy in English	22	5.50%
non-literate	42	10.50%

FAMILY

In India, like other South Asian countries, the family is a major focus in one's life. It is the source of one's personal identity, different from the West where individuality is central. But here the family is much more than the immediate biological parents and siblings. It includes all the relatives; grand-parents 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, dialect, religious practice, caste, village, and so on.

However, economic and social changes are having a dramatic impact upon this family structure. Families are now living as nuclear families because of housing costs, and with migration from rural to urban areas where wives and children may be left in the village.

But even in such cases, the male migrating for work will utilise members of the extended family to provide accommodation in the new setting.

New Delhi showed significant migration from other parts of India.

Table 4	**Where do you come** N = 400	
Location	**Frequency**	**% of respondents**
Delhi	215	53.75%
Elsewhere	185	46.25%

Familial links can still be strongly held together by custom, tradition, belief, practice and economics. Their value lies in providing a form of social security and welfare in a society that has neither. The elders are supported, as often 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 the staying together is physical or psychological. For example, leaving a small town or village to migrate to a major city for work, the individual will often stay with an extended family member already in that city.

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 becomes lost. Personal choice and desire becomes subsumed within family choice and desire. Marriage, children and duty to parents is the focus.

Because of the low levels of income and the cost of living, single accommodation is rare. Most males live with relatives of one sort of another, or with a group of other males in shared accommodation, or with their wives and families.

Table 5 Where do you live? N = 400		
Location	**Frequency**	**% of respondents**
With parents	68	17.00%
With relatives	115	28.75%
With wife	52	13.00%
With others	135	33.75%
Alone	30	7.50%

Space is at a premium. Shared accommodation, whether with family, relatives or others, is crammed. Privacy is not available.

These crammed conditions of sharing "male space" in a culture with high levels of homosociability1 often create conditions of khel2 or maasti [3] , play, with sexual overtones, which sometimes leads to a release of "body tensions", quick and furtive sexual gropings between male relatives or friends, sometimes consensual, sometimes not. These are invisible behaviours, behaviours of the dark, and therefore not "real". Shame maintains such invisibility.

Secrecy and shame control the frameworks of visibility and denial in regard to behaviours deemed outside the social and cultural norm. Not talking about sex and sexual behaviours is one way of not only invisibilising such behaviours and practices, but also of marginalising them as a peripheral phenomena, particularly in regard to male to male sexual encounters.

This form of social control is constructed by traditional concepts of honour and shame. Honour, not so much as what is deemed to be personally honourable, but in terms of one's standing in the community and family. Honour as a possession, not a quality. Shame, not so much as what may be deemed as wrongful (or even sinful), but by 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. What is visible and what is invisible.

Public behaviour, behaviour which is visible, is bound within a context of family duty, honour and obligation (both familial and religious). In this context any behaviour which is visible to the community (and/or family) falls within the scope of public behaviour and therefore falls within concepts of honour and shame.

Night time creates invisibility. Bushes, trees, dark construction sites, badly lit alleyways, behind houses, under blankets, any place where space is available for mutual sex encounters and where darkness reigns. Darkness invisibilises behaviours creating deniability. It is in the dark that most male to male sex occurs.

Through all this, the daughter is the vessel of family worthiness and honour, women as vessels of male honour. Her virginity before marriage is a prized possession 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, unmarried daughters are more socially "policed" in terms of their behaviour, especially sexual, particularly in the "public domain". Women and their honourable behaviour has to be scrutinised. This often means that sexually active males have little sexual access to women, other than female commercial sex workers.

At the same time the public domain is a male space. In this male space, sexual access will often be with other males, more readily available and immediate, then having to travel to specific locations to find female sex workers. This relates to frameworks of opportunistic sexual encounters, immediate, discharge oriented, than planned events.

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1. homoaffectionalism - in the sense that I use the word hear it means social acceptance to the public display of male to male, or female to female physical affection. See Hardman's Homoaffectionalism -from Gilgamesh to the present, GLB Publishers, 1993

2. Khelna - to play

3. Maasti - Hindi, meaning mischief

MARRIAGE

In India, marriage is a central issue within people's lives, where it is the mainstay of family and/or community life. It can be seen as a socially and religiously compulsory duty towards maintaining family and community bonds. Marital status signifies adulthood, social responsibility and the achievement of personhood.

Traditionally, marriages are arranged between two extended families. 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 a wedding. Very often such meetings will be chaperoned by some parental figure to ensure nothing untoward occurs. And even while such choice maybe significant, ultimately there no choice about marriage itself. As Herdt states in his book Same Sex Cultures, " full personhood is not achievable until people have married and produced children" (p5).

Where there is resistance from a son or daughter towards marriage, enormous pressure is brought to bear upon the 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. 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, creating social and family disorder.

Table 6 Marital status N = 400

Marital status	**Frequency**	**% of respondents**
Married	121	30.25%
Unmarried	279	69.75%
Intending to get married	247	88.53%

Children are a social, cultural and religious necessity, particularly male children. Male children are seen as essential for performing funeral rites, for looking after the parents in old age. The daughter may be seen as superfluous as after her marriage she becomes a member of her husband's family. In that sometimes she is seen as a loss.

To have no children is often seen as a curse.

Table 7 Children		
Children	**Frequency**	**% of respondents**
With children (N = 121)	101	83.47%
expect to have children (N=247)	247	100.00%

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.

I'll have to get married soon. Already my parents have selected my wife. She is in my village, and I will have to go there for the marriage. I have made enough excuses.

Do I want to get married? Sometimes yes, because my parents want me to , sometimes no, because I don't know if I can get it up. I am planning to go to a female prostitute to see if I can.
Krishna 24, shop assistant

None of the married men in this survey have informed their wives about their extra-marital behaviour with other males. In the main, many believe that all they need to do is to function adequately as husbands is in terms of economic support for their wives and engaging in sexual intercourse in order to have children. Marriage after all is considered a duty. Sex as a means 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 or mutuality in such intercourse.

For many males, sex with other males is seen as an option, an opportunity for discharge, as fun. Or perhaps the wife will refuse to do certain types of sex, which could be done with another male.

The wife is seen as the bearer of children, not as a friend and lover. Marriages are not seen as companionate and egalitarian. Further, because of the dominant male ideology and male social spaces, a male should be seen spending more times with other males, otherwise he would be seen as being weak and perhaps "womanly".

Being with another male brings no suspicious, whereas being with a female not your wife brings a great deal of suspicion. In the vast majority of hotels and guest houses, taking a woman into your room would be forbidden. Taking another male is perfectly respectable, whatever the age of that male.

Children and filial duty. Reproductive sex as an obligation. As one person stated in the sexual health workshop, "I do duty to my wife". [1]

The wife as Mother, Sister, as bearer of one's children. Sexual desires are part of another construction. Sex for procreation is what occurs in marriage. Sex for pleasure is what occurs outside the marriage. And even though the Qu'ran speaks of sexual pleasure between husband and wife, the socio-cultural patterns of South Asia as a region tends to be stronger, where often sexual relations are fraught with psychological risks.[2]

It 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 marriages. As long as this behaviour is invisible, it brings no shame and dishonour to the family. Public life is separated from private life. And if women are not accessible or cannot be afforded, then other males (younger) are. It is not so much sexual desire as semen discharge.

Sex with my wife. Yes, perhaps once a month. Sometimes more. We have two children, and my wife doesn't really want sex. She thinks its dirty. So what can I do?
Arjit, 27

Our home is very crowded. No space to do sex, except late at night when the children are asleep. They sleep under the bed, and if we make to much noise they wake up. But my wife is always tired, and won't give me what I want. So what can I do?
Ram Singh , 33

My wife doesn't know. It would make for a big problem.
Arif, 28

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1. In a workshop held in Orissa amongst a group of village women, women defined sex with their husbands as "work", anecdote, 1996

2. See Sudhir Kakar, *Intimate Relations - exploring Indian sexuality*, Penguin Books, 1989

RELIGION

Table 8. Religious belief N = 400		
Belief	**Frequency**	**% of respondents**
Hindu	256	64.00%
Muslim	76	19.00%
Sikh	47	11.75%
Christian	21	5.25%

India, despite being considered a secular country, has strong religious beliefs, traditions and practices.

Here I am not attempting to define the religions of India in terms of their specific and particular beliefs, traditions, and practices. What I wish to briefly attempt to do is to locate these religions within the cultural context of India, the interaction of religion and socio-cultural dynamics. For example, Hindus in New Delhi, while having a similar faith as Hindus in Madras, will often have very different customs and traditions, which will also be different from Hindus in Calcutta. Similarly Muslims in Calcutta may have different traditions to Muslims in Pakistan. This is because of different languages, different histories, different geographies, different traditions and so on. Further while sometimes Hinduism and Islam are sometimes seen as monolithic, they are not. Hinduism has many different, often contradictory beliefs and customs, whilst Islam, has several different branches. Each will have their own localised traditions and customs partly based on historical and cultural factors, of the particular locality, and partly based upon their singular interpretation of the religious texts.

What needs to be clearly understood is that religion, culture, tradition and social practice are not isolated from each other, nor do they represent the same thing, but are interwoven in complex dynamics. While Indian religions may specify particular and specific social practices, beliefs and attitudes, very often cultural traditions and customs will outweigh these religious beliefs and statements. What matters is interpretation, social customs and historical traditions. 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, where it is seen as very much a matter of personal choice and individual response, Indian religions relate to how the community functions as a whole. Religious and secular life centres in the temple, mosque, gurdwara. Religion is a faith of community.

This, does not mean that there isn't an intense personal belief and practice for many people. Of course there is. The personal prayer, the private namaz. Religious belief can provide personal solace, meaning and context to one's life. But with all this goes the daily observances, the food a person eats, his or her relationships with others and the family, interactions with the community and community structures, religious celebrations and festivals. These are all interlinked

and interdependent. This is the visible side, the proof of one's religious observance and community participation. Private and public are co-joined. But there will be those for whom only the public observances matters, whose private practices may not be in line with public observance. This cannot truly be seen as hypocrisy though, because the public and private spheres have different contexts to those in the West.

Religion becomes an obligation to the community, a duty to the community. Not to accept this duty brings 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.

I always celebrate all our festivals. I usually go to the temple once a week and offer prayers.
Pramod, 19

So what we have here is a range of responses to religious belief and custom within an Indian context. From those who will seriously question religious tenets around sexual behaviours and practices, to those who segregate the issues into private and public practice, to those who seek a measure of solace in the pain of their personal grief at their disempowered sense of self.

LABELLING AND IDENTITIES

There are several male to male sexual behaviour frameworks that are interlinked and inter-penetrate each other. Identities within these networks are centred around that of the feminised male who acts as the penetrated partner. All other labels arise from this context and are named by these males, except with the exception of those who self-defined themselves as gay.

For the majority, the modern Western terms of gay, homosexual, bisexual, heterosexual, even transgender or transvestite, have little significant meaning or content.

Table 9.	**Self-Identity**	N = 400
Identity	**Frequency**	**% of respondents**
Khoti	126	31.50%
Giriya	39	9.75%
Gay	38	9.50%
Homosexual	42	10.50%
two-in-one	56	14.00%
no label given	99	24.75%

1. Khoti

Almost always self-defined, *khotis* are characterised by "feminised" behaviours (often exaggerated), particularly in specific sexualised spaces, and taking the penetrated role in anal sex. Their exaggerated behaviour makes them visible in such public arenas and is used as a mechanism to attract *giriya* males for sex. These males in need of sexual discharge, often irrespective of their gender choices, may then respond to these *khotis* for oral sex, masturbation, and where space and a measure of invisibility permits, anal sex, as the penetrator.

The *khoti* is, as Gary Dowsett states in his book *Practising Desire - homosexual sex in the era of AIDS* (Stanford University Press, 1996) "coming to his identity through practice". That is, the *khoti* identifies himself with this term through social interaction with other *khotis, and through his sexual practice. Often this is based on "the pursuit of discharge" by other males. The khoti* is a collective sexual construction, socially framed.

Observations of *khotis* in a variety of settings, walking down specific street, in a restaurant, in a hotel, at a railway/bus station or in public sex environments, it is noticeable that in the vast majority of cases, soliciting another male for sex appeared to be extremely easy. The sexual urgency of many of these males was clearly obvious. Such responses relates to discharge sex.

At the same time, it should also be recognised that some *khotis* have a regular partner, a "husband", with whom ties of affection, love and support can develop.

Many *khotis* are also married with children .

Male sex workers in the surveys were *khoti* self-identified. This is completely different from the countries of South-East Asia, where it appears most male sex workers appeared to act as the penetrators of clients. While this appeared to be class related, it is not always so, but in general male sex networks were primarily *khotis* from low income groups. The difference was defined by
a. dhurawan *khotis* - those who do not sell sex
b. khanjra *khotis* - those who sell sex
There are no substantial difference between these two groups in terms of behaviours and self-perception, only the exchange of money. However many *dhurawan khotis* will accept gifts from their sexual partners. At the same time, many *dhurawan khotis*, particularly those from low income groups, will accept cash for sex on an irregular basis and will not define themselves as *khanjra khotis*.

It is not unusually for a *khoti* to speak of having between five and ten sexual partners in one evening, where sexual penetration and ejaculation takes between five and ten minutes.

Khotis speak of wanting "real men", a *giriya*, where "real men" do not show desire for other males. They just penetrate. To show desire is to indicate that they are not real *giriyas* but are really *khotis*. In the sexual act, the penetrator does not touch the genitalia of the *khoti*. This of course is the public discourse. In privacy, affection and desire between *khoti* and *giriya* does happen.

Similarly *khotis* will also state that do not have sex with each other. Named by them as *chapati-chapati*, for *khotis* such behaviour is considered shameful. However in personal and private discussion, several have admitted that they have had sex with other *khotis*. They has even been admission by some *khotis* to penetrate other males. This they can never discuss this with their peers. From this it can be inferred that there is a public discourse of behaviour and identity which may not be the same as private practice.

Khotis also have their own language, terms that appear to arise from that used by *hijras*. A secret language that binds *khotis* together as an emergent sexual "community".

2. Gay and/or homosexual men

A few educated and English-speaking men have begun to use the term gay as a form of self-identity. All those in the survey who identified themselves as such were English speaking, educated and from an upper-middle/middle class background. These males have a considerable access to privacy and personal economic power, and are often in regular contact with gay men in the West.

However, it was noted that in terms of response to the cultural need for marriage and children, these self-identified gay men also stated that they would get married and have children.

In the surveys there were also some males who have sex with males who desired long term relationships with other males based on equality of status and power, or at the very least sexual encounters with other males based on mutuality. Sometimes they also defined themselves with the *khoti* term, *chapati-chapati*. It is in this context that the word *gay* or the term *homosexual* could possibly be used, where such males have developed or are developing some sort of sexual identity recognisable in the use of Western terminology. Such males like those who are self-identified as gay men, are primarily from middle and upper classes.

Some of the interviewees also used the terms *homosex* or *gaysex*, as descriptive terms for their sexual practice, and a few described themselves as homosexuals, again these being primarily from middle-income groups.

3. Giriyas

This label is given to "real men" men by *khotis* and is not usually used as self-identification marker. They are males who are actual or potential sex partners of *khotis* through anal penetration, or as recipients of oral sex and/or masturbation, Such males generally do not label themselves, and for most of them do not have a sexual identity. Likewise, for most of them, they have sex in the pursuit of semen discharge.

However, those males who did label themselves as such in these surveys did so to define their relationships with *khotis*.

Giriyas are males who exhibit so called “normative” behaviours, and while some may sexually desire other males, it is the act of sexual penetration and discharge that is important. For many the gender of the partner is less important that the act itself.

My wife’s vagina is very loose. We have three children. I find the anus tight which I like. I get more enjoyment this way. Ashok, 25

Many males sexually penetrate based upon concepts of sexual need and semen discharge. In a culture where masturbation is seen as producing weakness and disfigurement of one’s penis, where ejaculation produced by masturbation is seen as wasteful, the need to ejaculate <u>into</u> something becomes a necessity. The something can be a male or a female. But males are often easier to access, where a wife may be in menstruation, or breast-feeding, or away, or just not interested or will not do what her husband wants to do.

“Real males” are perceived as lustful, constantly needing to discharge and many *khotis* will often state that getting a man, any man, is easy. Here the ability to sexually penetrate defines manhood, not the age of the person.

Some *giriyas* may well visit specific locations where he knows *khotis* are available for sex, whether he has to pay for it or not. Or they may be sexually active in social and working environments, i.e. hotels, restaurants, shops, or solicit young sexual partners in bazaars and streets. But in many cases a male may just be present at a particular place without specifically looking for sex, and will respond to an approach by a *khoti*. This can happen outside public sex environments. On the street, shop, restaurant, park, cinema, bus, railway, wherever.

In interviews and discussions many of these males have stated that they like anal sex because it is “tighter” than vaginal sex. And recent anecdotal evidence has indicated that several of these males see females as vectors of sexual diseases and therefore unsafe to have sex with, where vaginal sex is seen as more dangerous than anal sex.

Within the socio-cultural frameworks of India, these *giriyas* will centralise their lives around marriage and children. Further it should also be noted that many of these males do not see this sexual behaviour as “real sex”, not even as sex, but rather as *khela, or* play.

4. Two-in-one

Another *khoti* term is the *two-in-one* male. Here the defined male indicates desire for mutuality in the sexual act, and is willing to be both penetrator and penetrated.

5. Gupti

This is also a *khoti* term for some-one who keeps his sexual behaviours with other males secret and will always deny such behaviours, even when he is with *khotis*. The *gupti* will generally be a secret *khoti*., that is he will be the penetrated partner in a male to male sexual encounter

6. Hijra

Hijra is a self-identified term used for those males who define themselves as “not men and not women”, people of a “third gender”. Such biological males have a social, religious and cultural identity within which they will dress up as women with exaggerated behaviours, and are often religiously castrated as a sacrifice of malehood to the goddess Renuka Devi. They are often seen in some streets of New Delhi (but also exist throughout South Asia) aggressively begging. Some will also act as sex workers. They will often be called to the birth of male son or to a wedding where the belief is that their blessings will bring prosperity and good luck.[1]

This report does not explore the issues of *hijras* and sexual behaviours, but it has been mentioned here as one aspect of identities.

In a spectrum of “masculinities” involved in male to male sex we can then see the following:

hijras - khoti - two/in/one - giriyas

1. See Nanda, *Neither man nor woman - Hijras of India*, Wadsworth, 1990.

SEXUAL HISTORIES

Table 10	**Age of first sexual encounter** N = 400	
Age	**Frequency**	**% of respondents**
5 - 10	52	13.00%
11-14	193	48.25%
15-18	140	35.00%
18 +	15	3.75%

Table 11	**Gender of sexual partner** N = 400	
Gender of sex partner	**Frequency**	**% of respondents**
with a male	329	82.25%
with a female	71	17.75%

Table 12 **First sexual act**		
Sexual act **With males** (N=400)	**Frequency**	**% of respondents**
being anally penetrated	84	21.00%
anal penetration of partner	7	1.75%
masturbation (to ejaculation)		
a. receive only	35	8.75%
b. give only	58	14.50%
c. mutual	62	15.50%
oral sex		
given to partner	20	5.00%
receive oral sex	6	1.50%
mutual	-	-
thigh sex		
do	16	4.00%
be done to	112	28.00%
with females (N=71)		
vaginal penetration	56	78.87%
thigh sex	5	7.04%
anal penetration	7	9.86%
oral sex		
receive	3	4.23%
give	-	-
mutual	-	-

Table 13	**Age of first sexual partner** N = 400	
Age	**Frequency**	**% of respondents**
below 14	13	3.25%
14-16	55	13.75%
17-21	102	25.50%
22-30	153	38.25%
31-45	42	10.50%
45+	35	8.75%

Table 14	**Relationship to first male sexual partner** N = 400	
Relationship	**Frequency**	**% of respondents**
friend	97	24.25%
neighbour	85	21.25%
relative	161	40.25%*
stranger	57	14.25%

* Table 15 Actual family relationship N=161		
Relationship	**Frequency**	**% of respondents**
older cousin	36	22.36%
younger/same age cousin	13	8.07%
father's brother	9	5.59%
mother's brother	32	19.87%
older brother	15	9.32%
sister's husband	23	14.29%
father's sister's husband	11	6.83%
mother's sister's husband	17	10.56%
younger brother	5	3.11%
father	-	-

The sexual histories of the respondents were explored; when respondents first had sex, with whom and what they did. This was to provide a framework for exploring personal constructions of concepts of childhood and "sexual abuse", as well as constructions of shame, and the whole framework within which sex takes place.

Early sexual activities were found to be quite consistent, where in the surveys over 61% of the respondents had at least one sexual experience by the age of 14. Significantly, nearly 13% of the respondents had a sexual encounter by the age of 10.

It should also be noted that 40.25% of the respondents stated that their first sexual encounter with another males was with a family relative.

What can be seen here are high levels of "sexual abuse" of young male children, the majority within the family. Apart from any psychological or physical damage that may have occurred, this also reveals increasing potential risks for STD/HIV infections within families brought about by the sexual behaviours of one or both male partners outside of the family context. An uncle, or brother, or cousin may well be having sex with others, female and/or male. Patterns of infection become complex and difficult to untangle, since there are no clear boundaries between so-called hetero-sexual, homosexual, bisexual behaviours.

There is a lack of recognition by government and NGOs on this whole issue of early sexual activities, or what is often being termed as non-commercial sexual abuse.

This report is not focused on child sexual activities, nor looks at child prostitution, child sexual abuse or any related issues. What does become clear through the interviews, questionnaires and focus groups is that for the significant majority of respondents, early sexual activity was a fact of their lives.

Several people reported bleeding incidents in that first penetrative act. Varying degrees of pain were also reported. There were also reports of feelings of shame and secrecy. What trauma of such an early encounter that was reported appeared to be focused on the potential shame of the experience and less in regard to the experience itself.

There appeared to be some links with early sexual activity and class and privacy, that is where an individual had his

own personal privacy levels of early sexual activity dropped, although this depended upon sexual access to male servants.

Further to this, links could be made between early penetration by another male and the development of *khoti* identities. Some 62% of the respondents who were *khoti* identified reported early and regular anal penetration by the age of 14. Sexual practice appears to be a determining factor for such an identity construction.

Such sex acts were not prolonged, ending upon the semen discharge of the partner, usually after a few minutes That is they fit into a construction not so much of desire for a child - a paedophiliac framework, but rather one of immediacy, availability, and "heat", that is of discharge sex. This is not to deny that there are not paedophile constructions amongst the Indian population.

Other issues that arise from such sexual activity in India are the differing cultural meanings and frameworks around the terms, child, adult, sexual maturity, sexual abuse, and so on.

This data may well be different if a more randomised sampling had been done. All respondents in this survey were males who have sex with males within identified male to male networks. It should also be noted that of the first sexual partner of the respondents, some 80.75% were below the age of 30, the vast majority would have been unmarried males.

What this survey pointed out was the relatively high level of anal sex being practised in first sexual encounters, some 21%, 28% of the respondents experienced thigh sex, that is the penis placed between the respondent's thighs. There was also a significant level of sexual activity with females, where 17.75% of the respondents reporting that this was their first sexual encounter.

What can be said from these surveys is that early sexual activity with young males below the age of 14 is not uncommon, that anal sex is often the preferred choice of their sexual partners, that definitions of sexual abuse, incest, and childhood sexual activities need to be explored within the cultural framework of India, and that risks of STD/HIV transmission to young male children (and female of course) are significant within the context of such early sexual activity.

SEXUAL BEHAVIOURS

It is extremely difficult to determine the numbers of males who are involved, or have been involved, in male to male sex, for a number of reasons that include, sampling techniques, honesty of responses, levels of denial, invisibility and so on. In a culture where shame, secrecy and lies affect public discussions on sexual behaviours and self-disclosure, all that could be determined from the respondents, focus groups and one-on-one interviews was the social spread of male to male sex. Hence in relation to the question, "who is engaged in male to male sexual activity from your actual experience?" the answers given included:

teachers with students
students with each other
brothers
uncles with nephews
cousins
neighbours
with domestic servants
between domestic servants
between friends
students
truck drivers with helpers/others
construction labourers
amongst bus/train passengers
khanjra khotis with clients
dhurawan khotis with any male
hijras with males
police
security guards
"elder brothers"
i.e. residential school hostels,

doctors
hotel staff amongst themselves and with guests
foreigners
rag pickers
landlord with tenant
students in hostels
street children with each other and with others
private tutors with their students
amongst prisoners and prison staff
in boarding schools
between shopkeepers and staff i.e. restaurants/tea shops
beggars
businessmen
politicians
military personnel
entertainment people
farmers
labourers
in orphanages

One can see from this list of people's professions and occupations which respondents had stated that they had sex with, it is clear that male to male sexual encounters are not some small marginalised behaviours within selected social and occupational groups but rather appears to ubiquitous and part of the male social space.

At the same time, the question was asked as to "why do males have sex with males in India from your personal experience?", the answers included:

personal desire for other males
sexual pleasure
fun
by accident
females don't do anal/oral sex
males are more easily available for sex
anus is tighter than vagina
males are more available than females
nobody is suspicious if we mix with other males
females are more socially controlled
sexual adventure and curiosity
sexual play
no chance to be friendly with girls
females unavailable
meeting physical needs
males can sleep in the same bed without a problem
girls virginity must be protected
no chance of being pregnant
easier to access boys than girls
easier to get along with males than females
no financial involvement
no marriage involvement
living together with other males
poverty leading to selling sex
attraction to other males
migration and separation from wife
maintaining chastity
girls must remain virgins
sexual practice before marriage
to be aloof from girls

The breadth of response is amazing, and indicates that social constructions of male to male behaviour can be extremely broad and extensive. These responses give a clear indication that the use of the terms homosexual/heterosexual/bi-sexual do not reflect the reality of the situation. It is clear that the frameworks of male to male sex are complex, particularly when developing appropriate sexual health responses. Who do you target? What do you target? How do you target?

In conducting these surveys in Delhi care was taken to avoid dishonesty and duplication by utilising the friendship/ sexual networks of the survey team members themselves.

Respondents reported high rates of sexual encounters and number of different partners

Table 16	**How many times have you had sex with males over the last six months?** N = 400	
Quantity	**Frequency**	**% of respondents**
0	-	0.00%
1-5	21	5.25%
6-14	97	24.25%
15-30	127	31.75%
over 30	155	38.75%

Respondents stated that it was very difficult to stay with one partner, because social conditions did not enable this to easily happen. Meeting spaces were often sexual spaces, and so many opportunities existed for a range of sexual encounters.

Group sex was also reported by over 23% of the respondents. Numbers in an particular group situation could be anything between 3 and 20. Most of these activities would take place at sex parties, private homes, hotel rooms or guest houses.

Table 17 **How many different males have you had sex with in the last six months** N = 400		
No. of partners	**Frequency**	**% of respondents**
0	0	0.00%
1-5	21	5.25%
6-14	98	24.50%
15-30	125	31.25%
30 - 60	102	25.50%
61*	54	13.50%

* Note: the highest reported number pf sexual encounters in the last six months was 160. The person was not a male sex worker!

Here we can see that some 39.00% of respondents had more than 30 sexual partners over the previous six months.

Table 18 **Relationships to current sexual partners** N= 400		
Relationship	**Frequency**	**% of respondents**
strangers	302	75.50%
friends	146	36.50%
relatives	99	24.75%*
neighbours	97	24.25%
male sex workers	42	10.05%
domestic servants	24	6.00%
paying clients	31	7.75%**

* see Family sex, Table 27 for breakdown

** None of these respondents defined themselves as male sex workers (the term used was prostitute/*khanjra khoti*). Payment was in gifts, meals, sometimes in cash “donation”.

Table 19 Where did you meet sexual partners N=400		
Location	**Frequency**	**% of respondents**
parks	298	74.50%
"cruising areas" (not parks)	256	64.00%
neighbourhood	215	53.75%
cinemas	205	51.25%
toilets	163	40.75%
hotels/guest house	121	30.25%
bazaars	117	29.25%
personal home	105	26.25%
street	98	24.50%
friends home	92	23.00%
railway/bus stations	73	18.25%

With the large numbers of male to male sex taking place amongst strangers, with multiple partners of high frequency, there is a clear indication of high risks for STD/HIV transmission.

From focus groups and interviews with rikshaw drivers, commonly, sex partners were those they either slept with, male sex workers, and/or those in the work place.

All student respondents and interviewees indicated that they were having sex with other students in "mess rooms", student hostels, and teachers, as well as amongst those they meet at "cruising sites" and parks. Some 20% of student respondents indicated that they were also "selling sex" to earn money towards their studies.

Such frameworks of sexual encounters indicate that intervention strategies should not only include specific sites, but look at other spaces such as schools and colleges.

Anther issue of sexual partnering and identities indicate that whilst a significant number seek male sexual partners, either to be penetrated or to penetrate, there are a significant number of males who sexually respond opportunistically as and when they are directly approached, or in certain situations, such as sharing a bed. This means then that two significantly different approaches towards intervention and promotion of safer sex amongst males who have sex with males need to be explored. That of targeted interventions towards specific behavioural and identified groups, i.e. *khotis, giriyas,* gay identified men, and that of a general programme aimed at behaviours within the general male population, i.e. anal sex.

Table 20	Where did you have sex	N=400
Location	**Frequency**	**% of respondents**
park/cruising area	268	67.00%
partner's home	163	40.75%
hotel/guest house	172	43.00%
friends home	98	24.50%
street/alley	121	30.25%
hostel	129	32.25%
own home	156	39.00%
relatives house	111	27.75%
cinema	205	51.25%
construction site	163	40.75%
toilet	163	40.75%
in a car	76	19.00%

Issues of space and time would constantly arise. Parks were the most popular because of their poorly lit spaces, and opportunities for anonymous encounters, but we can see that a wide variety of spaces are also used. Condom usage was extremely low in such environments because of the possibilities of being seen by others, or through police, security ad hooligan harassment.

Table 21	Current sexual practices N= 400	
Sexual practice	**Frequency**	**% of respondents**
body rubbing	343	85.75%
anally penetrate partner be anally penetrated	129 215	32.25% 53.75%
masturbate partner receiving masturbation	378 315	94.50% 78.75%
give oral sex receive oral sex	315 178	78.75% 44.50%
thigh sex	325	81.25%

Deep kissing was only reported by 62% of the respondents but some 85% reported kissing on the lips and cheeks. The reason for the relatively low level of deep kissing was that many of the sexual partners of the respondents did not like kissing and saw this as "effeminate", and acting like a *khoti*.

The reported behaviours show indications that sexual partners include opportunistic encounters in a variety of locations of males who wish discharge only.

Sex with females

Over 30% of the respondents stated that they were married. All respondents reported continued sexual activities with their wives.

Married Males

Table 22 Sexual behaviours of married males with wives N=121

Sexual act	Frequency	% of respondents
vaginal penetration	121	100.00%
anal penetration	35	28.93%
receiving oral sex	16	13.22%
deep kissing	61	50.41%
cunilingus	2	1.65%

Note the level of anal sex with wives.

32.23% of married respondents reported sexual encounters with other females.

Table 23 Female sexual partners of married males other than their wives N=39

Sexual partner	Frequency	% of respondents
female sex workers	35	89.74%
other females	15	38.46%
female relatives	12	30.77%

Table 24 sexual behaviours with these other women N=39		
Sexual act	**Frequency**	**% of respondents**
vaginal penetration	39	100.00%
anal penetration	12	30.77%
receiving oral sex	21	53.85%
thigh sex	12	30.77
cunilingus	1	2.56%

All anal sex and oral sex was between female sex workers and male partner.

Unmarried males
In terms of the unmarried males, 21% (59) of respondents stated that they also have sex with females.

Table 25 Female sexual partners of unmarried males N=59		
Sexual partners	**Frequency**	**% of respondents**
female sex workers	42	71.19%
female relatives	21	35.59%
other females	23	38.98%

Multiple encounters were reported.

Table 26 sexual behaviours with these other women N=59		
Sexual act	**Frequency**	**% of respondents**
vaginal penetration	54	91.52%
anal penetration	21	35.59%
receiving oral sex	24	40.68%
thigh sex	20	33.90%
cunilingus	2	3.39%

SEXUAL NETWORKING

Public sites

Site One
A major bus terminus in New Delhi, which is the a very large cruising area amongst all the buses that come here to drop and pick up passengers for out of state travel. Male to male sexual activities is very common and usually starts about 7.00pm and goes on till the early hours of the morning. However, msm activities also occur during daytime, but at a lesser frequency.

Every day there are about 30 khotis who come here seeking sexual partners amongst the waiting male passengers. On average these khotis have about 3 partners per evening.

Most of the khotis come here for fun and socialising. The majority are middle class, with a few owning their own businesses, and most are married.

Anal and oral sex is offered in the toilets. There are a few who also sell sex.

Site Two
A railway station situated in Old Delhi with an average of some 30 khotis coming here every day, and a similar number of giriyas looking for khotis. The khotis also cruise amongst the railway passengers, those waiting to catch trains and those dismounting arriving trains.

Here khotis have developed a social network amongst themselves, and will often organise cultural events near to the local library, such as dancing and singing.

Sex is conducted in local toilets and park, usually anal or oral. The khotis may often wear female clothing, and usually have a regular male partner as well. Sometimes sex is sold, but the approach appears to be quite casual. Evening is the main time for the search for sex.

On average the khotis have about 4 partners each evening

Site Three
A well known park utilised by upper-middle class individuals, and primarily on Sunday evenings. Many of the locals also see coming to the park as a social occasions, as much as for sex.

Cruising takes place in the dark, and sex activities can take place amongst the pushes and trees. However, mostly the men, once they negotiate, will go to personal homes or local guest houses.

There about 40 -50 males that come to this space every Sunday looking for sex.

There are also several middle class male sex workers who come here, and there has been several reports of significant levels of blackmail and harassment by these males.

Site 4
A major fixture and tourist site in New Delhi, close to the Parliament buildings, where every evening some 30-40 khotis come looking for sex partners. Also many policemen come here for sex with the khotis. There are also khoti sex workers come here.

Sex takes place in the public toilets or among the trees and bushes which are invisiblised by the poor lighting.

On average these khotis have between 5 and 8 sex partners and evening.

Site 5
A well know park in central New Delhi, where in a specific area, males will come looking for sex partners amongst the men who come to look for sex, or are just wandering around the park. This happens from about 5.30pm till 8.30pm. No sex takes place here. Once people meet they will go either to a local guest house, hotel or personal home.

With this there are about 30 khotis who also come to the park at this time looking for sex.

This is an area used by tourists, and several of the service boys (i.e. shoe-shine, cold drinks, snacks) have been known to be offered money for sex by tourists and locals as well.

Site 6
Close to this park is a Hindu temple, where on Tuesday evenings, about 30 khotis use the space to meet men coming to do puja and cruise the men for sex. Sex takes place either in the toilet of the park, or in a local guest house, or personal home.

Site 7
A large park in South Delhi, which is used every day by men meeting other men for sex. On average some 50-60 khotis come here every day. Most sell sex here to primarily soldiers from the local barracks. Each khoti is average between 5-8 clients a day.

On Sundays the park is particularly busy, and many of the clients of the khotis may well be middle-class businessmen, and others who come to the park either for the sex, or just to enjoy the park facilities.

The park is active every day, all day. Officially it is supposed to close after 8.00pm, but there are many gaps in the surrounding walls.

The park is located at a major bus stop, and sometimes several khotis will hang about the bus stop and cruise the men waiting for buses or getting of buses. If these men want sex, then through eye contacts, will follow the khoti into the park.

Perhaps over 200 hundred giriyas are accessed in the park almost every day.

The park has large areas of jungle where the men go to have sex, usually anal or oral.

The khotis are usually lower middle class who operate in this park.

Site 8
This is a set of public toilets, located at the corner of a busy junction and next to a major bus stop near the hospital in South Delhi.

Active every evening, approximately 15-20 khotis wait at this stop. There are also some khoti sex workers who use this space.

Should the khoti find a partners, they may use the toilet for oral sex. Otherwise they will go to a local guest house, dark spot nearby, or a personal home for sex, which is usually anal.

Giriyas may come from the local hospital, be waiting for a bus, alighting from one, or just males walking past.

Site 9
The main railway station, a large complex of concourses, walkways, food stalls and parking lots.

During evening times, some 20-40 khotis come to this area mainly low-income, and cruise the taxi-drivers and rikshaw drivers.

Many street males also live here, and sometimes they also sell sex to the hawkers and rikshaw/taxi-drivers.

OTHER SEXUAL FRAMEWORKS

Not all *khotis* got to these public sites looking for sex. They may get their *giriyas* through other *khotis* through the male being passed on from one *khoti* to another. They may "pick-up" a potential sex partner in a restaurant, hotel, guest house, hostel, the street, bazaar, cinema, bus, train, anywhere where males congregate or are present. Or it may be a visiting family relative or family friend. Or it may be the taxi/rikshaw driver, a security guard on duty, a door-to-door salesman, or the local shop-keeper.

I usually sit in front with the taxi driver if he is good-looking. As soon as we start I begin a conversation, asking him his name, where he is from, is he married, and if so where is his wife. In Delhi, many taxi drivers are from villages, and will leave their wives there. In such a situation, I then ask them how they enjoy, you know. Where they go for sex. I tell him how handsome he is. By this time, my leg is pressing against his. If he doesn't move away, I continue pressing. Then I tell him that he must have a big cock and how much I would like to see it. By this time, the driver is usually quite hot, and very often with an erection. We then either find a dark spot for some sex, or go to my room if there is nobody there, or sometimes in the taxi itself. I usually give an extra amount to the driver.
Rajesh, 25

I have a lot of nice middle class friends who are too well known to go to parks and such places, even NP. So they ask me to find them a nice man for them. These guys usually like to get fucked. So I look around, ask my friends, pick up people from restaurants, hotels, shops, other places. After I persuade them to have sex with me, I tell them about my friends. Usually they are quite eager to meet them. Once they meet one of my friends and have sex, then he is introduced to the other friends in the circuit. Then he begins to bring his friends for sex. This way the circuit is always getting new guys.
Suresh, 23,

Jiggery Dost

This framework primarily relates to young unmarried males, who, in a homosocial[1] and homoaffectionalist environment find themselves sexually aroused through physical contact, either through play or sleeping next to each other.

The sharing of a bed by two males in South Asian cultures is very common, where space can be at a premium. Where males are of a different age, then usually both males are part of the same joint and extended family, i.e. uncle and nephew, cousins, brothers. Where they are of a similar age, then usually they are close friends - *jiggery dost.*

The line between homoaffectionalism and male to male sexual acts is very narrow in this context, particularly at night, where it is easily transcended in a variety of sex acts, which once again are not seen as sex but as khela - play. Where there is a similarity of age and power the sexual act is usually mutual masturbation or thigh sex. but may also include mutual oral and anal sex. Where there is an age hierarchy, oral and anal sex usually will occur, the younger partner acting as the receptive partner. This type of sexual activity can be called *Dosti* sex and is to some extent linked with semen discharge. Mutuality is a main aspect of this sex. Both partners give each other sexual release, but there is no construction of sexual identity. Desire is primarily focused on females, possible future wives, whilst the sexual behaviour will be with other males who are friends, but maybe, perhaps, acquaintances. The issue here is immediate accessibility and the naming of the process. "This is not sex. Sex is what you do with your wife".

Spaces for such sex acts were in homes where male relatives may sleep together, in shared accommodation rooms, dormitories, hostels, student halls of residence, and even on streets amongst street males.

Rajesh is a young student of 17. During his recent examinations, he studied with three other students in his room till quite late at night. His student friends would usually spend the night. Sometimes, as a release from studying they would sometime wrestle each other. Usually during these physical games, the boys would get an erection. There would be a period of teasing, which always would lead to clothes being taken off, followed by mutual masturbation, or on occasions, oral sex and/or anal sex. All the boys have had anal sex with each. Condoms were never used, and there was no discussion of these activities during the day time.
We do it because it is fun. It helps our studies. You know, once you ejaculation you feel so relaxed. It's great.

Love, Romance, Sex and Discharge

What has love got to do with marriage? This is question that was often raised. The socio-cultural 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.

Look, we have to get married. We don't have a choice. Our parents tell us what to do, and so we get married. They choose our wives. We do our duty, and produce children.
Vinod, 25

India is filled with romance, always visible, always present. Watch any of the ubiquitous Bombay style films. The hero and the heroine sing romantic and chaste love songs to each other. They go through the trials and tribulations that the three 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. For if such romance cuts across race, religion, class, or economic group, then the likelihood will be that such a romance cannot be fulfilled. The family wins.

In terms of Indian cultural norms, direct relationships between men and women before marriage, social or sexual, are frowned upon and often socially unacceptable. This is changing to some extent in larger urban areas, where males and females are socially mixing, but relationship are hidden and kept secret from the parents.

In India 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 often police their young women. Physical affection for a woman, if any at all, must be behind closed doors. But if there isn't that privacy available....?

For many young males, women are just not accessible. Romantic longings are at a distance, unfulfilled, and chaste. Visits to female commercial sex workers are not romantic and love does not enter the equation. It is just sexual release, quick, with a cash transaction which for many males, may be beyond their financial reach. The visit to the female prostitute will be infrequent after saving the necessary amount. For many urban males, these are the only socially sanctioned females sexually available.

For many males all this emotional and sexual energy, the romantic longing and 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 or in shared accommodation.

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

Despite these intense friendships which produce visible physical affection between males of all ages, and 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 be 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 that perhaps on occasion, they may be able to afford sex with a female prostitute. Here sex is discharge.

But this is not true of all. Many khotis seek to find a permanent partner, a male lover, "a real man", with whom they can settle down with and live as "husband and wife". Whilst in urban settings amongst the middle class, there are those with emergent gay identities, or even gay-identified, who fall in love, conduct romans, and seek long term relationships.

Whilst male to male friendships can often develop intense romanticism, and erotic environment, and love.

Discharge Sex

This is centrally based on releasing sexual tension, and is primarily opportunistic and immediate. There are many males who will visit specific locations when they feel sexually "hot", because they know that there will be other males present whom they can penetrate. Or males will be directly approached by a *khoti* for sex in any number of situations. Situational sex is prevalent here in a male social spaces, i.e. restaurant owners who will sexually penetrate table boys, and so on. Many males will use *khoti* for semen discharge at any opportune moment. These males may also have sex with females other than their wives if they are married, and may often visit female sex workers when they can afford it.

Gift Sex

This could be seen as a form of male prostitution which will range from gift 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 or sleeping space.

Male prostitution certainly exists in Delhi at what appears to be relatively high, but at as yet undetermined, levels. However, the sensing was that gift sex was more prevalent than that of full time male prostitution. Where such male sex work exists, many of the boys are gendered through effeminate behaviour and identified as *khotis*.

Gift sex is casual, opportunistic, unplanned, whereas male sex work for money is the opposite. A lot of gift sex appears to be happening in hotels and guest houses through room service and house-keeping, through assignations made in restaurants and tea-shops with table boys and waiters, through massage boys and young barbers, through chance encounters auto-rikshaw drivers, with taxi drivers, through street males needing food or shelter. Much of this appears to be because of low income issues, but evidence exists of discharge and desire based frameworks as well, operating through such opportunistic encounters. The exchange of gifts can frame a mutuality of desire with sex as one side of the gift exchange and thus reduce the shame level.

I work in room service. Several times in a month, some one will call me to his room, on some pretence, you know, water, tea, a snack, but they want me for something else. And I give it to them. Sometimes I get nice jewellery, money, clothes. I like the sex, because I don't get the opportunities. I have a girlfriend, but all she will let me do is kissing and breast pumping. In the hotel I can have lots of fun with the guests.
Rajesh, 24

AND OTHERS....

Hotel/guest house staff

A total of 10 staff were interviewed.
4 room waiters
3 housekeeping staff (including room cleaning and lobby staff)
2 reception staff
1 security guard

These discussions were held at a local park during the day time, or at a cafe during evening. Whilst conversations related to general topics, sexual issues could easily be discussed once a friendship and trust had been built.

The age of the hotel staff was 19-25. English was very poor, and education levels were low. Most of the staff worked in guest houses, with 2 being from a three star hotel.

1. All staff were currently sexually active with others.
2. 8 of the staff have had sex with other males previously. For 6 of the staff this included anal and oral sex. For the 2 others it was only mutual masturbation and/or thigh sex.
3. 5 of the staff have had sex with male hotel/guest house guests, usually for cash of gifts, but also because they liked the guest and responded when the guest made a sexual contact. This involved anal sex, oral sex, thigh sex and masturbation.
4. All these staff masturbate themselves regularly to "release night pressure".
5. 7 of the staff have had sex with females, either a girlfriend in the city, a wife, or a female sex worker.
6. 2 of the staff were married.
7. 2 staff use female sex workers once a month.
8. 2 stated that they have never had sex with either a male.
9. No condoms were used.

10. None of the staff involved in male to male sex saw themselves as homosexuals or "gay". All saw male to male sex as "not real sex", but "sex" as a way of releasing "body tension, as "play".
11. None of these staff felt ashamed about their sexual behaviours. Shame would only arise if others found out. Those sexually active staff believed that no one else in the hotel/guest house, or their family, or friends, knew about their sexual activity.
12. None of the staff had close friendships in the hotel with other staff.
13. None of the staff admitted to having sex with another staff member. However, certain comments were made to indicate that at least mutual masturbation did go on usually in toilets. There was no privacy, except in the toilets.
14. 2 of the staff involved in male to male sex visited parks to meet other males on their day off.
15. None of the staff, including those who stated they did not have sex, felt that male to male was intrinsically bad or wrong. They understood it as a sexual need and release. However, all felt that a girl who had sex before marriage was not a "good girl".
16. Several of the staff asked about sex between women, where two used the term lesbian. The interest was one of curiosity and there appeared to be no judgement.
17. All staff expressed personal concerns about the shape and size of their penises, about possible physical consequences of their sexual behaviours, and expressed the range of sexual myths existent in India, i.e. masturbation causes weakness and deformation of the penis. Further sex diseases were seen as a curse or could be cured by drinking certain potions, and that females are vectors of disease.
18. 2 of the staff stated that they had sex with males because it was safer than having sex with females.
19. 1 staff stated that he had sex with males because they wanted to remain virgins until marriage.
20. 5 staff had heard of AIDS, but knowledge was poor. All the others had not heard of HIV/AIDS.
21. Discussions with these staff about other hotels/guest houses indicated that behaviours were not significantly different. At some of the higher star hotels taxi drivers located outside the hotel also acted as "pimps" enabling guests to have access to males or females for a fee.
22. In most hotels/guest house there is no suspicion in taking a male into your room. However if you take a female into your room it is automatically assumed that she is a prostitute and may well be barred, and unless a payment is made to the appropriate person or you can prove otherwise.
23. 5 of the staff watch blue films regularly, which are easy to obtain locally from video rental shops.
24. All these staff expressed psycho-social issues and problems around sex and sexual behaviours, describing a series of psychological and physical symptoms relating to penile size and shape, ejaculation frequency, content and type, masturbation, vaginal and anal sex, lack of sexual knowledge, anatomy, females, desires, discharge, and night discharge.

I have been a room service waiter for the last three years. Over that time I have had sex with maybe 40 guests. When I am on night duty, I get called to the guest's room. They want tea, or a sandwich, or something. When I return, they make small conversation, but I know what they want. If the guest is handsome, then I will do for free. Otherwise I ask for a gift. Usually money.

I earn 1200 rupees a month for my job and with sex I can usually get perhaps 500 rupees extra on top of my tips. One month I made 2000 rupees extra. This was because the guest was a rich businessman from Bombay and he gave me 200 rupees each time we did sex. We did it four times while he stayed in my guest house.

Usually they guests want to fuck me or ask me to give them oral sex. I enjoy the sex as well.

I send the extra money to my wife and family in the village. It helps a lot.
Krishna, 24

Male street children

Ramesh, 16, lives on the streets near Delhi Railway Station. There are a lot of boys and girls sleeping rough here. They are often joined by rikshaw and taxi drivers, local street vendors, some drug users, and others.
I have been having sex with both girls and boys here since I was 10. No problem. In the winter time its mainly boys, because we all sleep together in a huddle to keep warm. During the night I get hot, my lund stands up. When It does that and I wake-up I usually turn to the nearest boy and push it in. Sometimes he asks me to suck him, or he wants to fuck me as well. Its OK.

In the summer I can take some of the girls to the alleyway and have sex with them also.

Sometimes, a rikshaw driver or a taxi driver will ask me to do with him. I usually get maybe 10 or 20 rupees from them when I do. All the boys here are doing it.

Taxi drivers

The following conclusions were drawn from a series of conversations with 10 taxi drivers between the ages of 25-40 years.

1. All were sexually active.
2. All had visited female sex workers
3. None knew of HIV or AIDS
4. None used condoms
5. Out of the 10 drivers, 4 have had anal sex with women
6. 8 were married with all wives living in the village
7. None had ever gone to an STD clinic
8. 5 have had sex with other males in their villages
9. 7 have had sex with males in the city
10. 5 stated that currently they only penetrate, and 2 stated that they penetrate and also are penetrated.
11. 2 have done oral sex with other males
12. 5 reported previous STD symptoms of discharge and "fire" in the penis.
13. Currently none reported a symptom
14. 7 have had sex with male passengers who "made me hot".
16. Monthly income was between 3000 - 5000 rupees
18. The drivers reported that the age of their first sexual encounter was between 13- 16
19. The gender of the their sexual partner was
    5 female
    5 male
20. Age of their sexual partner was between 14-35
21. The sex act was:
    5 had penetrative sex with females
    1 had been penetrated by males
    1 had oral sex with other male
    3 penetrated the other male
22. Relationship to the partner
    3 friend
    5 cousins
    1 uncle
    1 neighbour
23. currently 6 have paid for sex with female sex workers
24. Over the last six months, the drivers reported an average of 30 sex acts.
25. The drivers were living with
    family/relatives 3
    shared rooms 7
26. 7 drivers also reported having sex with their cleaning boys and assistants
27. None new what HIV was, but 5 had heard that AIDS was a dangerous disease you catch from women".
28. Central concerns reflected money and family issues

Truck drivers

Several workshop participants and other males reported that they often go to truck stops to have sex with truck drivers, usually anal sex where the truck driver penetrates the other male. Certain truck stops have a notorious reputation for the easy sexual availability of truck drivers. Condoms are used very rarely, and if so, they are at the insistence of the partner being penetrated. Most of the drivers are married, many with children. They are away from their wives and female sex workers cost money. It was also reported that many of these truck drivers also have sex with their helpers.

The following information was obtained from interviewing 5 truck drivers

1. Age range of interviewees was between 26 - 40
2. The truck drivers lived with
    a. wives and/or relatives 2
    b. shared rooms 2
    c. alone 1

3. Monthly income ranged between 6000 rupees to 20000 rupees
4. Age of first sexual encounter
   3 at 14
   2 at 15
5. Gender of partner
   2 were male
   3 were female
6. Sex act with first partner
   5 penetrated partner
7. Relationship to first partner
   1 was male friend
   4 were cousins
8. Age of first partner
   1 were 12 years old
   2 were 13
   2 were 14
9. All reported having sex with female sex workers
10. 4 reported having penetrative sex with truck cleaners and helpers
10. Average number of sex encounters in the last six months was 30
10. 3 did not know anything about STDs
11. All did know anything about HIV
12. All defined AIDS as a dangerous disease you catch from women

My uncle is a truck driver. When I came to Delhi I was his helper. I was 14 at the time. During our journeys my job was to clean the truck and provide assistance. Sometimes we would stop by the road-side at night and then he would do sex to me. Usually he would fuck me.

When I used to talk to other helpers who became my friends, when we talked about sex, I learned that the same things happen to the other boys. Sometimes we like it, sometimes we can't do anything because it is part of our job.

Now I am now longer with my uncle and I am learning to drive a city truck.
Sameer, 19

Tea shop/restaurant "boys"
I started working in my tea-shop when I was 8. It belongs to friend of my father. There are several boy here who serve the customers and clean the tables. The oldest was 14. He used to sex with us during night time. That was six years ago.

Sometimes, my father's friend would call one of the boys to his room at night. I have done sex with him too.

I have done sex with a 2 or 3 customers this past few months. They come into my shop and they look at me. Then they will ask me when I have time, and would I like to come to their house. They just live around the corner near my shop. I usually agree because they will give me some money.
Aneil, 14

Students
I stay in the hostel at DU. There are several boys there I know who like to have sex with other men. Sometimes I get hot and I can go to them to do sex with them. Usually I fuck them. I prefer girls really, but it is hard smuggling girls into the hostel, and the red light area is quite far away.
Sanjeev, 19

This work did not look at a range of male to male sexual networks that included:
prison populations, both inmates and prison guards
police
military barracks
orphanages
boarding schools
Gulf workers

business travellers
other male institutional and social networks

There is enough anecdotal reports to indicate that male to male sexual encounters occur within these frameworks at significant levels

1. Homosocial - similarly I use the term homosocial to mean a social framework of strong male bonding or female bonding, and gender segregatiion of social spaces.

For example in India, it is very common to see two women or two males holding hands, or putting arms around each other, of sharing beds, sleeping together, and so on. At the same time, the public space is socially owned by males. Sufficient anecodtal eveidence exists in the work that I have done to indicate the boundary line between homoaffectionalism and homosexual behaviours, particularly "under the blanket" in the shared spaces. See Khan's chapter Under The Blanket in Bisexualities and AIDS, edited by Peter Aggleton, Taylor and Francis, 1996.

FAMILY SEX

Intra-family sexual encounters between males is very common in South Asia, India is not different.

Table 14 **Relationship to first male sexual partner** N = 400		
Relationship	**Frequency**	**% of respondents**
friend	97	24.25%
neighbour	85	21.25%
relative	161	40.25%*
stranger	57	14.25%

*** Table 15** **Actual family relationship** N=161		
Relationship	**Frequency**	**% of respondents**
older cousin	36	22.36%
younger/same age cousin	13	8.07%
father's brother	9	5.59%
mother's brother	32	19.87%
older brother	15	9.32%
sister's husband	23	14.29%
father's sister's husband	11	6.83%
mother's sister's husband	17	10.56%
younger brother	5	3.11%
father	-	-

Here, as can be seen, the first sexual contact was primarily through a family member. These sexual encounters with family members may also continue in later years.

Table 18 **Relationships to current sexual partners** N= 400		
Relationship	**Frequency**	**% of respondents**
strangers	302	75.50%
friends	146	36.50%
relatives	99	24.75%*
neighbours	97	24.25%
male sex workers	42	10.05%
domestic servants	24	6.00%
paying clients	31	7.75%

*** Table 27** **Actual family relationship** N=99		
Relationship	**Frequency**	**% of respondents**
older cousin	42	42.42%
younger/same age cousin	36	36.36%
mother's sister's husband	27	27.27%
mother's brother	24	24.24%
sister's husband	19	19.19%
younger brother	5	5.05%
father's sister's husband	11	11.11%
father's brother	9	9.09%
older brother	3	3.03%
father	-	0.00%

We had gone to my mother's brother's village to attend a family wedding. I was about 12 years old at that time. I had to share my mother's brother's bed because everything was so crowded. During the night, he kept pushing against me. I felt his cock was hard, and it sort of excited me. Still pretending to be asleep, I turned around to face him. My hand sort of lay against his cock.

Then he started to push his cock between my thighs. I felt his hand move to my own cock which was hard by now. Slowly he started moving his cock in and out of my thighs. Soon I felt a stickiness. He then turned over.

SAFER SEX AND SEXUALLY TRANSMITTED DISEASES

The level of awareness regarding STDs, HIV/AIDS was generally very poor amongst the respondents, as were issues regarding safer sex practices.

Table 28 Knowledge of HIV/AIDS N=400

Knowledge	Frequency	% of respondents
Good knowledge	54	13.50%
Poor knowledge	152	38.00%
No knowledge	194	48.50%

Good knowledge of HIV/AIDS was understood to mean a clear understanding of the difference between HIV and AIDS and what the terms meant, the means of transmission of HIV, and methods of protection and safer sex.

Poor knowledge was defined as having an awareness of the terms HIV and/or AIDS, and perhaps some understanding of a relationship regarding infection, illness and sexual practice.

No knowledge was defined as not having an understanding of HIV/AIDS and safer sex.

The survey indicated that possession of "good knowledge" did not necessarily relate to income group and class. Of the 13.50% of the respondents who had "good knowledge" some 30% were from low income groups.

Information was usually obtained from foreigners, access to literature/newspapers, as well as sexual partners.

But 86.50% of the respondents had poor knowledge, or no effective knowledge at all.

There was a great deal of confusion and mythology between HIV and AIDS. These included:

* you catch STDs and AIDS from dirty people
* you catch AIDS from having vaginal sex
* you are safe when you do anal sex
* washing with lime water after sex will protect you from sex diseases.
* Women give you AIDS
* You can't catch AIDS from anal sex
* You can cure AIDS
* HIV means sickness
* AIDS means a fatal illness

Further to this were the usual mistaken beliefs about catching “AIDS” from toilet seats, mosquitoes, shared utensils, etc.

There was also the myth that you could be cured from STDs/AIDS by having sex with a virgin female, or a pre-pubescent male. Some 32 respondents in stated this.

What was worrying was the number of respondents who did not believe that you can get HIV from anal sex with males. It appeared that what HIV/AIDS information was available related only to sex with female sex workers, so women were seen as disease carriers and vectors for HIV transmission. Sex with males was seen as safer for many.

Further, many middle class respondents stated that they were safe because they only had sex with those from the same class background. That is, that they only have sex with “clean men”. This reflected class prejudices very strongly prevalent amongst upper/middle class males, who labelled those from low income groups as “dirty” people.

Another issue that arose was that the term STD, or even sexually transmitted disease was problematic in terms of understanding. Very few respondents had heard of these terms. The phrase “secret disease” was more common.

Awareness of risky sexual practices was extremely low, if existent at all. Only 12% of respondents in Delhi knew of safer sex as a method of prevention.

Table 29 Condom usage N=400

Condom usage	**Frequency**	**% of respondents**
never	236	59.00%
sometimes	121	30.25%
all the time	43	10.75%

As can be seen over 89% of respondents did not use condoms at all or used them inconsistently. This is particularly worrying when approximately one-third of respondents identified themselves as *khotis* - males who are penetrated - whilst a further 30% admitted that they are also penetrated with varying degrees of frequency, and a high proportion indicating multiple partners. This demonstrates the very high risk of STD/HIV transmission that many males who have sex with males take.

Reasons given for not using condoms were
no time
no privacy
don’t have condoms at the time
condoms are expensive
loss of feelings and pleasure
condoms are for family planning
“how? - by the time he will put a condom on he will come”
partner won’t agree

Lubricant

Use of appropriate lubricant is low. Saliva appears to be the primary lubricant used, if any is used at all.

Table 30 Use of Lubricant	N = 400	
Lubricant	**Frequency**	**% of respondents**
saliva	281	70.25%
ghee (clarified butter)	109	27.25%
vaseline	75	18.75%
no lubricant	119	29.75%
hand cream	97	24.25%
motor oil	28	7.00%
KY jelly	21	5.25%

Reported use of lubricants was not consistent. That is the above figures relate to what had been used in the past 6 months. Most respondents stated that many times they would not use lubricant at all, including saliva. It all depended on where the sex act was taking place, and what was available. For example, in public environments, such as parks, toilets, and alleyways, the main lubricant would be saliva, if anything at all. In private spaces, such as personal or friend's homes, other lubricants may be used.

As reported from the focus groups and interviews, the methodology of sex also increased the risks taken. Many males who are penetrated reported immediate full penetration and rapid penile thrusts of the penetrating partner increasing risks of anal fissures and bleeding.

Further, high numbers of males reported multiple partners, often several in an evening, with a rapid succession of males. This means that the penetrator was also increasingly at risk, not only from the potential bleeding of his partner and his possible STD/HIV status, but also from previous sexual partners whose semen would still reside inside the rectum of the person he was penetrating.

The issue of the wife's vulnerability seemed not to be a factor of concern amongst the married males, or those who would become married. It was rarely ever mentioned. Yet over 30% of respondents were married. None of them reported using condoms with their wives. Those males who reported having sexual encounters with other females also stated that no condoms were used.

Among the 20 workshop participants, only 3 knew how to used condoms correctly. This also appeared to be true amongst focus group participants and those interviewed. Over 70% of these males did not know how to use condoms correctly. This lack of education about condom usage is itself a problem that needs to be addressed.

One factor that affected condom use was the high level of anal sex taking place in public spaces where time and space is a critical factor. Location was important. Sex encounters usually takes place in the dark and for many, sex takes place in spaces where others are around. At the same time for many, penetration to ejaculation takes place within 5 minutes or so. Putting on a condom under these conditions could be difficult, if not impossible for some. A constant refrain from many males was the issue of "premature ejaculation". Many *khotis* spoke of looking for males who could last more than a few minutes!

It should be noted that there are no water-based lubricants packaged in sachets available in India, use of which, with condoms, would make anal penetration safer. Further, there were no extra strong condoms available which also might increase the safety factor.

Sexually Transmitted Diseases

Incidence of STDs amongst males who have sex with males cannot be quantified, since no private or government clinic monitors male to male sexual behaviours. At the same time, no clinical service actual asks their patients about anal sex behaviours. The survey attempted to gather some information about experiences of sexually transmitted diseases amongst respondents.

Table 31 Experience of STD symptoms in previous 2 years N=400

Experience	Frequency	% of respondents
Yes	175	43.75%
No	225	56.25%
Piles	156	39.00%

Table 32 Symptoms experienced N=175

Primary symptoms	Frequency	% of respondents
bleeding from anus	87	49.71%
burning/itching around anus	58	33.14%
itching around pubic area	103	58.86%
discharge from penis	38	21.71%
pain or burning sensation during urination	38	21.71%
rashes around public area	41	23.43%
lesions around anus	32	18.29%
warts on penis	11	6.29%
lesions on penis	20	11.43%

several times multiple symptoms were reported

The high level of piles was also producing bleeding during defecation and during anal sex. It should also be noted that genital hygiene amongst low income groups appeared to be very low due to lack of access to clean water and inadequate genital washing techniques.

Table 33	**Previous treatment for STD infections** N=175	
Experience	**Frequency**	**% of respondents**
Yes	148	84.57%
No	27	15.43%

Table 34	**Where did respondents go for treatment** N=148	
Location	**Frequency**	**% of respondents**
STD clinic	35	23.65%
Private	*25*	*16.89%*
government	*10*	*6.76%*
personal doctor friend	16	10.81%
street Ved/Hakim	72	48.65%
friend’s remedy	25	16.89%

There was considerable resistance to attending STD clinics, both private and government, due to shame in reporting sources of infection and behaviours. There was a general sensing that doctors would shun and stigmatise individuals.

Also, since the behaviours were illegal there was a general fear of being reported to the police.

MALE SEX WORK

There are no estimates as to how many males sell sex to other males in Delhi, whether it is for cash, clothing, food or shelter. Nor of how many male customers they may have. Estimates given by several male sex workers in Delhi estimate a range form 2000 - 5000. In conducting this survey at a range of sites, some 1000 male sex workers (*khoti* - identified) were physically counted. There will be many more in other sites not visited, those from middle-classes, those with different identities, as well as those who operate irregularly, or opportunistically, or in hotels, tea-shops. restaurants, slum areas, bazaars, and other localised areas. Such male sex workers would include the full-time workers in many parks and other sites whose main income would be from selling sex, to those who do sex work but also have a regular job, whether full-time of part-time, to those who are students, rikshaw drivers, taxi drivers, truck drivers, hotel staff, tea/restaurant boys, and other service industries who may also offer sex when an opportunity arises for some form of payment as a supplement to their regular income. Further, many of the male sex workers we met spoke of anything between 5 to 10 sexual partners in any particular day. The number of customer events every week could therefore run into several thousands.

The sex workers involved in this survey were those who operated from parks.

Table 35	**Number of customers per week** N= 40
No. of customers	**sex workers**
1-6	0
7-15	5
15- 20	15
above 21	20

Taking the lower end of the estimates for the number of male sex workers who are operating in a range of public sites in Delhi, and a medium range of say 4 customers per day for 5 days a week, 50 weeks a year.

2000 male sex workers
x 4 customers per day x 5 days a week x 50 weeks a year
= 2,000,000 customer events per year

In India the majority of males who sell sex are considered “passive”, sexually penetrated by other males. The range of sexual practices of these *khotis* selling sex was from masturbation of their customers, giving oral sex and receiving anal sex. Anal sex occurred always where there was a measure of privacy and space. A room, behind a bush in the dark, in a deserted construction site.

Table 36	**Sexual behaviours with clients** N=40
Sexual activity	**Frequency**
giving oral sex	40
receiving anal sex	40
giving anal sex to customer	2
masturbate customer	40
customer masturbating you	5

Table 37	**Where do you usually perform sexual acts with your customer** N= 40
Location	**Frequency**
parks	40
bus/railway stations	6
cars	4
customer's home	16
hotels/guest houses	24

These *khanjra khotis* service a broad range of males from different income groups, classes and educational levels. However, *dhurawan khotis* (those who do not sell sex) and *guptis* (those who are secret *khotis*), especially those from the middle and upper income groups, will sometimes buy sex from a range of *giriyas* who will oblige the offer. These *giriya* (labelled so by *khotis*) are not sex workers, but could be considered opportunistic sex workers. Such *giriyas*, those who penetrate, could be students, policemen, soldiers, shop-keepers and assistants, teachers, rikshaw drivers, truck drivers, in fact any male who wishes to discharge through anal penetration, and who may need money or gifts to supplement his income.

Classifying males who have sex with males as gay men, homosexuals, or even as male commercial sex workers can be problematic. Whilst there were clear identities such as *khotis*, *giriyas*, and even *two-in-ones,* mostly these identities are specified by *khotis* themselves only, and are often spatially as well as behaviourally constructed. There were also not clearly delineated. That is whilst *giriyas* and *khotis* both stated that their sexual behaviour was distinctly and always "one way", private anecdotal evidence indicated that these were just public statements to what were deemed shameful acts, i.e. for a *khoti* to admit that he also penetrates, or for a *giriya* to state that he also gets penetrated was considered shameful.

When two *khotis* have sex with each other it is called *chapati-chapati* and is likened to sisters have sex with each other.

There is also the *gupti,* a male who keeps his sexual behaviours secret, even amongst others who share the same behaviours.

These identities are often mobile and situational. That is there will be a site/park identity, a street identity and home/ family identity. There is no continuity, where space, time, location frames a specific operational identity. And many *khotis* speak of exaggerating their behaviours, their *khoti* identity, within a given location as a means to attract males.The identity is performed.

Many working class *khanjra khotis* will also take oral contraceptive pills (easy to buy over the counter from pharmacies) as a means to increase the size of their breasts. They state that their customers like to squeeze their breasts while doing sex. In fact "breast pumping" is a common sexual behaviour whether between males or between males and females. Enlarging the breasts, the *khotis* believe, makes them more attractive to the *giriyas.*

But this is usually done during the winter season where they can hide their enlarged breasts under a shirt or sweater from those outside the sex site. During the summer they will stop taking these pills to reduce their breasts to normal size as usually this is the time when they will often need to be bare-chested because of the heat.

The physiological and psychological implications, and any medical consequence, of males taking oral contraceptives need to be urgently explored. Many of the males identified taking such pills were under the age of 20 years.

At the same time, those *khotis* who are penetrated and receive cash or gifts are situationally within a context of family need, marriages, poverty, hunger and sometimes homelessness.

As stated previously, a majority of *khotis*, including those selling sex, had their first sexual encounter at a early age, usually before 14. Their first sexual partner was usually a male relative, an uncle, cousin, older brother, a male in-law, or perhaps a neighbour . Many *khanjra khotis* start selling sex at a young age.

From the initial sample survey of 40 sex workers, 67% started selling sex before the age of 16,

Table 38	**At what age did you begin to charge for sex?** N = 30	
Age	**Frequency**	**% of respondents**
11-16	27	67.50%
17-21	12	30.00%
22-30	1	2.50%

The *khanjra khotis* spoke of their family needs and economic conditions. Getting cash or gifts for sex was a method of sustaining themselves and their families. 5 sex workers spoke of keeping all the money from sex work for themselves, but would send the money from their regular jobs to their families.

Table 39	Reason for doing sex work (allowed a choice of up to 4) N=40	
Reason	**Frequency**	**% of respondents**
only work I can find	8	20.00%
I enjoy it	20	50.00%
most of my friends do it	15	37.50%
this is all I know	8	20.00%
pays better than other work	40	100.00%
I need the money	40	100.00%

Table 40	Do you have other work? N = 40	
Response	**Frequency**	**% of respondents**
Yes	36	90.00%
No	4	10.00%

Average monthly income from sex work

Delhi: 2000-500 rupees

The family context and poverty were two major parameters that shape the marketing of male to male sex, whilst the issues of gender segregation, homosociability, homoaffectionalism, male power and social spaces, as well as male to male desires, shape the buying and the doing of sex.

There appeared to be few boundaries between the differing sexual dynamics. What boundaries did exist as such were based on social class, education, economic power and "feminine" gendered behaviours. *Giriyas* and gay men do not socialise with *khotis* except - perhaps - in sexual environments. And *two-in-ones* were seen as potential *khotis* by both *giriyas* and *khotis*, or as potential gay men by other gay identified men, and were often more stigmatised than either in these park sexual/social networks as those who "can't make up their minds" or were "confused" or were "secret". These identities for many of these males, were also clearly separated by time and location. A park identity and a street identity, a home identity, a family identity, a marriage identity.

A majority of *khanjra khotis* (primarily those above 30 years), like the *dhurawan khotis*, are married, often with children, while those who are not married will take it as a fact that they would get married at a later date. This is a cultural, social and religious obligation a necessity to sustain family honour and duty. However, getting married, being able to perform as a husband, maintaining the family create specific psycho-sexual issues of concern for the majority of the *khanjra khotis* .

Table 41	Age of respondents N=40	
Age	**Frequency**	**% of respondents**
up to 16	5	12.50%
17-21	18	45.00%
21- 25	12	30.00%
25- 30	4	10.00%
above 30	1	2.50%

Table 42 Marital status N = 40		
Marital status	**Frequency**	**% of respondents**
Not married	35	87.50%
Married	5	12.50%
N= 35		
Would get married	32	91.43%
Would not get married	3	8.57%

A significant number of *khanjra khotis* speak of a *khoti* friend taking them to a particular park or other site for the first time where they discover male sex work going on. Often these *khoti* friends were also selling sex at the particular site.

Table 43 Who taught you about sex work and to bargain? N=40		
Teacher	**Frequency**	**% of respondents**
older male sex worker	25	62.50%
younger male sex worker	5	12.50%
self-taught	10	25.00%

At many sites there are emergent social networks amongst *khanjra khotis* operating at that site. Often there will be a *guru* (teacher, leader), a focal point of this network, usually represented by the oldest worker at the site. It is this person who acts as a social glue amongst the network, controlling site prices, dealing with the police and security, acting as "aunty" to the network, offering advice and information, as well as controlling the framework within which sex work operates.

When a new *khoti* comes into a site he will be quickly absorbed into the social network and taught the rules of the site by a member(s) of the network.

This is not always true of all sites or of all *khanjra khotis*. Many are independent, or on the fringe of these networks, or working at a different section of a specific site. However, competition can be quite severe, and the networks reduce the levels of friction between *khanjra khotis* that could arise from such competition. Prices however tend to be consistent within a specific site.

My uncle, who I was living with then, first brought me to this park when I was 12. We came for a picnic. We sat here, in the grass. There were several khotis (at that time I did not know the name) wandering around. We were just sitting there, and then my uncle got up, told me to stay where I was and not to talk to anybody, and went to talk to a khoti. After a few minutes they both went behind some bushes. At that time I didn't know what they did.

We would come regular to this park, and always my uncle would go behind bushes with some khoti, and then return to me. Always he told me not to talk to any others.

I was always a bit effeminate, and I could see khotis walking around, you know, swinging hips, like girls, some wore make-up, they fluttered their hands, and sometimes I heard them talk of this giriya, or that giriya, the size of their cocks and so on.

My uncle starting doing sex with me when I was thirteen and a half. We had not been to the park for some time, and I suppose he just got too hot. This was my first time. I really enjoyed it. But I also remembered the park, and put two and two together. So that was what my uncle was doing behind the bushes.

Then, when I was 14 I started going of to the park on my own, secretly, without telling my uncle. There I made a friend. Just like me. He was seventeen, and would come to the park regularly to do sex with customers. He was the one that taught me what to do with the men, how much to charge, and he made me a part of his group. I have been with them since.
Rashid, 21

I keep my park life separate from my family and work life. Nobody knows there what I do on Sundays, when I come here. I have been coming here for the past five years when I moved to Delhi from my village in Bihar. Here I have my true friends, who know my heart. What money I make here I send to my wife and family in Bihar. I use my work money to pay for my room rent and food and clothes. Sometimes I also go to cinema. Even there I can get sex when I am restless.

Here I get so many soldiers from the local barracks. Tall, handsome men, but al the time they are so quick. I want to meet someone who really take time, will take care of me, and really love me.

I go back home maybe twice a year. My wife is always pestering me to bring her and the child to Delhi, but I keep resisting. It would interfere with my own life. I send her money, I visit, and then do sex with her. That is enough for me. Here in the park I can be true to myself. My friends are all khoti. At work I hide this, although I have had sex with some of the workers in the factory. But they don't know about my Sunday life.
Ramesh, 25

Most of the *khanjra khotis* shared similar needs. Food, shelter, clothing, love, affection, acceptance. "I want a husband, a real man who would love me and look after me. I would make him a good wife", was a constant refrain from so many of the *khotis* working the parks. "I only like "real men" was another. To receive or give anally or orally becomes the measure of one's identity.

Massage Parlours

Another male sexual network was discovered through a chance encounter with a business colleague who related his experiences with massage "boys". This male was married with children, but once a month would call a particular parlour and "order a boy" to come to his office for sex and a "massage.

Following this contact, we were able to discover a whole network of such massage parlour across Delhi, who service primarily middle class males, those who have scooters. Such male parlours offer "in-house" servicing and "room service". Massage tends to be perfunctory, and the main activity is the sex between customer and massage "boy".

The whole network is invisible. No advertising, no publicity. Knowledge of these parlours and contact points is spread through friendship networks and word of mouth. Bleepers are used as contact points. Assignments are made through telephone calls. Clients will either visit the parlour, where the price is between 100-250 rupees an hour, or an assign-

ment can be made to visit the customers at a hotel, guest house, or even their personal home where the price varies between 250-1000 rupees an hour.

These parlour tend to be small spaces with perhaps two little rooms, on some back street nearby to a bazaar, where public comments on the numbers of males visiting such a space would be muted. Each parlour has access to some 5-7 males, and in Delhi it was estimated that there were some 70-90 such parlours.

The "boys" were aged between 16-25. Some 50% of the sexual encounters was anal penetration by customers.

Such boys are recruited into the business by the parlour owner, who tended to be quite young in their early to mid twenties.

I met P at the bus stop near the hospital. I was just standing there, and P came up to me on his motorbike and offered me a lift. I agreed, and when we were driving to my home, he asked me so many questions. How old I was, what I did, did I have money problems, and so on. I was sixteen at the time, still at school, and who in India doesn't have money problems. My family are not rich, there are always things I want which e can't afford.

He told me about massage, how much I could earn in a month. It sounded very attractive. He told me I would be massaging males.

We arranged to meet that evening, and then he told me sometimes the client would want sex. But he would teach me everything. I was a bit worried about the sex. I had already done sex with my cousin, so that wasn't too much of a problem.

I went to the parlour with him, and then P told me to take my clothes of and he would should me how to give massage. After that he should me how to suck, and give customer full pleasure, and then over the next few days he should me how to do anal sex, both to give and receive.

After two weeks I got my first customer. The money is good. I tell my family I have part-time job in a small computer firm. They are happy with the extra money I can give them, and I have money for myself.
Amit, 18

"Boys" from four such parlours were interviewed, making a total of 15.

Each massage boy averaged 3 clients a day, either at the parlour or at the client's home. "Boys" were primarily from lower middle to middle class. Most were either at school or college.

Sometimes these "boys" were accessed by females. Usually married, and when husbands were away on business. Several "boys" related stories whereby the serviced both husband and wife, usually with one or the other watching. Stories of group sex were also told.

Assuming that the parlour holds 5 massage "boys", and that there are 70 of such parlours in Delhi then the total number of client visits could be:
5 massage "boys" x 3 clients each per day x 5 days x 50 weeks x 70 parlours = 262,500 customer events.

Customers were middle class. Each "boy" was earning a minimum of 5000 rupees per month.

There are also other middle class frameworks of males selling sex.

Sameer is a student studying at University, the ubiquitous B.Com, comes from a middle-class family, speaks English fluently, watches MTV, wears Levi jeans (genuine) and eats Baskin Robbins ice-cream. His father is works in an a large company as Section Manager and is a graduate. His mother is also a graduate. He has one brother and sister. He is the eldest at 21.

It was about 2 years ago. It all happened by accident. I was just walking around this park one evening, on my own, just sort of casually. It was warm, and after a little while I sat on the grass. It wasn't dark as yet.

This man came up and sat by me, and we just sort of started talking, very casually. He was about 35-40, I guess.

We started talking about general things. He said he was a businessman visiting from Bombay. He asked me about myself. Then he asked me whether I had a girlfriend. I said know. He said that he was missing his wife, and that he wanted to find a girl, that he was hot, but he didn't know any nice girls. Then he said he wanted to go back to his hotel, and he invited me back to have some beers. Well I had nothing to do, so I went back with him.

Once there, and after a beer or two, our conversation got more and more "hot". He began to touch me and I didn't resist as I was already excited, and "knew" what was going to follow. So we did it. He asked me to fuck him, which I did and we did mutual oral.

And then afterwards, he gave me money. One thousand rupees! I was surprised, but I wasn't going to turn it down.

Since then, and this was two years ago, I have gone back to this park several times, an met others. Word has spread now amongst friends of these guys, and mostly I get telephone appointments. I can make anything up to 25,000 rupees a month this way. I have to keep in shape so I go to the gym a lot, buy nice clothes and scents. I keep all these at my friends flat who is also in the business. My family haven't a clue. I am now thinking of renting my flat ad getting a car. This will help in the business.

All my customers are businessmen, well-to-do. Usually they take me out to dinner, and I usually stay with them the night.

I still go to college, because I can't stay in this line always. But I am also trying to save as much as I can to invest in a business of my own.

Amit is also a student, 20 years old and from a middle-class family. But the family struggles to pay for Amit's education.

I do this so as to help my family. Apart from my own education, there is the marriage dowry for my sister to consider. My father drinks a lot, and the money goes on this. Selling my body is a way of getting money to get me through college.

In these frameworks, privacy, money, and other luxuries of the middle-class operate and the "sex workers" are less visible than those from the lower income groups. Middle class male sex workers organise themselves individually in different ways, through the telephone, through magazine adverts, through social/sexual networks, through parties.

Sexual behaviour patterns are often different as well. There is less of a *khoti* construction. Sexual practices are often mutual, where the sex worker will also penetrate and/or be penetrated. Many of these sex workers will also have regular girlfriends too.

STDS

All the *khanjra khotis* mentioned the speed of anal sex and the rapidity of penetration. From their statements, the average time was about 5 minutes for penetration and ejaculation. Penetration was immediate. Condom usage was low, and levels of symptoms of sexually transmitted infections high. Use of water- based lubricants was non-existent. Lubrication was primarily saliva in public spaces, and in private spaces often cooking oil, vaseline or butter used. On some occasions it was reported that Vick's vapour rub was used "because it makes the hole tighter" .

Table 44 Do customers use condoms regularly? N = 40

Response	Frequency	% of respondents
Yes	8	20%
No	32	80%

Table 45	**Do you ask customers to use condoms?** N = 40	
Response	**Frequency**	**% of respondents**
Yes	5	12.50%
No	35	87.50%

Table 46	**Current experience of STD symptoms** N = 40	
Response	**Frequency**	**% of respondents**
Yes	11	27.50%
No	29	72.50%
Piles	21	52.50%

Table 47	**Previous treatment for STD infections** N = 40	
Response	**Frequency**	**% of respondents**
Yes	32	80.00%
No	8	20.00%

Table 48	**Method of treatment** N=32	
Method	**Frequency**	**% of respondents**
Ved/Hakim	14	43.75%
friend	15	46.88%
STD clinic	3	9.37%

Table 49 Knowledge of HIV/AIDS N = 40		
Knowledge	**Frequency**	**% of respondents**
Good knowledge	6	15.00%
Poor knowledge	11	27.50%
No knowledge	23	57.50%

It is hard. Some days I get perhaps 4 or 5 clients. They don't care. They just shove it so fast, and don't use anything. I often bleed. I get piles all the time. They just come and go. My friend gives me a cream to rub there.
Ranjit, 21

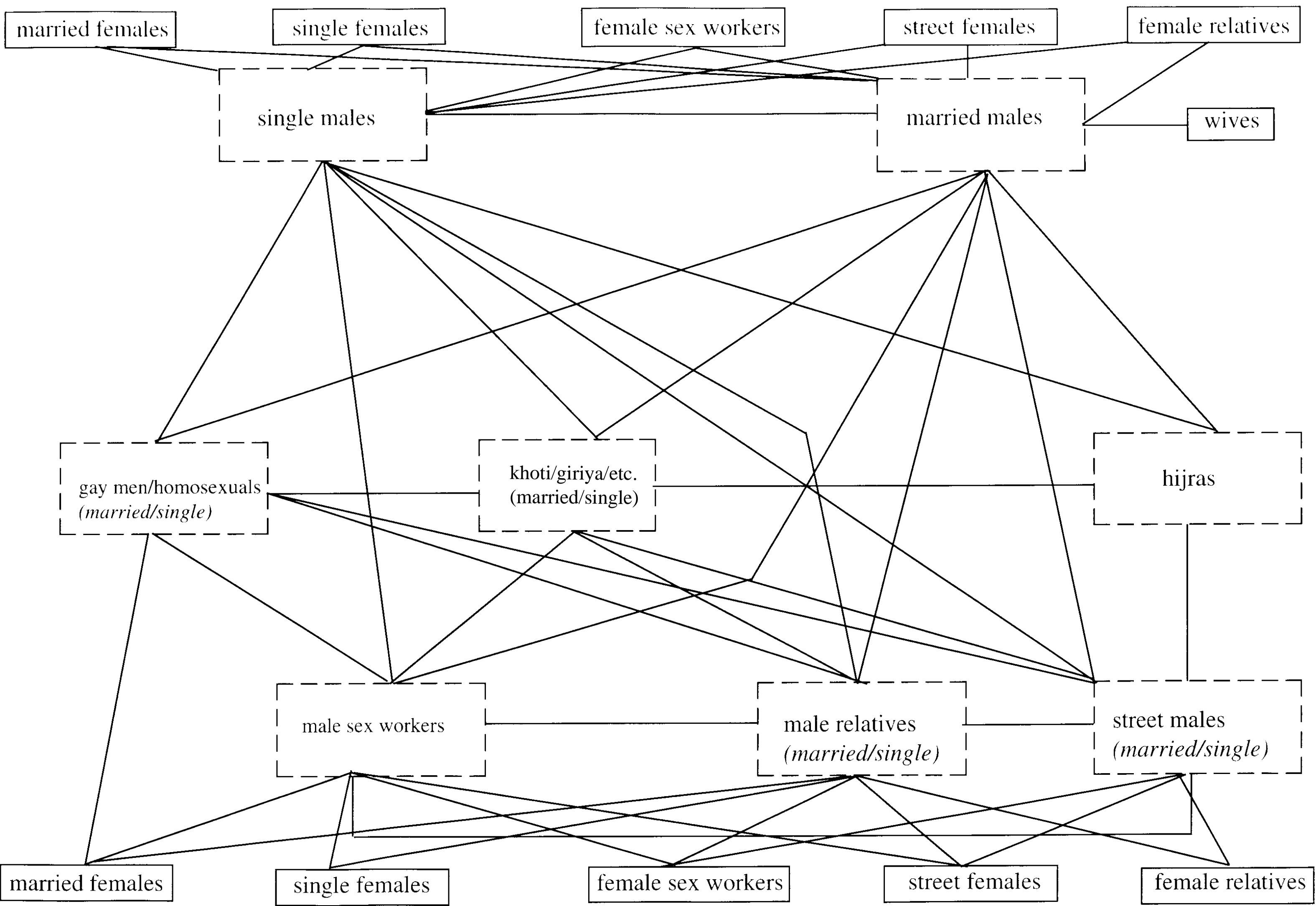
Many *khanjra khotis* complained of piles. Where they took notice of their symptoms due to personal discomfort, very few would actually go to a doctor for treatment because of shame. Beyond this of course is that very doctors will ask about anal sex, or even willing to deal with the issue.

What the *khotis* will do, if they do anything at all, is to go to a friendly pharmacist or a "street doctor" - a *ved* (Hindu) or *hakim* (Muslim) - and take what is given. They may be lucky enough to personally know of a *khoti/giriya* doctor, usually a client, and would go to them for treatment. But many of the *khotis* stated that they would follow whatever remedies their friends told them about. There was significant evidence to indicate that many of the *khotis* had a range of sexually transmitted infections, whilst continuing to sell sex.

Knowledge of HIV and AIDS was almost non-existent. Many had heard of AIDS but did not know anything about HIV. Several *giriya* clients interviewed said that doing anal sex was safe because only vaginal sex with women was dangerous. This was what they had heard.

It can be clearly seen then that the risks of transmission of STDs and HIV are very high, not only from *khoti* to *giriya* but also from *giriya* to *khoti*, and from *khoti/giriya* to wives, other females, children and youth.

MAPPING MALE TO MALE SEX



A SUMMARY

India is a male dominated society where the social and public spaces are primarily male. As a homosocial and homoaffectionalist society, sexual boundaries between males are easily crossed and often can become sexual acts. Whereas some of these acts can perhaps be called homosexual (within the context of local identities based upon penetration) in that a sexual sense of self is operating based upon a desire for anal penetration by another male, such appears to be a minority framework. The majority of sexual activity between males should be seen as opportunistic discharged based.

The majority of males in this study were married or will get married, but apparently there was no significant evidence that marriage actually substantially decreased the levels of male to male sexual activity. Several males that this was discussed with stated that when they got married they believed they would stop, but because they received little sexual satisfaction from their wives they continued. Partly this was because they felt they couldn't ask their wives to perform certain sexual acts, and partly because sexual opportunities with their wives were not always available because of social conditions, such as appropriate accommodation, religious and cultural customs, joint families, and so on.

Sexual health issues for males and females through the primacy of male sexual behaviours, particularly male to male sexual behaviours, should be seen as a major and urgent concern. The fact that nearly all (to be generous) of the STD treatment services do <u>not</u> address anal transmission of STDs, is a cause for deep concern.

Appropriate service delivery of STD testing, treatment, care and counselling need to be developed as a urgent necessity, in order to formulate strategies that can effectively deal with different sexual behaviours in a confidential and sympathetic manner. Promotion of sexual health amongst males who have sex with males will be particularly challenging, but necessary, because of the frameworks discussed in this report.

The lack of understanding and knowledge by many of the NGOs, donor agencies and other institutions regarding the constructions of male to male sexual behaviours and the frameworks of their identities, creates many barriers to the development of appropriate services. Such lack of knowledge may well be based on denial and homophobia, but much of it is also because these individuals and agencies utilise Western constructions of sexuality to attempt to define such behaviours. In an Indian cultural context such constructions do not "fit", and actually increases the invisibility of the behaviours. It is necessary to separate behaviour from identities, and in developing appropriate responses, focus on risk behaviours to a large extent, rather than only on "risk groups". Sexual behaviours between males is certainly not a minority practice.

Socio-cultural frameworks of male to male sexual availability

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

1. Marriage is considered a social and religious duty and family obligation, not one based upon personal desire and choice. It is therefore seen as compulsory and a social necessity.
2 To remain unmarried is seen as an aberration.. Cultural and religious beliefs dictate that a male achieves social responsibility and thus personhood upon marriage.
3. Marriage is often delayed till the male is in his late twenties or thirties, because of the economic costs.
4. The central objective of marriage is the production of children, specifically male children. Marriage is thus seen not as egalitarian and companionate and based upon mutual friendship, but rather as a source of reproduction of children.

5. In this context sex is seen as reproductive. Socio-cultural traditions in South Asia, frame women as not equal to males, as inferior vessels of male honour, to be sexually controlled, if she is allowed any form of sexuality. Sex with one's wife is often seen as a duty, rather than as pleasure. The statement "I do duty to my wife" is quite common, meaning I have sex with my wife. Also asking one's wife to perform certain sexual acts, such as oral sex or anal sex becomes shameful. She is the vessel of one's children.
6. This often lead to a concept of sexual pleasure of men as only available outside of marriage. Others would be asked to perform sex acts that could not be asked of a wife.
7. Here what matters is not the pleasure of the partner, but the pleasure of the self. Sexual behaviour becomes one of sexual discharge.
8. Gender segregation, female virginity, loss of honour, and so on often makes it easier to access other males for sex than females in a homosocial and homoaffectionalist society, because women are more policed and socially controlled.
9. Indian cultures focuses on public shame rather than personal guilt as frameworks of social control. It should be recognised that fulfilment of social, religious and family duty is central to an Indian. Here duty is seen as a public duty, to be visibly performed. Thus the sense of shame and dishonour arises from a public (community) perception about visible personal behaviours.
10. Concepts of sexuality, sexual behaviours and sexual identities are bound up within concepts of penetration (the penetrated and the penetrator) and semen discharge. Such a framework will often leads to high frequency of sexual partners.
11. For some males who sexually penetrate, the gender of the sexual partner can be irrelevant. What matters is to penetrate and to discharge.
12. Because India culture is 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".

These characteristics of Indian culture, which also include the extreme over-crowding, poverty, males sharing spaces, a substantial number of males below the age of thirty and unmarried, low sexual access to females, lack of privacy, low incomes, create conditions which frame its male to male sexual behaviours, and in a sense encourage its differing manifestations.

Age can also play a significant role in terms of penetration. As Michael Rocke states in his book *Forbidden Friendships - homosexuality and male culture in Renaissance Florence,*
"the restriction of the 'womanly role' to adolescents actually permitted all mature men to engage in sex without jeopardising their 'manly' identity".
(page 13, Oxford University Press, 1996).

The same framework exists to some extent in India, whilst Mughal history is replete of "boy love".

All the evidence points to significant numbers of males engaged in sexual encounters with other males, from extremely young males to much older, from close relatives to the domestic servant, from the rikshaw driver to the businessman. Many will engage in these behaviours sporadically, or over relatively brief periods of times. Many will also continue this behaviour infrequently over longer periods of time, beyond even their marriage. And many will engage in male to male sex as either an exclusive sexual behaviour or as part of the sexual repertoire over their sexual active life.

To quote Michael Rocke again, "homosexual activity formed part, at one time or another and with varying significance and degree of involvement, of the life experience of many males" and that there was "an absence of conceptual categories based on sexual object choice" (page 15).

Rocke then goes on to say that male to male sex "....did not constitute a separate world or a truly distinctive 'subculture'. Both casual sexual encounters and more durable relationships occurred or evolved in largely familiar everyday social contexts and were tightly insinuated into other forms of male sociability from the camaraderie of gangs of youth or bonds of work and neighbourhood to relations between patrons and clients or the sodaliture of kin and friendship networks (page 115).

All this does not imply that loving bonds between males does not exist. It does. Intense emotional and sexual relationships do exist, but these will be framed by the cultural necessity of marriage and children. Very few males are able to escape this cultural necessity. There are frameworks for desire for a specific gender, i.e. males who specifically desire

other males and seek other males for sex (and sometimes love). These males will often frame their relationship as "husband and wife", a *giriya* with a *khoti* (with a very few exceptions of mutuality and equal. Indian public spaces are supremely male. The street, the bus stand, the park, 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, behind bushes, in alleyways.

Many workers in the service sectors also join in these networks. Whether just for sexual release, money, or actual desire for sex with other males is a difficult question to answer. Taxi-drivers, rikshaw drivers, barbers, room service and housekeeping males in hotels, waiters and table boys 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 *khela*.... In Delhi urban culture, 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.

We could perhaps label male to male sexual frameworks to some extent (and with trepidation) in the following manner:
age stratified
gender structured
status stratified
professional defined
religiously or culturally based
egalitarian and companionate
economically framed
transgenerational
patron-client
situational
opportunistic
discharge based
same sex desire
penetrative

But perhaps we should accept that Indian male sexualities are amorphous, opportunistic, spatially bound, discharge orientated, time-based, as well as those based upon same sex desire and love. We need to move away from the reductionist, scientific, and naming process, and accept a more wholistic approach to the issues.

In doing so we have to recognise that the impact upon any STD/HIV/AIDS prevention and control programme which does not address male to male behaviours will be doomed to failure. To deny their existence will ensure that no such programme will successfully contain the spread of AIDS.

Unfortunately, India primarily focuses on targeted groups and within these targeted groups only on vaginal sex as a transmission route for STDs/HIV. Truck drivers, female commercial sex workers, intravenous drug users (but all their education material is about the risks of shared IV use and nothing on their sexual behaviours). It forgets that males also have sex males as well as with females, that for significant numbers of unmarried males, sex between males is often their only sexual outlet, either desire based or discharge-based. That males also have anal sex with females. 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. It continues to invisiblise and deny significant levels of male to male sex.

Further its STD services often denies anal transmission of STDs, where there apparently are no investigations into rectal gonorrhoea. STD clinicians have no training on such issues, where shame and denial will invisibilise these behaviours and make them difficult to access in terms of such services.

In exploring male to male sex in Delhi this report has highlighted the following issues (in no specific order):
1. Significant levels of males who have sex with males
2. These behaviours are invisible because of secrecy, shamefulness and denial
3. High rates of anal sex between males and between males and females
4. Significant levels of male commercial sex work
5. High rates of STD symptoms
6. Low levels of health seeking behaviours
7. Non-existent or totally inadequate STD treatment services regarding anal transmission of STDs
8. No appropriate condoms and water-based lubricants available suitable for anal sex

9. Many males who have sex with males having pre-pubescent sexual encounters, where often the first sexual partner was a male relative
10. For the majority of males involved in male to male sex there is no specific sexual identity construction
11. Those who evolve an identity based upon anal penetration call themselves *khotis* and label their sexual partners as *giriyas*.
12. Shame and dishonour create the conditions for secrecy, lies and shamefulness around male to male sex
13. No previous work has been done on sexual health promotion amongst males who have sex with males
14. No appropriate education resources dealing with male to male sexual behaviours and/or anal sex is available
15. Poor knowledge of STDs/HIV/AIDS amongst males who have sex with males
16. Low levels of condom usage
17. Many males who have sex with males will be married and many will get married
18. There are no agencies providing sexual health promotion services for males who have sex with males
19. Female partners (including wives) of males who have sex with males are very vulnerable to their sexual practices
20. The Indian legal code prohibits non-reproductive sex (defined as 'carnal intercourse')

The development of a range of preventative strategies that are necessary if there is not to be the huge potential personal, social, cultural and economic impact, is now an urgent necessity. Is India to enter into the next millennium with an uncontrolled spiral of illness and death which it can ill afford, as increasingly individuals, families and communities do not have the capacity to cope?

RECOMMENDATIONS

The challenge of HIV/AIDS confronts all countries and communities globally. India stands before the abyss of an uncontrollable epidemic. Government, nongovernment and community-based agencies, as well as many other institutions, must work together to face this challenge if there is to be any hope of effective strategies to control and manage HIV transmission so as to reduce the levels and rates of infection and thus AIDS.

There is no vaccine for HIV, and whilst there are a range of medical treatments available to prolong life and reduce the impact of HIV related illnesses, treatment costs are prohibitive, particularly so for India.

The only real hope then is to ensure that India has an effective STD/HIV prevention strategy that addresses all risky behaviours and practices. No country can afford to ignore or deny what occurs within it, whether it is a particular risky sexual practice or a stigmatised identity that is deemed to be immoral, illegal or against its culture. Such denial creates ideal conditions for a rapid spread of HIV infections across the country.

This report is based on a sexual health risk and needs assessment conducted amongst males who have sex with males in New Delhi, India. In this, the issues that were being explored included anal sex behaviours amongst males who have sex with males, sexual health seeking behaviours, access to condoms and lubricants, social constructions of sexual behaviours, sexual identities, and sexual health service availability.

It is clearly recognised that because of denial, invisibility, stigmatisation and illegality (both religious and secular), males who have sex with males already face considerable risks of harassment, violence, and perhaps imprisonment. HIV/AIDS could create another framework for further victimisation. It is therefore perceived to be incumbent upon the National AIDS Programme and AIDS service organisations to work towards preventing stigmatisation and victimisation of males who have sex with males, as much as towards preventing STD/HIV infections amongst, them as one of their issues of concern.

It needs to be clearly recognised that whilst many would prefer to promote sexual abstinence before marriage and faithfulness within marriage, there will be those for whom these are essentially public acts of obedience, whilst in private other behaviours may well come into play.

The corollary to this is to accept that the only effective and appropriate HIV/AIDS education and prevention strategy would be to promote safer sex behaviours amongst males who have sex with males and ensure that appropriate and accessible sexual health services are available and accessible to them which respect their confidentiality and anonymity and build upon their trust and respect.

This will require a clear understanding of the difference between religious values and beliefs, stated public opinions, socio-cultural values, and actual practice.

Such a pragmatic approach (despite all the issues that this might raise within the socio-cultural contexts of India) would necessarily include a respect for human rights which would require the government and other institutions and agencies to develop cooperative, trustful, and working partnerships with representatives and peer leaders from the male to male sexual networks, ensuring safety, security and confidentiality. It is only through such partnerships that males who have sex with males can be accessed and provided with appropriate information, advice, counselling, support towards behaviour change, and STD/HIV prevention and treatment services.

But it is also understood that not all males who have sex with males will access services provided by sexual health agencies for a range of reasons. It would be more appropriate and effective if the beneficiaries of services acted as agents of change. This means that it is necessary to support the development of peer-led community-based AIDS service organisations working with males who have sex with males.

Following on from these principles and the evaluation of the risk and needs assessment conducted in New Delhi, India, the following recommendations are being made.

1. Behavioural and anthropological research

1.1 The need for qualitative information on sexual histories and behaviours amongst males who have sex with males towards developing strategies for sexual health promotion amongst them must be urgently addressed as a priority.

1.2 This will require developing appropriate behavioural and anthropological research methodologies that include the subjects of such research both as subjects and as observers.

1.3 Such research should recognise the wide diversity of sexualities, identities and sexual behaviours of the "target population" which would include those whose primary sexual behaviours will be male to male, as well as those whose male to male sexual behaviours are intermittent, secondary and discharge based.

1.4 If individuals, sexual networks, social groups and "communities" involved in male to male sexual behaviours are to be empowered towards an increase in health seeking behaviours, then more effective research needs to be done to identify as to who, how and why various sexual identities are constructed, there specific meanings, and how they can determine sexual behaviours.

1.5 Such research should also need to identify key informants in these sexual networks. Understanding these social constructions of sexual behaviours enables more effective designs for intervention strategies that promote sexual health amongst males who have sex with males.

1.6 Peer-led research also needs to be conducted with regard to developing appropriate messages, sexual health products, and sexual health services.

1.7 This research should look at frameworks of support for males who have sex with males towards encouraging them to practice safer sex as a normative behaviour, the levels of knowledge, understanding and acceptance by medical staff and social service agencies regarding males who have sex with males and their sexual practices, and what would work in promoting sexual health in the differing sexual frameworks and networks of males who have sex with males.

1.8 Areas of research should include:

- 1.8.1 prison populations
- 1.8.2 military personnel
- 1.8.3 overseas workers
- 1.8.4 rural male populations
- 1.8.5 males in educational establishments
- 1.8.6 occupational groups
- 1.8.7 male sex workers in a variety of settings
- 1.8.8 males in refugee camps
- 1.8.9 male domestic servants
- 1.8.10 male street children
- 1.8.11 male factory workers
- 1.8.12 male child sex abuse
- 1.8.13 male rape
- 1.8.14 early male sexual activities
- 1.8.15 male suicides

1.9 In conducting any such research several significant questions must be asked:

- a. who is going to conduct the research
- b. how is it going to be conducted

c. how is information going to be collected and by whom
d. what questions are going to be asked, how are they asked, and in what language
e. what terminology will be used
f. how will the information be analysed and who will do the analysis
g. how will the data be used in developing appropriate STD/HIV prevention and sexual health services
h. who will develop such services and who will work in them

Any research into male to male sexual behaviours, must answer these questions adequately.

2. Risk and needs assessments

2.1 There is an urgent need to develop appropriate risk and needs assessments amongst males who have sex with males within different sexual networks, and expressing differing sexualities, identities and behavioural frame works.

2.2 These assessments need to be done through the auspices of appropriate peer researchers to ensure the validity of data, an appropriate analysis of the data, and adequate protocols on confidentiality.

2.3 It is important to ensure that adequate funding is made available for these risk and needs assessments to be conducted.

2.4 Such research must assure respondents that data collected will not be used against them, that their confidentiality and anonymity will be respected, and that the information will only be used to develop appropriate strategies for the prevention of STD/HIV/AIDS amongst them with their assistance.

3. Developing community-based AIDS service agencies

3.1. To be fully effective, prevention strategies must incorporate the means to stop the spread of HIV infection. However many of the issues are taboo, and to publicly discuss them creates issues of shame, fear, anger and hostility which will lead to resistance and denial.

3.2 Community based agencies developed by males who have sex with males need to be supported in ensuring that they can provide such HIV prevention programmes without undue harassment or hindrance and within the rubric of “harm reduction”, individuals, networks and groups who are involved in differing frameworks of male to male sexual behaviours must be empowered to address these issues for themselves and develop their own service agencies.

3.3 Acknowledging the lack of technical skills in developing such community-based sexual health promotion agencies addressing male to male sexual behaviours, whether it be infrastructure, developing service delivery and implementation, project management, financial accountability, appropriate outreach strategies, monitoring and evaluation, resource design and development, needs assessments, or producing budgets and accounts, such emerging agencies must be provided with technical assistance to access these skills through training and capacity building from appropriate consultants.

3.4 Further appropriate agencies need to be developed that work with prisons populations, juvenile homes, young offenders institutions, orphanages, the military, police, and migrant workers, around STD/HIV/AIDS and issues involving male to male sex.

3.5 The Indian National AIDS Control Organisation and State AIDS Cells must be involved with community based agencies developed by males who have sex with males in distributing appropriate sexual health products and educational resources (such as condoms, lubricants and literature) targeting male to male sexual behaviours.

3.6 Different distribution strategies will need to be explored by these community-based agencies, such as social marketing, free distribution as well as distribution in a wide variety of private and public locations. These differing strategies must be supported by Government and other non-government agencies.

3.7 Appropriate peer education initiatives must be encouraged and supported. Safe spaces need to be developed where individuals and groups can gain access to confidential information a well as discuss issues around sexualities and sexual health within an appropriate context.

3.8 Psycho-social support programmes need to be part of any on-going sexual health programme for males who have sex with males. These would include telephone lines (“hotlines”) providing free and anonymous advice and information, social support groups, sexual health discussion groups, and other services deemed appropriate and needful by males who have sex with males themselves.

3.9 In terms of risky sexual practices, and because of the nature of the *khoti* identity being based upon anal penetration where there are high levels of multiple partners and multiple acts of penetration, khotis represent an identified network and an emerging community which is at particular risk of STD/HIV infections.

Khotis can access many other males with differing identities and different sexual behaviour frameworks.

Khoti networks must be supported through appropriate empowerment processes to develop their own sexual health promotion services amongst several sectors of males who have sex with males. For this to occur they would need institutional and government support because *khotis* represent publicly stigmatised behaviours and identities.

3.10 Effective relationships with local police need to be developed in regard to the levels of harassment and blackmail that many face in public sex environments, and also to ensure that outreach and field workers from such an agency themselves would not be harassed by either police or local people.

3.11 Further, attitudes of doctors and other medical staff towards such stigmatised identities must be addressed through sensitisation programmes and appropriate regulations

3.12 Issues of human rights abuse, freedom to receive information that will protect lives, advocacy for the right to services, and other male to male sexual communities who would not access services provided by the *khoti* networks will need to be developed. Such service development could be organised by the other emergent male to male sexual community, those who are gay-identified, with appropriate support and assistance.

3.13 Because so much male to male anal sex takes place outside “cruising” sites and external to *khoti/giriya* dynamics, other NGOs developing sexual health services will need to promote safer sex behaviours that include anal sex in the programmes of education and prevention. These include rikshaw drivers, female sex workers, truck drivers, educational establishments, factory workers, overseas workers, prison populations, et al.

3.14 Government institutions and services will also have to address these issues through the provision of appropriate training and sensitisation.

3.15 Because of the religious political and social issues that such intervention work may raise, it will be important to recognise that different and non-public strategies may need to be developed for such interventions.

3.16 There should be regular consultation between such community-based AIDS service agencies and the India AIDS Control Organisation and its local affiliates to ensure that issues, needs and service development for males who have sex with males is always reflected in any National AIDS programmes and strategies.

3.17 Networking enables the sharing of appropriate skills, educational materials, knowledge and information which can enhance the capacity of an AIDS service agency. This should be encouraged and supported by Government through the provision of any necessary technical assistance so that these agencies addressing the needs of males who have sex with males can access and actively participate in local, regional, national and international forums dealing with their issues of concern.

3.18 Such community-based AIDS service organisations should be provided with long term funding which would include core costs as well as project costs and sustainability issues must be thoroughly explored with such AIDS service organisation to ensure programme continuity.

3.19 All agencies providing HIV/AIDS education, prevention and support should be effectively monitored for the quality and appropriateness of their services and their accessibility in regard to males who have sex with males

3.20 In order to ensure that these agencies can deliver a high quality of service, it is essential that appropriate skills training be offered to the policy makers of these agencies, management boards, staff and volunteers on the

sexual health needs of males who have sex with males. Such skills training should include issues on developing appropriate outreach programmes, community involvement, designing education and intervention strategies, needs assessments, project management, monitoring and evaluation, and educational resource development.

3.21 This will require a multi-sectoral approach including the provision of good quality sex education, easy access to appropriate and cheap sexual health products and information, accessible STD services that are appropriate to the needs of differing males who have sex with males, appropriate counselling and support, and development of support structures for those living with HIV/AIDS.

3.22 Such approaches should be consistent with each other, delivering a high standard of quality, non stigmatising, and supportive.

4. Education and Prevention

4.1 There is an urgent need to address the high levels of incorrect beliefs about sex, sexual functioning, the male and female body, and all aspects of sexual behaviours. These beliefs are damaging and impede any effective development of STD/HIV prevention.

4.2 The lack of appropriate and accurate sex education must be addressed and requires governmental action to provide an effective sex education programme which should be made available for both the formal and informal education sectors. Such a programme could be called “Life Education” in order to gain acceptability and be available in educational establishments such as schools, colleges and universities, as well as the education of parents.

4.3 Appropriate peer education initiatives should be encouraged and supported and individuals and families should be able to access premarital counselling on reproductive and sexual health issues.

4.4 Society as a whole should be mobilised in creating appropriate awareness of HIV/AIDS. It is essential for the whole community to work together to ensure that education and prevention strategies are effectively implemented to prevent the spread of HIV.

4.5 These education and prevention strategies should utilise a wide number of formats including posters, electronic and print media, leaflets, videos, audio-cassettes, cinema, theatre and so on, and involve political and religious leaders, doctors, veds and hakims, business and union leaders.

4.6 Religious, political, medical, social, community, media, and business leaders should all be offered awareness programmes on HIV/AIDS and related issues in order to incorporate them into community education.

4.7 Specifically targeted resources should be developed that are aimed at differing social, economic and behavioural groups, including medical staff, family planning clinics, religious teachers, educational staff, factory workers, hotel staff, and so on.

4.8 This would also mean educating and updating all health and social care workers skills with regard to prevention, care, management, counselling and related issues on HIV/AIDS, including issues on anal sex and males who have sex with males.

5. Education resources

5.1 There is an urgent need for a broad range of educational resources, reflecting the sexual practices of males who have sex with males, as well as specifically anal sex, to be made available in appropriate formats and be distributed as widely as possible.

5.2 Males who have sex with males community-based agencies must be empowered to develop and deliver their own sexual health education resources appropriate to their needs.

5.3 Resources also need to be developed that cater for those who are not literate, who are visually impaired and other marginalised and physically impaired groups. For example, in one city, a young male of 16 years, with a below normal mental age was being regularly sexually accessed for anal sex by other young males in his neighbourhood.

5.4 Further to this there should be educational campaigns that de-stigmatise the public discussion of sexual behaviours through multi-media efforts that involve government, non-government and business institutions and agencies.

5.7 The following questions should always be asked in developing appropriate education resources

a. how appropriate is the framework of education?
b. what language is it in?
c. what words and images are used
d. is it appropriate to the cultural frameworks and context of delivery?
e. who controls the agenda
f. who produces the information?
g. who receives the information?
h. who delivers the information?
i. how is this information delivered?
j. can we differentiate between culturally sensitive and culturally appropriate?
k. do services exist to cater for expressed needs that such information may generate?
l. who staffs these services
m. what do they deliver?
   how do they deliver services?
n. how are appropriate are they?
o. what skills do they have?
p. what messages are being delivered?
   don't do it
   do it safely
q. what is the objective?
   to inform?
   to change behaviour?
   to reduce the rate of HIV transmission?
   to halt the spread of HIV?
   to increase reproductive health of women?
   of men?
   how will this be achieved?

6. Sexual Health Products

6.1 Condom promotion is usually left to family planning clinics (which are primarily visited by women), some ad-hoc local government poster campaigns (which of course necessitates literacy), STD clinics (if you attend them), and a range of HIV agencies, either through free access or through social marketing principles.

There needs to be a more vigorous approach to condom promotion through on-going multi-media campaigns and by all sexual health services and HIV/AIDS agencies.

6.2 Appropriate stronger condoms suitable for anal sex behaviours and which are cheap and easily accessible, must be made available to the general public.

6.3 An urgently needed requirement for the promotion of safer sex is the availability of a suitable water-based lubricant in appropriate packaging that allows for a low market price and is easy to carry and use.

6.4 Issues of distribution, availability and easy accessibility need to be addressed. Price and distribution would need to reflect accessibility for the poorest and the sexually active at locations where sexual activities take place.

6.5 It is an urgent necessity to ensure that future campaigns on condom promotion also address condom usage for anal sex.

6.6 Considerable education needs to be done on the correct use of condoms.

7. STD Services

7.1 All STD medical staff should be trained in the issues surrounding anal sex behaviours, whether between males or between males and females, in regard to symptoms, treatment and counselling. Further abuse and harassment at such services by staff must be stopped. All staff should be sensitised to the needs of males who have sex with males, particularly those with stigmatised behaviours and identities. Confidentiality and anonymity must be available in accessing such services.

8. Women And Sexual Health

8.1 There is an urgent need to address issues of gender, empowerment of females, anal sex behaviours, and male sexual behaviours in any strategy for reducing STD/HIV rates, if women's sexual health is to greatly improved.

8.2 Appropriate strategies must be developed that address the sexual health issues of wives and other women that arise from the sexual behaviours of males who have sex with males, without a lose of confidentiality and trust.

8.3 Women's sexual health programmes must address the issues of anal sex between males and females and also confront the issues of male to male sexual where they impact upon women's sexual health.

9. Psycho-sexual counselling

9.1 Trained personnel providing psycho-sexual counselling should be available, perhaps through the establishment of Sexual Health Centres which can offer non-judgmental, appropriate and accurate advice, information and support.

10. The Role of the Indian National AIDS Control Organisation

10.1 The National AIDS Control Organisation (NACO) must play a lead role in encouraging, and enabling the development of peer-led community-based AIDS service organisations by investing in, and empowering them, to deliver appropriate STD/HIV prevention and sexual health services for males who have sex with males.

10.2 Such an investment in the development of appropriate sexual health services for males who have sex with males would be in the form of:

10.2.1 provision of long term financial support
10.2.2 provision of, or unhindered access to, technical assistance and financial support
10.2.3 access to capacity-building training
10.2.4 addressing legal and regulatory constraints which may hinder the development of such peer-led community-based agencies

10.3 In order for this to occur, NACO, State agencies, and other agencies, will need to ensure that they can gain the trust and confidence of males who have sex with males by ensuring confidentiality, safety, security and anonymity.

10.4 Recognising that not all males who have sex with males will be accessible to sexual health services, whether provided by government or community-based agencies, NACO will need to develop appropriate frameworks for a national programme on sexual health education amongst the general public that takes into account the sexual behaviours of males who have sex with males.

10.5 NACO should provide training and awareness programmes to government and non-government agencies providing sexual health services on the social and sexual health needs of males who have sex with males in order to address the lack of knowledge and understanding. Such programmes will provide unbiased information, sensitisation, as well as destigmatise the issue.

10.6 Where laws, regulations and policies hinder males who have sex with males to access sexual health services, or discriminate against them through intimidation, fear, harassment, violence, denial or the risk of imprisonment, then these should be amended or repealed to empower such males to access these services. This should include the:

10.6.1 Repeal of the specific section in the Penal Code on "carnal intercourse" as a step towards increasing the confidence of males who have sex with males to access legal, judicial and sexual health services.

10.6.2 Training of police staff and the judiciary on issues regarding males who have sex with males and sexual health concerns.

10.6.3 Developing and/or supporting advocacy programmes for males who have sex with males to ensure the human rights of individuals are being respected, and that those who are harassed or violently abused can seek legal redress.

10.7 NACO should include in any advisory and/or technical committee appropriate representatives from non-governmental agencies and community-based agencies delivering sexual health services specifically working with males who have sex with males.

10.8 NACO should also develop national educational strategies to educate the general population against discriminatory attitudes towards HIV/AIDS and sexual behaviours as well as to de-stigmatise male to male sexual behaviours through the use of mass-media.

10.9 All sexual health programmes should include male to male sexual behaviours and anal sex issues, and should also involve schools, colleges and universities, families, business, the military and prisons.

10.10 NACO and associated agencies need to ensure that appropriate condoms suitable for anal sex and suitably packaged water-based lubricants are readily available and accessible to males who have sex with males, ensuring good quality, affordable prices and adequate distribution in a variety of locations. Such distribution should also include appropriate educational materials in the correct usage of such products.

10.11 NACO should ensure that all STD services staff, private or government, as well as all sexual health services provided by government and non-government agencies receive appropriate training on ALL frameworks of sexual behaviours which must include anal sex as a practice both between males and between males and fe males towards improving the quality, accessibility and delivery of these services to all sections of society.

10.12 Such training should also include the sensitising of staff regarding the needs of individuals and families in regard to possible infections through anal sex, and that the quality of service delivery regarding this issue should be regularly investigated to ensure that all individuals can access sympathetic and high quality services.

10.13 There should be effective collaboration between the National AIDS Programme, community-based agencies, and international agencies such as UNAIDS, UNDP, UNICEF, UNHCR and others, towards implementation of agreed policies, recommendations and guidelines, locally adapted to address concerns of human rights abuse, service development for males who have sex with males, accessibility to these services and to reduce discrimination.

PART THREE

Appendix

KHOTI LANGUAGE

Khotis have there own “secret” language whioch they use amongst themselves.

English	***Khoti* term**
anus	baatul , bitto, batal
anus - loose	bheeli baatul
anus - with disease	batal bili
breasts - small	bubboo
clitoris	nakaua
cruising area	dagor
customer - sex, active	thippar wala giriya
customer - sex, both active and passive	chitpat moorat/two-in-one
customer - sex, poor	thippar natu giriya
ejaculation	patgiya
	jharna
ejaculation - premature	jaldi patna
erection	taal pe, likkam sait, kharhona
erection - strong	adhila, adial sait
fucking” for a long time	adial dhorna
hijra	chhakka, chhibra
impotent	namard , sait nattu
khoti who charges for sex	jhalke lena dhurawana
	khanjra khoti
khoti who gives for free	phirta mein dhurawana
	dhurawan khoti
khotis fighting	tankre
khoti - having many sex partners	adial dhuravani
khoti with ‘husband’	besuwa
likes to dress as a woman	santre thipana
male - passive	khoti, gandu
male - active	giriya
masturbation	sarka
	hath maithun/marna
passive partner	napunsak/hijra
penis	likkam
	laura
penis - small	natthi
penis - small and curved	terha likam
penis - medium size	beechka
penis - large	akhkhad likkam
	adial likkam
penis - man with a strong	akhhad mard
penis - diseased	bheela likam

penis - with foreskin	chindu, kandu
penis - cicrumcised	chilku, katua
person who penetrates and is penetrated	geela
prostitute	randi
prostitute - boy	dhandewali khoti
prostitute - male	khanjre baz janenii
prostitute - low class	chhinaal
prostitute - with many clients	bajjar
pubic hair	jhaant
rimming	baatul chatna bitto chatna
semen	patauni, patawa, mal
semen - spreading over body	patauni malaish
sex - anal	dhurwana, bitto dhorna gand mar denge
sex - thigh	chapta dhuraha
sex - oral	khomar muh mein lena
sex - vaginal	sipo (cippu) dhorna pelna
sex - having sex with girlfriend	tulli
sex - having sex with wife	niharan
sexual desire	dhurawani ichcha
sucking	khamad karna
swallowing semen	patauni thakna patawa peena
testicles	donghar, jhanjar, ande
vagina	cippu

Others

bad looking	bud, bila
beat	badmasi
big and handsome	cheesa, adial cheesa
brother	bhaula
cheat	khabdi
eyes	nenki
female friend/sister	bhauli/baji
food	takni
girl	tulni
goat	chhutmasi
hair	jog
hairy man	adial jog
make-up	bhabka
money	thippar
moustache	chuchki
Muslim	chhilku
police	dangri, dingour, dangor
pregnant	dhabraise
Sikh	badjogi
tea	bhabki
old (as in age)	suddha
old woman	suddi
ugly (as in looking)	bila khomad

BIBLIOGRAPHY

Documents

1. Sexuality and sexual health in South Asia, Shivananda Khan, 1993
2. A dialogue between two believers - homosexual experience in Arab cultures, Dr. Maarten Schild, Naz Ki Pukaar, Issue 7, October, 1994
3. Islamic Perspective on sex education reproduced from Sex Education Forum report, UK, 1995
4. Cultural constructions of male sexualities in South Asian cultures, Shivananda Khan, 1995
5. Culture, religion and human rights social constructions of male sexual behaviours in South Asia: implications for human rights, 1996
6. Under The Blanket: bisexualities and AIDS in India, Shivananda Khan, 1996
7. Sexualities, sexual behaviours and sexual health a report on workshops in Bangladesh and India for males who have sex with males, Shivananda Khan, 1997
8. Observations on male to male sexual behaviours in Bangladesh and India, Shivananda Khan, 1997
9. Through a window darkly: males selling sex to males in Bangladesh and India, Shivananda Khan 1997

Naz Publications

1. The KHUSH Report:
Report on the needs of South Aian lesbians and gay men in the UK based on research conducted by The Naz Project, 1991

2. Sexuality and Sexual Behaviour in India:
A Naz Report, 1993

3. History of Alternate Sexualities in South Asia:
Report on a 3 day seminar, New Delhi, India, hosted by The Naz Project and SAKHI,1994

4. Contexts - Race, Culture and Sexuality
Report and needs assessemnt on South Asian commnities, based on analysis and research by The Naz Project, 1994

5. Emerging Gay Identities in India - Implications for Sexual Health:
Report on a conference held in Bombay, hosted by The Naz Project and The Humsafar Trust, 1995

6. Developing Appropriate Strategies
Report of a Consultation Meeting of representatives from non-governmental organisations working on HIV/AIDS prevention and care issues within Muslim countries/communities, held in Karachi, Pakistan, hosted by The Naz Project and Pakistan AIDS Prevention Society, October 1995.

7. Making Visible The Invisible
sexuality and sexual health in South Asia - a focus on male to male sexual behaviours, July, 1996

8. **Sexualities, Sexual Behaviours and Sexual Health**
consultation meeting of representatives from governmental organisations working on HIV/AIDS prevention issues from the Central Asian Republics, March, 1997

9. **Perspectives on males who have sex with males in India and Bangladesh**
September, 1997

10. **Sex, Secrecy and Shamefulness - developing a sexual health response to the needs of males who have sex with males in Dhaka, Bangladesh**, 1998

Reference books

Abramson, Paul R. & Steven D. Pinkerton, edited by: **Sexual Nature Sexual Culture**, University of Chicago Press, 1995
Aggleton, Peter, edited by: **Bisexualities and AIDS - international perspectives**, Taylor & Francis, 1996
Aggleton, Peter, Peter Davies & Graham Hart, edited by: **AIDS: Safety, sexuality and risk**, Taylor & Francis, 1995
Afkhami, Mahnaz, editor: **Faith & Freedom - women's human rights in the Muslim world**, I.B. Tauris Publishers, 1995
Ahmed, Leila : **Women And Gender In Islam**.Yale University Press, 1992
Alam, Shamsul: **Islam and Family Planning**, Islamic Foundation of Bangladesh, 1985
Al-Khayyat, Sona : **Honour & Shame - women in Modern Iraq**, Saqi Books 1990
Al-Tifashi, Ahmad : **The Delight Of Hearts** (translated by Edward A Lacey).,Gay Sunshine Press, 1988
Afkhami, Mahnaz: **Faith and Freedom - Women's Rights in The Muslim World**, IB Taura\is, 1995
Asia Watch:: **Double Jeopardy - police abuse of women in Pakistan,** Human Rights Watch, 1992
Aziz, K.M. Ashraful & Clarence Malony: **Life Stages, Gender and Fertility in Bangladesh**, International Centre for Diarrhoeal Disease Research Bangladesh, 1985
Barry, Kathleen: **The prostitution of sexuality - the global exploitation of women**, New York University Press, 1995
Blackwood, Evelyn, edited by : **The Many Faces Of Homosexuality- anthropological approaches to homosexual behaviour,** Harrington Press 1986
Blanchet, Theresa : **Lost Innocence, Stolen Childhoods**, University Press Ltd., Dhaka, 1996
Bleys, Rudi C.: **The Geography of Perversion - male to male sexual behaviour outside the West and the ethnographic imagination 1750-1918**, Cassell, 1996
Boswell, John : **Christianity, Social Tolerance and Homosexuality**, University of Chicago Press, 1980
Bouhdiba, Abdelwahab: **Sexuality in Islam**, translated by Alan Sheridan, Routledge & Keegan Paul Ltd, 1985
Breaking The Silence Group: **Non-commercial sexual abuse of children in Bangladesh - a case study based report**, Breaking The Silence Group, 1997
Brooks, Geraldine: **Nine Parts Desire - the hidden world of Islamic women,** Hamish Hamilton, 1995
Bumiller, Elizabeth : **May you be the mother of a hundred sons - women in India**, Penguin books, 1991
Burton, Sir Richard : **The Perfumed Garden**, Grand Publishing 1989
Cabezon, Jose Ignacio, edited by : **Buddhism, Sexuality and Gender**, State University of New York Press, 1985
Cantarella, Eva: **Bisexuality In The Ancient World**, Yale University Press 1992

Cabezon, Jose Ignacio, edited by : **Buddhism, Sexuality and Gender**, State University of New York Press, 1985

Chapman, Rowena & Jonathon Rutherford, edited by: **Male Order - unwrapping masculinity**, Lawrecne & Wishart, 1988
Chowdhury, Syeda Nahid Mukith, Joachim Victor Gomes, Sharif Md. Ismail Hossain: **Strengthening STD services for men in an urban clinic based program**, Population Council, Bangladesh, 1997
Christman, Henry M. : **Gay tales and verses from the Arabian Nights**, Banned Books, 1989
Cleland, John & Benoit Ferry, edited by: **Sexual behaviour & AIDS in the developing world**, Taylor & Francis, 1995
Cohen, Lawrence: **The Pleasure Of Castration: The Post-operative Status Of Hijras, Jankhas And Academics** (chapter 13, from Sexual Nature/Sexual Culture, edited by Paul R Abramson and Steven D Pinkerton, University of Chicago Press, 1995)
Combs - Schillings, M.E. : **Sacred Perfomances - Islam, sexuality and sacrifice**, Columbia University Press, 1989
Cornwall, Andrea, & Nancy Lindsafarne, edited by: **Dislocating Masculinities - comparative ethnographies**, Routledge, 1994
Danielou, Alain: **La Sculpture Erotique Hindoue**, Buchet Chastel, 1973
Danielou, Alain : **The Way To The Labyrinth**, New Directions, 1981
Danielou, Alain : **Virtue, Success, Pleasure and Liberation - the four aims of life in the tradition of ancient India**, Inner Traditions International, 1993
Daneliou, Alain, translated by : **The Kama Sutra,** Park Street Press, 1994

DeCecco, John P. & Michael G Shively: **Origins of Sexuality and Homosexuality**, Harrington Press, 1985
DeCecco, John P. & John P. Elia : **If you seduce a straight person can you make them gay? - issues in biological essentialism versus social constructionism in gay and lesbian identities**, Harrington Press, 1993
Delumeare, Jean: **Sin and Fear - the emergence of Western guilt culture,** translated by Eric Nicholson, St. Martin's Press Inc. 1990
Devi, Shakuntala : **The World of Homosexuals**, Vikas Publishing House, New Delhi, 1977
Dimock Jnr., Edward G. : **The Place of the Hidden Moon - erotic myticism in the vaisnava sahajiya cult of Bengal**, University of Chicago Press, 1966
Doi, Abdul Rahman I. : **Women in Shari'ah**, Ta-Ha Publishers Ltd. 1989
Dowsett, Gary: **Practicising Desire - homosexual sex in the era of AIDS**, Stanford University Press, 1996
Dynes & Donaldson, edited by: **Asian Homosexuality**, Garland Publishing, Inc., New York, 1992
El -Saadawi, Nawal : **The Hidden Face Of Eve - Women in the Arab world**, Zed Press, 1980
Esposito, John L.: **Women in Muslim Family Law**, Syracuse University Press, 1982
Foucault, Michael: **History Of Sexuality, Volume 1**, Random House, 1987
Fradenburg, Louise & Carla Freccerco, edited by: **Premodern Sexualities**, Routledge, 1996
Garcia, J. Neil C.: **Philippine Gay Culture - the last 30 years**, University of the Philippines Press, 1996
Geertz, Glifford: **The Interpretation Of Cultures**, Basic Books, 1973
Geraci, Joseph, edited by: **Dares to speak - historical and contemporary perspectives on boy-love**, Gay Men's Press, 1997
Gerard, Kant & Gert Hekma, edited by: **The pursuit of sodomy: male homosexuality in Renaissance & Enlightenment Europe**, Harrington Park Press, 1989
Gilmore, David : **Manhood in the making - cultural concepts of masculinity**, Yale University Press, 1990
Ghadially, Rahana, edited by: **Women in Indian Society,** Sage Publications, 1988
Gocek, Fatima Muge & Shiva Balaghi, edited by: **Reconstructing Gender in the Middle East**, Colombia University Press, 1995
Goodwin, Jan: **Price of Honour**, Little, Brown and Company, 1994
Greenberg, David F. : **The Construction Of Homosexuality,** University of Chicago Press, 1988
Haeri, Shahla: **Law Of Desire - temporary marriage in Iran**, Syracuse University Press, 1989
Haider, Syed Jahangeer, Shamsun Nehar Saleh, Nahid Kamal, Alan Gray: **Study of adolscents: dynamics of perception, attitude, knowledge and use of reproductive health care**, Population Council, Bangladesh, 1997
Hardman, Paul D. : **Homoaffectionalism**, GLB Publishers, 1993
Hawley, John Stratten, edited by: **Fundamentalism and Gender**, Oxford University Press, 1994
Herdt, Gilbert H. : **Guardians Of The Flutes - idioms of masculinity**, Columbia University Press, 1981
Herdt, Gilbert H., edited by: **Ritualised Homosexuality in Melanesia**, University of California Press, 1984
*Herd*t, Gilbert H., edited by: **Third Gender Third Sex - beyond sexual diamorphism in culture and history,** Zone books, 1994
Herdt, Gilbert: **Same Sex Different Cultures**, Westview Press, 1997
Herek, Gregory M., Beverley Green, editors: **AIDS, Identity & Community**, Sage publications, 1995
Hinsch, Bret : **Passions Of The Cut Sleeve - The Male Homosexual Tradition In China**, University of California Press, 1990
Hossain, Sharif Md. Ismail, Ismat Bhuiya, Kim Streatfield : **Professional Blood Donors, Blood Banks and Risk of STDs and HIV/AIDS: A study in selected areas in Bangladesh**, Population Council, Bangladesh, 1996
Hussain, Md. Afal, Golam Sattar Rahman, Dr. Nilufar Begum: **A study on prevalence of RTI/STDs in a rural area of Bangladesh,** Save The Children Fund (USA), Bangladesh Field Office, DIPHAM Research and Service Centre, Bangladesh, 1996
Hyam, Ronald: **Empire and Sexuality - The British Experience**, Manchester University Press, 1990
Jackson, Peter A. : **Male Homosexuality in Thailand,** Global Academic Publishers, 1989
Jaffrey, Zia: **The invisibles - a tale of the eunuchs of India**, Weidenfeld and NIcholson, 1997
Jayasuriya, DC, edited by: **HIV - Law, Ethics and Human Rights**, UNDP Regional Project, New Delhi, 1995
Jeffery, Patricia and Roger Jeffrey: **Don't marry me to a plowman! - women's everyday lives in rural North India**, Westview Press, 1996
Kakar Sudhir: **Intimate Relations - exploring Indian sexuality**, Penguin Books, 1989
Kakar, Sudhir: **The Inner World - a psycho-analytic study of childhood and society in India**, Oxford University Press, 1981
Kakar, Sudhir: **Shamans Mystics and Doctors - a psychological inquiry into India and its healing traditions**, Oxford University Press, 1982
Kakar, Sudhir, edited by: **Identity and Adulthood**, Oxford University Press, 1992
Kakar, Sudhir : **Culture and Psyche**, Oxford University Press, 1997

Kala, Arvind : **Invisible Minority**, Dynamic Books, New Delhi
Kandiyoti, Deniz, edited by: **Women, Islam and the State,** Macmillon Press Ltd, 1991
Katz, Jonathon Ned: **The invention of heterosexuality**, Dutton, 1995
Khan, Badruddin: **Sex, Longing & Not Belonging - a gay Muslim's quest for love and meaning**, Floating Lotus, 1997
Khan, Zarina Rahman , Helaluddin Khan Arefeen: **Potita Nari - a study of Prostitution in Bangladesh**, Dhaka University, 1989
Kishwar, Madha & Ruth Vanita: **In search of answers - Indian women's voices from Manushi**, Zed Books, 1984
Klyuev, Boris : **Religion in India Society**, Sterling Publishers Pvt Ltd, 1989
Lane, Christopher: **The Ruling Passion - British Colonial Allegory and the Paradox of Homosexual Desire**, Duke Uiversity Press, 1995
Lewin, Ellen & William E. Leap, edited by: **Out in the field - reflections of lesbian and gay anthropologists**, University of Illinois Press, 1996
Liddle, Joanne & Rana Joshi : **Daughters of Independence - gender, caste and class in India**, Zed Books, 1986
Mandelbaum, David G.: **Women's Seclusion and Men's Honour - sex roles in North India, Bangladesh and Pakistan**, University of Arizona Press, 1988
Mane, Purnima , and Shubhada A Maitra: **AIDS Prevention - The Socio-Cultural Context in India,** Tata Institute of Social Sciences, 1992
Mernissi, Fatima: **Women and Islam - a historical and theological enquiry**
Basil Blackwell, 1991
Mernissi, Fatima : **Beyond The Veil - male-female dynamics in Muslim society** Schenkman Publishing Company, 1975
Missallom, B.F. : **Sex And Society In Islam**, Cambride University Press, 1983
Moghadom, Valentine M, edited by: **Gender & National Identity**, Zed Books, 1994
Momsen, Janet H. & Janet Townsend, edited by : **Georgaphy of Gender in the Third World**, Hutchinson, 1987
Murray, O. Stephen & Will Roscoe, edited by: **Islamic Homosexualities**, New York University Press, 1997
Murray, Stephen O.: **Latin American Male Homosexualities**, New Mexico University Press, 1995
Murray, Stephen O.: **Social Theory, Homosexual Realities**, Gai Saber Monograph No 3, 1994
Musallam, B.F. : **Sex & Society in Islam**, Cambridge University Press, 1983
Nabar, Vrinda: **Caste as Woman,** Penguin Books, 1995
Naved, Ruchira Tabassum: **RTI/STD and risky sexual behaviour in a "conservative" society**, Save The Children (USA), Bangladesh, 1996
National AIDS Control Organisation, India: **Country Scenario - An Update**, Government of India, 1996
Nag, Moni: **Sexual Behaviour And AIDS In India**, Vikas PublishingHouse Pvt Ltd, 1996
Nanda, Serena : **Neither man nor Woman - Hijras of India,** Wadsworth, USA, 1990
Nandy, Ashish : **The Intimate Enemy**, Oxford University Press - New Delhi, 1983
Norton, Richard: **The myth of the modern homosexual - queer history and the search for cultural unity**, Cassel, 1997
Ortner, Sherry B. & Harriet Whitehead: **Sexual Meanings - the cultural construction of gender and sexualities**, Cambridge University Press, 1981
Oster, Akos, Lina Fruzzetti, & Steve Barnett: **Concepts of persons - kinship, caste and marriage in India**, Oxford University Press, 1992
Overs, Cheryl, & Paulo Longo, compiled by: **Making Sex Work Safe**, Network of Sex Work Projects & AHRTAG, 1997
Pandey, Gyanendra, edited by: **Hindus and Others - the question of identity in India Today**, Viking, 1993
Panos: **Private Decisions, Public Debate- women, reproduction and population**, Panos, London, 1994
Parker, Andrew, Mary Russo, Doris Sommer & Patrician Yaeger, edited by: **Nationalities & Sexualities**, Routledge, 1992
Parker,Richard G & John H. Gagnon, edited by: **Conceiving Sexuality - approaches to sex research in a postmodern world**, 1995, Routledge
Patton, Cindy: **Inventing AIDS**, Routledge, 1990
Raheja, Gloria Goodwin & Ann Grodzins Gold: **Listen To The Herons's Words - reimagining gender and kinship in North India**, University of California Press, 1994
Ramet, Sabrina Petra, edited by: **Gender Reversals & Gender Cultures - athropological and historical perspectives**, Routledge, 1996
Ratti, Rakesh, editer : **A Lotus Of Another Colour ,** Alyson Publications, 1993
Richardson, Diane, edited by: **Theorising Heterosexuality**, Open University Press, 1996

Rocke, Michael: **Forbidden Friendships - homosexuality and male culture in Renaissance Florence**, Oxford University Press, 1996
Said, Edward : **Orientalism - Western Concepts Of The Orient**, Routledge & Keegan Paul Ltd, 1978
Said, Edward: **Culture and Emperialism**, Chatto and Windus, 1993
Saletore, R.N. : **Sex life under Indian rulers**, Hind Pocket Books, 1974
Sandfort, Theo, Edward Brongersma, Alex van Naerssen, editors: **Male intergenerational intimacy - historical, socio-psychological and legal perspectives**, Harrington Park Press, 1991
Schmitt, Arno, and Jehoeda Sofer, edited by : **Sexuality And Eroticism Among Males In Moslem Societies**, Haworth Press, 1992
Schmitt, Arno: **Bio-bibliography of male-male sexuality and eroticism in Muslim societies**, Verlag Rosa Winkel, 1995
Shankar, Jogan : **Devadasi Cult**, Ashish Publishing House, New Delhi 1990
Sharif, Md., Ismail Hossain, Ismat Bhuriya, Kim Streatfield: **Professional Blood Donors, Blood Banks & Risks of STDs & HIV/AIDS - study in selected areas in Bangladesh**, Regional Working Paper No 4, Population Council south & South East Asia, 1996
Sharma, S K : **Hijras - The labelled deviants.** Gian Publishing House, New Delhi, 1989
Shourie, Arun : **The World of Fatwas - the Shariah in action**, ASA Publications, 1995
Singh, Kushwant, and Shoba De, edited by: **Uncertain Liaisons - sex, strife and togetherness in urban India**, Viking, 1993
Sinha, Mrinalini: **Colonial Masculinity - the 'manly Enlightenment' and the 'effeminate Bengali' in late nineteenth century**, Manchester University Press, 1995
Sinha, S.N. & N.K. Basu: **History of Prostitution in India**, Cosmo Publications, 1994
Spender, Dale: **Man Made Language,** Routledge, Keegan Paul Ltd., 1980
Srinivas, M.N., edited by: **Caste - its 20th century avatar**, Viking 1996
Srinivasan, Viji: **If Indian Men Wish,** Har-Anand Publications, 1995
Stanton, Domna C.: **Discourses of Sexuality - from Aristotle to AIDS**, University of Michigan Press, 1992
Stein, Edward, edited by: **Sexual orientation and the social constructionist controversy**, Routledge, 1992
Stemmeler, Micahel L. and Jose Ignauo Cabezon, edited by: **Religion, Homosexuality and Literature**, Monument Press, 1992
Sullivan, Gerard, Laurence Wai-Teng Laong, edited by: **Gays & Lesbians in Asia and the Pacific - social and human services**, Harrington Park Press, 1995
Swidler, Arlene , edited by : **Homosexuality And World Religions**. Trinity Press International, 1993
Tarachand, K C : **Devadasi Custom**, Reliance Publishing House, New Delhi 1991
Thadani, Giti, **Sakhiyani - lesbian desire in ancient and modern India**, Cassell, 1996
Tielman, Rob A.P., Manuel Carballo and Aart C. Hendriks, edited by: **Bisexuality and HIV/AIDS - a global perspective**, Prometheus Books, 1991
Trawich, Margaret : **Notes on Love in a Tamil Family,** University of California Press, 1990
Vyas, M D, Yogesh Shingala: **The Life Style of Hijras**, Anmol Publications, New Delhi 1987
Walther, Wiebke : **Women In Islam**, Markus Wiener Publishing, 1981
Weeramunda, Dr. A.J.: **NGOs Working With Sex Workers - a report of NGO projects in four countries**, UNDP, 1996
Weeks, Jeffrey : **Sexuality and its discontents - meanings, myths and modern sexualities**, Routledge, 1985
Weeks, Jeffrey: **Sexuality**, Routledge, 1986
Weeks, Jeffrey: **Against Nature - essays on history, sexuality and identity,** Rivers Oran Press 1991
Wikan, Unni : **Behind The Veil In Arabia - Women In Oman,** University of Chicago Pres, 1982
Wilson, Peter Lamborn: **Scandal: Essays in Islamic Heresy**, Automedia, 1988

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