**Naz Foundation International**

**Report for Family Health International**

# SITUATIONAL ASSESSMENT OF SEXUAL HEALTH AMONG MALES WHO HAVE SEX WITH MALES AND THEIR SEXUAL PARTNERS IN HYDERABAD, INDIA

| | |
|---|---|
| Subproject FCO Number | 84720 |
| Implementing Agency | Naz Foundation International |
| Report Preparer and Principal Investigator | Shivananda Khan |
| Date of report | July 5th 2000 |

## SECTION ONE

## A SUMMARY OF FINDINGS

India is a male dominated society where the social and public spaces are primarily male and masculine. As a homosocial and homoaffectionalist society, sexual boundaries between males can be readily crossed and may often become sexual acts. Whereas some of these acts can perhaps be called homosexual (within the context of local identities based upon female gender identification - also self-labelled as *kothis*) in that a sexual sense of self is operating within a framework of gender sex roles and desires, the majority of male to male sexual encounters should be seen within a context of semen discharge.

Beyond this of course are those with specific male to male desires, and in this context, three significant, but differing, identities emerge. That of a *kothi*-identified man, a gay-identified man, or a *panthi*. But the panthi is not really an identity as such. Rather it is the name given to "real" men that *kothis* access.

The Situational Assessment consisted of interviewing 200 MSM through questionnaires, with 50 of these men further interviewed in-depth through open-ended questions. These interviews were tape-recorded and then transcribed into English. Two Focus Group Discussions were also held with a number of MSM, and a range of site visits made for observational analysis. All participants were above 18 years of age.

*Kothi*-identified men appeared to be significantly more sexually active than gay-identified men in this study, with higher rates of anal and oral sex (average more than 3 times for the former and 2 times for the latter). At the same time, the majority of *kothis* met their partners in public sites, whereas gay-identified men tended to meet their partners in private spaces.

Significant levels of unprotected anal sex existed. Actual knowledge about HIV transmission was relatively high, with 60% giving correct information about anal penetration risks and a slightly higher percentage in regard to vaginal sex. Yet condom use for anal sex was low (between 29% -35%).

All self-identified male sex workers in the Assessment were also identifying as *kothis*, while the vast majority who were paid for sex (a much higher figure with many not identifying as a sex workers) were *kothi*-identified too.

In terms of possible symptoms of STIs, there appeared to be a high levels of anal bleeding, itching and burning sensations around the anus, pain while urinating, and other symptoms, with high levels of non-treatment for these symptoms.

A majority of males in this study were self-identified *kothis*. Mostly unmarried, they all stated they would get married in the recorded interviews and discussions. With those married MSM there was no significant evidence that marriage actually substantially decreased the levels of male to male sexual activity. Some of the married MSM that this was discussed with, stated that when they got married they believed they would stop, but either desire was "too strong to control", or 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 STI treatment services do not address anal transmission of STIs, is a cause for deep concern.
Appropriate service delivery of STI testing, treatment, care and counselling will 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 issues raised in this report.

The lack of understanding and knowledge of many of the NGOs, STI clinics, donor agencies and other institutions (including the State AIDS Control Society, as well as the DFID sponsored AP State Management Agency) regarding the constructions of male to male sexual behaviours and the frameworks of MSM behaviours and/or identities create many barriers to the development of appropriate and effective intervention services.

While it appeared that there was a certain degree of acceptance of MSM existence in Hyderabad among agencies and individuals, this was framed within a Western construction of sexuality. But in an Indian sociocultural context such constructions do not "fit", and can actually lead to an increase in the invisibility of the behaviours. It perhaps maybe necessary to separate behaviour from identities, and in developing appropriate responses, focus on both risk behaviours (for the 'penetrating partner') as well as "at risk groups" (for the 'penetrated partner') as two distinct frameworks. It would be difficult to incorporate both within one intervention strategy. Sexual behaviours between males are certainly not a practice of only a small minority in Hyderabad, but is much more complicated that the so-called heterosexual/homosexual divide.

***The MSM Context in Hyderabad***
In terms of the numbers of MSM, while for some MSM there are frameworks of male to male desire, identities and visibility which may make it easier to quantify numbers, for the majority who sexually access these males and whose desires are around discharge rather than gender, and who perceive themselves as 'manly' and 'normal men', it is almost impossible to quantify. *Kothis* are much more visible than gay-identified men due to their public gender performance, particularly when *kothis* are in groups in public spaces.

In summary what we can say about male to male behaviours in Hyderabad is that

* For many men involved in male to male sex, MSM is not a sexual identity but a behaviour based on desire for discharge.
* Most MSM behaviours are not contextualised within a heterosexual - homosexual paradigm but within a gender framework and role play, where a feminine gender performance signifies the role taken in a sexual act.
* This gendered framework is constructed within a *kothi/panthi* dynamic, where the *kothi* perceives himself and his desire for other males in the context of feminine gender roles in India, i.e. the “penetrated” partner. *Kothis* identify as

feminine males, constructing their social roles, mannerisms and behaviours in ways, which attract what they call *panthis* - “real men”.

* In this context many *kothis* are visible in a range of public environments and neighbourhoods, but *panthis* are not, for they could potentially be any “manly” male.
* This does not mean that Hyderabad does not have any gay-identified men as it is understood in the West. It does. But these men are primarily English speaking, usually middle class, and a minority amongst men who have sex with men.

  Gay-identified men are much less visible in public arenas because of their identity construction is not based on gender desire.
* Nor does it mean that *kothis* do not penetrate, or that *panthis* are not penetrated. Some do cross over these gender roles. But such crossover is secret (*gupt*), and is not discussed with friends. Such gender role crossovers are seen as even more shameful. Similarly for a *kothi* to admit to having sex with another *kothi* is also considered shameful, and crosses the "incest" boundaries, i.e. *kothis* will state that they perceive each other as "sisters". A new term being used by *kothis* for such sexual encounters when known is "lesbian".
* There are several *kothi* dynamics:
  i. *satla* (or sari) *kothi* - a *kothi* who cross-dresses
  ii. *kandra kothi* - a *kothi* sex worker
* *Kothis* have the own words and language, a derivative of the *hijra* language
* *Panthis*, or “real” men, do not see themselves as homosexuals or less masculine because of their sexual involvement with *kothis*. They penetrate *kothis* who are not “real men” - they are *kothis.* Their personal sense of manliness is safe.
* In other words we have a spectrum of masculinities.
* In a culture that excludes females from public spaces, that socially polices females and controls their access by males, and where sexual behaviours are based on gender identification rather than sexual identity, it is possible that for many “manly” males, sexual access will be with *kothis* or those deemed less “manly”, i.e. young males and adolescents.
* With this gendered dynamic it may be possible to physical count the number of *kothis* at a range of public sites, but this doesn’t address the so-called *gupt kothis* - the ones who are secret. Nor does this address the number of “manly” partners these *kothis* access
* Beside the *kothi* frameworks, there is another dynamic of male to male sexual behaviours, which because of a shame-based culture cannot be readily accessed. This includes inter-family male to male sex, sex between friends, sex within male only spaces. Such behaviours are not identity-based where desire is based on same-biological sex, but rather on immediacy, “body heat” and felt “discharge” needs
* Such behaviours could be significantly high since there is a limited social construction of heterosexuality - perhaps we can call this behaviourally heterosexual” - and where sexual access to females is very limited. What appears to exist in Hyderabad, like the rest of South Asia is a core personal identity in terms of gender role, marital status and class. Identities are not based on sexual object choices.
* Gay identities have evolved (and are evolving) from the globalising of Western lesbian and gay frameworks. In Hyderabad such gay-identified men were primarily English speaking, middle and upper class, with extensive

contacts with Western gay culture and/or emergent gay groups across India through the internet.

* Gay relationships are usually based on a personal sexual identity, a mutuality, friendship and exchangeable sexual acts - they are companionate relationships formed within a same sex/same gender dynamic. What this means is that gay men are sexually and emotional attracted to other men. They identify as men.
* *Kothi* relationships are based on gender roles - a “husband and wife” relationship. *Kothis* are not friends with their *panthis*, but “wife". This is a relationship based on same sex/different gender identification dynamic. *Kothis* make friends with other *kothis* with whom they “never” have sex with. For *kothis* this would be like having sex with their sister.
* *Kothis* are attracted to *panthis*. *Kothi*s perceive themselves as kothis, not "real men. The focus of desire is in terms of penetration.
* Many men who sexually access *kothis* do so for semen discharge, not because he other person is a male.
* Male to male sexual desire should be contextualised differently from male to male sexual behaviour

***Gay identities and organisations***
From all the anecdotal information, there appears to be fewer gay-identified men amongst the MSM networks in Hyderabad than *kothis*. Gay men appeared to be from the middle and upper class, English speaking groups in the city.

There are two small gay organisations in Hyderabad. One has developed a social support group with an AIDS awareness focus, the other primarily is seen as a social party group. Each group has about 15 to 20 members who regular attend their meetings and parties. It was observed that these groups hold their meetings in English. There is, however, a considerable class, education and income divide between gay-identified men and *kothis* and their partners. This expressed itself with low social mixing, even when sharing the same site, verbal abuse and stigmatising of the *kothi*.

Relationships between the gay groups and with educated *kothis* were usually termed as "friendly", but each network was seen as irreconcilably different and separate. In several discussions *kothis* expressed an uncomfortableness with gay-identified men because of a lack of their English skills, and their class and economic differences. They also often felt marginalised and "looked down upon" by gay-identified men, particularly those *kothis* from low-income sectors. The sexual networks and "cruising" areas often differed, and any socialising and mixing between them was very rare. The divide in language, identities and actual risky behaviours was considered significant enough to make an effective 'joint' strategy covering both these dynamics unworkable.

While there have been some concerted efforts by one individual to attempt to bring these networks together, it has been too little avail. This individual has been active in both gay and certain *kothi* networks. This person provided invaluable assistance in the training programme as well as the Assessment.

No *kothi* organisation or group existed.

***Situational Identities***
Such beliefs and practices led the majority of participants in this study to act out situational identities. That is, within the family home and neighbourhood they will

perform as young (or not so young) men, while in specific environments, perform as *kothis* with other *kothis*, or to draw the attention of potential male sexual partners.

Situational identities acted as a device to invisibilise identity choices, desire and behaviours, maintain social and family stability, and reduce levels of potential harassment and violence (of which none was observed by the Investigator).

***Social Contexts***

India, while rapidly developing, is still mainly bounded by traditional and conservative value systems expressed through religious and cultural norms and expectations.

Hyderabad has become noted for a growing information technology expertise (second only to Bangalore in the state of Karnataka), where the Chief Minister of the State is often spoken of as "computer babu".

With a population of some 4.5 million people, there is a growing urbanisation, which has led to significant levels of rural young men migrating to the city in search of employment as often as excitement.

Hyderabad also has a strong Muslim culture with a long history of Muslim rule prior to Indian Independence. It is believed by many in the city that this history has evolved a more tolerant attitude towards male to male sex practices, as long as it was not too visible to become a "public nuisance". This is believed to have led to what appears to be a low profile of police harassment in the various "cruising" sites, and a higher degree of openness amongst the *kothis*. *Kothis* in the assessment spoke little of police harassment, and what did exist was usually about accessing sex and money from the *kothis*.

The *kothi social* and sexual networks seemed to be extensive and spread across both Hyderabad and Secunderabad (this was also true of the gay networks). *Kothis* appeared to feel more secure in a public expression of themselves at these sites than this Investigator had found in many other cities in India. Despite this sense of security, shame still configured a *kothi's* sense of self. Such levels of shame reduced the ability of *kothis* to purchase condoms at local shops or attend STD treatment centres.

**Sociocultural frameworks of male to male sexual availability**

Apart from male to male desire in terms of the sociocultural frameworks, both contemporary and traditional, which appears to shape and construct male sexual behaviours in India, the following points need to be remembered:

* Marriage is considered a social and religious duty and a family obligation, not one based upon personal desire and choice. It is therefore seen as compulsory and a social necessity.
* To remain unmarried is seen as strange, if not an aberration. Cultural and religious beliefs dictate that a male achieves social responsibility and thus personhood upon marriage.
* Marriage may often be delayed till the male is in his late twenties or early thirties, because of the economic costs as well as perhaps for a lack of interest and desire

* 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.
* In this context sex is seen as reproductive. Sociocultural traditions in India, 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.
* This often leads 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.
* Here what matters, is not the pleasure of the partner, but the pleasure of the self. Sexual behaviour becomes one of sexual discharge.
* 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.
* Indian culture 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.
* Concepts of sexuality, sexual behaviours and sexual identities are bound up within concepts of gender roles (the penetrated and the penetrator. masculine and feminine, male and female) and semen discharge. Such a framework will often leads to high frequency of sexual partners.
* For some males who sexually penetrate (the *panthi*), the gender of the sexual partner can often be irrelevant. What matters is to discharge.
* 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".

All the evidence points to significant numbers of males engaged in sexual encounters with other males, from adolescents to much older men, from close relatives to the domestic servant, from the rickshaw driver to the businessman, from the rag-picker to the shop-keeper. Many will engage in these behaviours sporadically, or over relatively brief periods of time. 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 prior to marriage or as part of the sexual repertoire over their sexually active life.

***Mapping***

The movement of *kothis* and *kothi* sex workers, as well as gay-identified men from the Hyderabad side to the Secunderabad side of the twin cities was free flowing and an effervescent search for sexual partners as well as meetings with friends.

Ninety-two sites where men can meet other men for sex were identified in the Hyderabad/Secunderabad area. They included parks, bus-stands, railway stations, auto-taxi stands, public toilets, cemeteries, specific streets, bazaars, market places, shopping centres, any area where a measure of anonymity and access to males was possible. While sexual activities did take place in many of these sites, much also took place in construction sites, guesthouses, lodges and hostels, as well as personal homes, where after meeting the partners the men would go for private sex.

Discussions in the workshop and Focus Groups generated guestimates of

| | |
|---|---|
| male sex workers: | 2,500 |
| *kothis* | 15,000 |
| partners of *kothis*/male sex workers | 100,000 |

These figures could be much higher or lower. Their accuracy could not be verified.

In terms of the sexual partners (*panthis*) of kothis and male sex workers no figure could be generated. This was because *kothis* kept on referring to their belief that all men are potential *panthis*.

A physical count was made by the Investigator at 6 public environments. A total of 300 male sex workers were identified with 1000 *kothis*, and approximately 1500 *panthi*-type males. Assessment team members provided assistance with the counts. At one site in Hyderabad the count indicated 250 kothis, 80 kothi sex workers, and well over 600 possible *panthis* on a Sunday evening between 6.00pm - 9.00pm.

Many of these sites were active during both the day and evening times. For example at the site mentioned above, during weekday afternoons, school and college boys would use the site.

***Support and friendship systems***

For *kothis* key support and friendship systems were provided by other *kothis* . For gay men, this was other gay men.

In Indian cultural systems, men and women rarely make friendships. The public arena is male dominated. And male to male friendships are expressed in the public domain.

But *kothis* see men as potential *panthis*, and often treat them as such. It was seen as rare for a *kothi* to develop a non-sexual friendship with a "real man".

In a situational context *kothis* will perform as a "normal" male in other public contexts and in the home, and thus will develop friendships with other neighbourhood males and relatives keeping his identity choice and sexual behaviour secret. But even in this arena, *kothis* spoke of sex with friends, with these male friends. But never, never with another *kothi*.

Support systems tended to be expressed within a narrow arena of friendship networks, usually in a public environment, although sometimes *kothis* will visit other *kothis* at

their homes, particularly so when that *kothi* has a room to himself. Here again this space can often becomes sexualised, as *kothi* friends will bring their *panthis* to access the privacy of the space.

***Poverty and sex work***
The majority of *kothis* are from low-income groups. Literacy levels are low as are the number of years of education.

A significant number of *kothis* from low income groups, unemployed, or low-paid, turn to sex work to generate extra income.

The study was able to access only *kothi* sex workers, although discussions with members of the gay groups, *kothis*, and others indicated that was a smaller network of middle class male sex workers who were available at a significantly higher price than *kothi* sex workers and expressed masculine male behaviours.

While *kothi* sex workers usually played the penetrated role, either in oral or anal sex encounters, these middle class sex workers would play either penetrated or penetrating role and would also access female sex workers or and/other women.

Motivations also differed somewhat. For *kothi* sex workers the issue was very much to due with poverty and the need to financially support their families. For the middle class sex worker the motivation appeared to be the self, extra gifts, increase their own consumer purchasing power, or making potential useful contacts, or even for educational purposes, i.e. college costs.

***Psychosexual issues***
Sex education was absent amongst the majority of the participants in the Assessment. Knowledge of male and female bodies, of reproduction, of the sex organs was almost non-existent.

This led to a variety of myths, beliefs and practices, which were accepted as true and helpful. A considerable tension existed regarding masturbation as a source of body and mental weakness, that reduce the virility and functioning of the penis, if not producing damage of one sort or another. Members of the Assessment team as well as the Investigator were constantly asked about medical treatment for nocturnal emissions, masturbation, penile sizes and shapes. Many of these men used "quack" remedies from street vendors for their perceived weaknesses.

At the same time, the lack of knowledge of their own and female bodies led to a range of risky practices, such as anal bleeding, produced through dry and rapid penetrative acts.

Reproduction also carried its own myths and beliefs, where several men just had no idea how babies are conceived, develop in the womb, or born.

***Gender***
It was the belief of the Investigator (and validated in the discussion groups and interviews) that the accepted gender bi-polarity of male and female is not so clearly divided in Indian society. In terms of males who have sex with males there appears to be a range of masculinities, a spectrum of possibilities, where at one end are *kothis*,

then gay men (who *kothis* often defined as *gupt kothis* - or secret *kothis*) and then what *kothis* define as "real men", *panthis*. *Kothis* are not men believing that they are women, or even that they want to become women. They appear to see themselves as feminine males, and less "manly" than *panthis*. While they identify with the feminine, much of the identification is around performance as a means to attract these "real men" as sexual partners.

However it cannot be taken as a given that because *kothis* identify with the feminine, or that they may take the receptive role in the sex act, and use feminine terms for each other, that they are always "passive". There is much diversity in all of this.

It should be recognised that the fact that *kothis* play out the socially accepted gender roles, that their self-definitions, language and behaviours sustains a patriarchal framework of gender relationships and sexual behaviours, and that this has a strong likelihood of increasing their risk of STI/HIV infection and transmission.

***Religion***
The Assessment did not request specific information on religious affiliation, although the issue was raised in the Focus Group Discussions and in some of the tape-recorded interviews by participants themselves.

*Kothis* expressed significant concerns about what their religion said about male to male sexual behaviours. No one knew of any specific statement in either Hindu or Islamic texts referring to male to male sex. There was a general consensus from these discussions that both religions condemned such behaviours. This further exacerbated the feeling of shame.

Religious, social and family expectations followed a seamless context in which conduct, behaviour and expectations arose for all males to follow. *Kothis* felt particularly marginalised in terms of their desires, hopes and aspirations.

Social, religious, cultural and political tensions do exist between the Muslim and Hindu communities, largely framed by considerations, such as the India/Pakistan conflicts, terrorism, as well as differences in perceived educational and employment opportunities, and some of the broader, all-India, political developments. These tensions were not strongly expressed to the Investigator but were stated through individual comments about a Muslim's desirability or not as a sexual partner, as well as a perusal through the media at the time.

Both Hindus and Muslims expressed similar sentiments about family and social expectations, of performing as men, fulfilling duties, maintaining family honour, of marrying and producing children, particularly sons. Choice of marriage partner was still seen as a parental duty and separation from the family as not an option.

***Family***
Joint and extended familial links are strongly held together by custom, tradition, belief, practice and economic need. 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.

***Marriage***
In India, marriage is a social, cultural and religious necessity, a central issue within people's lives and a mainstay of family and community life. It should 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.

The majority of *kothis* and their sex partners in this Assessment accepted the social necessity of compulsory marriage, while some were already married. There appeared to be a fatalism operating here, and a sense of not being able to challenge family and society's strictures
For the gay men accessed by this Assessment, in the main they stated they would not get married, but when this was followed through, most stated they may have to get married to satisfy their family's wishes.

***AIDS prevention***
There was no systematic prevention work taking place amongst MSM in Hyderabad, apart from the small scale, and limited intervention of the members of the gay group amongst gay men in a couple of their cruising sites. The intervention was limited distribution of condoms once a week as well as information leaflets. Social meetings were focused on gay issues and activism. This work did not reach out to *kothis*.

***Sexual Activities***
*Kothis*, at least those assessed in this Assessment, appear to be much more sexual active, with significantly higher levels of anal and oral sex compared with gay-identified men. On average *kothi*-identified men were having 3 times more anal sex and 2 times more oral sex as gay men were in the previous month.

In the previous month there were 8102 reported sex acts, during which condoms were used for only 30%.

During this time, 180 respondents had more than 7 partners each, with 64.5% reporting partner levels of 21 or more. 20% respondents reported more than 51 partners each.

In this period, 95% respondents reported 5340 receptive acts and 1689 insertive acts, and only 38% of respondents reported using condoms. At the same time, 74% respondents reported oral sex, of which 2566 were receptive and 731 were insertive. Only 15% respondents (all gay-identified men) used condoms for oral sex.

A total number of 8838 partners were reported for the previous month, of which 32% were strangers, 6.4% were male sex workers, 38% were paying male clients and 16% were considered friends.

Sex partners were met in parks (15%), streets (23%), railway stations (15%), hotels/guest houses (6%) and a range of other places such as bus stations, bars/clubs, and toilets.

Where people actual did sec varied from public spaces (41%), to private homes (40%), and in hotels/guest houses or hostels (15%).

In terms of the ages of the last sex partner, 31% were between 12-21 and 35% were between 25-30.

Regarding the marital status of the respondents' last five sex partners, 24% stated they were unmarried, 17% did not know, and the remainder stated that at least one of the partners was married.

### *Condoms and lubricant*

Only 38% of respondents reported using condoms for anal sex, and 15% for oral sex.

Of those who reported obtaining condoms, 72% said they purchased them from pharmacies, 47% said they got theirs from the local gay project *Saathi*, and 24.6% got them from their sexual partners. The primary brands used were Kamasutra, Midnight Cowboy or Nirodh.

In terms of not using condoms, 46% said they did not know why, 39% as not satisfying, never used (17%), shameful to buy (15%), not sick (19%), main partner faithful (16%).

When asked if they had condoms with them at the moment, 34%/ said yes, but only 32% would show their condoms.

Only 32% respondents stated they used lubricant all the time, with the primary lubricant being saliva (87%), while 99% also using oil-based products and only 26% using KY jelly.

### *Sex Work*

#### *Being paid for sex*

43% of respondents reported that they had been paid for sex in the previous month, but only 24% identified as sex workers. 42% of these reported more than 16 paid sex encounters in this period. The majority of paid sex was for receptive anal sex, 57% of these respondents reporting 1281 such acts, and only 11% reporting insertive anal sex acts. Similarly, 49% of respondents reported 777 receptive oral sex, and 10% of respondents reporting 85 oral insertive acts.

With regard to condom use, 39% of these respondents stated they never used condoms for the last 5 paid sex acts, while only 14% said that they used condoms for all 5 paid acts. In terms of who initiated condom usage, it was either the partner (49%) or the respondent (42%).

50% of these respondents reported an income of below 50 Rps for their last paid sex, while 20% reported an income of between 51-100 Rps.

#### *Paying for sex*

19% respondents reported paying for sex with another male. 7% reported paying about 4 times a month, 3% paying an average of 11 times a month, while 2% reported paying between 16 to 20 times in a month.

43% of these respondents paid to anally penetrate, while only 20% paid to be anally penetrated. 39% paid for oral sex where they inserted.

Out of a total of 671 paid sex acts, only 24% were covered by a condom. There were 452 anal sex acts paid for, so this means that only for 36% of anal sex acts were condoms used.

Average age of the male sex worker being accessed was between 17 -24.

***Female Partners***

*Wives*

82% of married respondents reported sex with their wives. Significant variance in terms of frequency of sex was reported with 12% stating that they had sex with their wives every day to 12% reporting sex only once a week. Average was about 4 times a week. 5% of these respondents reported anal sex with their wives, 10% reported oral sex, 15% reporting thigh and body-rubbing sex, while all reported vaginal sex. Only 12% respondents reported using a condom for vaginal sex, and 2% for anal sex.

*Other females*

14% of respondents reported having sex with females (not wives) of which 14% of these reported anal sex acts, 7% reporting oral sex, and all reporting vaginal sex. 57% of these respondents reported paying for sex. Only 4% reported using condoms all the time, while 37% stated they never used condoms and 59% said they used condoms some of the time.

***Sexual health***

All respondents reported some symptom of which 37% stated they experienced pain during sex. But 25% reported itchy rash on genitals, while 13% stated they had pus or discharge from their penis, 22% reported bleeding on defecating, 30% itching or burning around their anus, 29% reporting pain while urinating, and 16% reported genital sores. Several reported multiple symptoms.

Those who stated that they had been paid for sex (41%) reported high levels of symptoms, with 33% reporting itchy rash on genitals, 20% genital sores, 37% bleeding when defecating, 12% pus or discharge in stools, 13% pus or discharge from penis, 53% itching or burning around anus, and 25% pain while urinating.

***Treatment***

Regarding treatment, 40% were doing nothing, 20% went to a pharmacy, 20% went to a private doctor, 27% went to a hospital, and 22% went to a street quack, friend or relative. There were similar levels for when respondents had previous symptoms

***HIV/AID knowledge and self-assessment***

71% of respondents had heard of AIDS. AIDS as a "dangerous disease" was stated by 57% of respondents, or some derivative of this. But 14% did not have any idea of what HIV/AIDS meant.

Mostly respondents had heard of HIV/AIDS from friends (50%), posters (35%), newspapers (29%), radio (31%), TV (20%), Saathi 20%), and doctor (20%).

In terms of personal risk assessment, 46% of respondents stated they did not know, while 47% believed they were at high risk.

In terms of HIV infection routes, 36% said yes for oral sex, sexual contact with a woman (19%), vaginal sex without a condom (67%), anal sex without a condom (63%), and sharing needles (65%). This means that approximately two-thirds of respondents were correct in regard to the main routes of infection.

In terms of prevention, 47% stated always using condoms, while 37% stated they did not know. In regard to what safer sex means, 29% reported not knowing what this was and 38% said this meant always using a condom. 7% said this meant have sex with a "good" partner.

***Risk reduction***
With regard to risk reduction strategies, 68% of respondents believed using a condom for anal or vaginal sex would reduce risk, and 53% believed that non-penetration was also a risk reduction strategy. 41% also believed that reducing sex partners was another risk reduction strategy.

Despite this level of knowledge, only 30% of respondents reported using condoms, while, only 12% of male sex workers reported using condoms all the time.

***Informing your partner***
When asked about informing their partners should they experience symptoms of STIs or come to know they have HIV/AIDS, 50% of respondents stated they would inform their male partners, but only 12% stated they would inform their female partners, and 26% said they would inform their wives.

***HIV antibody testing***
Only 12% of respondents reported having an HIV anti-body test, of which 1 was positive. All these respondents were gay-identified men.

***Preventive counselling***
18% of respondents reported being counselled on how to prevent STI/HIV infection,

***Drug use***
7% of respondents reported injecting drug use, while 6% reported their sex partners injected drugs.

***Seeking Help with Concerns about STI/HIV***
In answering this question, 56% stated they would go to a local MSM project, but 39% said they could go to a government hospital, 15% could go to an AIDS NGO, and 31% would go to a private doctor.

***Sexual behaviours and impact on sexual health concerns: a summary***
The *kothi/panthi* framework of male to male sex is the predominant pattern in Hyderabad. As seen above indications are of high levels of unprotected anal sex, higher levels of anal sex compared to oral sex, high levels of multiple partners, significant levels of possible symptoms of STIs, and a significant degree of untreated symptoms.

There was a significant difference in the issues between gay-identified men and *kothi/panthis* in the Assessment, where *kothis* were primarily penetrated orally and anally, while gay men tended towards more equally in terms of penetration or being penetrated. There were lower numbers of partners for gay men, as well as earlier treatment for STI symptoms.

It was noted that saliva was the common lubricant used for penetration, but that a significant number of assessment participants also reported using oil-based lubricant as an aid to penetration, even with condoms. Only those who could afford it would use KY jelly, a water-based lubricant, and these were primarily gay-identified men, as well as those *kothis* who knew about KY jelly and who could afford the price.

While the majority of assessment participants had heard of HIV/AIDS, and at the same time personal risk assessment indicating that a large minority knew that they were at risk from STI/HIV infection, specific knowledge of HIV transmission was mixed and confused for a large minority, primarily *kothi*-identified males.

There was a clear gender-based division about partner notification where female partners of MSM were less likely to be informed of their partner's status than male partners.

From the range of interviews and the focus group discussions, there was a range of anecdotal reports of early sexual activities of may *kothis*, who often started their sexual life before the age of fourteen, and whose fist sexual partner was usually a male relative such as a cousin or uncle.

Also being reported was a much broader context of male to male sex than only a *kothi/panthi* or gay dynamic and involved significant levels of males. Such sex encounters was going on in hotels amongst hotel staff and between hotel staff and guests, amongst street children, and street children and others, within a range of all male institutions such as boarding schools, madrassas, military establishments, hostels, prisons and so on. All sorts of males from across the spectrum of age, class and occupation were described as being involved in male to male sex, from police offices to beggars, from rich businessmen to movie extras, from rag pickers to truck drivers.

At the same time, the discussions generated a whole range of reasons why males have sex with males, from male to male desires, to "women don't do oral or anal sex", from protecting a girl's virginity to maintaining one's chastity, from "body heat" to "the anus is tighter than the vagina".

Most male sex workers were *kothi*-identified and primarily involved in anal sex as the receptive partner. The majority was unemployed and/or poor. A significant number were illiterate or poorly educated.

In such a situation where condom use was low, where anal sex was a common and regular practice, and where multiple partners was also common, the possibilities of STI//HIV transmission is high both between males and between MSM and any female partners they have. Many *panthis* accessing males will also access females for sex, particularly female sex workers.

It is also clear that they are some distinct differences in regard to sexual health issues for gay-identified men and for *kothi*-identified males. It is also clear that the levels of risk for STI and HIV infection and transmission are considerable, and that this risk also affects female partners of MSM as well as male.

***BCC Materials***
No appropriate BCC materials for MSM existed in Hyderabad. The local gay group conducting the small scale intervention was using a leaflet (produced by another agency working with female sex workers) which spoke of vaginal sex but only mentioned anal sex once, which asked men to practice partner reduction or abstinence, and which talked of water-based lubricant without indicating where appropriate resources could be obtained. The intervention observed by the Investigator was conducted by one person in a large site, with only 20 leaflets distributed, each with four condoms. This was amongst gay-identified men only at that site.

***STI treatment***
Discussions with five doctors willing to treat anal sex issues were limited. These doctors had been identified by the Local Focus Person as those to whom some of the gay-identified men and *kothis* would go to. However, the lack of understanding of both MSM frameworks and behaviours, as well as anal issues was clearly obvious. This included both private and government doctors. Most *kothis* did not access doctors but asked friends, "quacks", or received anti-biotics from pharmacies for "problems".

There is concern regarding the suitability or appropriateness of these doctors and clinics, particularly in terms of acceptance of *kothi* and/or gay identities, as well as the stigmatisation of anal sex practices.

Two gay doctors with some experience of STI treatment were identified and brought to the attention of the Assessment Team members so that they could refer individuals.

***NGO and Donor response***
Discussions by both the consultant and by this Investigator with a number of local NGOs working on HIV/AIDS issues, the State AIDS Control Society, and the DFID sponsored State Management Agency indicated a high degree of support for an intervention amongst MSM in Hyderabad and Secunderabad areas. The framework promoted by the both the State AIDS Control Society (SACS) and the State Management Agency (SMA) was that of at 'closed' risk groups, where SACS would "look after" issues concerning safe blood and intravenous drug users, and the SMA would "look after" female sex workers, slums, street children and MSM. All these were seen as discrete groups and activities.

The State Management Agency expressed a keen interest in supporting and MSM sexual health project, but made it clear that the DFID framework of poverty alleviation would also be a factor. Originally the SMA and SAPS only considered an intervention among only 200 MSM. But following a field visit to a site in Hyderabad and a site in Secunderabad by a Programme Officer of the SMA escorted by this Investigator and members of the Assessment team, a different urgency emerged. During this field visit on one evening, a total of 132 *kothi* sex workers were counted, and a further 270 *kothis* and *panthis* were observed. The SMA took a very positive

stance and requested more information. The SMA will support a *kothi* intervention project.

***Conclusions***
In exploring male to male sex in Hyderabad this report highlights the following issues (in no specific order):

* There are significant levels of males who have sex with males where a *kothi/panthi* dynamic was the most prevalent framework of MSM in the city
* Some gay identity and organising does exist but this was very limited and middle class-based
* High rates of anal sex exist between males particularly *kothis/panthis* with lower rates for gay-identified men
* Significant levels of male commercial sex work exist in Hyderabad, where MSWs were primarily *kothi*-identified males
* High levels of partner change amongst *kothi*-identified males, less so among gay-identified males
* High rates reported of possible STI symptoms
* Low levels of appropriate health seeking behaviours
* Inadequate appropriate STI treatment services regarding anal transmission of STIs
* No appropriate condoms available suitable for anal sex
* No affordable, accessible and appropriately packaged water-based lubricant available
* Many males who have sex with males begin their sexual activities in early adolescence, where their first sex partner is usually a male relative
* There are no appropriate education resources dealing with male to male sexual behaviours and/or anal sex
* Levels of appropriate knowledge of STIs/HIV/AIDS amongst males who have sex with males, particularly amongst gay-identified men
* Low levels of condom usage
* Many males who have sex with males will be married and many will get married
* Gay identified men on the other hand usually find sex partners among other gay-identified men,
* *Kothis* sexually access many different men across Hyderabad and Secunderabad.
* They have extensive social networks with other *kothis.*
* They usually come from poor, marginalised and socially excluded communities.

If appropriate support and technical assistance is given, it is possible to develop a community building strategy amongst *kothis*, and use this emergent community as a means of education and prevention intervention amongst *kothis* and their partners, where *kothis* can be mobilised on behalf of improving sexual health among MSM generally.

However it should also be recognised that *kothis* do not have the experience, knowledge, or skills to develop, implement and sustain their own sexual health intervention without considerable initial and on-going technical assistance.

***Primary recommendations***

*. Funding provided towards developing a *kothi*-led sexual health intervention amongst MSM in Hyderabad

* Technical assistance and support provided to *kothis* to develop community-building strategies in Hyderabad and to mobilise the resultant emergent community

* Such technical assistance should also include skills and capacity building

* Appropriate condoms for anal sex and sachets of water-based lubricant should be made available at affordable prices for the *kothi* MSM project to distribute

* It will probably be necessary that initial distribution be free towards building a users habit before social marketing is developed

* It is an urgent necessity that at STI treatment service be accessible to MSM that is confidential, accepting and of high quality

* It is necessary to ensure that the STI service provider has acceptable and appropriate knowledge of MSM issues and concerns, and of anal STIs and problems.

* Enabling and empowering a *kothi*-led project to host its own clinic service should be considered as a priority

* A drop-in centre should be strategically located in Hyderabad as well as in Secunderabad to ensure maximum impact, outreach and support towards effective community-building and mobilising

* Training and sensitisation programmes should be provided for local STI treatment centres, HIV/AIDS and sexual health NGOs and development agencies, as well as government services dealing with MSM issues

* Appropriate and relevant BCC materials should be urgently developed for *kothis* and their partners using their own terminology, and distributed by themselves.

* The concept of peer education, community-building, and beneficiary led services is central to any effective and sustainable intervention strategy and this should be supported by any donor

## SECTION TWO

## BACKGROUND

In the sociocultural context of South Asia, the issue of male to male sexual behaviours and their impact upon the reproductive and sexual health of males and females have profound implications for the effective control and management of STDs and HIV infections in the region. However, the existence of MSM in South Asia, the extent of male to male sexual behaviours and its impact on the HIV epidemic have been largely ignored.

Because of social stigmatisation and public shame leading to invisibility and denial, there are almost no STD/HIV and reproductive and sexual health services focused on the issues of males who have sex with males. Sexual health information and services are primarily focused on so-called “heterosexual” behaviours, i.e. vaginal sex, and ignore the high levels of anal sex, irrespective of the gender of the sexual partner. Formative research is urgently needed to understand how to design appropriate sexual health interventions regarding male to male sexual behaviours and MSM.

Due to cultural and religious practices with family and social pressures, the vast majority of MSM in South Asia is married or will become married.

At the same time, male to male sexual behaviours in the region do not appear to "fit" into a heterosexual/homosexual framework, of fixed sexual identities leading to fixed and oppositional behaviours based on same-sex and gender versus opposite sex and gender patterns. Rather, what appears to exist to a large extent is that of female gender identification by the penetrated or "passive" partner who have (to a significant extent) a socialised, gendered, sexual identity known as *kothi*. These "passive" partners tend to have high levels of sexual partners, with low condom usage, and considerable levels of risk taking behaviours. Many of these "passive" partners are also married or will become married.

The penetrating or "active" partner often does not have a homosexual identity. Such males are called *panthis* by the *kothis*, meaning that they are "real men" who behave as "real men". In this way a *panthi* is not "having sex" with another man, but with a *kothi*. In this way, the pattern could be seen as same sex/different gender!

But it should be recognised though that these labels do not always reflect actual sexual behaviours, and that for some, existing "under the blanket" so to speak, more flexible sexual behaviours do exist, so that sometimes the *kothi* will call a *panthi* upon discovering such flexibility "a *gupt kothi*", i.e. a secret *kothi*, or an AC/DC, meaning giving and taking.

These "passive" partners tend to have significant levels of sexual partners, where condom usage is low, and access to STI treatment is restricted. At the same time many older *kothis* will be married with children,

The dynamics of male sexual practices include significant levels of male to female sexual encounters (other than their wives) of those males who have sex with other males who may be considered as the "active" partners. Because the level of unprotected sex in the male to male sexual networks is very high; such behaviours increase the vulnerability of these males, as well as any female partners they may

have, in particular their wives. Beyond this, social and cultural structures such as homoaffectionalism amongst males in South Asian societies, the "apprenticeship" models in working environments, gender segregation, delayed marriages, and the high levels of poverty and unemployment, indicate the vulnerability of young males to STD and HIV transmission from sexual encounters with other males.

In such a sociocultural situation transmission of STIs/HIV is much more complicated than it would appear to be.

It is now generally accepted that male sexual practices must be taken into account and male involvement must be considered when developing reproductive and sexual health programmes. The issue of male to male sex is a vital component of that strategy if it is to have any significant impact upon reducing the spread of STI/HIV.

The consequences of unrecognised patterns of STI/HIV transmission through denial, invisibility and lack of appropriate prevention and treatment services should be clearly understood. The impact upon the epidemiological, social and economic frameworks need not be overstated where these have been discussed in other forums over the last 10 years. Clearly at the family level, such behaviours, should they lead to infections resulting in illness and possible death, will have a devastating impact upon its economic welfare.

It was in order to learn more about male to male sexual behaviours and MSM contexts in selected cities in South Asia that Family Health International supported Naz Foundation International to conduct situational assessments and design appropriate intervention strategies in these selected cities.

The target cities were

| | |
|---|---|
| India: | Hyderabad |
| | Bangalore |
| | Pondicherry |
| Bangladesh: | Sylhet |

This report is the Situational Assessment findings for the city of Hyderabad, state capital for Andhra Pradesh, India.

While Hyderabad was the original target city, what is known as the twin cities in Andhra Pradesh, Hyderabad and Secunderabad, which merge into each other while having differing Municipal Corporations, was treated in this Assessment as one target city. It had been noted in the preliminary discussions with a range of MSM in the city that there was significant movement between the Hyderabad side to the Secunderabad side (separated by a lake) and they felt that the Assessment should treat Hyderabad and Secunderabad as one city. The name Hyderabad throughout this report is shorthand for both Hyderabad and Secunderabad.

**World Health Organisation definition of sexual health**

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

## METHODOLOGY

Cities in this study had been selected for situational assessments based on population, evidence of increasing levels of HIV (though the evidence is very poor due to the lack of effective surveillance centres), and significant known levels of MSM and male sex worker networks identified through anecdotal materials and through the knowledge of Naz Foundation International (NFI) and its partner MSM sexual health projects.

The initial phase consisted of networking in the target cities to identify appropriate MSM networks through contacts already established by NFI and its partner agencies

This enabled the recruitment of an appropriate Local Focus Person (LFP) who had access to these networks, as well as being a part of them. It was an important principle for this study that all participants in the Assessment would be MSM themselves and from the same networks that were being assessed.

The LFP recruited 15 other individuals from these networks who were interested and willing to participate in the training workshop as well as conduct the assessment.

Prior to the workshop participants and friends were invited to a Social Meeting where food and refreshments were provided. This meeting was used as a socialising space for Assessment participants to get to know each other as well as introduce the project. At this meeting, the Oral Informed Consent Statement was read out to all present in Telegu by the Local Focus Person and assent taken. An outline of the workshop agenda and the purpose of the Assessment was given and discussed.

A 6-day training programme was conducted for these 15 participants and the LFP. The training programme consisted of:

i. Issues relating to sex, sexual behaviours and sexuality in South Asia
ii. Increasing knowledge of the male and female body and psycho-sexual issues p relevant amongst males in South Asia
iii. Discussions on MSM in the context of Hyderabad, which included mapping the city for specific MSM public locations
iv. Sexual health issues, including STI/HIV transmission and prevention
v. Methodologies to be used in the Assessment
    a. use of the questionnaire
    b. focus group discussions
    c. taped interviews
    d. a range of site observations conducted by the Investigator

The workshop was presented in English by the Investigator and translated into Telegu as an on-going process by the Local Focus Person. All documents were also translated and printed in Telegu.

Following the workshop, an Assessment Team was formed with 10 of the participants. The remaining 5 were not suitable, based on levels of literacy and skills required for the study.

From this group of 10, four were selected to conduct the taped interviews. Audiocassette recorders were provided with 60 blank audiocassettes with 90 minutes recording time. A further one-day session was provided for this team to enhance their interviewing skills.

Two hundred survey questionnaires, fifty in-depth taped interviews (ten were poorly recorded), and two focus group discussions were conducted. The discussions generated by the workshop was also taken as a third and on-going six day focus group discussion - this was not the original intention but the quality of information raised during the workshop was too invaluable to ignore.

The Assessment Team was supervised by the Local Focus Person. The LFP was supervised by Naz Foundation International through the Project Manager.

Potential participants were approached by the members of the Assessment Team at a range of sites and asked if they would be willing to be interviewed. These participants were part of the Assessment Team members' own networks.

It should be noted that since the Assessment Team members in the main were *kothi* - identified, the majority of respondents come from their own networks and were *kothi*-identified themselves.

If individual MSM agreed to be interviewed by questionnaire and/or the taped interview, the Oral Informed Consent Statement was read out t and signed and dated by the Interviewer.

Interviews were conducted in the home of the Local Focus Person (well known in the MSM networks) where privacy could be assured whenever possible. Other locations included the sites themselves, or local teashops.

Members of the Assessment Team also invited 30 interviewees (from both questionnaire and taped pools) to participate in 2 Focus Group Discussions, each group consisting of 15 participants and facilitated by the Investigator and the Local Focus Person acting as translator. A room was hired for these two discussion groups. Before the Focus Group Discussion began, the Verbal Informed Consent Statement was read out in Telegu, and following assent, was signed by the Programme Manager.

At all levels, participants were assured of anonymity and confidentiality, where no identifying characteristics would be collected. All participants were 18 years and above.

No remuneration was made for participation. Participants who attended the focus group discussions were reimbursed for their travel costs.

Following the questionnaire and taped interviews, as well as the focus group discussions, participants were given information on STIs/HIV/AIDS, safer sex and condom use, and condoms were distributed.

The survey questionnaire consisted of 66 questions on

* socio-demographic information
* sexual behaviours and practices
* partner numbers and recruitment
* sex work
* condom usage
* possible STD symptoms and treatment seeking

* HIV/AIDS knowledge

The questionnaire was translated from English into Telegu with special care being taken to use the local colloquial terms normally used by potential participants.

The taped interviews were intended to be semi-structured, consisting of both closed- and open-ended questions. Four broad themes were explored:

* life story
  family, schooling, work, marriage, children
  sexual history, partner recruitment, sexual practices,
  condom use, previous experience with STIs
* self-perception
  concepts of self-identity, concepts of partner's identity
  gender identities, sexual attraction
  social support, sex education, notions of friendship and love
* the future
  what will happen and why
  marriage and children
  changes in practice and behaviours if any
* health and social issues
  STD/HIV/AIDS knowledge and beliefs
  STD treatment seeking behaviour
  concepts of risk and health
  society, religion and self

The two Focus Group Discussions were on the issues and needs of MSM with a focus on sexual health concerns, including STIs/HIV/AIDS. Other issues discussed were:

* situational and/or self-identities
* support systems
* health seeking behaviours
* social roles and expectations
* MSM mapping of the city
* existent access to STD treatment services
* family and marriage issues
* sex work

The Investigator also visited six of the main public sites in Hyderabad/Secunderabad where men can meet other men for sex on. One-on-one discussions also took place at each of these sites with a number of MSM facilitated by the Local Focus Person, following an assurance of anonymity and confidentiality, and an explanation of purpose.

There were also several personal discussions and two group discussions with two gay groups, one in Hyderabad and one in Secunderabad during their regular meetings.

A consultant was also recruited to discuss MSM issues with the Andhra Pradesh State AIDS Control Society, NGOs involved with sexual health promotion in Hyderabad/Secunderabad, and to evaluate issues of their concern, support, and possible resistance to an MSM sexual health project developing in the city.

**MEETINGS**
Saathi, a gay organisation in Hyderabad
Expressions, a gay social group in Secunderabad
Andhra Pradesh State AIDS Control Society
Andhra Pradesh State Management Agency
Nrityanali, a slum project
Pragathi, a project working with street children
Integrated Rural Development Services, a project working with female commercial sex workers
5 private doctors providing STI treatment

**SAMPLING**
As noted above, access to the MSM networks for data collection and interviews was through the personal networks of members of the Assessment Team.

This was because members of the team as well as the Principle Investigator believed (based on prior experience), that with the nature of the questions to be asked, and because of the MSM living in a social context of shame and invisibility, accessing a random MSM sample would be difficult, if not impossible.

Thus, sampling was based on personal networks and friendship, and was a non-random, non-probability sample. It was not intended to develop a behavioural study, but to reflect the levels of understanding, risks and behaviours within certain MSM networks known to the Principal Investigator, the Local Focus Person and members of the Assessment Team.

However, the choices of the Assessment Team was determined by:
* Local Focus Person access to networks
* a willingness and desire to become involved
* the time to do so
* an ability to be open about their own sexual desires, identities and behaviours
* MSM

While the Investigator had discussed the Assessment Project with the two gay groups in the city on his first initiatory visit, only one gay-identified man agreed to be a part of the training programme and Assessment Team. All others of the 15 member group were self-identified *kothis*. This meant that the members of the assessment team accessed MSM they knew or through people they knew, and since members of the team were *kothi*-identified, these were also *kothis*.

It was not possible to bring *panthi*s together for a group discussion (see MSM context below. However the discussion groups held a mixture of *kothis* from different occupational groups, gay men and male sex workers.

This selection process limited access to a number of possible networks and ensured that the Situational Assessment was a non-probability, non-random sample. However, while the majority accessed were self-identified *kothis* with a number of *kothi* sex workers, it was felt that it is this network that expressed the higher risk for STI/HIV transmission, as well as often the lowest income, and the largest number of members.

Size of sample population

* 200 completed questionnaires completed
  either on or near site or at the Local Focus Persons home
* 50 taped interviews completed
  near site where privacy could be assured or in the home of the Local Focus Person
* 30 involved in focus group discussions
  two discussion groups of 15 held in a rented accommodation

Because of the self-identities of the workshop participants, who in the main labelled themselves as *kothis* (there was one gay-identified participant as well), the majority of the interviewees were other *kothis*.

While this process gives information on the sexual behaviours and practices of *kothis* and their *panthi* partners, it could not perhaps provide adequate information on the level of male to male behaviours in Hyderabad/Secunderabad or the numbers of MSM. Estimates of the number of "public" (meaning visible by demeanour, behaviour and use of public meeting places) *kothis* and male sex workers were made by the Assessment Team members as well as the Investigator in terms of his field visits, but these can only remain as guestimates. No claim is being made in terms of accuracy, but these guesses are made by those involved in the networks themselves.

**DATA ANALYSIS**

The survey questionnaires were identified by a code number. Completed questionnaires were kept in a locked cupboard until all had been done. Necessary translation into English was done by the Local Focus Person. Following this the questionnaires were analysed using SPSS programme.

In terms of the taped interviews, the Local Focus Person translated and transcribed the spoken Telegu into written English. A code number identified each tape-recording. Following transcription the audiocassette were destroyed. After all the audiocassettes had been transcribed, the transcripts were then forwarded to the Principal Investigator for analysis.

While the original intention to record the Focus Group Discussions, the recording quality was found to be very poor. Further he process was very laborious since it required passing the tape-recorder back and forth between individuals all the time. After half an hour the process was stopped, and written notes and summaries were taken for each session. It was also decided to use this method for these discussion groups in the other three cities as well.

Field observation notes were written as summaries and included discussions with individuals at the sites, numbers present, behaviours observed, geographical details, and so. The Principal Investigator was supported by the Local Focus Person who took him to the specific sites, acted as translator while facilitating meetings between him and a range of individuals.

**ASSESSMENT PERIOD**

| | |
|---|---|
| 1st Workshop conducted: | 6th - 11th February 2000 |
| Investigator period in Hyderabad: | 31st January - 29th February 2000 |
| Data collection period: | 14th February - 30th April 2000 |
| Focus Groups: | 20th and 25th February 2000 |

## ISSUES OF CONCERN

1. *Recruitment procedures*
   Recruitment relied on the networking skills and knowledge of the LFP as well as the desire to participate, the time available, and the willingness to be consistent, of the potential team members.
   Only one gay-identified student was willing to participate in the training workshop and the Assessment.
2. *Quality of Assessment Team*
   Because of these issues, recruitment of appropriate MSM who were literate and understood the issues was difficult.
3. *Restrictions imposed*
   Because the majority of recruited individuals were *kothis*, with only one being gay-identified, and with no *panthis* (for obvious reasons - see below MSM context), accessing a broad range of differing MSM contexts was limited.
   Further to this, the majority of the team were from low income groups with limited education.
   This also meant that participants in the Focus Group Discussions were also restricted.
4. *Time constraints*
   Because of the time constraints in conducting the Assessment due to a very tight schedule for analysis and report writing, a more in-depth study could not be achieved.
   Translation and transcription of the tape recordings was difficult to achieve in the time allotted to this, and as a result, English versions were somewhat limited in their clarity and understanding.
5. *Data Input*
   It took considerably more time to input the data than expected. Partly this was to do with the daily power-cuts in New Delhi affecting the regularity of input, but also partly due to the inexperience of the data processor, despite initial training.
6. *Questionnaire*
   Not all questionnaires in the survey form were completed
7. *Tape-recorded interviews*
   Quality of the tape recordings were not very good, and some of the responses were garbled and unclear.

## SECTION THREE

***Demographic Profile of Respondents***

200 participants completed questionnaires, and 50 were accessed for taped interviews.

The men ranged in age from 18 to 51, of which 58% were between the ages of 22 - 30. 25% were married. 45% of the unmarried respondents reported they were in a relationship with another male. About and 62 respondents (31%) lived alone.

50% of respondents lived with their families, and 31% lived alone.

45% of the married respondents lived with their wives.

42% of respondents were unemployed, 25% identified as male sex workers, and 8% stated they were students.

66% reported incomes below 2000 Rps ($48), and 13% reported incomes above 5000 Rps ($119).

In terms of education, 14% reported no formal education, 33% reported completing 12 years, and 23% were either graduates, or completing college/university/post-graduate studies.

52% of respondents labelled themselves as *kothis* and 15% identified as gay or homosexual. All those gay-identified were either undergraduates or graduates, and English speaking.

## SECTION FOUR

### *MSM contexts in Hyderabad*

To attempt to use the term men who have sex with men as a bounded framework for this Assessment would have been incorrect leading to a greater invisibility of differing contexts of male to male sexual behaviours, expressed in an often bewildering variety and range of personal identities, behaviours, gender identifications and practices, which defy such a simple categorisation.

Further men who have sex with men should not be seen as an exclusive category of people, defined by a specific occupation or activity, unlike perhaps female sex workers and IDUs, or even truck drivers and slum dwellers, categories used in Hyderabad by NGOs and the State AIDS Control Society or the State Management Agency.

What seems to exist are a range of masculinities with differing contextualisation of a range of sexual behaviours, partner choices, perceived sexual needs, and desires.

While for some MSM there are frameworks of male to male desire, identities and visibility which may make it easier to access and quantify numbers, for the majority who sexually access these males and whose desires are around discharge rather than gender/sex roles, and who perceive themselves as 'manly' and 'normal men', it is almost impossible to quantify. Access would probably be easier through their *kothi* partners than directly.

Further, in the broader context perhaps we should be talking about male to male sexual behaviours rather than men who have sex with men (MSM) for the word "men" can be problematic.

Contemporary research on sexuality and gender have clearly shown that bipolar categories, such as man or woman as gender categories, and heterosexual or homosexual as sexual categories, are "not useful to describe the range of identities, desires and practices" (personal discussion with Carol Jenkins, Care Bangladesh, 1999) existing in South Asia generally and Hyderabad specifically. The terms "gay" or "homosexual" are too framed by a specific history, geography, language and culture to have any significant usefulness in a different culture from their source. In this we should be talking about sexualities, genders, and at the least, homosexualities and heterosexualites. Where UNAIDS and others speak of behaviourally homosexual, we can also talk about behaviourally heterosexual in the South Asian content.

Even the word bisexual, used to label those who have sex with both men and women, is not a useful category in differing cultures. At the same time the term men who have sex with men is also beginning to lose whatever usefulness it may have had, as this to has become a bounded category. What does the word "men" mean? What does the word "sex" mean? This was clearly seen in Hyderabad during a range of discussions, where some of those who do not identify as *kothi* or gay are using this term to give expression to their personal desires and behaviours.

In the focus group discussions the word "men" was defined by physical and behavioural characteristics, not some innate quality of masculinity.

*Sex means union of two souls and bodies. Discussion comment*

*A real man is muscular, respectable, husband and breadwinner. He also should have a big penis. Discussion comment*

Self-identities amongst MSM in Hyderabad varied across the spectrum of divergent categories, where those most public in the expression of same-sex desire, usually identified themselves as a different gender category which was feminised, expressing themselves in feminine language, sometimes through dress, make-up and mannerisms, and who also have access to their own specific "secret" language (*ulti* - a derivative of the *hijra* language) which is unavailable to the majority population. These individuals call themselves *kothis*, but this is a socialising and socialised role, where a "new" *kothi* with emergent desires (and often not so emergent, but in full force) will make friends with "older" *kothis* and learn the characteristics, roles, behaviours (including sexual), mannerisms and language. And it was this *kothi* framework which appeared to predominate among MSM in Hyderabad.

*Kothis* see themselves as the feminine in a masculine/feminine sexual partnership, and play out the perceived gender role in the culture. Most *kothis* in this study felt relatively comfortable with their choice, although expressing a varying degree of shame. The men who access these *kothis* for sex, and sometimes for sexual relationships and partnerships, are seen as "real men" by the *kothis*, men who play the "dominant", "active" and "penetrating" role. Such men do not see themselves as "homosexuals", since the people they have sex with are not "men", but feminised males. They do not have a sexual identity term for themselves, but practice a sexual behaviour, very often based on "discharge" and "body heat". They see themselves as men. The term *panthi* is used by *kothis* to describe them, meaning a "real man", a man who will penetrate them, and who also will have sex with women given the opportunity. Many *kothis* speak of **all** men as potential *panthis*, accessible to them as sexual partners, accessible, not based on male to male desire, but because of what was perceived as an urgent need for sexual discharge.

*You know, it really is easy getting a panthi. After the park closes, I usually walk past the bus stands, and I always get one. No problem. Really I think that all men can be got. They're always hot. All these men are panthis. Interview HH5*

As part of their public gender performance, many low income group *kothis* take oral contraceptives (many can't afford, or can't access, hormone injections) as a means of developing breasts, stating that *panthis* like to "squeeze" their breasts as a part of their sexual practice. From the range of discussions, taking oral contraceptives by these males is a significant activity, not as a means to become more like women, but as a tool to attract *panthis* as sexual partners.

*Yes, I take these pills. I get them from my friend, and he gets them from the pharmacy. He says they are for his wife. Why? Because I will get panthis more easier. They like me looking like a girl. Interview HK 4*

Sociocultural, religious and family pressure ensure that the majority of *kothis* will eventually marry and produce children, no matter how long they attempt to delay this process. The choice is often stark. Stay with your family, or leave! And with no social welfare system available, there is a perception of no choice. This intense pressure

produces a range of psychological effects, a depression and fear of non-performance with their wives, to a constant search for a "real man" who will "marry" them and look after them. In the discussions several *kothis* stated that they would even sometimes use female sex workers "for practice". For *panthis,* marriage and children are key identity markers for manliness.

*Of course I am married. I had to get married. My family made me. Focus Group Discussion HH2*

*I tried it out with this prostitute. It took her a long time to give me an erection. Didn't like it though, but I thought I would try it before my wedding night. Interview HS8*

*My parents have chosen my bride. I will be getting married in two months time. Interview HP2.*

Some of the *kothis* from low-income groups become sex workers as a source of generating and income. Usually this income was to support their family. But it should be noted that not all male sex workers are *kotihs*, and not all *kothis* are sex workers. Although in this study *kothi* sex workers by far were the majority in the sex worker category.

*I need the money. I am the only one in the family earning and income. All the money I get I give to my family. Interview HR1.*

*Panthis* are less clearly defined, being men of all ages and types, married and unmarried, across the spectrum of income and employment, who, at least at times, enjoy sex with other men or stated they could not access females, and they could not control their "body heat" and "needed to discharge". There was a strong sense of immediacy, urgency, opportunity and availability to their sexual behaviours with the *kothis*.

And of course all *panthis* will either be married or will get married eventually, fulfilling the social, religious and family expectations for all men in Indian culture

But beyond this "public" framework of identities, desires, and behaviours is a context even more invisibilised, an issue also relevant to HIV prevention. An unknown proportion of men experience male-to-male sex while young, often before male-to-female sex and often with family relatives such as cousins or uncles, or even with friends. Such behaviours are outside the "public environments" taking place in neighbourhoods, private homes, hostels, guesthouses, hotels, and a range of vendors' shops and other private places. Here the contexts may well play out a *kothi/panthi* framework, but often it is where access, immediacy and opportunity play a significant role in prevalence of this behaviour. Very often both of the partners involved in the sexual activity do not express a sexualised identity, but rather speak of need and urgency, "the heat of the moment", or "I did it in my sleep".

*I remember when I was fourteen. My cousin used to come and stay with us and we would share the same bed. At night he would wake me and do sex. Sometimes in was thigh, sometimes anal, and a couple of times he made me suck him. He was twenty five at the time. But in the morning he would never talk to me about it, even though I*

*loved me. When I told him this he said to stop being stupid. He never ever talked about sex with me. Interview HK7*

Some may well find that their experience of sex between men resonates with their own sexual desires and gender role preferences, and should they meet with *kothis*, develop their own *kothi* identity. Others give no voice or name to their experiences, and may well stop upon marriage, or continue in their neighbourhoods with local *kothis* and boys.

This does not imply that these sexual roles are limited to what they publicly speak of, i.e. "active" or "passive" since it is known that sexual acts and roles may well shift and change where space and time permit. Behind closed doors and under the blanket much more diverse behaviours may exist, where the *kothi* may well penetrate what was perceived previously as a *panthi*.

*I thought he was a real panthi, but when it came to the sex he asked me to put into him. Well it was standing, so I did. He was really a gupt kothi. Personal discussion with Investigator.*

A *kothi* identity is very much around performance, both public and private, of declaring one's sexual interest and preference. It is a socialising role, a framework to meet similar individuals and share common desires, feelings and behaviours. It is also a mechanism of self-recognition and recognising others. To be socially excluded is devasting. Sexual behaviour is a component of identity, and if behaviour falls outside the identity parameters and it becomes known to others, then the person can fall ouside the socialising role.

But such "cross-gender" behaviours are seen by *kothi* and by the so-called *panthi* himself as even more shameful, and both will consistently deny involvement in such behaviours. *Kothis* use disparaging terms (in the context of Hyderabad) such as *gupt kothi* meaning someone who acts like a "real man" in his mannerisms but behaves like a *kothi* in the sex act, i.e. is penetrated.

Other terms used by *kothis*, often in disparaging ways, is that of "lesbian" for a *kothi* who has sex with another *kothi*, or *bahin chode* (literally "sister f...") since *kothis* see other *kothis* as "sisters". At the same time, those men who have a broader sexual repertoire with other men and desire to be penetrated as well as penetrate have been termed as AC/DC or "double deckers" by *kothis* usually in a disparaging way. They will still be seen by kothis as *kothis*.

But for many of these men *kothis* are seen as disgraceful, shameless and not to be identified with, so *kothis* will also call them *gupt kothis*. What has been interesting has been a growing tendency amongst such males to begin to explore identity developments that express their desires of mutuality in sexual behaviours and choices. But as yet no clear identity or label has developed in Hyderabad. Those who come from the middle classes and have access to English will call themselves gay, or bisexual.

Labelling seems to be class and education based. Upper and upper-middle class who speak English will call themselves "gay", whatever their mannerisms and sexual

behaviours. *Kothi* is a term most used by lower-middle and lower class MSM. And these will also call gay-identified men *gupt kothis*, if not *kothis*.

Relationships between these diverse networks is usually class based, where gay-identified men will also disparage *kothis* for being shameless, dirty, low class and uneducated people.

In Hyderabad, relationships with the two gay groups in the city and some more educated *kothis* were usually a termed as friendly but seen as different. However in many discussions *kothis* felt very uncomfortable with gay-identified men because of a lack of English skills, class and economic differences and marginalised by these gay-identified men. The sexual networks and "cruising" areas differed, and rarely was there any socialising and mixing between them. In Hyderabad, some concerted initiatives were begun to try and bring these networks together, usually on an individual basis. In Hyderabad this has been done by an extremely active individual who has managed to access both the *kothi* networks and the networks formed by gay-identified men.

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 that 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.

*If anybody found out about me I would bring great dishonour to my family. I have to keep it a secret. Only my kothi friends know. The ones I have sex with they don't know my name. Interview HK9.*

In summary what we can say about male to male behaviours in Hyderabad is that

- For many men involved in male to male sex, MSM is not a sexual identity but a behaviour based on desire for discharge.

- * Most MSM behaviours are not contextualised within a heterosexual - homosexual paradigm but within a gender framework and role play, where a feminine gender performance signifies the role taken in a sexual act.
- * This gendered framework is constructed within a *kothi/panthi* dynamic, where the *kothi* perceives himself and his desire for other males in the context of feminine gender roles in India, i.e. the “penetrated” partner. *Kothis* identify as feminine males, constructing their social roles, mannerisms and behaviours in ways that attract what they call *panthis* - “real men”.
- * In this context many *kothis* are visible in a range of public environments and neighbourhoods, but *panthis* are not, for they could potentially be any “manly” male.
- * This does not mean that Hyderabad does not have any gay-identified men as it is understood in the West. It does. But these men are primarily English speaking, usually middle class, and a minority amongst men who have sex with men.

  Gay-identified men are much less visible in public arenas because of their identity construction is not based on gender desire.
- * Nor does it mean that *kothis* do not penetrate, or that *panthis* are not penetrated. Some do cross over these gender roles. But such crossover is secret (*gupt*), and is not discussed with friends. Such gender role crossovers are seen as even more shameful. Similarly for a *kothi* to admit to having sex with another *kothi* is also considered shameful, and crosses the "incest" boundaries, i.e. *kothis* will state that they perceive each other as "sisters". A new term being used by *kothis* for such sexual encounters when known is "lesbian".
- * There are several *kothi* dynamics:
  - i. *satla* (or sari) *kothi* - a *kothi* who cross-dresses
  - ii. *kandra kothi* - a *kothi* sex worker
- * *Kothis* have the own words and language, a derivative of the *hijra* language
- * *Panthis*, or “real” men, do not see themselves as homosexuals or less masculine because of their sexual involvement with *kothis*. They penetrate *kothis* who are not “real men” - they are *kothis.* Their personal sense of manliness is safe.
- * In other words we have a spectrum of masculinities.
- * In a culture that excludes females from public spaces, that socially polices females and controls their access by males, and where sexual behaviours are based on gender identification rather than sexual identity, it is possible that for many “manly” males, sexual access will be with *kothis* or those deemed less “manly”, i.e. young males and adolescents.
- * With this gendered dynamic it may be possible to physical count the number of *kothis* at a range of public sites, but this doesn’t address the so-called *gupt kothis* - the ones who are secret. Nor does this address the number of “manly” partners these *kothis* access
- * Beside the *kothi* frameworks, there is another dynamic of male to male sexual behaviours, which because of a shame-based culture cannot be readily accessed. This includes inter-family male to male sex, sex between friends, sex within male only spaces. Such behaviours are not identity-based where desire is based on same-biological sex, but rather on immediacy, “body heat” and felt “discharge” needs
- * Such behaviours could be significantly high since there is a limited social construction of heterosexuality - perhaps we can call this behaviourally heterosexual” - and where sexual access to females is very limited. What

appears to exist in Hyderabad, like the rest of South Asia is a core personal identity in terms of gender role, marital status and class. Identities are not based on sexual object choices.

* Gay identities have evolved (and are evolving) from the globalising of Western lesbian and gay frameworks. In Hyderabad such gay-identified men were primarily English speaking, middle and upper class, with extensive contacts with Western gay culture and/or emergent gay groups across India through the internet.
* Gay relationships are usually based on a personal sexual identity, a mutuality, friendship and exchangeable sexual acts - they are companionate relationships formed within a same sex/same gender dynamic. What this means is that gay men are sexually and emotional attracted to other men. They identify as men.
* *Kothi* relationships are based on gender roles - a "husband and wife" relationship. *Kothis* are not friends with their *panthis*, but "wife". This is a relationship based on same sex/different gender identification dynamic. *Kothis* make friends with other *kothis* with whom they "never" have sex with. For *kothis* this would be like having sex with their sister.
* *Kothis* are attracted to *panthis*. *Kothi*s perceive themselves as kothis, not "real men. The focus of desire is in terms of penetration.
* Many men who sexually access *kothis* do so for semen discharge, not because he other person is a male.
* Male to male sexual desire should be contextualised differently from male to male sexual behaviour

***Gay identity and organisations***

From all the anecdotal information, personal observations, and discussions with the gay groups in Hyderbabad, there appears to be very few gay-identified men amongst the MSM networks in Hyderabad, and these men are from the middle-class, English speaking groups in the city, including a significant number of undergraduate or graduate students.

In Hyderabad, there are two gay support groups holding regular group meetings, with about 15 to 20 people attending these meetings. Relationships between the gay groups and with educated *kothis* were usually termed as "friendly" but each network was seen as irreconcilably different and separate. In many discussions *kothis* expressed uncomfortableness with gay-identified men because of a lack of English skills, class and economic differences and also often felt marginalised and "looked down upon" by these gay-identified men. The sexual networks and "cruising" areas often differed, and rarely was there any socialising and mixing between them.

Some initiatives had been attempted to try and bring these two very differing networks together, but with very limited success. This work had been done by an individual who had managed to access both the *kothi* networks and the networks formed by gay-identified men. He was a social activist working with a leprosy NGO, English speaking, and identified as a gay man in the gay context and a *kothi* in the *kothi* context. As of the Assessment period very little has been achieved in this area, primarily because of language, class, and income differences. Several gay-identified men strongly expressed their distaste for *kothis*, calling them "dirty", "low class" and other disparaging epithets.

*"How you can stand them? They are a real dirty bunch. And so effeminate." Interview HV2*

This divide was clearly expressed at a major "cruising site" where the boundary line was a brick wall and the pavement along side of the wall. The gay-identified men would stay fixed on the brick wall, either sitting on it or leaning against it, awaiting passing motor-cyclists and car drivers to "cruise" them. On the same stretch, *kothis* will walk up and down the pavement, "cruising" in their performance style among the men who would pass by them. A physical count at this site by the Investigator showed a significant difference in number with *kothis* outnumbering the gay-identified men by 5 to 1*(Field notes, Site H2).*

As a rough guide, those who call themselves gay can be seen as English speaking and higher incomes, whilst those who call themselves *kothis* as speaking in Telegu and with lower incomes and also with predominately "feminised" mannerisms and sexual behaviours choices.

Members of the gay groups had also begun to distribute free condoms at one of the major sites, and to speak of HIV/AIDS, while trying to develop awareness of the risks of HIV transmission. But this small-scale intervention was limited to their own gay networks and a very few more educated *kothis*.

In brief, identities, practices, and desires were not completely congruent, allowing for considerable flexibility and producing a complex picture of male-to-male sex that bears little relationship to that described in the literature for most other parts of the world.

***Situational Identities***
Such beliefs and practices led the majority of participants in this study to act out situational identities. That is within the family home and neighbourhood they will perform as young (or not so young and married) men, while in specific environments, perform as *kothis* amongst other *kothis*, or to draw the attention of potential male sexual partners. Such involved an exaggerated sway of the hips, loose wrist actions, eye movement, touching the mouth with a finger, and so on. These gestures demonstrated sexual availability to the *panthis*.

The crossover from one to another can be remarkably swift and immediate. Crossing a road and entering a "cruising" site the actions and mannerisms changed immediately. When this was discussed, the *kothis* stated this was for safety and security in the general society, to keep their desires and behaviours secret from family and friends, ad to ensure invisibility on the streets away from what were perceived as safe areas, i.e. "cruising" sites. This somewhat contradicted the statements about levels of harassment in the city.

Situational identities then act as a device to invisibilise identity choices, desire and behaviours, maintain social and family stability, and reduce levels of potential harassment and violence (of which none was observed by the Investigator). This also meant that the *kothi* identity has a significant level of performance as part of it. This was clearly borne out in some of the discussions where several males stated that they perform as a *kothi* with other *kothis* to be able to be a part of a social network, rather than because of the sexual behaviour and identity choice, i.e. they saw themselves as men with both "active" and "passive".

*When I go to the park, I become even more kothi. We gossip, flirt with the men, sometimes I will put make-up on, and generally act kothi-like, but even more so. Interview HH10.*

***Social Context***

India, while rapidly developing, is still mainly bounded by traditional and conservative value systems expressed through religious and cultural norms and expectations. Hyderabad is become noted for his information technology expertise (second only to Bangalore in the state of Karnataka), where the Chief Minister of the State is often spoken of as "computer babu".

A growing urbanisation has led to significant levels of rural young men migrating to the city in search of employment as often as excitement.

It should be noted that only 20 per cent of Indians are urbanised, while the remainder still live in rural areas. And of this 20 per cent urban population, only 15-20 per cent of these can be called middle or upper middle class and English literate. Thus the vast majority of Indians, (including those living in Hyderabad) should be seen as low-income Telegu speaking (with only 60% literate in this language).

Hyderabad also has a strong Muslim culture with a long history of Muslim rule prior to Indian Independence.

It is believed by many in the city that this history has evolved a more tolerant attitude towards male to male sex practices, as long as it was not too visible to become a "public nuisance". This has led to what appears to be a low-key profile of police activities in the various "cruising" sites, and a higher degree of openness amongst the *kothis*. For example, many *kothis* were seen at the local bus-stands outside a major "cruising" site after its closures behaving in a public performance of being a *kothi*, and "cruising" the men at these bus and taxi stands quite openly. At the same time, a range of sexual activities between men were also taking place in the more darkened areas of the site during evening time prior to closure, with, as far as can be determined, no attempt to stop the behaviours by the patrolling wardens. *Kothis* in the assessment spoke of little police harassment, and what did exist was usually about accessing sex and money from the *kothis*.

*You know that police station near the bus stand in L...Well I always go there to give sex to the police and sometimes the men in the jail. Interview HH6.*

The *kothi* networks also seemed to be extensive and spread across both Hyderabad and Secunderabad.

The sense of a degree of safety did not translate into a reduction into the levels of shame expressed by many *kothis*. Shame in this context was about breaking social and family norms, of being outside of socially acceptable behaviours. Social, religious and family expectations were strongly expressed in the workshop, interviews and discussion groups. The sense of not being able to fulfil these expectations created the context o shame felt. This feeling of shame also strongly factored risky behaviours and practices as well as treatment seeking, particularly those from low income groups.

Thus public environment sex was very rapid, leading to discharge in a few minutes. Such a methodology involving anal penetration led to several *kothis* speaking of anal bleeding and pain. Combined with a lack of sexual knowledge, low condom usage, low access to treatment, no access to an appropriate water-based lubricant, this type of sexual practice created high risks for STI/HIV transmission.

*They are so quick these panthis. Sometimes, as soon as they put it in they come. I keep looking for a panthi who can last a long time, more than just a couple of minutes. Interview HK10.*

***Sociocultural frameworks of male to male sexual availability***

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

* Marriage is considered a social and religious duty and a family obligation, not one based upon personal desire and choice. It is therefore seen as compulsory and a social necessity.
* To remain unmarried is seen as strange, if not an aberration. Cultural and religious beliefs dictate that a male achieves social responsibility and thus personhood upon marriage.
* Marriage may often be delayed till the male is in his late twenties or early thirties, because of the economic costs as well as perhaps for a lack of interest and desire
* 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.
* In this context sex is seen as reproductive. Sociocultural traditions in India, 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.
* 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.
* Here what matters, is not the pleasure of the partner, but the pleasure of the self. Sexual behaviour becomes one of sexual discharge.
* 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.
* Indian culture 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.
* Concepts of sexuality, sexual behaviours and sexual identities are bound up within concepts of gender roles (the penetrated and the penetrator) and semen discharge. Such a framework will often leads to high frequency of sexual partners.

* For some males who sexually penetrate (the *panthi*), the gender of the sexual partner can often be irrelevant. What matters, is to discharge.
* 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 extreme over-crowding, poverty, males sharing spaces, a substantial number of males below the age of thirty and unmarried, difficulties in sexually accessing females, lack of privacy which can also be costly, 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 very young adolescents to much older males, from close relatives to the domestic servant, from the rickshaw driver to the businessman. Many will engage in these behaviours sporadically, or over relatively brief periods of time. 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 sexually 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 *panthi* with a *kothi* (with a very few exceptions of mutuality and equality).

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 sector also a part of these networks. Whether just for sexual release, money, or actual desire for sex with other males is a difficult question to answer. Taxi-drivers, rickshaw 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 *khel* (play). In Hyderabad 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.

But perhaps we should accept that often Indian male sexualities are amorphous, opportunistic, spatially bound, discharge oriented, time-based, as well as those based upon same sex desire and love. .

In doing so we have to recognise that the impact upon any STI/HIV/AIDS prevention and control programme which does not address male to male behaviours will be doomed to failure. To deny their existence, or to contextualise it within the limited heterosexual/homosexual paradigm will ensure that no such programme will successfully contain the spread of AIDS.

***Mapping***

The movement of *kothis* from the Hyderabad side to the Secunderabad side of the "twin cities" was free flowing, and an effervescent search for sexual partners. For example, a centrally located park in Hyderabad closes at 9pm, and activities shift to the boundaries outside the gate, while many *kothis* move to another area located in Secunderabad which is bounded by major roads but gave significant opportunities for sex on site. This site operated at a later time, usually ending opportunities to around midnight.

Ninety-two sites where men can meet other men for sex were identified in the Hyderabad/Secunderabad area. They involved parks, bus-stands, railway stations, auto-taxi stands, public toilets, cemeteries, specific streets, bazaars, market places, shopping centres, any area where a measure of anonymity and access to males was possible. While sexual activities did take place in many of these sites, much also took place in construction sites, guesthouse, lodges and hostels where after meeting the partners would go for more private sex.

Some of these were significantly large and complex areas. A major site in Hyderabad held over 300 kothis during a weekend evening, whilst one in Secunderabad held a similar number at a same time and day. In these sites, mixtures of different frameworks of MSM operated in conjunction with a few female sex workers. Rich in variety, the investigator observed *kothis* in their diversity, from male sex workers who identified as *kothis*, *kothis* who cross-dressed, *kothis* dressed as men, *kothis* from middle class as well as from low income groups, *kothis* who sold sex as well as *kothis* who did not, and the richness of the language of description and labelling, of identities

and desires. At the same time, the investigator also saw a few gay-identified men seeking sexual partners, and other men (what *kothis* call *panthis*) seeking sexual discharge with these males. At a particular site the Investigator physically counted 130 males selling sex, and an approximately equal number not selling sex, on a single weekend visit. Along side these, the investigator also counted 20 female sex workers.

But at the same time, *kothis* would also cruise men in just about any public space where men were; in restaurants, teashops, shopping centres and malls, at any time.

Discussions in the workshop and Focus Group Discussions generated guestimates of

| | |
|---|---|
| male sex workers: | 2000 |
| *kothis* | 10,000 |
| partners of *kothis*/male sex workers | 100,000 |

Their accuracy could not be verified.

A physical count was made by the Investigator at the 6 public environments visited. A total of 300 male sex workers were identified with 1000 *kothis*, and approximately 1500 *panthi*-type males. Assessment team members provided assistance with the count.

***Support and friendship systems***
For *kothis* accessed by this Assessment, their key support and friendship system was other *kothis*. This also expressed the gendered framework in which the majority of *kothis* identified with.

In Indian cultural systems, men and women rarely make friendships. The public arena is male dominated, where male to male friendships are expressed in the public domain.

But *kothis* see men as potential *panthis*, and treat them as such. It was seen as rarely for a *kothi* to develop a friendship with a man without a sexual component. *Kothis* expressed the desire to "find a husband", or just to find sex, but even in this context *kothis* recognised that this "husband" will get married and live with his wife.

In a situational context *kothis* will perform as males in other public contexts and in the home, and thus will friendships with other neighbourhood males and relatives. But even in this arena, *kothis* spoke of sex with friends, these male friends. Never with another *kothi*.

Thus it is clearly seen that support systems tended to be expressed in a narrow arena, usually in a public environment, although sometimes *kothis* will visit other *kothis* at their homes, particularly so when that *kothi* has a room to himself. Here again this space becomes sexualised, as *kothi* friends will bring their *panthis* to access the privacy of the space.

This investigator was able to access several such homes to talk with small groups of *kothis* who had strong bonded relationships with each, who called each other by feminine names and relationships, such as sister, aunty, mother, and so on.

Within this were several lateral and vertical relationships based on female Indian family structures, which required acknowledgement, as well as "sibling" rivalry and discord over apparel, make-up, appearance, and potential sex partners.

*Kothis* would always turn to other *kothis* for moral, emotional and financial support.

***Poverty and sex work***
A majority of *kothis* were from low-income groups or were unemployed. Literacy levels were low as were the number of years of education.

Many *kothis* from low-income groups, unemployed, or low-paid, will turn to sex work to generate extra income. The study was able to access only *kothi* sex workers, although discussions with members of the gay groups, educated *kothis*, and others indicated that there was a smaller network of middle class male sex workers who were available at a significantly higher price than *kothi* sex workers and expressed "normal" male behaviours, i.e. they both penetrated and were penetrated.

Motivations also differed somewhat. For *kothi* sex workers, the issue was very much to due with poverty and the need to financially support their families. For the middle class sex worker the motivation appeared to be the self, extra gifts, increase their own consumer purchasing power, or making potential useful contacts, or even to pay for tuition and/or college fees.

***Psychosexual issues***
Sex education was absent amongst the participants in the Assessment. Knowledge of the male and female bodies, of reproduction, of the sex organs was almost non-existent. What did exist was gained from friends, pornographic videos, and magazines.

This led to a variety of myths, beliefs and practices, which were accepted as true and helpful. A considerable tension existed regarding masturbation as a soon of body and mental weakness, that reduce the virility and functioning of the penis, if not producing damage of one sort or another. Constantly the Assessment team, as well as the Investigator, were asked about medical treatment for nocturnal emissions, masturbation, penile sizes and shapes. Many of these men used "quack" remedies from street vendors for their perceived weaknesses.

At the same time, the lack of knowledge of their own and female bodies led to a range of risky practices, such as rapid discharge, or anal bleeding, achieved through dry and rapid penetrative acts.

Reproduction also carried its own myths and beliefs, where many men had no idea how babies are conceived, developed in the womb, or even born.

***Gender***
It is the belief of the Investigator that the accepted gender polarity of male and female is not so clearly divided in Indian society, and this seems to be borne out in the Assessment. In terms of men who have sex with men there appears to be a range of masculinities, a spectrum of possibilities, where at one end are *kothis* and then what *kothis* define as "real men", *panthis*. *Kothis* are not men believing they are women, or even want to become women. They appear to see themselves as "less then men" but

"more than women". While they identify with the feminine, much of the identification is around performance as a means to attract these "real men" as sexual partners.

Male and female gender roles are strictly divided through sexual positions, appearance and dress, mannerisms, and work functions. These roles are hierarchical and oppositional. Women are "passive", "servile", "domiciled", wife and mother. *Kothis*, through their gender identification are also supposed to "passive", "servile", "domiciled" and "wife" to their *panthis*. The *kothis* in the Assessment always spoke of "finding a husband", seeking for a "real man" with an "akka likam" (meaning a big penis).

But there were intense contradictions here. *Kothis* in a public space (like *hijras*) can be extremely voluble, sexually assertive (it is the *kothi* who usually approaches the *panthi* in the cruising sites), and will often dominate the sex act, even though he is being penetrated. And it should be recognised that many *kothis* also play the role of husband and father with their wives.

It cannot be taken as a given that because *kothis* identify with the feminine, that they may take the receptive role in the sex act, and use feminine terms for each other, that they are passive. There is much diversity in all of this.

But it is recognised that the fact that *kothis* play out the socially accepted gender roles, that there self-definitions, language and behaviours sustains a patriarchal framework of gender relationships and sexual behaviours, and increases their risk of STI/HIV transmission.

***Religion***

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 sociocultural 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 a 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. The personal prayer, or 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 his 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.

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

All those interviewed professed affiliation to a specific religious tradition accepted their specific religious traditions. None could conceive anything else.

Yet these respondents found ways to balance their sexual practices, identities and desires within the context of being a Hindu or a Muslim, or a Christian. Whilst many of those who identified as *kothi* would speak of shame, guilt, dishonour, they also believed that what they were, who they were, and what they did, was between themselves and God. Religious belief was still important to them and a central part of their self-definition.

While the Assessment questionnaires did not request information on religious affiliation, this issue was raised during the interviews and discussion groups.

Hinduism is the predominant religion in the city, but Islam has a substantial presence. However, the *kothi* networks seem to be divided along religious lines, with Muslim-based networks existing in old Hyderabad, a mainly Muslim area, and Hindu networks existing in the rapidly expanding surrounding areas . There was some cross-over of these networks, *kothis* in the Assessment stated, but the Investigator saw very little evidence of this during his time in the city. Certainly the Investigator was only able to access 10 Muslim *kothis* during this time. None were involved in the Assessment team. These issues will have significant impact on any intervention designed for Hyderabad.

Social, religious, cultural and political tensions do exist between the Muslim and Hindu communities, largely framed by considerations, such as the India/Pakistan conflicts, terrorism, as well as differences in perceived educational and employment opportunities, and some of the broader, all-India, political developments. These tensions were not greatly expressed to the Investigator in any perceivable way but were stated through individual comments about a Muslim's desirability or not as a sexual partner, as well as a perusal through the media at the time.
Both Hindus and Muslims expressed similar sentiments about family and social expectations, of performing as men, fulfilling duties, maintaining family honour, of marrying and producing children, particularly sons. Choice of marriage partner was still seen as a parental duty and separation from the family as not an option.

In this context marriage is an expected duty to be fulfilled. Very few *kothis* stated they would refuse to marry, whilst the majority expressed a sense o dread and fear. Where family pressure was already being exerted, several *kothis* spoke of depression and mental tensions. What was noticeable was that in this situation, a higher partner level seemed to be in operation.

***Family***

Joint and extended familial links are strongly held together by custom, tradition, belief, practice and economic need. 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.

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 are the focus.

***Marriage***

In India, marriage is a social, cultural and religious necessity, a central issue within people's lives and a mainstay of family and community life. It should 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. In urban environments there may be a matter of choice and concepts of "love marriage" are growing in the middle classes, but ultimately all in the Assessment saw marriage as no choice. As Herdt states in his book Same Sex Cultures, " full personhood is not achievable until people have married and produced children" (p5).

To remain unmarried is often seen by the family and others as an aberration, a sickness, bringing shame and dishonour upon the family, creating social and family disorder. And to have no children can be seen as a curse.

But marriage is not based on mutual friendship, desire and love. None of the married men in this Assessment have informed their wives about their extra-marital behaviour with other males, or for that fact, other woman. They believed that all they need to do is to function adequately as husbands in terms of economic support for their wives and engaging in sexual intercourse in order to have children. Marriage was considered a duty and sex as a means to have children.

The wife is seen as the bearer and mother of his children, not as a friend and lover. Marriages are not seen as companionate and egalitarian. And 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".

***Sexual behaviours and impact on sexual health concerns***

As indicated in the Summary above, the *kothi/panthi* framework of male to male sex is the predominant pattern in Hyderabad. The Assessment indicated high levels of unprotected anal sex, higher levels of anal sex compared to oral sex, high levels of multiple partners, significant levels of possible symptoms of STIs, and a significant degree of untreated symptoms.

There was a significant difference in the issues between gay-identified men and *kothi/panthis* in the Assessment, where gay men were reporting much lower rates of anal sex, lower rates of multiple partners, with a greater tendency for a single partner, as well as earlier treatment of STI symptoms, and more condom use.

It was noted that saliva was the common lubricant used for penetration, but that a significant number of assessment participants also reported using oil-based lubricant as an aid to penetration, even with condoms. Only those who could afford it would use KY jelly, a water-based lubricant, and these were primarily gay-identified men, and those *kothis* who knew about KY jelly and who could afford the price.

Gay men also had a slightly higher degree of awareness and correct knowledge of HIV infection routes and means of protection compared with *kothis*.

While the majority of assessment participants had heard of HIV/AIDS, and at the same time personal risk assessment indicating that a large minority knew that they were at risk from STI/HIV infection, actual specific knowledge of HIV transmission was mixed and confused for a large minority, primarily *kothi*-identified males.

There was a clear gender-based division about partner notification where female partners of MSM were less likely to be informed of their partner's status than male partners.

In the taped interviews and focus group discussions it became clear that *kothis* appear to start their sexual activities at an earlier age than gay men do. There is a range of sociocultural reasons for this, around availability and opportunity. What was significant that many *kothis* started their sexual histories in adolescence and usually

by 12 to 14 had some experience, usually with a male relative such as an uncle or cousin. In fact this seemed to be a predominant pattern.

During these discussions and interviews it also became clear that there were other frameworks of male to male sex outside of a *kothi/panthi* dynamic or even a gay dynamic.

Participants indicated male to male sex was going on in hotels amongst hotel staff and between hotel staff and guests, amongst street children, and street children and others, within a range of all male institutions such as boarding schools, madrassas, military establishments, hostels, prisons and so on. All sorts of males from across the spectrum of age, class and occupation were described as being involved in male to male sex, from police offices to beggars, from rich businessmen to movie extras, from rag pickers to truck drivers.

At the same time, the discussions generated a whole range of reasons why males have sex with males, from male to male desires, to "women don't do oral or anal sex", from protecting a girl's virginity to maintaining one's chastity, from "body heat" to "the anus is tighter than the vagina".

Most male sex workers were *kothi*-identified and primarily involved in anal sex as the receptive partner. The majority come from low-income groups, unemployed and poor. A significant number were illiterate or poorly educated, with low levels of knowledge of STI/HIV/AIDS. Condom use was minimal among male sex workers, and prices were low. There was anecdotal and observational analysis that indicated that there were perhaps more male sex workers than female sex workers in Hyderabad. At one major site, when a physical count was done there was some 80 male sex workers operating at this site but only 20 female sex workers. *Kothis* had reported that female sex workers work the same areas as male sex workers do.

Most MSM will also be married, usually by the time they are in their late twenties or thirties, whether they are *kothis* or *panthis*. It was clear from the interviews and discussions that marriage is a central issue in the lives of MSM even those who were gay-identified. A familial and social necessity, the vast majority of those accessed who were not already married believed that they would have to get married, whether it was their choice or not. It was only a few gay-identified men who said they would resist their family's pressure. It was noted that these men also were financially independent and lived alone.

In such a situation where condom use was low, where anal sex was a common and regular practice, and where multiple partners was also common, the possibilities of STI//HIV transmission is high both between males and between MSM and any female partners they have.

Many *panthis* accessing males will also access females for sex, particularly female sex workers.

A large number of assessment participants were reporting a range of symptoms that could be related to various infections including STIs. Yet a significant number were not seeking treatment, either currently or when previously symptomatic. However less

than fifty percent sought proper treatment (hopefully) at either a private doctor, or hospital. Male sex workers were reporting higher rates of symptoms as expected.

From this information it is clear that they were distinct differences in regard to sexual health issues for gay-identified men and *kothi*-identified males. It is also clear that the levels of risk for STI and HIV infection and transmission are considerable, and that this risk also affects female partners of MSM as well as male.

***BCC Materials***
No appropriate BCC materials existed in Hyderabad. The local gay group conducting the small scale intervention was using a leaflet (produced by another agency working with female sex workers) which spoke of vaginal sex but not anal, which asked MSM to practice partner reduction or abstinence, and which talked of water-based lubricant without indicating where appropriate resources could be obtained. The intervention observed by the Investigator was conducted by one person in a large site, with 20 leaflets distributed, each with four condoms.

***NGO and Donor response***
Discussions by both the consultant and by this Investigator with a number of local NGOs working on HIV/AIDS issues (4), the State AIDS Control Society, and the DFID sponsored State Management Agency indicated a high degree of support for an intervention amongst MSM in Hyderabad and Secunderabad areas. The framework promoted by the both the State AIDS Prevention Society SACS) and the State Management Agency (SMA) was that of at 'closed' risk groups, where SACS would "look after" issues concerning safe blood and intravenous drug users, and the SMA would "look after" female sex workers, slums, street children and MSM. All these were seen as discrete groups and activities.

The State Management Agency expressed a keen interest in supporting and MSM sexual health project, but made it clear that the DFID framework of poverty alleviation would also be a factor. Originally the SMA and SACS only considered an intervention among only 200 MSM. But following a field visit to a site in Hyderabad and a site in Secunderabad by a Programme Officer of the SMA escorted by this Investigator and members of the Assessment team, a different urgency emerged. During this field visit on one evening, a total of 132 *kothi* sex workers were counted, and a further 270 *kothis* and *panthis* were observed. The SMA took a very positive stance and requested more information. The SMA will support a *kothi* intervention project.

While a number of the doctors interviewed said they would be willing to accept referrals, actual ability to work non-judgmentally and effectively with these male clients was doubtful. An impression was gained that these doctors were stating what seemed to be appropriate to the Investigator. However, two doctors were MSM themselves and were willing to treat other MSM. They would need a degree of training.

It also was clear that training would have to be given to NGOs on MSM issues and the contexts in which male to male sexual behaviours take place.

***Conclusions***

In exploring male to male sex in Hyderabad this report highlights the following issues (in no specific order):

* There are significant levels of males who have sex with males where a *kothi/panthi dynamic* was the most prevalent framework of MSM in the city
* Some gay identity and organising does exist but this was very limited and middle class-based
* High rates of anal sex exist between males particularly *kothis/panthis* with lower rates for gay-identified men
* Significant levels of male commercial sex work exist in Hyderabad, where MSWs were primarily *kothi*-identified males
* High levels of partner change amongst *kothi*-identified males, less so among gay-identified males
* High rates reported of possible STI symptoms
* Low levels of appropriate health seeking behaviours
* Inadequate appropriate STD treatment services regarding anal transmission of STIs
* No appropriate condoms available suitable for anal sex
* No affordable, accessible and appropriately packaged water-based lubricant available
* Many males who have sex with males begin their sexual activities in early adolescence, where their first sex partner is usually a male relative
* Many males involved in male to male sex do not have a sexual identity
* There are no appropriate education resources dealing with male to male sexual behaviours and/or anal sex available
* Low levels of appropriate knowledge of STIs/HIV/AIDS amongst males who have sex with males
* Very low levels of condom usage
* MSM behaviours are usually invisible because of secrecy, shamefulness and denial as well as a lack of understanding the context in which they take place
* Many males who have sex with males will be married and many will get married
* Gay identified men on the other hand usually find sex partners among other gay-identified men,
* *Kothis* sexually access many different men across Hyderabad and Secunderabad.
* They have extensive social networks with other *kothis.*
* They usually come from poor, marginalised and socially excluded communities.

To a significant extent MSM in Hyderabad do not comprise an easily identifiable or visible target group apart from those who identify as *kothis*, or even gay men. There appears to little gay identity and no commercialised gay venues. To insiders, male sex workers are easy to find, but, unlike female sex workers, relatively invisible in most social spaces. Therefore, reaching these men through their own collectivities, a strategy that was very successful in Western nations, is not directly applicable here without a considerable investment in community building. The wives and other female partners of MSM comprise a very vulnerable group and will be particularly difficult to reach. Therefore, both for reasons of efficiency and cost-effectiveness, a peer-led process of developing collectivities must begin. The Assessment Team was

rapidly becoming a process of community building by the time this Investigator left Hyderabad.

Anal sex is a fairly common practice, placing MSM, particularly *kothis*, at high risk of STIs and HIV, especially when poorly lubricated and not protected by condoms. Anal STIs are not well understood by most doctors and there is no syndromic algorithm for anal infections. Condom usage was low, and even with low quality of STD services available, access was marginal.

Accessing adequate STD care is very difficult for the poor and uneducated within these networks. Embarrassment and lack of money, coupled with providers' ignorance of MSM's sexual practices and the lack of a syndromic algorithm for anal STIs adds up to poor treatment and continuing infection.

Anal sex, as it is practised in Hyderabad, has a high likelihood of producing anal damage. Any blood present during sex increases the risk of acquiring HIV, and this is probably enhanced by the presence of piles.

The considerable level of partner change and sexual networking evident in the Assessment, coupled with the significant levels of reported current anal STI symptoms, demonstrates the potential of this group of men and youth for a concentrated HIV epidemic.

Given their fairly extensive sexual networks and contacts with women, *kothis* and their partners represent a "core group" for transmission. Whether their practices are approved of by society or not, they exist, appear to be numerous, and have a long history of tacit tolerance. Specialised services and sensitive outreach programmes will be required to address their needs.

*Kothis* sexually access many different men across Hyderabad and Secunderabad. They have extensive social networks with other *kothis*. They usually come from poor, marginalised and socially excluded communities. If support and technical assistance can be given, it is possible to develop a community building strategy amongst *kothis*, and use this emergent community as a means of education and prevention intervention amongst *kothis* and their partners, where *kothis* can be mobilised on behalf of improving sexual health among MSM generally.

But it should also be recognised that *kothis* do not have the experience, knowledge, or skills to develop, implement and sustain an MSM sexual health intervention without considerable initial and on-going technical assistance.

***Recommendations***

## Introduction

In terms of developing and implementing an HIV/AIDS intervention strategy in Hyderabad for males who have sex with males, the issue of implementing a gay OR a *kothi* framework needs to be thought through thoroughly, particularly in terms of levels of impact, numbers of MSM reached, accessibility, appropriateness and outcomes. Whilst a gay organisation does exist in the city, its ability to reach out to the poor, marginalised and socially excluded MSM, the majority of whom are *kothi*-identified males and their male sexual partners, is clearly limited.

The reasons for this, as identified above, are

* Significant differences in class, education and gender identification where gay-identified men are primarily from middle-classes, while *kothis* and the sex partners are primarily from low income groups
* This leads to different and inclusive social networks, which do not mix or socialise
* The vast majority of male sex workers are *kothi*-identified
* The evidence points to a higher rate of risks amongst *kothis* than amongst gay-identified men
* *Kothis* and their male sexual partners make up a majority of accessible MSM
* While gay-identified men can access some other gay-identified, *kothis* are able to access not only other *kothis*, but also their male sex partners - *panthis* - in significant numbers
* *Kothis* can access many other males with differing identities and different sexual behaviour frameworks.
* *Kothis* represent an identified network and an emerging community, which is at particular risk of STD/HIV infections.

For these reasons the following recommendations are being made.

**1. Behavioural and anthropological research**

1.1 Academic and action-based research needs to be done in the constructions of masculinities and male sexual behaviours in Hyderabad. Such research can provide information for developing effective and sustainable intervention strategies in regard to male to male sex.

**2. Developing an MSM community-based AIDS service agency**

2.1 The Andhra Pradesh State AIDS Control Society and the State Management Agency should fund the development of an MSM sexual intervention project through empowering local networks of *kothis* to implement and manage such an intervention.

The Assessment Team members were primarily *kothi*-identified. Through conducting the assessment, they networked across the city, and as a result have developed a support and self-help group called Mithrudu. They are now holding regular social meetings, education groups and provide support. It appears that the conducting the Assessment was a catalyst for the development of Mithrudu.

It is recommended that Mithrudu should be funded to develop and implement an HIV/AIDS intervention project for males who have sex with males in Hyderabad

2.2 But it is also recognised that the gay group Saathi has been doing a small-scale intervention amongst other gay-identified men, and they should also be funded to expand and continue this work amongst other gay-identified men. It is clear that condom promotion and outreach is essential for gay men also.

2.3 Safe spaces will need to be developed where individuals and networks can gain access for confidential information as well as discuss issues around sexualities and sexual health within an appropriate context.

The Assessment indicated significant levels of *kothi* sex work and MSM activities in both Hyderabad and Secunderabad areas. Discussions with *kothis* in Secunderabad, with the recognition of poverty as a key factor, indicated that there is a need for safe spaces in both Hyderabad and Secunderabad.

In this context, it is recommended that the intervention should support a drop-in space in Hyderabad, and a branch drop-in Secunderbad.

2.4 Acknowledging the lack of technical skills in developing such community-based sexual health promotion agency 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, or producing budgets and accounts, the project must be provided with appropriate technical assistance to access these skills through training and capacity building.

2.5 Different distribution strategies for condoms and lubricant will need to be explored by such a community-based agency, 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 non-government agencies by enabling access to sufficient condoms and lubricant of appropriate quality, quantity and affordability.

2.6 Psychosocial 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. These services should also be funded.

2.7 Effective and supportive relationships with local police need to be developed and facilitated by the appropriate agency.

2.8 Further, attitudes of doctors and other medical staff towards such stigmatised identities and behaviours will need to be addressed through sensitisation programmes and appropriate regulations.

2.9 Because so much male to male anal sex takes place outside "cruising" sites and external to *khoti/panthi* dynamics, other NGOs developing sexual health services will need to promote safer sex behaviours that include anal sex in their programmes of education and prevention. These include rickshaw drivers, female sex workers, truck drivers, educational establishments, street children factory workers, overseas workers, prison populations, et al.

2.10 There should be regular consultation between such a community-based AIDS service agency and the Andhra Pradesh State AIDS Control Society to ensure that issues, needs and service development for males who have sex with males

is always reflected in any national, regional or State AIDS programmes and strategies.

2.11 Such a community-based AIDS service organisation 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. Education and Prevention

3.1 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 STI/HIV prevention.

3.2 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.

3.3 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.

3.4 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.

3.5 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.

3.6 Resources also need to be developed that cater for those who are not literate.

3.7 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.

## 4. Condoms and lubricant

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

4.2 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.

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

4.4 Considerable education will need to be done on the correct use of condoms.

**5. STD Services**

5.1 Because of the stigmatisation of males who have sex with males, particularly *kothis* any *kothi* community-based agency should be supported to host their own STD treatment service to ensure confidentiality, safety, acceptance and accessibility.

5.2 Because of the level of poverty amongst many *kothis*, treatment should be subsidised.

5.3 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.

**6. Women and sexual health**

6.1 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 loss of confidentiality and trust.

6.2 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.

**7. Psycho-sexual counselling**

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

**8. The Role of the State AIDS Control Society**

8.1 The State AIDS Control Society must play a lead role in encouraging and enabling the development of a peer-led community-based AIDS service organisation by investing in, and empowering them, to deliver appropriate STI/HIV prevention and sexual health services for males who have sex with males.

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

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

8.3 In order for this to occur, the State agency, along with others, 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.

8.4 SACS 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.

8.5 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. The State AIDS Control Society should be providing advocacy support for this.

8.6 Training of police staff and the judiciary on issues regarding males who have sex with males and sexual health concerns should be provided

8.7 SACS should develop and/or support 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.

8.8 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.

8.9 SACS 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.

8.10 SACS 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 females towards improving the quality, accessibility and delivery of these services to all sections of society.

## ANNEXE ONE

FOCUS GROUP DISCUSSIONS

1. Participants
   A total of 30 participants participated the 2 Focus Group Discussions. Each session lasted 2 hours.

2. Language
   Focus group discussions were held in Telegu, translations being provided by the Local Focus Person. Facilitated by Investigator

3. Self-identities

   | | |
   |---|---|
   | Kothi | 20 |
   | Double-Decker | 2 |
   | Male Sex Worker | 8 |

   All male sex workers were also kothi-identified.

4. Frame work of Discussion Groups
   The discussions were stimulated through a series of questions exploring identities, behaviours, partners, and issues.

5. Participants discussed what sex is according to themselves.
   * sex is a definition used for reproduction among all living beings
   * union of two souls and bodies
   * differentiation between male and female
   * Identification of male and female
   * sex is a outlet for body needs
   * orientation of human being
   * an act done to relieve mental tension and physical tension/stress
   * producing an heir
   * satisfaction/pleasure
   * basic need/desire

6. Participants defined the term sexual intercourse.
   * it is a sexual act between two different sexualities where penetration takes place into any body opening and intercourse us basically referred when male organ enters into female organ for the reprodutive act for the body need
   * body desire getting fulfilled by penetration
   * exchange of body fluids
   * an act which brings closeness
   * is to immerse in the others persona
   * where two bodies become one
   * two bodies one soul

7. Participants discussed what they mean by panthi and kothi and what characteristics men and women had. This lead on to a discussion of gender and personal identities. *Kothi* participants clearly believed that all men are potentially panthis given the right conditions.

**Men**
moustache
good strong body
muscular
moneyed
hard worker
bread-winner
jo holder
family man
commanding personality
rough
broad chest
body hair
trustworthy
provides protection
respectable
reliable
sense of humour
father
understanding
not quarrelsome
big penis
good in sex

**Panthi**
handsome
thick moustache
muscular
vigourous
moneyed
confident
big penis
body builder
protective
supportive
financially independent
provider
not a kothi

**Women**
wife
mother
long hair
small face
doe eyes/nice lips
smooth skin
sweet voice
family oriented
houswife
caring
Sati/Savitri patience
docile
"seva" serving
fear of society
graceful
soft body
loving
affectionate
maintains culture and traditions
liaison between children and father
unconditional loyalty
should please her husband
good sister and daughter

**Kothi**
slim
gives good oral/anal sex
nice behaviour
graceful
acts in a female way
likes to be penetrated
pleases panthi
services
patient
caring
good housekeeper
flirty
hairless
nice mouth and anus

8. Participants discussed what were the religious, social and family expectations that they were expected to fulfill.

Manly Duties and Expectations

a. Religion
To follow rituals
to get married in same caste/religion
compulsory marriage
unity
to live with prosperity
give respect to elders
produce son to perform religious rites on death
religious person and follow all religious rites and prayers

b. Family
funeral arrangements
marriage
reproduction
career
joint family
produce sons
get name and fame
financial prosperity and economic security
look after parents
see sisters married
provide for wife and children
maintain good contacts
develop good personality in society
izzat and sharam
family man
raise children properly

c. Friends
faithfulness
well educated
good job
shared ideas
respect
enjoy life
gupt
good character
shared behaviours

9. There was a discussion on who was involved in male to male sexual behaviours based on their personal experience. This was listed in terms of occupations.

defence personnel
doctors
company reps
reporters
hoteliers
stewards
bus drivers
conductors
bank employees
policemen
security men
watchmen
hotel lift boys
cinema goers
massage boys

pharmacists
pick-pockets and thieves
actors and dancers
male nurses
tailors
college boys
school boys
drivers
politicians
MLAs
hotel staff
restaurant staff
auto drivers
taxi drivers
hostel/school/college friends
railway staff
canteen staff
coolies
rickshaw drivers
travellers
tourists
stall holders
vendors
labourers
shop owners
mechanics
teachers/lecturers
students
private tutors
barbers
business men
scavengers
advocates
rag pickers
street boys
prisoners
prison staff
paan shop staff
shop staff
rowdies/goondas
gay men
kothis/hijras
panthis

10. Participants explored the reasons why males have sex with males
desire for males
for sexual release and pleasure
free sex
for personal safety
for sexual outlet
for masti
delayed marriages
separation from wife
menustruation and pregnancy
health problems of wife
free sex
money
women don't do oral or anal sex
anus is tighter than vagina
women are not always available
for recreational sex
for the thrill
to experiment
to penetrate a man is more manly
male sex workers are cheaper than female sex workers
it is safer
easier to mix with boys
chastity
remain a virgin till marriage

11. Participants then explored locations where males can meet males for sex, based on their personal experiences.

personal homes
hotels
guest houses
lodgings
hostels
dorminatories
clubs
bars
in buses
school yards
college grounds
railway carriages

public toilets
bathing rooms
gardens
bushes
bachelor rooms
groves
autos
terracess
cinema halls
behind bushes
parking lots
cellars
dark alleyways
swimming pools
railway platforms
railway tracks
back streets
construction sites
drainage pipes
taxis and cars

12. Who is selling sex?
poor
who don't have family protection
disgraced
kothis
those who need money, like students, street boys
hotel boys
tea boys
gupt kothi

13. Why do they sell sex?
for money
for education
to make contacts
for shelter/food/clothing
for happiness
for enjoyment
for variety
need work

14. Who is buying sex?
Panthis
those who have money
those with sexual desire
those who want sexual release
those who cannot afford female sex worker
bachelors
masti log
see list from who is doing?

15. price

| | | |
|---|---|---|
| komat: oral | 20 - 200 rupees: | 50 Rps |
| wattal: anal | 50 - 500 Rps: | 75Rps |
| face to face: thigh/body rub | 30-40 Rps | |
| masturbation | 50-100 Rps | |
| green job | 100 - 1000 Rps: | 300 Rps |

16. Where buying sex?
see sites

17. Who is having sex with women
young unmarried men and boys
panthis
married men

18. Social issues
    a. fear of discovery by family and wives
    b. marriage as compulsory
    c. the need for family and marriage in regard to old age security
    d. fear of loneliness
    e. poverty and unemployment
    f. needing a 'husband'
    g. family pressure to get married

19. Gay men
Gay men are really kothis but don't want to admit it
Gay men don't like mixing with kothis. Kothis not invited to gay parties.

20. Significant levels of alcohol use affecting decision making

21. Mapping Hyderabad
92 public sites identified

22. Pornography
pornographic videos readily available for rent

23. Many social parties occur where group sex can take place.

24. STDs
    a. who can help kothis? Who wants to help kothis?
    b. doctors not sympathetic - they don't accept kothis
    c. fear of discovery

25. Language

| | |
|---|---|
| Koti | feminine males |
| Satla Koti | cross-dressing kotis (for business) |
| Kandra Koti | male commercial sex workers |
| Panthi | manly men |
| AC/DC or Double Decker | will penetrate and be penetrated |
| Masti Log | males who will do sex with each other for fun and release |

| English | Vernacular | Koti |
|---|---|---|
| masturbation | hast prayog<br>cheto kottadam | |
| kissing | muddu | |
| oral sex - penile | sulli chikadam | komat cheyadam |
| receiving | sulli kutunad | komat is kovodam |
| giving | | komat is thanadam |
| mutual (69) | wokari moddawokaru<br>chiku tunnaaru | |
| oral sex - vagina | pukunakadam | puku chatwai |

| | | |
|---|---|---|
| sucking breast | sanloo chikadam | |
| anal sex - givng | gudda dengadam | dhurrna |
| receiving | gudda dengichukovadam | dhurana |
| | | watal chettrai |
| rimming | gudda nakadam | watal nakadam |
| vaginal licking | puku nakadam | sipak nakadam |
| eating semen | veetiyam mingadam | neeriji teakwasi |
| thigh sex | thodala madhya dengadam | khanri durrai |
| vaginal sex | puku dengadama | sipal durrai |
| group sex | samthika samyogam | |
| penis | sulli, modda, daddu | nikkam, kauri |
| | louda, bulla | |
| big penis | pedda modda | ariyal nikkam, jambu nikkam |
| small penis | chinna modda | kovri nikkam |
| bad penis | chedina modda | beela nikkam |
| nice penis | manchi modda | shesh nikkam |
| foreskin | tobu, bahyacharmam | nippal |
| | purva, charmamu | |
| glans | shishnamu | supari |
| testicles/scrotum | wattalu, picchalu | gundoos |
| circumcision | sunti | non-bai |
| anus | gudda, maladhwaramu | wattal |
| nipples | romulu, yeda | daminilu |
| vagina | puku | sipak |
| clitoris | gulli, ittu, ginja | |
| labia | baddalu | |
| breasts | sanlu, palimlu, chati (men) damini | |
| circumcised penis | sunthi modda | nanbai nikkam |
| erection | modda kegavadam | nikkam purpa |
| ejaculation | indriavisharjanan | neerji patna |
| semen | indriam, veeriyam | neerji |
| thick | gattiga | |
| thin | palsa | |
| pre-cum | banka | |
| spreading semen | veeriyam vollanta | neerji |
| all over body | purumu kovadam | |
| water sports | vokar nida vokaru | suttaru, rangeela |
| | uccha posukovadam | |
| tongue | naluka | komat |
| sexy man/boy | theeta magadu | cheesha panthi |
| sexy girl | theeta adadhi | cheesha naran |

**ANNEXE TWO**

THE INTERVIEWS

No of interviews: 50
Interviewers: 4
Approximate interview time: 75 minutes

**PROFILE**

**1. Ages**

| | |
|---|---|
| 18 - 21 | 12 |
| 22 - 30 | 29 |
| 31 - 40 | 9 |

**2. Marital status**

16 were married

**3. Identities**

| | |
|---|---|
| *kothi* | 30 |
| *double-decker* | 7 |
| gay | 5 |
| none | 8 |

**4. Sex workers**

10 were self-identified sex workers - all were *kothis*

**5. Schooling**

| | |
|---|---|
| no education | 9 |
| below 5 years | 15 |
| 6 - 10 | 21 |
| above 10 | 5 |

**6. Occupation**

| | |
|---|---|
| unemployed | 8 |
| student | 2 |
| soldier | 2 |
| policeman | 1 |
| auto-driver | 3 |
| sex worker | 10 |
| office worker | 5 |
| professional | 4 |
| service sector | 15 |

**7. Accommodation**

| | |
|---|---|
| living with extended family *(parents/wife/children)* | 2 |
| living with joint family *(parents, siblings and their families)* | 2 |
| living with wife and children | 7 |
| living with parents | 11 |

| | |
|---|---|
| living alone | 3 |
| living in shared lodgings | 10 |
| living in a hostel | 5 |
| living at workplace | 2 |
| living with other relatives | 5 |
| living with friends | 3 |

**8. Early sexual experiences**

| | |
|---|---|
| below 10 | 4 |
| 10 - 12 | 6 |
| 12-15 | 20 |
| 16-18 | 12 |
| 19-21 | 5 |
| 21+ | 2 |

All the kothi/double-decker identified males had their first encounter before the age of 16. All the gay identified men had their first encounter after the age of 16. All those who did not label themselves had their first encounter below the age of 18, except for 2 who had their first male to male encounter at 19.

**9. First sexual act**

| | |
|---|---|
| masturbation (doing) | 7 |
| masturbation (receiving) | 6 |
| thigh sex (being penetrated) | 13 |
| thigh sex (penetrating) | 3 |
| oral sex (doing) | 6 |
| oral sex (receiving) | 3 |
| anal sex (penetrated) | 10 |
| anal sex (penetrating) | 2 |

**10. First sex partner**

| | |
|---|---|
| relatives | 17 |
| neighbours | 8 |
| friends | 9 |
| work staff | 3 |
| education staff | 4 |
| stranger | 9 |

# 1. HISTORY

## 1.1 Family

In Hyderabad, like elsewhere in India, the family is a central focus in one's life, where often it is the source of one's core identity. But here the family is much more than the immediate biological parents and siblings, the nuclear family. 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.

Economic and social changes are having a dramatic impact upon this family structure. Whereas traditionally these extended families often lived in the same households, they are now living as nuclear families because of housing costs, and with migration from rural to urban areas where wives and children may often be left behind 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. A son comes to live with his uncle. A brother comes to live with his nephew, and so on.

Even in such dispersed structures, joint and extended familial links are still 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.

This cultural framework generates respect for elders and obedience to the father. 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 are the focus.

Because of low levels of income and the cost of living, single accommodation is can be relatively 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.

Space is at a premium. Shared accommodation, whether with family, relatives or others, is crammed, particularly for those from low-income families. Privacy is not available.

These crammed conditions of sharing "male space" in a culture with high levels of homosociability often create conditions of *khel* or *masti*, play, with covert sexual overtones, which sometimes leads to a release of “body tension”, 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.

Gay-identified men, because of their usual status as middle/upper class individuals usually have more space for themselves in terms of their own bedroom. This has an effect upon first sexual experiences (see below), where gay men tend to start sexual activities much later than *kothis*.

Family honour is usually paramount, 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.

This means that a process of "coming out" to one's parents is extremely difficult if not perceived as impossible for the majority of men. The only ones who have told their parents were gay-identified men (2). And these were from well-to-do families, well educated and economically from the upper-middle class.

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 have 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.

*I live with my mother and father. I have two brothers and 2 sisters. My relatives from village often come and see us. We all share two rooms. Very crowded. So I have to sleep with my brother. And when my uncle comes, or my cousin, we also usually share with them. Sometimes it can be a lot of fun also. You know close to get together, feeling hot, hands groping. HKG3*

*I live with my parents. I have no siblings. We are quite well of, middle-class. I have a room of my own. I have my own TV and video, cable connection. I don't like to bring anybody back because my mother might just walk in. I can't lock the door because that might make her suspicious. But I never saw another naked man until I went to college and had my first sex when I was 19. HVN3 (gay-identified man).*

*I always visit my relatives in the village at least once a year during Diwali. We are a close family. HPK2.*

*I live with my uncle, mother's sister's husband. I cam here when I was 10 because my family were very poor and I needed to work. My uncle lived with his wife and children, and also his mother. We were very crowded in one room. Yes I do sex with*

*my cousin sometimes, when I'm hot.. We share a bed. Now I am 20 and he is 16. We do it quite a lot really. HPS8.*

*If my father and mother ever found out, they would throw me out of the house. They would disown me. HKG9*

*Yes I have told my parents. It me a lot of time to build up my courage. At first they were shocked, but over time they got used to it. HVN3*

*My sister is not allowed out in the evenings. She is not married, and my parents are afraid for her. Even I get concerned sometimes with what I know happens here. HHR10*

## 1.2 Schooling

For many parents, education is extremely important, a passport to a better job, a better standard of living, more security for the future. Educating male children can be more important than female children in families from low-income groups. After all, the daughter will get married and move out of the family into her husband's home. Any investment will be lost. But this is also changing in contemporary India. Female children are increasing attending school for longer periods of time.

There are different attitudes between those from low-income families and those from middle classes. Costs can be prohibitive. School fees, school uniforms, books, private lessons. Sometimes, families can't afford to send their children to school, even the government schools, because they need whatever income their children can generate.

*I never went to school. I had to work in the fields at a very early age. HKG3*

*I left school at 10 because my family needed my help. HPS8.*

*I want to go back to school. If I can get a good education then I can have a better chance to get a good job. HPS5*

*I am going to the States after I finish my degree. I have relatives there. They will help me get a job there. Anything to get away from this place. HVN5.*

*My parents really work hard so I could go to school. My father worked as a mechanic and my mother as a domestic. I owe them everything. HHH3*

## 1.3 Work

While Hyderabad is rapidly developing as a city of high technology, the significant migration from rural areas of Andhra Pradesh and elsewhere, means that there is a constant flow of people into the city looking for work. Low pay, unemployment and under-employment, are serious issues for many people, particularly those from the labour classes, the poor. But middle classes also have the share of unemployment as well, although they tend to be more sheltered from economic vagaries than those from the low-income groups. Parents can be financially supportive.

In Hyderabad there was a constant tension around money and work. 'Can you find me a job' was a constant refrain. Almost all sought something more than they had, if they

had a job at all. The sense of personal stress was strong. Not enough income, poor jobs, no self-respect from their work.

Some work environments can become readily sexualised. These included males who work in hotels, guesthouses, and lodges. Also workspaces are usually all-male spaces such as factories, sweat shops, teashops, restaurants. Often males working in these environments also sleep there.

Some guests in hotels and guesthouses may approach service staff for sex. Some staff will also earn extra money from such activities. In other spaces older males may approach younger males for sex, such as in teashops and restaurants where staff will sleep in the establishment. At times, senior staff may approach junior staff for sex, as a condition of employment.

The temptation to make a few more rupees from sex is always there for most of those from poor backgrounds. But the majority of those who earned money from selling sex didn't not define themselves as sex workers - *kandra kothis*. Their income would be opportunistic, temporary, casual and intermittent, a necessary supplement to their job.

*I don't have a job. Constantly my father complains. Get a job he says, bring back money for our family. But what can I do? HHR7*

*I have been offered this job at the computer company. Not sure about it. I want to go to Bangalore where they pay more money. I will see whether my father can help. He has contacts there. HVN2*

*I can make good money driving my auto (rickshaw or three-wheeler). But my wife and children are always asking for things. SO it is never enough. HKG9*

*I after I pay for my lodgings, but my food, clothing and personal things I have to send money to my family as well. HHH2*

*I am saving my money for my sister's wedding. We need 1 lakh rupees. HPS10*

*Yes, I make money from my anus and mouth. I can't get another job, and certainly I can make more money this way. I am not educated to work in a nice office. So why not? HPS8*

*Usually it is a Friday or Saturday night. I don't make enough money from my job to look after my family. My father doesn't have a job. I have three younger brothers. So I make that extra in the park. But I couldn't do this full-time. Also then I can say to my family that I get my money from my job. I give all of it to my mother, and when I need some for a new shirt or pant, or to go to the cinema I ask her for some. Or I use what I earn here. HPS7*

*I sleep in the factory when I am on a late shift. My supervisor will always tell me to do sex with him. If I refuse he will have me sacked. HPK10*

*I have had sex with guests in the hotel. I cam make extra money that way. Usually it is the guest who makes an approach, you know call me to the room for water, or a towel, or some sort of excuse. Or he may ask for a massage. HKG9*

### 1.4 Early sexual experiences

Significant differences existed between gay-identified men and those who identified as *kothis* or *double-deckers*, as well as those who did not label themselves, primarily those who *kothis* labelled as *panthis*.

*Kothi*/*double-decker* identified men usually started sexual activities considerably earlier. This may well be because of living conditions, as much as to do with desire. For the most *kothis*/*double-deckers* were from low income groups where personal space and privacy were almost non-existent. Such men had to share spaces and beds with other relatives while growing up. Neighbourhoods were crowded and spatial boundaries often crossed. For gay-identified men, they lived in suburban colonies, where families were nuclear and usually small, i.e. one or two children. Income was sufficient for each child to have his own room.

This means that access to other males or by other males was much easier for *kothis*, *double-deckers* and *panthi*-type males than for gay men in their adolescence.

For most *kothis, double-deckers* and *panthi* type males, first sexual encounters tended to be male relatives or neighbours, someone older than themselves. This was also sometimes true for gay-identified men, but usually their partner was a school friend, a private tutor, as well as a male relative.

Male to male desire was at times confusingly expressed. Many *kothis* stated that they had knowledge of their desires at a very early age, as did the gay men and double-deckers, but the opportunities to express their desire varied according to economic class and living conditions. In the majority of these cases, their sexual partners were accessing them in terms of "body heat", except for four gay identified men who believed that their partners were also gay, but "closeted".

For *panthi* type male, desire for male to male sex was expressed not in gender terms but in terms of need and discharge. "I was hot" was a common expression.

At the same time, many also stated significant degrees of uncomfortableness in the sex act, particularly where they were below 14 years, and if they were being penetrated because of the pain involved. Some 50% of these encounters were not consensusal, in that the older male usually forced/persuaded the young male to do sex. Only 4 of these encounters were of similar age. In the majority of cases, age differences were between 3 to 20 years.

Whilst *kothis* and some *double-deckers* stated that the time gap between their first experience and second was often around 2 to 3 weeks, gay-identified men tended to state a period of several months. A similar difference also existed also existed in terms of attitudes towards the experience. Gay-identified men tended to express a higher degree of guilt and confusion about their experiences, whilst the *kothis* and *double-deckers* expressed a higher degree of shame, mixed with desire for more such experiences. Only 3 *kothis* (all anally penetrated) expressed anger and resentment against their first partner. For those who did not label themselves, their experience was expressed in terms of "a man's need to release his energy" as one interviewee stated.

*I had gone with my family to the village for my uncle's wedding. I was 12 at the time. I shared my uncle's bed because it was all so crowded. I remember I was excited about the whole wedding and I couldn't sleep. My uncle must have also been excited because during the night he kept pushing against me, and I could feel his penis pressing me, and it was hard. This made me more excited and I also got an erection. I turned to face him, and his hand went to my penis. He pulled my lungi down and pushed his penis between my thighs. He came very quickly. After that he masturbated me. That was how I learnt. HGK8*

*I was at the house of my private tutor. I was studying for my 10th exams. His wife was out staying with relatives. It was late and he invited me to stay the night. I called my parents and said that I would be staying the night. I shared his bed. Well I always thought my tutor was handsome, and when I got into bed with him I was already erect. I pushed against him. I seduced him. Interview HVN4*

*I think I was sixteen. I used to masturbate everyday usually in the toilet. I had this friend who was fourteen. He came to my house one evening when the rest of my family were out shopping. I was hot. I told him I would show him things. Then we did it. I f........ him. HHH5*

### 1.5 Current sexual experiences

*Kothi*-identified males were very sexually active. While those who self-identified as sex workers were the most active in terms of partners, all of them were also identified as *kothis*. The least sexually active were the gay-identified men and those without any identity.

For *kothis* and sex workers primary behaviour was being anally penetrated. This also included those identified as *double-deckers*, although they also stated that they liked to penetrate. Anal sex was more popular than oral sex. Most of their partners were strangers, people they picked up in a wide variety of sites.

*Kothis* and sex workers would claim to have sex every day, with sex workers claiming up to 5 or 6 partners in one night.

For gay-identified men, oral and anal sex was equivalent. Partners tended to be friends, and 3 had regular lovers. Sexual encounters were a great deal less frequent, averaging maybe 2 0r 3 different partners in a week.

For those who did not claim an identity, their sexual acts primarily consisted of penetrating *kothis*, and their frequency was between 2 to 3 times a week.

*It is so easy to get a panthi. If I see a handsome man anywhere, I will make a pass. You know, look directly into his eyes, stare at him. Flash my eyes down and then up again. Or if we are in one of our places, I will swing my hips a little bit, or put my finger in my mouth. Make it obvious that I want him to f.... me. HPS8*

*I like someone with a nice personality, someone I can talk to. It's not only sex. I would like to find a permanent lover if I can, a real boyfriend. HVN5*

*I come here when I am hot. There are so many of these people here. I look for someone who is clean. HPK8*

### 1.6 Marriage and children

Sixteen of the interviewees stated that they were married. Of these 8 were *kothis*, 2 were *double-deckers*, one gay man, and 5 of those without an identity. All but one had children.

All the other interviewees except for 2 gay-identified men stated that they would get married. The two gay men who did not want to get married were not sure how they would or could broach the subject with their parents.

Of those who stated that they would get married, all those who did not label themselves stated that they liked women and would have no problems. Of the remainder, some 25 (of 37) stated that they did not want to get married but would have to, as their families will arrange their marriages for them. They considered it a family duty.

There was some discussion regarding whether they thought they would be able to perform their "duty", and there was deep concern by some 12 of these men on this issue.

*I don't think I will get and erection. HHR7*

*Even if I could, how long will it last? I will have to think of a man doing it to me while I am doing it to my wife. HPS3*

These discussions focused on the need to obey one's parents, to fulfil family duty, to be a good husband (where this related specifically to sexual duty to the wife), and social conventions. Apart from the gay men, no one discussed the wife and her needs and feelings. Four of the unmarried men said that they practice with female sex workers), while another four (*kothis*) said they would go to a female sex worker to find out.

For majority of those who were married, the wife seemed to be invisible in their discussions. Only three married men expressed concern about their wives, how she must be feeling, and wondering about their absences.

All the men stated that their wives did not know about the sexual desires and/or behaviours. For those who were not gay-identified, the belief was that the husband and wife have different roles, and expectations and feelings did not come into it. Each obeys the different rules and code of conduct.

Many of the men pointed out that women when they marry do not know what to expect, so they would not know what the 'normal' pattern of intercourse is, nor the sexual behaviour of the husband. And as a woman how could she make demands on her husband. A good wife would not ask for sex appeared to be the attitude.

A wife is also a mother and sister to her husband according to cultural beliefs.

Most of the married men had not seen their wife completely naked, nor had their wife seen them naked (14 out of 16). Only 2 have had sex with their wives with the light on. Sex in the dark and dressed was the normal pattern. Sex was usually rapid. A

quick pattern of thrusts and discharge. A relief for the man. No question of the wife's feelings and desire.

When asked the amount of time spent for sex with the wife, most answered less than 10 minutes.

Wives don't know. That was the consensus. They may suspect, but they don't know. How would they? They are not taught to think this way, was a common feeling.

These men would never tell their wives.

*How can I tell my wife? What would she do? If she divorces me then everyone will know. This will bring shame to all concerned. HHH5*

*I have done my duty. We have three children. My wife is happy looking after the children. She doesn't say anything when I go out in the evenings and when I come home late. We now only do sex maybe once a week. HHR8*

*I don't live with my wife. She is in the village with my parents looking after them. What she doesn't know won't cause problems. HPK10*

*I like both women and boys. That is just the way it is. I don't tell my wife because it will cause problems. HKG7*

*Look I can't ask my wife to do oral sex to me, or let me do anal sex to her. It is shameful to ask your wife for these things. Her job is to produce children and look after them. I like anal sex and so I come here and get one of the boys. What is wrong with that? HPS7*

*My wife doesn't like doing sex with men anymore since the children. I don't like going with these women because I might catch a disease. It is easier and safer going with a boy here. HPS9*

*I feel really bad about my wife. My parents arranged my marriage. I didn't have the guts to tell them no, but I wish I had now. I am sure she suspects, but she never says anything. I always tell her that I had to work late in the office, but she gives me that funny look, you know. I am torn about the whole thing. I suppose I will have to tell her one day, but then what will my son think if we have to get a divorce? HVN5*

### 1.7 Women

Twelve of the men stated that they also have had sex with other women, usually female sex workers, eight of them regularly.

For these eight men, it appeared that sex with other males was when they couldn't afford a woman, or could get a woman at the time of their "body heat".

*I prefer women to boys really. But sometimes you just can't get a woman when you want it. Sometimes I don't have enough money to pay for a woman. The boys here are cheaper than a woman. HPK7*

*It makes a nice change. HKG3*

*Anuses and vaginas. What is the difference. Perhaps anuses are more tighter. Nice. HPS6*

# 2. IDENTITIES AND SELF-PERCEPTION

## 2.1 Desire, behaviour and identity

The boundary between a desire to have sex with another male and the behaviour of doing sex with another male, are very blurred. For some of the men interviewed, their sex with other males was articulated as doing an act, fun, discharge, easier than with women. For others desire to do sex specifically with a man was central. For *kothis* and some of the *double-deckers* this was constantly articulated as sex with a "real" man. For the gay-identified men it was both emotional and sexual relationships with another man but not based on gender roles. For the other *double-deckers* this was around fun, play, and also desire intermingling. The question to ask is whether the behaviour was being constructed around desire for a male or desire for an act.

Developing an identity such as *kothi* or gay evolves around male to male desire. The emergent *double-decker* identity, where a *kothi* label has been claimed, is a very interesting development in terms of male to male desire and could be seen as a form of indigenising a gay-identity where the language is not available.

*Kothis* constantly spoke of how easy it was to "get a man", whilst gay men spoke of how difficult it was to find a partner.

Developing these identities requires a certain degree of self-consciousness around desire and behaviour, an exploration of who you are and what you are. For *kothis*, such realisation comes from the fact of their gender identity and their desire. This often leads them to a conclusion that they must be female-like. Hence the *kothi* identity.

For *double-deckers*, while the majority stated that they initially were *kothi*-identified when they first came into the "parks", very often this was hedged by the fact that it was another *kothi* that befriended them, and that the *kothi* identity has a strong social and community framework. It allows socialising and friendship to develop. Very often these self-proclaimed *double-deckers* identified with behavioural choices in that this framework expresses a desire "to do and be done to". For "real" *kothis,* the experience is very much "to be done to". It should be remembered that the term *double-decker* is a *kothi* term, often used in disparaging ways, and not recognised by *kothis* as an identity in the same way that the term *kothi* expresses.

Some these "real" *kothis* stated that if a *panthi* touches their genitals as part of their sexual behaviour, then they were not real *panthis*. They were really *kothis*, and therefore not sexually desirable. Several *kothis* said that when this happened they would stop enjoying the sex.

*Double-deckers* also stated that they would perform as *kothis* in these public environments, but would "do both ways" when it came to sex. Both frameworks reflect male to male desire but with differing behavioural components. A *kothi* identity is highly peformative as well as based on sexual desire. Desire is gendered.

But for some of the men, these behaviours are not named, or talked about, or rationalised. It is just what they do. This is particularly true for the poor, those who live in slums and in villages. It is fun, discharge, "fooling around". Something to do. Sex is not talked about, not even thought about it. It is spontaneous, in the moment, and forgotten about the next. Discussing male to male sex generates a need to be self-reflective, and this can often create fear, shame and self-stigmatisation.

The gay men tend to homosexualise their lives, thoughts and reflections much more readily than others do. They go to gay parties, meet each other in their homes, and they tend to be much more discreet about what they do.

The word gay is sometimes used indiscriminately. "I am gay" would be used by those from upper-middle classes and English educated. Some of the middle class men would use "I am a gay", while others will say "I do gaysex", or perhaps "homosex".

While it may seem pedantic to quibble about these terms, they reflect deeply how a person sees himself and constructs a framework to think, desire, act and live. For the majority of men in this study, a core sense of self was not based on who they were in terms of their desire, but by a sense of space, location, class, gender, religion and family. Gay men believed that their sense of "gayness" was key to their sense of self, from which everything else flowed.

This was true of some of the *kothis*, particularly those who talked of "real" *kothis*. A deep core sense of themselves as feminine males. Several of this type of *kothi* saw themselves closely linked with hijras in a sociocultural construction of the self. Some of them even think of becoming hijras. For others though other sensibilities were more relevant and important. For those who did not label themselves, being a man, playing the gender role and all its attributes about marriage, sons, occupation and so on were central.

*I knew I was liked men when I was 10. I didn't have a label for this way until I saw this magazine about Bombay Dost when I was 16. Then I recognised myself. I was gay. This was a turning point in my life. I no longer felt alone. There were other gay men in India. HVN4*

*Look I just do this. No problem. I also do women. No problem. HPK9*

*When I was first doing sex with my neighbour, I just liked the feeling. He would push it in, and after the first couple of times I really enjoyed this feeling of being full up. He was really nice to me. I used to think he must like me because in some way I must have been like a girl. When I was fourteen I cam to this park and saw what was happening. I didn't think anything about it, you these people hanging about, some walking like a girl, some going behind the bushes with these other men. Then this kothi came up to me. I didn't know he was a kothi then. He was wearing lipstick and walking like a girl, I was confused, but wasn't afraid. Some part of me recognised myself. He sat down next to me and we started talking. He told me all about the park. I used to go there regularly afterwards and he showed me what to do. I learnt to be a kothi from him. HHR8*

## 2.2 self esteem, social attitudes and roles

India is a patriarchal society with a strong gender divide and very specific roles and attributes regarding gender roles. This gender chasm is often perceived as innate, extra-ordinary, fixed, and absolute. If you do not "fit" into one gender role, then you must be of the other. While there is a space for an "intermediate gender", the so-called "third gender", even so those who identify with this "third way" are seen as cursed, feared, and socially stigmatised.

In these frameworks, females are seen as less worthy than males at all levels. This is clearly seen in terms of parental preferences for sons, the higher morbidity and mortality rates for females, the greater levels of education for males than females, and the whole arrangement of family marriages in which the female leaves her natal home for her husband. As a north India saying goes to a newly wed woman, "may she be the mother of a hundred sons".

This has been amply documented. Suffice to say that the man is seen as positive, penetrative, powerful and active, while the woman is seen as negative, penetrated, powerless and servile.

India sociocultural frameworks make it very difficult for those with clear sexual identities to develop positive self-images and self-esteem, whether they be *kothi* or gay identified males. This is not so much about homosexual behaviours, but more to do with how they "fit" into Indian society and fulfil their family, social and religious obligations as men.

For *kothis*, their sense of self is not only in terms of feminisation and the taking on of a feminised gender role, it is also often being the passive partner in anal sex. These two intersect to form a context where by *kothis* are deemed as less worthy than men, both by themselves, as well as by their partners. They are "less manly" than men. They are "alternate females". They are "hijras".

This is often internalised by *kothis*. As young males they grow up within a family and social structure that praises malehood and manliness above that of femalehood and femaleness. They are then confronted with the emergent sense of self as *kothis*. It is inevitable that such a confrontation will generate confusion, despondency, sometimes despair, and a constant search for a "real" man who will affirm their being. This can perhaps lead to alcohol abuse, and constant search for someone to "love them", which of course leads to a significant level of sex partners.

Along side this is the intense family and social pressure around marriage and reproduction. *Kothis* have to get married, and the vast majority of them believe they have no choice in this matter. Performance as a husband becomes important, and where desire does not exist, this also produces a sense of failure as men.

Gay men also go through similar internal struggles, contextualised within concepts of homosexuality or gayness. A man sexually desiring and loving another man is still perceived as "unmanly".

With no social support systems that validate and affirm such desires, such men can only rely on their friends.

There are some significant class issues here as well. For those from lower-income groups, male to male sex can often be contexualised as fun, discharge, something not serious, as long as both parties play out their "manly" social roles. Certainly the level of opprobrium appears to be less. But India is a homosocial and homoaffectionalist society where male to male bonding and affection can be very intense, and this is socially acceptable.

The terms homosexual, homosexuality, or gay, are not readily accessed by this class, whether rural or urban. At the same time there is a great deal of silence about the whole issue which invisibilises the behaviour. It is the actual condition of feminisation that is stigmatised.

This means that if a man penetrates another male, the one who is stigmatised is the male who is penetrated because the act feminises him, not only in the penetrator's eyes, or in the society's if it becomes known, but also in the eyes of the penetrated.

For gay men and they class they come from, English education and access to Western media carries with it all the "condition" of homosexuality as well as the behaviour. Whether you penetrate or are penetrated it is the state of desire itself, the "condition" of being a homosexual, which is stigmatised. This generates both shame and guilt, which is often very intense.

But once again in the familial context, as long as the person performs his manly duties of marriage and reproduction, and as long as everything is discrete and invisible, the whole issue can be contained.

For both *kothis* and gay men, this means denying their own sensibilities and choices through compulsory marriage and all the constraints for personal sense of happiness and well being. But this is also true for some *double-deckers* and *panthi* type males. It is male to male desire that generates this low self-esteem.

But if you are a male who seeks discharge and a male can be handily available, as long as you penetrate that male, anally or orally, then there is much less self-stigmatised. Such men still perceive themselves as fulfilling their manly role.

*Sometimes I feel so ashamed of what I am, you know really guilty. I don't want to marry. I want to find a partner who I can love. But even if I do my parents will not accept me as I am. Already they are saying it is time for my marriage. I have tried to broach the subject, but always they say I am talking nonsense, it is a phase, that marriage will cure me of this. I've just given up. But then I go away feeling really miserable. I sometimes feel why all this pain. Why not end it. It would solve all my problems. HVN4*

*There's no problem f......... a boy. I'm still a man. I still perform my duty to my wife. HKG3*

*Sometimes I curse god for making me this way. HHR8*

Of course low self-esteem has a significant impact in terms of risk reduction. If a person believes that he is uncared for, that he is worthless, or perhaps he is disowned

by those around him, family, friends and society, then why should he take care of himself, or of others? Why should be concerned?

*Why should I use condoms? If I have AIDS then so what. I am going to die anyway. They don't care about me, so why should I care about them. Live now. HPS6*

## 2.3 Support systems

Within India, the joint and extended family system still hold sway sustained by a socio-cultural-religious framework that ensures that the family is paramount.

Without an effective welfare system, individuals are usually reliant upon their families for a range of economic support. They can also provide a psychological context of support.

But for many *kothis* and gay men, their emotional support systems come from their personal networks of other *kothis* or gay men. Such networks can provide a supportive affirmation. Friendships are formed through these networks.

While *kothis* will generally not have sex with other *kothis* but with *panthis*, this may produce an element of competition of desire and attractiveness. Sometimes this can be intense, but usually these competitive struggles will be rapidly discharged. The support mechanism arises from a shared identity framework and behaviour. *Kothis* call each other sister. So rivalries could be seen in a sibling context.

Gay men, on the other hand, tend to seek out other gay-identified men as partners, and friendship cross over any possible behavioural divide.

Both these frameworks of support tend to be class-based. No friendship appears to exist between gay-identified men and *kothis*. Gay men tend to "look down" on *kothis*, and perceive them closer to hijras at times.

While many gay men are working actively towards building a sense of community with other gay men, *kothis* are not so organised or thoughtful. Many gay men are activated towards social organising, developing supportive resources, and working towards a supportive gay community. For *kothis* this organising is absent.

Such an absence may be due to a range of factors that constrain forms of activism among the lower income groups. Stigmatisation, constant pressures around income, family, social status, survival which focus attention on these issues. Activism and building social communities require self-reflection, time and commitment. These are difficult attributes to be manifested in the context of many *kothis*.

*I make friends among other kothis in the park. They can understand me, and they accept me for who I am. HPK5*

*My friends. Well I have work friends, and then I have gay friends. My gay friends I met through parties. When we get together we can gossip, we can talk about our problems, and we can support each other. Then there is the gay group which I go to sometimes. I meet people there as well. HVN5*

## 3. SEX WORK

A sense of poverty pervades male sex work. All those self-defined as "professionals" - as *kandra kothis* - sex work was based on an urgent need for income, a daily wage to survive. Income could be very good for a person. Image if you will a young man of 18, semi-literate, earning perhaps more than Rps 200 a day. In the normal context, a young male of this age and unskilled would be lucky to make Rps 50 a day, with his daily freedom circumscribed by intensely hard work 6 to 7 days a week. The sex worker sees himself free of this daily grind.
Even those with work who approach sex work on a part-time casual basis, does so because the income he earns during the day is not enough to sustain himself and his family.

All the sex workers interviewed spoke of family necessity, or being very poor, of needing to survive. Sex work is a survival strategy.

Sex work was conducted in private as well as in public environments. Usually the sex was quick unprotected penetrative thrusts, rapid discharge, and no place to clean afterwards. In private spaces where more money could be charged there was a greater sense of risk involved as well. The client could be dangerous, or not pay. But this was also true in terms of public environment sex. In this context the risk was from park guardians, the general public, the police.

In Hyderabad, local police actions at such sites seemed to be minimal. A sense of relative security appeared to exist. Even those who patrol the parks apparently ignored activities until the official closing times. And then they would generate difficulties. Risk was episodic. An individual, can at times, make a complaint A period of activity would occur where sex workers (and other MSM who use a site) will be harassed. After a couple of weeks this would quieten down until the next complaint.

The boundary line between a *kothi* and a *kandra kothi* is easily crossed. Most *kothi*-identified males were from low-income groups, and many were poor. For these *kothis*, many would operate opportunistically. If their partner was more moneyed than they were there were expectations of gifts, meals, and sometimes cash gifts. Here the unemployed, or low paid, would merge with those who self-identify as *kandra*. They will take advantage that money can be made in some of these environments. They are not professionals, causal workers in the sex market.

This form of sex work was also going on in hotels and guesthouses, and a range of other locations where such opportunities exist.

The professionals are always on the lookout, making sure that they are conspicuous to all men passing by in the park or other appropriate location, performing that little bit more *kothi* than the non-professionals.

*Sometimes I get no clients in a night. Sometimes I can get 10 or 20. I need the money. Where else can I get a job that gives me this amount of money. I have to help feed my family. I have four brothers and sisters, and my father is unemployed too. HPK6*

Poverty also increases risks for infection. If a client will pay more money for unprotected sex, then the *kandra kothi* will more likely take the risks involved.

*I and my family have to eat today. HPK6*

## 4. HEALTH

Poverty has a significant impact on personal and family health. When you can't afford treatment, good food, and live in conditions of inadequate hygiene and poor shelter, overcrowded and stressful, then these have a major impact upon immune systems, already weakened. This leads to greater vulnerability to a range of general infections as well as to poor treatment regimes and compliance for STIs. And this leads to a greater vulnerability for HIV infection.

More risks are taken by male sex workers because of financial need, through a lack of education, a lack of hygiene, and sometimes a need for some pleasure, any pleasure, in their hard lives. Often overworked, or bored, or frustrated with life.

### 4.1 HIV/AIDS knowledge

In general the interviewees were aware of the existence of AIDS, but not clear in regard to its distinction in terms of HIV. Most had heard of AIDS either through the media or through their friends. Some 80% stated that they had heard of AIDS, and would speak of "a deadly disease", "a killer". Actual knowledge of how catch HIV was limited to a range of responses from "you catch it from dirty women", "having lots of sex" or "blood transfusion". Most, while speaking of "catching AIDS", had a fairly good idea that unprotected sex was of high risk, although the interviewees tended to focus on vaginal sex as a higher risk that anal sex. The gay-identified interviewees had a greater grasp of the difference between HIV and AIDS, and were much clearer in awareness of the risks in unprotected anal sex.

Thus, 50% of the interviewees gave appropriate responses in terms of knowledge and awareness.

But this awareness did not translate into safer sex behaviours or into a self-perception of risk. Knowledge had been intellectualised but did not produce an emotional response of personal responsibility.

### 4.2 Condom use

Condom use varied considerably between the interviewees from 100% condom use (2 gay-identified men) to no condom use at all (*kothis*), with sex workers somewhere between, usually at the lower end of the scale.

Thus we have:

| | |
|---|---|
| condoms used all the time | 2 |
| condoms used some of the time | 32 |
| condoms never used | 16 |

Thus several persons stated that condoms interfered with their pleasure. One *kothi* also stated that

*By the time you put the condom on the panthi has come. Then what is the fun in this. Putting the condom on is like masturbating the panthi. HKG8*

Others believed that if the did catch a disease there were cures. Several of the sex workers stated that they could not force their clients to wear a condom. And if they did, the client would go to another sex worker.

Very few (4) of the interviewees were carrying condoms at the time.

### 4.3 Self-perception of risk

To gain an understanding of personal risk requires a capacity for self-analysis as well as the ability to contexualise yourself within a risk framework. This apparently was very difficult for the majority of interviewees. Even though many had an awareness of AIDS as "dangerous" and stated a need to use condoms to protect themselves, this was somehow separated from themselves in the need to personally take action.

The majority of interviewees perceived themselves as having a low to medium risk, even though the majority were regularly anally penetrated.

When asked about their personal feelings on this issue, a few stated that unprotected anal sex was not risky since no one talked about it. They knew unprotected vaginal sex was risky because they had heard about this from doctors and the government.

Others stated they only went with "clean" men. Many stated that they could recognise someone with a "sex disease", or AIDS, and would not have sex with that person. A few did recognise their risks, but then went on to say they could do nothing about it. It was the *panthi's* choice.

The gay-identified interviewees recognise their risks most clearly, and all of them stated they used condoms. But two out of the five stated that they used condoms irregularly because sometimes they had unprotected sex because they had no condoms on them at the time.

Immediate condom accessibility was certainly an issue, since the majority of interviewees spoke of responding to potential partners "in the moment". Planning and forethought appeared to be absent. And in a range of sites, no condoms were available nearby.

At the same time, there were many complaints about condoms breaking, or uncomfortable, or no fun to use. For some *kothis*, the use of condoms by their partners was a factor in regard to their self-perception as *kothis*!

*A kothi is a kothi because he is penetrated by a man. If that man uses a condom, how can the kothi feel the man. HPS9*

Others spoke of semen as strengthening the body, so that a condom stops this function. This was just one of a number of myths around semen and the body.

*Look, I am a real man, not like these people. I just do discharge. I don't take. Therefore I am safe. HHH3*

*"By swallowing or taking in the backside, this keeps me healthy. Especially if he is a real man. Then you get some of his strength. HKG7*

*Only these Westerners have AIDS. And I never go with white people. HHR9*

Treatment for STIs was problematic. Several *kothis* believed that washing their anus in dettol will protect them from disease. Two of the *panthi* type males believed that sex with a virgin would cure them of an STI and even of HIV. Others cited lemon juice as a cure. Many of the lower income group individuals would use auryvedic or alternative medicine, herbal treatment, and a range of pastes. Some would go to a pharmacy, and without describing any symptoms ask for antibiotics.

All the gay-identified men had access to a private doctor and would go to them if a problem occurred.

Piles were a common feature amongst the *kothis* and sex workers, and most reported occasional anal bleeding.

## 5. The future

For most of the interviewees this was a difficult question to answer.

*What future? It will be the same as today. I just don't think about it. Today is important. I can only think about that. HHR4*

A few others, those from middle class backgrounds, saw their future in terms of employment, of climbing up a corporate ladder, of bettering their life and economic opportunities.

All but two of the unmarried spoke of becoming married, of producing children. Only three said they would stop this behaviour once they got married. The two who spoke of refusing to get married were both gay-identified men. They were economically independent of their families.

For some, the future when contemplated, was also a fearful place in that it was unknown. Perhaps they would get sick, perhaps an accident would happen. It was the will of god. But for most, "tomorrow was just another day".

The future appeared to be a distant place, vague and hazy in their minds, apart perhaps from those who were middle-class, and these were primarily the gay identified men, who clearly saw their lives as one of opportunity and change.

On the other hand, at times interviewees filled their lives with fantasies of a glorious future. They would find a "husband" who would take them away from this life. They would win the lottery. Somehow luck would be on their side and they would find wealth and happiness.

Here the Indian film seemed to play a role with the imaginations of the screen playing out in their minds. Despite all the trials and tribulation, somehow everything will be better and end out all right.

These different strands, some congruent, but many contradictory, indicated that many have not really thought about their future in any coherent way. This is understandable in a context where for many, life was seen as a daily struggle to survive, to live as well as possible for today and hopefully tomorrow. Projecting the self into a distant

future was perceived as a waste of time, but within this was also the hope that the future would be OK.

*I don't think about what I will be doing in five years time. It is enough to get through this day, and tomorrow. Perhaps the most I would think about is maybe next month. Perhaps I will get a different job. Perhaps I will find a nice man that I can "marry". Who knows? HPK6*

But there were a few (5) who wanted to improve their conditions (that is apart from the gay-identified men who talked of ambition and drive and achievement). They spoke of going back to school, finishing their education, getting a better job, and building a better future for themselves and their families. For them, the future, while distant, was filled with an achievable hope.

For the sex workers, hope was easily extinguished. One moment it was bright, a good job, more money, a client who would take them from this life. The next, despair. What chance did they have? They were not educated, they could never get a good job.

*What can I do? This is not a good life. And one day who will want me any more? If I am still alive. I am trapped in this work. I think perhaps I will change, find a good job, maybe get back to school. But all this requires money, and where will I get the money from? What will I do? HPS6*