

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
PONDICHERRY, INDIA**

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SECTION ONE

A SUMMARY OF FINDINGS

India is a male dominated society where the social and public spaces are primarily male. As a homosocial and homoaffectionalist society, sexual boundaries between males can be easily 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 the male sexual partners of these *kothis* should be seen within a context of semen discharge.

Apart from this of course are those with specific male to male desires, and in this context Pondicherry appears to have three significant, but differing identities were seen. That of a *kothi*-identified male, a *double-decker*, or a *panthi*. Only one gay man was identified in Pondicherry.

But the *panthi* in this context is a masculine male, a "real man", and given the label *panthi* by *kothis* through his sexual access. In himself, he does not have a sexual identity. The *double-decker* should not be seen as a specific identity, but rather as a named behavioural choice, and even this term is a *kothi* term. Some *panthis* may well desire *kothis*, but many desire the sexual act itself, the act of penetration and discharge.

The *kothi* term *double-decker*, indicates a male who likes to penetrate and also be penetrated. As one stated "to do and be done also. A two way street." What was significant was that this term was taken on by several MSM, usually those who associated with *kothis*. Others who did not (and these were primarily middle-class) used the word "homosex" as a description of what they did.

These terms, *panthi*, *double-decker*, and *homosex* arise from behaviour and not identity. The sense of desire and self-relating to sexuality seems to be invisibilised and class-based. But increasingly some *double-deckers* were seeing this term as a process of naming themselves, an emergent identity.

So in Pondicherry there were *kothis* who accessed "real" men who they called *panthis*, *double-deckers* who had sex among themselves, with *panthis*, and with *kothis*, and other "manly" men who had sex with *kothis*, *double-deckers*, other males, and with women. Issues of marriage, children, social, family and religious obligations, united them in a sociocultural framework.

Analysis of the questionnaire data and interviews indicated that behaviourally, *double-deckers* in Pondicherry did tend to have more equitable acts of penetration as penetrators and as penetrated in terms of anal sex. In terms of oral sex, the pattern was much closer to that of *kothis*. This tends to support the hypothesis that those identifying themselves as *double-deckers* did so both in terms of their sexual acts, as well as a way to masculinise their feminised gender identity away from *kothis*.

The Situational Assessment consisted of interviewing 200 MSM through questionnaires with 40 of these men further interviewed in-depth through open-ended

questions. Two Focus Group Discussions were also held, and a range of site visits made for observational analysis. All participants were above 18 years of age.

Only one gay man was identified in Pondicherry.

Significant levels of unprotected anal sex existed. Actual knowledge about HIV transmission was relatively high, with about 60% giving correct information about anal penetration risks and a lower higher percentage in regard to vaginal sex. Yet condom use for anal sex was very low (for *kothis* about 7% for being penetrated and 18%, about 17% for *double-deckers*, and 7% for *panthis*).

All self-identified male sex workers in the Assessment were also identifying as *kothis*, while the majority who were paid for sex (a much higher figure with many not identifying as a sex workers, some 90% of those who said they had been paid for sex)) were *kothi*-identified too.

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

Mostly unmarried (74%), all stated they would get married. 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 their desires were "too strong", 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 the STI treatment services in Pondicherry did 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 NGOs, STD clinics, the State AIDS Control Society, and other institutions regarding the constructions of male to male sexual behaviours and the frameworks of behaviours and/or identities in Pondicherry create many barriers to the development of an appropriate and effective intervention service without investment in sensitisation programmes.

There appear to be little acceptance of MSM in Pondicherry amongst some agencies and individuals. *Kothi* public behaviour was clearly stigmatised. At the social function

arranged prior to the workshop, *kothis* danced and behaved like *kothis*. The hotel management where this took place became extremely censorious and cancelled the workshop. When an alternative venue was found for the workshop, all participants were warned to behave "normally" and wear shirt and pant to the workshop as they entered the venue.

At the same time, discussions with a range of officials did state that they knew that MSM behaviours existed, but saw it as not really significant, marginalised, and very much within a western construction of sexuality, i.e. heterosexual or homosexual. But consistently, MSM behaviours, whether on Pondicherry or elsewhere indicate that for the majority of MSM this is just not valid.

There were concerns regarding the possible social impact in developing an MSM sexual health project in Pondicherry, particularly a police reaction.

It became clear as the Assessment progressed, and the necessity initial of utilising staff from the Chennai-based Sahodaran project, that development of an MSM sexual health project would require Sahodaran to be involved as an established agency recognised by the Tamil Nadu State AIDS Control Society, the National AIDS Control Organisation, and the political "clout" that this had generated.

It perhaps maybe necessary to separate behaviours from identities also. In developing appropriate responses, there may well be a need to focus on both risk behaviours (for the 'penetrating partner' who do identity either as homosexual but as "normal", "manly" men) as well as "at risk" *kothis* (for the penetrated partner) and *double-deckers*, as two distinct frameworks. It would be difficult to incorporate both within one intervention strategy. Sexual behaviours between males is certainly not a practice of only a small minority in Pondicherry, but is much more complicated than the so called heterosexual/homosexual divide would indicate.

The MSM Context in Pondicherry

For some MSM, primarily *kothis*, but also some *double-deckers*, there are frameworks of male to male desire, identities and visibility which may make it easier to quantify numbers. This is more difficult with others who may also identify as *double-deckers*, but whose performance will shift from a *kothi* framework to a more "normal" and masculinised framework (creating invisibility) depending on space and context, as well as those who say that they do "homosex".

Most difficult of all are the *panthis*, as they are unidentifiable males across the spectrum of society. In a range of public sites these differences were very noticeable, where for *kothis*, behaviour could be relatively "extreme", while for the *double-deckers*, eye movement and body stance indicated availability to the knowledgeable, and *panthis* just strolling through the site may or may not be directly looking for sex, but may take the immediate opportunity that such a site would offer.

Many of the *double-deckers* would say that being a *kothi* was more to do with socialising networks than what one actually preferred doing in sex with other men.

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

- * For a many of males involved in male to male sex, MSM is not about sexual identities but a behaviour based on gender identities.
- * Such behaviours are not contextualised within a heterosexual – homosexual paradigm but within a gendered framework and role play, where a feminine gender performance signifies the role taken in the sexual act of the penetrated partner as well as a framework of socialising with others of similar desires and behaviours.
- * 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 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.
- * For *panthis*, this is not an identity but a *kothi* description of men they have sex with. As such no *panthi* networks exist, and an extremely few friendships existed based on similar sexual behaviours. *Panthis* tended to be based on opportunistic encounters.
- * This does not mean that Pondicherry does not have any gay-identified men as it is understood in the West. Perhaps it does, but the Assessment team members only was able to access one gay man.
- * This framework also does not mean that *kothis* do not penetrate, or that *panthis* are not penetrated. Some do cross over these gendered sex roles. But such crossovers are kept even more secret, and is not usually shared with *kothi* friends. Such gender role crossovers are sometimes seen as even more shameful. No “manly” man would like to state that he had been sexually penetrated. 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 *kothi* does not desire another *kothi*, where desire is based on sex/gender roles.
- * *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.
- * It is clear though that in this assessment, some men who were being penetrated still called themselves *panthis*.
- * This may well be because of the need to avoid a stigmatised (*kothi*) label for themselves, as much as that of not exhibiting *kothi* behaviours.
- * Here there is 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 (and perhaps *double-deckers*), but this doesn’t address the so-called *secret kothis* - the ones who do not access public sites. Nor does this address the number of “manly” partners these *kothis*

access, or those who do "homosex, whose behavioural choices are quite invisible, even at these sites.

- * Beside the *kothi/panthi* frameworks, there is also 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, and sex in male only spaces. Such behaviours are not usually identity-based. Here desire is based not so much on same gender/same sex/different gender, 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 maybe very limited. What appears to exist in Pondicherry, 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.
- * Another framework also exists in which same sex/same gender frames sexual encounters, but this seems to be more based around trans-generational patterns.
- * In this context, youth is seen as less "manly".
- * *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.
- * In Pondicherry many *kothi*-identified males have friendship with *double deckers*, but these are still perceived as *kothis* by these *kothis*, based on being penetrated as a key marker for the *kothi* identity.
- * Male to male sexual desire should be contextualised differently from male to male sexual behaviour.
- * No organising exists amongst *kothis*. There were localised social networks in specific sites and among different groups.
- * In Pondicherry as is seen in Tamil Nadu, the local term for *kothi* was *Danga*. Both terms were in use. The term for male sex work was *Danda*.
- * No visible gay construction or organising existed in Pondicherry
- * Sex workers not only included *kothis*, but also *double-deckers* and many young people involved in low-income work, such as rickshaw drivers.
- * Many of these sex workers spoke of foreigners as clients who paid considerably more than the local clients.
- * Social and economic class was a significant factor in terms of relationships and maintaining invisibility, where those from middle class backgrounds would most definitely not socialise with those from lower-income backgrounds. Also *kothis* from these backgrounds were much more visibly *kothi*. The sense of fear of discovery was very palpable amongst middle class MSM.

Gay identities and organisations

No gay organising or group exists in Pondicherry. There maybe gay networks, but this Assessment was not able to access them.

Situational Identities

Within the context of Pondicherry, which is perceived to be a conservative town, the beliefs and practices led the majority of participants in this study to act out situational identities. That is, within the family home, their neighbourhood, and along the streets, 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.

Double-deckers and "homosex" individuals maintained a sense of masculine behaviour irrespective of location. *Double-deckers*, while a *kothi* term reflecting behaviour, i.e. "being done to and doing", appears to be evolving as a self-labelling identity of desire of mutuality. Tamil does not appear to have a term that can express this male to male desire in terms of sexuality. The terminology used describes specific sexual acts and penetrated males as feminised males.

For those labelled *panthis* by *kothis* there was no concept of a sexual identity. They saw themselves as men in whatever context.

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

Pondicherry is a small town of some 700,000 people, with a French history intermingling with Tamil Hindu and Muslim cultures. It is a special enclave of Tamil Nadu through its history of being a French colony prior to Independence. Its architecture and the existence of a French consular office reflect this history.

Close to Pondicherry is the Aurobindo Ashram, internationally known, drawing many Westerners in search of spirituality, as well as Western back-packer tourists. Some of these are gay-identified, and can be seen at a number of sites.

Pondicherry is industrially under-developed, relying on tourism as a significant source of income. There are significant levels of unemployment or under-employment, with low levels of income and poverty. This has led to many *kothis* and *double-deckers* to sell sex.

Kothi and *double-decker* social and sexual networks seemed to be localised at specific sites, and yet networked across Pondicherry, each network somewhat separated from another with different individuals operating within them.

The Assessment Team identified 16 sites.

Further to this, many *kothis* and *double-deckers* were also coming into the Pondicherry sites from nearby outlying villages.

Police harassment does exist, but this is not systemic. Rather it is localised around individual acts, and usually based on accessing sex and money from *kothis* and male sex workers. *Kothis* felt vulnerable regarding possible police harassment at some sites, and also the possibility of harassment from local *rowdies* or thugs.

Sociocultural frameworks of male to male sexual availability

Like elsewhere in India, in terms of the sociocultural frameworks, both contemporary and traditional, which appear to shape and construct male sexual behaviours, 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. 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 for 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 and much less accessible.
- * Indian culture focuses on public shame rather than personal guilt as frameworks of social control. It should be recognised that fulfillment of social, religious and family duty is central to Indians. 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 lead MSM 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 Indian 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 easier. Very often this takes place in the dark, under the blanket, when partners can disassociate themselves from the act - "I don't know what I did". This can also lead to significant degree of familial sex, i.e. uncles, cousins, and so on.

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 the majority of *kothis* and *double-deckers* as well as sex workers across Pondicherry appeared to be limited. Rather they tended to frequent specific sites regularly. It was noted that several MSM from local villages would also come to Pondicherry to have sex with other men.

Sixteen sites where men can meet other men for sex were identified in the Pondicherry. They included parks, bus-stands and stations, auto-taxi and rickshaw stands, specific streets, bazaars, market places, beach fronts, any area where a measure of anonymity and access to males was possible. While sexual activities did take place in some of these sites, much also took place in construction sites, guest houses, lodges and hostels, as well as personal homes, where after meeting partners they would go for sex in more private spaces.

Discussions in the workshop and Focus Groups generated guestimates of
male sex workers: 1,000
kothis 3,000
partners of *kothis*/male sex workers/
double-deckers and "homosex" individuals 30,000

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

Support and friendship systems

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.

For *kothis*, key support and friendship systems were provided by other *kothis*.

Kothis see all "real" 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 such a "real man".

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.

It was also noticed that for those who identified themselves as *double-deckers*, most of their social networks and friendship were with either each other and/or with *kothis*. These friendship followed similar patterns as *kothi*-identified males.

For *panthis*, those who do "homosex" and other *double-deckers*, their primary support came from male friends who did not know they were involved in male to male sex.

Poverty and sex work

A significant number of *kothis* from low income groups, unemployed, or low-paid, will turn to sex work to generate extra income. In Pondicherry, discussions with a range of *kothis* indicated that while most did not identify as a *kothi* sex worker ("professional" *kothi*) many admitted to taking "gifts", where such a gift could be cash, or clothing, or some valuable such as jewelry in exchange for sex, depending on the ability of the partner.

Poverty was the most important determinant for sex work. The need to support self and family contextualised the significant level of male sex work, whether they were living with their families, or whether they send funds to their families who may well be living in a village or another town.

Psychosexual issues

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

What knowledge participants had was gained from friends, or sometimes from magazines which participants got from visits to Chennai or even from foreigners visiting Pondicherry.

This ignorance led to a wide variety of myths, beliefs and practices, which were accepted as true and helpful. Many of these beliefs and practices were dangerous in themselves. For example many *kothis* believed that washing the anus in dettol after anal sex would protect them from disease.

A considerable psychological tension existed regarding masturbation as a source of body and mental weakness, that reduces 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.

Gender

The assessment clearly indicated that gender is a significant factor in terms of MSM. Not only in regard to developing identities, but also in terms of transmission risks.

As indicated above, the *kothi* identity is gender-based, where *kothis* perceive themselves as feminised males, playing a feminine role in relationships and sexual acts. This can perhaps be perceived as a bridging role between the bi-polarity of male and female.

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* who wear male dress, *kothis* who cross-dress, *double-deckers*, men who do "homosex", 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 a gender 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". Nor can it be assumed that the men that *kothis* call *panthis* (or who may label themselves as such because of their relationships with *kothis*) are also not penetrated. The Assessment should significant levels of sexual crossovers. It is quite clear that these terms reflect self-perception not what sexual behaviours exist.

It should be recognised that the fact that *kothis* and *panthis* 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.

Because of the social dynamic of marriage the vast majority of MSM will be married or become married at an appropriate time. Marriage does not stop MSM behaviours, so the potential risks to wives is clearly obvious.

At the same time, many men who are defined as *panthis*, and even those who do "homosex" will also have sex with women, including female sex workers. This would also include some *kothi*-identified males and *double-deckers*.

Transmission of STD/HIV could easily follow a triangular/or quadruple pattern of male to male to female to male, and so on.

Religion

The Assessment did not request specific information on religious affiliation, nor did it arise as such in the focus group discussions and interviews. It did not appear to hold significance, although religious customs and traditions were accepted and followed.

Pondicherry has a range of different religions; Hindu, Muslim, Sikh, Christian (primarily Catholic) and others, not to forget those who are a part of the Aurobindo Ashram beliefs. The majority appears to be Hindi and Muslim.

Pondicherry, like the rest of India, expresses strong religious beliefs and customs. The vast majority of males, including *kothi*-identified males and other MSM, perform their specific religious duties and accept their own various religious customs and beliefs.

Hindu, Muslim and Christian MSM 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.

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

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.

In this study, family links were extremely strong and well maintained, even where an individual was living alone (which was rare) or with other men in shared accommodation. This was also true of those *kothi*-identified participants. The majority of MSM accessed lived with their families.

Being a member of a family gave security, context, position and identity.

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 vast majority of MSM in this Assessment accepted the social necessity of compulsory marriage, while 26% 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.

Sexual Activities

Compared to Hyderabad and Bangalore Assessments, sexual activity appeared to be significantly lower, at least among the MSM accessed by the Assessment Team.

What was interesting was that while *kothis* identify with being penetrated orally and anally as part of their identity, 10% of all anal sex reported by *kothis* were insertive, that is penetration of the partner. Similarly, 20% of oral sex acts by *kothis* were where they penetrated their partners.

A similar pattern emerged with *panthi*-identified men. Significant rates of *panthis* being anally penetrated was reported (31% of *panthi* anal sex acts), and 20% of *panthi* oral sex acts. This was higher than anticipated.

For *double-deckers*, oral sex reflected *kothi* patterns where receptive oral sex was much higher than insertive, (81% for the former), while anal sex was more equivalent (52% receptive and 48% insertive).

Over the previous month, 188 respondents reported 2068 anal sex acts, of which 1530 were receptive and 538 were insertive. Of these, 126 receptive and 69 insertive acts were covered with a condom, 8% for the former and 13% for the latter.

Over the same period of time, 153 respondents reported 1087 oral sex acts.

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.

A total number of 2182 partners were reported for the previous month, of which 37% were strangers, 8% were male sex workers, 6% were paying male clients, and 29% were considered friends. Interestingly, 5% were relatives and 6% were servants,

Sex partners were met in public spaces (37%), entertainment venues (18%), private homes (30%), and hotels/guest houses (4%).

Where people actual did sex varied from public spaces (34%), to private homes (34%), entertainment venues (13%), and in hotels, guest houses or hostels (5%).

In terms of the ages of the last sex partner, 35% were below 21 and 44% were between 22-30, and 19% were above 30.

26% of respondents were married.

Condoms and lubricant

Condom use was higher among double-deckers than among *kothis* or *panthis*. *Kothis* reported only 7% condom use for receptive anal sex, but 18% for insertive sex. *Double-deckers* reported 17% condom use for receptive anal sex and 16% for insertive anal sex, while *panthis* reported 7% condom use for both receptive and insertive anal sex.

Of those who reported obtaining condoms, 65% said they purchased them from pharmacies, and 22% from shops.

In terms of not using condoms in a multiple choice question, 71% of respondents said they were not satisfying, never used (41%), shameful to buy (36%), not sick (43%), and main partner faithful (44%). 22% also said that they were difficult to use.

When asked if they had condoms with them at the moment, only 5% said yes.

Only 17% respondents stated they used lubricant all the time, with the primary lubricant being saliva (53%), while 41% also using oil-based products, and only 2% using KY jelly. 52% stated that they never used lubricant.

Sex Work

Being paid for sex

44% of respondents reported that they had been paid for sex in the previous month, but only 4% identified as sex workers. 72 respondents (36%) reported 1168 paid sex acts in the previous month.

Of this, 57% was for anal sex (94% being receptive) and 35% was for oral sex (90% being receptive).

Of the 88 respondents who reported being paid for sex in the previous month, 55% reported more than 16 paid sex encounters in this period.

With regard to condom use, 9% of these respondents stated used condoms for the last 5 paid sex acts, while only 2% said that they used condoms for all 5 paid acts. I

74% of these respondents reported an income of below 50 Rps for their last paid sex. Only 3% reported an income above Rps 200.

Paying for sex

28% respondents reported paying for sex with another male. 31% reported paying between 1 to 4 times a month, 45% between 5 to 10 times, 8% between 11 to 15 times, and 16% above 16 times.

48% of these respondents paid to anally penetrate, while only 15% paid to be anally penetrated. 35% paid for oral sex where they inserted.

Condoms were used for 58% of these sex acts.

33% of the sex workers accessed were below the age of 21.

Female Partners

Wives

26% of respondents reported being married.

73% of married respondents reported sex with their wives. Of these, 45% reported having sex more than 6 times in the previous month, with 16% reporting more than 16 times.

Other females

10% of respondents reported having sex with females (not wives) of which 10% of these reported anal sex acts, 15% reporting oral sex, and all reporting vaginal sex. 35% of these respondents reported paying for sex. 85% stated they never used condoms.

Sexual health

Current symptoms

22% of respondents reported some symptom of which 13% reported itchy rash on genitals, 16% reported bleeding on defecating, 28% itching or burning around their anus, 31% reporting pain while urinating, and 9% reported genital sores. Several reported multiple symptoms.

Of those who stated that they had been paid for sex, 25% reported symptoms. 5% reported genital sores, 23% pain while urinating. 14% a rash on genitals, 18% bleeding when defecating, and 35% itching or burning around their anus.

Treatment

Regarding treatment, 30% were doing nothing, 7% went to a pharmacy, 35% went to a private doctor, and 28% went to a hospital.

HIV/AIDS knowledge and self-assessment

57% of respondents had heard of AIDS. AIDS as a "dangerous disease" was stated by 42% of respondents, or some derivative of this. But 36% did not have any idea of what AIDS meant.

Mostly respondents had heard of HIV/AIDS from friends (26%), posters (7%), newspapers (24%), radio (31%), doctor (14%), and hospital (22%).

In terms of personal risk assessment, 39% of respondents stated they did not know, while 54% believed they were at high risk.

In terms of HIV infection routes, 43% believed they were at risk through oral sex, 34% from sexual contact with a woman, 59% from vaginal sex without a condom, 63% from anal sex without a condom, and 71% from sharing needles. This means that approximately two-thirds of respondents were correct in regard to the main routes of infection.

In terms of prevention, 54% stated always using condoms, while 33% stated they did not know. In regard to what safer sex means, 38% reported not knowing what this was and 49% said this meant always using a condom.

68% stated that using a condom for anal or vaginal sex would reduce risks, 69% stated reducing partners, and 59% by only doing non-penetrative sex.

This awareness however did not translate into condom use, as stated above under condom use.

Informing your partner

When asked about informing their partners should they experience symptoms of STIs or come to know they have HIV/AIDS, only 25% of those who answered this question stated they would inform their male partners, 19% stated they would inform their female partners, and only 30% said they would inform their wives.

HIV antibody testing

Only 4 respondents reported having an HIV anti-body test, of which 1 was positive.

Preventive counselling

10% of respondents reported being counselled on how to prevent STI/HIV infection,

Drug use

11% of respondents reported injecting drug use, while 8% reported their sex partners injected drugs.

Sexual behaviours and impact on sexual health concerns: a summary

The *kothi/panthi/double-decker* framework of male to male sex is the predominant public pattern in Pondicherry. As seen above indications are of high levels of unprotected anal sex, high levels of anal sex compared to oral sex, and significant levels of multiple partners.

While a majority of respondents had heard of HIV/AIDS, and that a majority indicated that they knew they had a high risk, actual condom use was very low.

Issues around partner notification are of immediate concern, where the majority of respondents stated they would not inform either their male or female partners (including wives) should they be infected.

From the range of interviews and the focus group discussions, there was a range of anecdotal reports of early sexual activities of many *kothis*, who often started their sexual life before the age of fourteen, and whose first 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* dynamic and involved significant levels of males. Such sex encounters were going on in hotels and guest houses 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, 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 officers to beggars, from rich businessmen to stall holders, 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", as well as "to remain chaste".

Income was significantly low with the majority of respondents earning below Rps 2000, and where male sex workers were otherwise unemployed. Many who were paid for sex did not identify as a sex worker, and worked this way causally.

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 MSM accessing males will also access females for sex, particularly female sex workers.

BCC Materials

No appropriate BCC materials for MSM existed in Pondicherry.

STI treatment

Most respondents in accessing treatment did not specify specifically what were the problems, particularly when these were anal. Many reported that there was no visual inspection either.

There is concern regarding the suitability or appropriateness of the doctors and clinics, particularly in terms of acceptance of *kothi* and/or other MSM identities, as well as the stigmatisation of anal sex practices. A significant input on training would be necessary.

Issues around confidentiality and acceptance were clearly problematic. It may be necessary to consider supporting an "in-house" syndromic management clinic if an appropriate doctor can be located. The Assessment could not identify such a person.

NGO and Donor response

There does not appear to be significant NGO activity in Pondicherry in the eyes of the respondents. Meetings were held with the State AIDS Control Society and Prakriti regarding development of an MSM sexual health project in Pondicherry.

Generally there was an acceptance of the need to develop a sexual health response to the needs of MSM, but for SACS this was contextualised in the context of numbers and a heterosexual/homosexual dynamic. There was no clear concept of how to conduct and intervention and the various components that such a strategy should have to be sustainable in terms of behaviour change.

Possibilities of funding were not explored with the State AIDS Control Society because of the regulation that NGOs to be funded should have had prior existence as a registered NGO of three years. On this basis, it would be possible to consider Prakriti (which manages the Sahodaran initiative in Chennai, Tamil Nadu) to be funded to develop a branch office in Pondicherry and take on the over-all management of a Pondicherry project, while empowering the local team to manage programme implementation.

Such a funding arrangement would need to be explored with perhaps Family Health International, USAID India and the Pondicherry State AIDS Control Society.

Conclusions

In exploring male to male sex in Pondicherry 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* along with an emerging *double-decker* identity dynamic was the most prevalent framework of MSM in the city
- * High rates of anal sex exist between males
- * Significant levels of male commercial sex work exists in Pondicherry, where MSWs were primarily *kothi*-identified males, but where also a significant number of other low-income males were also involved in casual male sex work, such a rickshaw drivers.
- * Many of these males did not identify as male sex workers
- * Significant levels of multiple partners
- * 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
- * Most male partners of *kothis* do not have a sexual identity, neither do many others involved in male to male sex
- * 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
- * Significantly 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
- * *Kothis* and *double-deckers* sexually access many different men across Pondicherry
- * They usually come from poor, marginalised and socially excluded communities.
- * There is little realisable direct support from the local NGOs and community for an MSM intervention programme.
- * Technical skills were low amongst *kothis* and *double-deckers*.

If appropriate support and technical assistance is given, it is possible to develop a community building strategy amongst *kothis* and *double-deckers*, and use this emergent community as a means of education and prevention intervention amongst MSM in Pondicherry, utilising a community-building and mobilising framework. This will need to be done through the already existent Sahodaran project based in Chennai, which because of its links with the government and bureaucracy would have a greater chance of success.

The process of doing the Assessment was already generating a framework for community-building and mobilising.

However it should also be recognised that in Pondicherry *kothis/double-deckers* 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. Linking with Sahodaran would provide those skills.

Primary recommendations

- * Prakriti-Sahodaran should be funded towards developing a *kothi/double-decker*-led sexual health intervention amongst MSM in Pondicherry
- * This could be done by Sahodaran developing a branch office and project in Pondicherry
- * Technical assistance and support provided to *kothis* to develop community-building strategies in Pondicherry and to mobilise the resultant emergent community by Sahodaran

- * 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 STI treatment service be accessible to MSM, which 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/double-decker*-led project to host its own clinic service should be considered as a priority
- * A drop-in centre should be strategically located in Pondicherry 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 MSM 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 are 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 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 a *double-decker* (or another local term), 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 Pondicherry, India.

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

Because of the delay in identifying Pondicherry as a target city in the project implementation process, Sahodaran (which had previously stated that it had contacts in the city) to recruit a Local Focus Person prior to the Investigator arriving in April.

However, on arrival, no Local Focus Person had been recruited. This was because the specific networks that Sahodaran had were from the middle-classes who did not want to become identified and visible managing such an assessment.

The Investigator requested that Sahodaran send a small team from its field staff to Pondicherry to work with him to identify MSM who would be willing to participate in the training workshop and conduct the Assessment. It was hoped that an appropriate person would be identified amongst this group who would take on the role of Local Focus Person. Sahodaran agreed to this, and three of its field staff visited Pondicherry with the Investigator. They would stay for 3 days. All these staff were *kothis*, and all spoke Tamil, the primary language in Pondicherry.

Within two days over one hundred MSM were identified. These were *kothis* and *double-deckers*. A social meeting was organised and some 40 of these individuals were asked to attend. At this meeting a social space was created for these *kothis/double-deckers* to relax, dance, and be entertained. Following this, the Investigator made a presentation of the Assessment process, and fifteen people were recruited to attend the training workshop.

However, the very visible *kothi* behaviour (non-sexual) at the social meeting apparently created difficulties for the hotel management where this meeting was held and where the workshop would be conducted. This led to the cancellation of the booking arrangements.

Following this cancellation, and since no Local Focus Person had been recruited, the Investigator requested Sahodaran to second a field staff member to the Pondicherry Assessment to initially act as a Local Focus Person and to train up whoever was identified to take on that role to complete the Assessment. This was agreed to. This person would be paid out of the funds available for the Local Focus Person. The contract would be for four weeks.

This Sahodaran individual with the Investigator immediately identified a new location for the workshop. A meeting was held with the recruited workshop participants at one of the sites, which generated a warning about public *kothi* behaviours at this new hotel which was accepted by them, and the workshop was implemented some four days behind schedule. At the meeting, the Oral Informed Consent Statement was read out to all present in Tamil by the Sahodaran representative and assent taken. An outline of the workshop agenda and the purpose of the Assessment was given again 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 relevant amongst males in South Asia

- iii. discussions on MSM in the context of Pondicherry, 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 Tamil as an on-going process by the Sahodaran representative. All documents were also translated and printed in Tamil.

Following the workshop, an Assessment Team was formed with 10 of the best participants.

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, forty in-depth taped interviews (twenty were badly 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 initially supervised by the Sahodaran representative. Within two weeks, an individual from the Assessment Team had been identified and recruited to the post of Local Focus Person and the Sahodaran representative provide a skills development programme for him for the following two weeks. It was also agreed that the Sahodaran representative would visit every two weeks for support

The LFP was supervised by Sahodaran representative and 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 member's own networks.

It should be noted that since the Assessment Team members in the main were *kothi* or *double-decker* 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 and signed and dated by the Interviewer.

Interviews were conducted in the field wherever privacy could be assured. In several occasions, interviews were also conducted in the home of the interviewer where again privacy could be assured.

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 Sahodaran representative 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 Tamil, 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 questionnaires and 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 Tamil 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 four of the main public sites in Pondicherry 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 Sahodaran representative, following an assurance of anonymity and confidentiality, and an explanation of purpose.

A consultant was also recruited to discuss MSM issues with a range of NGOs, doctors and others in Pondicherry and to evaluate issues of their concern, support and possible resistance to an MSM sexual health project developed in the town.

MEETINGS

Pondicherry State AIDS Control Society
2 STD clinics

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:

- * Sahodaran team's 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

The 15-member group were self-identified *kothis* or *double-deckers*. Four were male sex workers, also *kothi*-identified. This meant that the members of the assessment team accessed MSM they knew or through people they knew, and since most of the members of the team were *kothi* or *double-decker* identified, these were also *kothis*, *double-deckers* and a few *panthis*.

It was not possible to bring *panthis* together for a group discussion (see MSM context below). However the discussion groups held a mixture of *kothis* from different occupational groups and male sex workers. No other MSM would attend.

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
- * 40 taped interviews completed
near site where privacy could be assured or in the home of the interviewer
where similarly privacy could be assured
- * 30 involved in focus group discussions
two discussion groups of 15 held in a rented accommodation

While this process gives information on the sexual behaviours and practices of *kothis* and *double-deckers* and their partners, it could not perhaps provide adequate information on the level of male to male behaviours in Pondicherry 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 were made by those involved in the networks themselves.

DATA ANALYSIS

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

In terms of the taped interviews, the Local Focus Person translated and transcribed the spoken Tamil 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 the 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:	5th - 10th April 2000
Investigator period in Pondicherry:	31st March - 27th April 2000
Data collection period:	12th April - 5th July 2000

ISSUES OF CONCERN

1. *Recruitment procedures*

The issues of identifying a LFP was problematic originally

The solution developed resulted in a rapid collection of individual MSM in order to keep to the schedule.

Recruitment relied on the networking skills and knowledge of the Sahodaran team as well as the desire to participate, the time available, and the willingness to be consistent, of the potential team members.

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* and *double-deckers* 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. Half the original workshop group was illiterate.

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.

6. *Questionnaire*

Not all questions in the survey form were completed.

7. *Tape-recorded interviews*

Quality of the tape recordings was not very good, and some of the responses were garbled and unclear.

SECTION THREE

Demographic Profile of Respondents

200 participants completed questionnaires, and 40 were accessed for taped interviews.

The men ranged in age from 18 to 61, of which 28% were between 18 - 21, and 46% between the ages of 22 - 30. 26% were married. 88% of the respondents reported that they were in a relationship with another male. 19% respondents reported living alone and 64% with their families. Only 40% of married males reported living with their wife.

26% of respondents were unemployed, 4% identified as male sex workers, and 2% stated they were students.

70% reported incomes below 2000 Rps (\$48), and 7% reported incomes above 5000 Rps (\$119).

In terms of education, 8% reported no formal education, 28% reported between 1 and 6 years, 48% between 7 and 10 years, 9% completed 12 years, and 8% were undergraduates, graduates, or postgraduates.

64% of respondents labelled themselves as *kothis*, 19% as double-deckers, 12% as *panthis*, while 5% labelled themselves as heterosexual or gay.

SECTION FOUR

MSM contexts in Pondicherry

To attempt to use the term men who have sex with men as a bounded framework would not reflect the reality of MSM contexts. Nor should they 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 Pondicherry by NGOs and others. To do so leads 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.

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 Pondicherry 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 heterosexualities. 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 too has become a bounded category. What does the word "men" mean? What does the word "sex" mean?

Sex means doing as the man says.

Comment from a focus group discussion

Self-identities amongst MSM in Pondicherry 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 feminised language and body language, sometimes through cross-

dressing, as well as utilising their own "secret" language (a derivative of the *hijra* language) which is unavailable to the majority population. These individuals call themselves *kothis*. This is a socialising and socialised role, where *kothis* can recognise each other even though they maybe strangers, where ready friendships are easily facilitated, and 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 the predominate framework among MSM in Pondicherry.

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 arising from its cultural context. 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", even as they may desire the other male. 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 how easy it is to get a panthi. All these men are hot. They can't enough from their wives if they are married. And if they are not married, well where are they going to sex from? All I have to do is to make eyes at these men, swing my hips a little bit, touch their legs in the right place, and then they want it immediately. Problem is they are so quick. Too quick. They come almost as soon as they enter me. Interview PKK3

Those with specific male to male desires, and in this context Pondicherry appears to have three significant, but differing identities were seen. That of a *kothi*-identified male, a *double-decker*, or a *panthi*. Only one gay-identified man was accessed in Pondicherry.

But the *panthi* in this context is a masculine male and given the label *panthi* by *kothis* through sexual access. In himself, he does not have a sexual identity. The *double-decker* should not be seen as a specific identity, but rather as a named behavioural choice, and even this term is a *kothi* term. Some *panthis* may well desire *kothis*, but many desire the sexual act itself, the act of penetration and discharge.

The *kothi* term *double-decker* indicates a male who likes to penetrate and also be penetrated. What was significant was that this term was taken on by several MSM, usually those who associated with *kothis*. Others who did not (and these were primarily middle-class) used the word "homosex" as a description of what they did - but as a description of themselves.

These terms, *panthi*, *double-decker*, and *homosex* arise from behaviour and not identity. The sense of desire and self-relating to sexuality seems to be invisibilised and class-based.

These frameworks of amorphous identities, gender identification, and actual behaviours, whether based on male to male desire, or desire for specific acts (i.e. anal sex), or just semen discharge arising from "body heat", indicate a fluidity and an emergent, or even evolving, framework of sexual identities. Such an evolutionary process may well indicate a "homosexualisation" of male to male sexual patterns as a result of vernacular media speaking of Western gay cultures and Indian gay movements. What was interesting was that the Investigator did not come across the word "gay" as a defining essence amongst the MSM networks that were accessed by the Assessment. This may well be because those accessed were primarily from low income groups who did not speak English.

Another possible reason based on discussions with groups and individuals may also arise from the fluidity of gender identification, and the visibilising among these networks of the *double-decker* behaviour and desire. Among, what is known elsewhere as *real kothis*, *double-decker* behaviour is totally denied and frowned upon. Yet, it is known that secretly such behaviours do go on among *kothis* and their partners. The emergent *double-decker* framework indicates that networks of those involved in male to male sex are recognising and acting out desires based on male genders and not on sex roles.

As more and more individuals begin to express these frameworks so socialising among themselves begins to develop and become more extensive. *Kothi*-identified males may still call *double-deckers kothis*, but there is also a growing resistance to this. The significant difference appears to be based more on performance rather than actual sexual behaviours, although *double-deckers* in this Assessment showed much higher rates of penetrating other males anally than *kothis*. *Double-deckers* have significantly less feminine performance to their public-site demeanour.

Perhaps this is primarily because the *kothi* label is more stigmatised, and identifying with the term *double-decker* can reduce the sense of self-stigmatisation. Certainly these *double-decker* males did not perceive themselves to be *kothis*, and usually their body language and expressions were not *kothi*-based.

So in Pondicherry there were *kothis* who accessed "real" men who they called *panthis*, *double-deckers* who had sex among themselves, with *panthis*, and with *kothis*, and other "manly" men who had sex with *kothis*, *double-deckers*, other males, and with women. *Kothis* generally do not sexually access other *kothis*. Issues of marriage, children, social, family and religious obligations, united them in a sociocultural framework.

As part of their public feminine gender performance, some low income group *kothis* will 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. This is often tempered

because of social conditions. So those *kothis* who take these pills and who live with their families, say they only take them in the winter season because they can hide these breasts under their sweaters.

Having nice breast increases the money I can make. Panthis like to squeeze my breast when the are f..... me. They do the same thing with women. Some of them are a bit rough and I get these bruises. Interview PIS4

Sociocultural, religious and family pressure ensure that the majority of *kothis* and *double-deckers* will eventually marry and produce children, no matter how long they attempt to delay this process. This is true of all MSM. 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, sometimes depression, perhaps fear of non-performance with their wives, and always a constant search for a "real man" who will "marry" them and look after them.

For *panthis*, marriage and children are key identity markers of manliness.

It's not my choice. I have to get married. Interview PMS2

What's the problem? Interview PMS3

Many of the *kothis* and some *double-deckers* from low-income groups become sex workers as a source of generating and income. Not that all may identify as sex workers ("professionals"). This income is to support their families and themselves. Not all male sex workers are *kothi*-identified. Several sex workers in this study were young males who were both penetrated and penetrate. These were primarily low-income earners, such as young rickshaw drivers, schoolboys and students. Their sense of self was not framed by sexual behaviour choice. Poverty was the key factor.

But while poverty was a determinant of sexual behaviour for many male sex workers, it was clear from the discussions and interviews that pleasure and discharge was also involved.

I make enough money to help my family out. I have two brothers and two sisters and I am the oldest. Interview PPF2

Of course I enjoy the sex, mostly, if the man isn't too rough. It's a nice feeling. Interview PPF2.

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*.

There are many times I can't get a girl. I know about this place. Interview PPF3.

This of course doesn't mean that many *panthis* don't also desire other males. But this desire was contextualised within a gendered pattern. 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".

My first time was with my cousin. I was maybe about ten. He put his penis between my thighs. Every week, once or twice he would do that. He would come to stay in my house, and would share my bed. I like the hugging and the warm feeling. When I was twelve he would masturbate me as well. Interview PIS5.

Some may well find that their experience of sex with 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*. And some *kothis* and *double-decker-identified* males would also have mutual sex together involving penetrating each other.

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 devastating. 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 outside the socialising role.

Labelling and identities appear to be class and education based. Thus some MSM from low-income groups would call themselves *kothis* or *double-deckers*. Those from middle class would just say that they do "homosex" or even "gaysex".

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. At the same time such secrecy enables maintaining a socially acceptable public role.

This form of social control is constructed by traditional and religious 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.

Darkness and privacy 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.

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

- * For a many of males involved in male to male sex, MSM is not about sexual identities but a behaviour based on gender identities.
- * Such behaviours are not contextualised within a heterosexual – homosexual paradigm but within a gendered framework and role play, where a feminine gender performance signifies the role taken in the sexual act of the penetrated partner as well as a framework of socialising with others of similar desires and behaviours.
- * 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 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.
- * For *panthis*, this is not an identity but a *kothi* description of men they have sex with. As such no *panthi* networks exist, and an extremely few friendships existed based on similar sexual behaviours. *Panthis* tended to be based on opportunistic encounters.
- * This does not mean that Pondicherry does not have any gay-identified men as it is understood in the West. Perhaps it does, but the Assessment team members only was able to access one gay man.
- * This framework also does not mean that *kothis* do not penetrate, or that *panthis* are not penetrated. Some do cross over these gendered sex roles. But such crossovers are kept even more secret, and is not usually shared with *kothi* friends. Such gender role crossovers are sometimes seen as even more

shameful. No "manly" man would like to state that he had been sexually penetrated. 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 *kothi* does not desire another *kothi*, where desire is based on sex/gender roles.

- * *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.
- * It is clear though that in this assessment, some men who were being penetrated still called themselves *panthis*.
- * This may well be because of the need to avoid a stigmatised (*kothi*) label for themselves, as much as that of not exhibiting *kothi* behaviours.
- * Here there is 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 physically count the number of *kothis* at a range of public sites (and perhaps *double-deckers*), but this doesn't address the so-called *secret kothis* - the ones who do not access public sites. Nor does this address the number of "manly" partners these *kothis* access, or those who do "homosex", whose behavioural choices are quite invisible, even at these sites.
- * Beside the *kothi/panthi* frameworks, there is also 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, and sex in male only spaces. Such behaviours are not usually identity-based. Here desire is based not so much on same gender/same sex/different gender, 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 maybe very limited. What appears to exist in Pondicherry, 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.
- * Another framework also exists in which same sex/same gender frames sexual encounters, but this seems to be more based around trans-generational patterns.
- * In this context, youth is seen as less "manly".
- * *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.
- * In Pondicherry many *kothi*-identified males have friendship with *double-deckers*, but these are still perceived as *kothis* by these *kothis*, based on being penetrated as a key marker for the *kothi* identity.

- * Male to male sexual desire should be contextualised differently from male to male sexual behaviour.
- * No organising exists amongst *kothis*. There were localised social networks in specific sites and among different groups.
- * In Pondicherry as is seen in Tamil Nadu, the local term for *kothi* was *Danga*. Both terms were in use. The term for male sex work was *Danda*.
- * No visible gay construction or organising existed in Pondicherry
- * Sex workers not only included *kothis*, but also *double-deckers* and many young people involved in low-income work, such as rickshaw drivers.
- * Many of these sex workers spoke of foreigners as clients who paid considerably more than the local clients.
- * Social and economic class was a significant factor in terms of relationships and maintaining invisibility, where those from middle class backgrounds would most definitely not socialise with those from lower-income backgrounds. Also *kothis* from these backgrounds were much more visibly *kothi*. The sense of fear of discovery was very palpable amongst middle class MSM.

Gay identity and organisations

Only one gay-identified man was accessed by the Assessment. The other gay-identified men known to Assessment team members were those from Western countries.

In discussions with them they knew of no gay organising, networks, or otherwise in Pondicherry.

At the same time there was no organising of *kothis* or *double-deckers*. Small friendship groups existed separately in different sites.

The Assessment process was actually enabling a framework of community-building to occur in Pondicherry.

Situational Identities

Within the context of Pondicherry, which is perceived to be a conservative town, the beliefs and practices led a 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.

At the same time, many others who were not a part of the public sex environment, would totally invisibilise their desires through marriage or 'proper' social and religious behaviour within family, community, religion.

Double-deckers and *panthis* performed as "normal" males in Indian society inside or outside these sites. Some *double-deckers* when socialising with *kothis* would feminise their body language somewhat and use *kothi* language.

The crossover for *kothis* from one performance to another can be remarkably swift and immediate. Crossing a road and entering a "cruising" site the actions and mannerisms would change 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, and to ensure invisibility on the streets away from what were perceived as safe areas, i.e. "cruising" sites.

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 observed during site visits where a range of *kothis* were observed entering specific sites and a marked change occurred in body language and behaviours as they came across other *kothis* at the site.

I always walk down the street like a panthi, so one can see me. When I come here and meet other kothis, then I can be fully kothi. But only here. Interview PKK5

Social Context

Pondicherry is a small town of some 700,000 people, with a French history intermingling with Tamil Hindu and Muslim cultures. As a special enclave of Tamil Nadu through its history of being a French colony prior to Independence. Its architecture and the existence of a French consular office reflect this history.

Close to Pondicherry is the Aurobindo Ashram, international renowned and drawing many Westerners in search of spirituality, as well as Western back-packer tourists. Some of these are gay-identified, and can be seen at a number of sites.

Pondicherry is industrially under-developed, relying on tourism as a significant source of income. There are significant levels of unemployment or under-employment, with low levels of income and poverty. This has led to many *kothis* and *double-deckers* to sell sex.

Kothi and *double-decker* social and sexual networks seemed to be localised, each network somewhat separated from another with different individuals operating within them.

Further to this many *kothis* and *double-deckers* were also coming into the Pondicherry sites from nearby outlying villages.

Police harassment does exist, but this is not systemic, rather it is localised around individual acts, and usually based on accessing sex and money from *kothis* and male sex workers. *Kothis* felt vulnerable regarding possible police harassment at some sites, and also the possibility of harassment from local *rowdies* or thugs.

Consistently, the higher the income and social status, the more fear of discovery was expressed, where many MSM spoke of possible harassment, or potential violence against them. This was not observed.

Several *kothis* took oral contraceptives for breast developments as a positive choice to attract "real men".

Pondicherry has a significant level of unemployment, and even many who do have work, have a low income. This has led to some *kothis* and *double-deckers* to sell sex. Poverty was always stated and in some cases extreme. For many *kothis*, living conditions were very poor, with hygiene, food, clean water, and adequate shelter very problematic. The urgency of survival was clearly visible and painful.

But selling sex was not only confined to *kothis* and *double-deckers*. Other males from low-income occupations or those unemployed also sold sex on a casual basis. This included students, rickshaw drivers, shop assistants and others.

Access to medical treatment was also problematic because of the quality and cost of treatment. Sickness of one sort or another seemed to be prevalent, from skin rashes, stomach upsets, and various other physical ailments.

Significant levels of shame felt by *kothis* as well as other MSM, reduced their ability to purchase condoms at local shops or attend STD treatment centres.

Shame in this context was about breaking social, religious 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 of shame felt. This feeling of shame also strongly factored risky behaviours and practices as well as treatment seeking, particularly those from low income groups. While many *panthis*, *double-deckers* and those who do "homosex" or "gaysex" spoke of sexual pleasure, many also spoke of shame in either desiring males or in doing such sex. Always they would come back to "the needs of men", "body heat", or "I can't control myself".

How can I go to the doctor about this problem. He will curse me and tell me to go away. Interview PPF5.

Public environment sex was usually 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.

Sociocultural frameworks of male to male sexual availability

In terms of the sociocultural frameworks, both contemporary and traditional, that appear 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 bringing shame to the family. 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.
- * But early marriage in the early twenties was normal.

- * 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. 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 for 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 and much less accessible.
- * 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 lead MSM 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 Indian 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 easier. Very often this takes place in the dark, under the blanket, when partners can disassociate themselves from the act - "I don't know what I did". This can also lead to significant degree of familial sex, i.e. uncles, cousins, and so on.

These characteristics of Indian culture, which also include 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).

This same framework exists in contemporary Bangladesh whilst Mughal history is replete of "boy love". The word "boy" here signifies "beardless youth".

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 Roche 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).

Roche 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 in Pondicherry. 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. They will also be framed within the context of gender/sex roles.

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 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, *khel* (play). In Pondicherry 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, but framed within concepts of differing genders.

In doing so we have to recognise that the impact upon any STD/HIV/AIDS prevention and control programme which does not address male to male behaviours will be doomed to failure. To deny their existence, 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 the majority of *kothis* and *double-deckers* as well as sex workers across Pondicherry appeared to be limited. Rather they tended to frequent specific sites regularly. It was noted that several MSM from local villages would also come to Pondicherry to have sex with other men.

Sixteen sites where men can meet other men for sex were identified in the Pondicherry. They included parks, bus-stands and stations, auto-taxi and rickshaw stands, specific streets, bazaars, market places, beach fronts, any area where a measure of anonymity and access to males was possible. While sexual activities did take place in some of these sites, much also took place in construction sites, guest houses, lodges and hostels, as well as personal homes, where after meeting partners they would go for sex in more private spaces.

But at the same time, *kothi*-cruising goes on in restaurants, teashops, hostels, shops, even during the day.

Site visits to four of the major sites on a regular basis provided observational verification of what had been stated in discussion groups and interviews. *Kothi* sex workers would stand around singly or in small groups, demonstrating *kothi* mannerisms, and wait until a man would come past them. There would be an attempt to initiate a conversation, and if this were successful, the conversation would lead to sex. The sex act may take place within the site if spaces were available for more privacy. If not, or the site was a public street, then a local lodge, alleyway, or cheap hotel would be used. For those non-professional *kothis* and *double-deckers*, they would also stand around and directly "cruise" men, initiating conversations with those they liked and on many occasions negotiate sex. This was also observed in a number of restaurants and teashops, as well in shopping centres and other shops. While the sex workers were usually confined to specific locations, the other *kothis* seemed to treat any location as a potential site for sexual encounters.

Other male sex workers where this was discussed were involved in other occupations and saw their sex work as casual, intermittent and opportunistic. Often gifts were exchanged rather than cash.

Discussions in the workshop and Focus Groups generated guestimates of

male sex workers:	1,000
<i>kothis/double-deckers</i>	3,000
sex partners	30,000

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

Support and friendship systems

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 become sexualised, as *kothi* friends will bring their *panthis* to access the privacy of the space.

It was also noticed that for many of those who identified themselves as *double-deckers*, most of their social networks and friendship were with either each other and/or with *kothis*. These friendship followed similar patterns as *kothi*-identified males.

For *panthis*, those who do "homosex", and other *double-deckers*, their primary support came from male friends who did not know they were involved in male to male sex. Sexual behaviour as a central aspect of self was not a part of their identity.

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. The home is a private space, where friends can attend, but privacy is lacking. Indian homes are crowded spaces, where rooms are shared always. Unless you happen to be rich enough for privacy.

Kothis see "real" men as potential *panthis*, and treat them as such. Rarely would a *kothi* develop a non-sexual friendship with such a man. *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. At the same time many *kothis* would also see other *kothis* at the same site as a sexual competitor. *Kothis* generally do not do sex with other *kothis*. This is treated as taboo.

In a situational context the majority of *kothis* will perform as "regular" males in other public contexts and in the home, and thus will develop friendships with other neighbourhood males and relatives keeping his identity choices and sexual behaviours secret. But even in this arena, *kothis* often spoke of sex with friends, these male friends. But never with another *kothi*. When this was discussed, the sense of horror was palpable.

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

But it was also noticed that several *double-deckers* would view *kothis* with distaste considering them to be "bad" people because of their feminine behaviours

Poverty and sex work

In Pondicherry the majority of *kothi*-identified males were from low income groups or were unemployed. Literacy levels were low as were the number of years of education.

A significant number of *kothis* from low income groups, unemployed, or low-paid, turned to sex work to generate extra income. In Pondicherry, discussions with a range of *kothis* indicated that while most did not identify as a *kothi* sex worker ("professional" *kothi*) many admitted to taking "gifts", where such a gift could be

cash, or clothing, or some valuable such as jewellery, in exchange for sex, depending on the ability of the partner. *Double-deckers* were also involved in sex work, both professionally and casually.

This study accessed primarily *kothi*-identified sex workers, although many other males who obtained monetary benefit from sex with other males did not perform as *kothis*, and would penetrate as well as be penetrated. These males appeared to be somewhat younger than many of the professional *kothis*. Here there did not appear to be any specific context of a sexual/gender identity.

Poverty was the single determinant for sex work. The need to support self and family contextualised the significant level of male sex work, whether they were living with their families, or whether they send funds to their families who may well be living in a village or another town.

Psychosexual issues

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

What knowledge participants had was gained from friends, or from books which participants got from visits to Chennai or even rarer, from foreigners.

This ignorance led to a wide variety of myths, beliefs and practices that were accepted as true and helpful. Many of these beliefs and practices were dangerous in themselves. For example many *kothis* and *double-deckers* believed that washing the anus in dettol after anal sex would protect them from disease.

A considerable psychological tension existed regarding masturbation as a source of body and mental weakness, that reduces 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. This also included issues around "night discharge" which was seen as a medical condition.

Reproduction also carried its own myths and beliefs, where several men had no idea how babies are born, or even formed. In discussions this led to beliefs that anal sex was "better" than vaginal sex in terms of "tightness" and pleasure. Or that babies were born "through the navel", and where one discussant stated that a baby was born through the anus.

Gender

The assessment clearly indicated that gender is a significant factor in terms of MSM. Not only in regard to developing identities, but also in terms of transmission risks.

As indicated above, the *kothi*-identity is gender-based, where *kothis* perceive themselves as feminised males, playing a feminine role in relationships and sexual acts. This can perhaps be perceived as a bridging role between the bi-polarity of male and female.

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* who wear male dress, *kothis* who cross-dress, *double-deckers*, men who do "homosex", 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 a gender 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". At the same time, it also cannot be taken that *panthis* only penetrate. Several *panthis* reported being penetrated.

There is much diversity in all of this, and perceived in how some *kothi*-type individuals would identify as *double-decker*, and how some men may use the *kothi* term *panthi* for themselves and yet display *double-decker* behaviour.

It should be recognised that the fact that *kothis* and *panthis* 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.

Because of the social dynamic of marriage the vast majority of MSM will be married or become married at an appropriate time. Marriage does not stop MSM behaviours, so the potential risks to wives is clearly obvious.

At the same time, most men who are defined as *panthis*, and even those who do "homosex", will also have sex with women, including female sex workers.

Transmission of STD/HIV could easily follow a triangular/or quadruple pattern of male to male to female to male, and so on.

Such a framework maintains patriarchal culture and as long as "real men" maintain their gender role, as long as there is no publicness, then social order is maintained. Concepts of gender is central here where the penetrating "manly" male is not defined as a homosexual even if such a man sexually and emotional desires other males, regularly acts out his desires, or even "marries" the "penetrated" partner. He has to be seen as performing the "manly" role. Here also marriage and children are key components for a "manly" identity. Marriage and reproduction are not only necessary and essential to maintain the fabric of family and society, they also represent key indicators of manly masculinity. If a male is married and performs his husbandly duty with his wife, then he is a man. If he has children, particularly a son, then he is even manlier. He is now a social person, an adult male able to make adult decisions and take on adult social responsibilities.

To be unmarried, to have no son, is to be somewhat "feminised" within such a cultural framework. In such a case the person is "less of a man".

In these cultures developing a sexual identity is problematic. We can even say that India is not primarily a heterosexual society! While "men" are "behaviourally heterosexual" and some will be "behaviourally homosexual", the sense of identity will be focused on marriage, children and position in the joint and extended family. For those who are *kothi*-identified, identity will be both in this context as well as in feminised gender identification.

Thus in terms of males who have sex with males in Pondicherry 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*. In between are the double-deckers and those who do "homosex/gaysex", who *kothis* will also call secret *kothis*. *Kothis* are not men believing they are women, or even want to become women. They appear to see themselves as "less than men" while "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. Pondicherry is no exception.

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 Pondicherry, will often have very different customs and traditions, which will also be different from Hindus in Calcutta. Similarly Muslims in Pondicherry 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 are 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 Western 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.

While the Assessment questionnaires did not request information personal discussions with a number of respondents raised some of these issues.

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

Kothis/double-deckers expressed significant concerns about what their religion has to say about male to male sexual behaviours. No one knew of any specific statement in either Hindu, Christian 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 feelings of shames arising from their sense of identity and behaviour.

Yet these respondents somehow found ways to balance their sexual practices, identities and desires within the context of being a Hindu, 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.

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.

Hindus, Muslims and Christians 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. None of the *kothis* or *double-deckers* stated they would refuse to marry, whilst the majority expressed a sense of 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.

In this study, family links were extremely strong and well maintained, even where an individual was living alone or with other men in shared accommodation. Most respondents lived with their families.

Being a member of a family gave security, context, position and identity.

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 usually 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".

The vast majority of *kothis/double-deckers* 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.

Of course I will get married. What choice is there? To do otherwise will shame my family. How can I refuse my family. Interview PPF6.

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 visible pattern in Pondicherry. The Assessment indicated high levels of unprotected anal sex, higher levels of anal sex compared to oral sex, and high levels of multiple partners.

While a majority of respondents had heard of HIV/AIDS, and that a majority indicated that they knew they had a high risk, actual condom use was very low.

Issues around partner notification are of immediate concern, where the majority of respondents stated they would not inform either their male or female partners (including wives) should they be infected.

In the interviews and focus group discussions it became clear that *kothis/double-deckers* appear to start their sexual activities at an early age. There is a range of sociocultural reasons for this, around space, 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* or *double-decker* 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, 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 officers 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.

Most MSM will also be married, usually by the time they are in their late twenties, 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. A familial and social necessity, all of those accessed who were not already married believed that they would have to get married, whether it was their choice or not.

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.

BCC Materials

No appropriate BCC materials existed in Pondicherry.

STI treatment

Most MSM do not access doctors but asked friends, "quacks", or received antibiotics 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 other MSM identities, as well as the stigmatisation of anal sex practices. A significant input on training would be necessary.

Issues around confidentiality and acceptance were clearly problematic. It may be necessary to consider supporting an "in-house" syndromic management clinic if an appropriate doctor can be located. The Assessment could not identify such a person at the time.

NGO and Donor response

There does not appear to be significant NGO activity in Pondicherry in the eyes of the respondents. Meetings were held with the State AIDS Control Society and Prakriti regarding development of an MSM sexual health project in Pondicherry.

Generally there was a level acceptance of the need to develop a sexual health response to the needs of MSM, but for SACS this was contextualised in the context of numbers and a heterosexual/homosexual dynamic. And this acceptance appeared to be a toleration, where the National AIDS Organisation has recommended that each State AIDS Control Society should fund an MSM project. There was no clear concept of how to conduct and intervention and the various components that such a strategy should have to be sustainable in terms of behaviour change.

There appear to be very few gay-identified men in Pondicherry and the terms 'gay' and 'homosexual' ['homosex' locally by middle-class non-*kothi*-identified MSM] should be avoided as it seems to immediately generate a negative stereotypical image associated with incursion of Western culture. Male to male sex, while considered shameful, is recognised as a 'homegrown' phenomenon. 'Male sexual health' or HIV prevention appears to be socially acceptable project goals.

A standardised syndromic management guideline should developed for use with men, covering the range of probable issues would be advisable as lab work would be too costly and treatment regimes described were variable and included non-pharmaceutical such as vitamin pills.

While the doctors interviewed said they would be willing to accept referrals, actual ability to work non-judgmentally and effectively with these male clients will need to be further assessed. Undoubtedly some training will be needed for doctors willing to work with any future project.

Access to water-based lubricant presents the usual problem of cost and appropriate packaging.

Experience with NGOs has repeatedly shown the extensive need for ongoing capacity building which is best addressed through local resources when available. While some aspects of NGO management training may be available through other NGOs in Pondicherry, technical training will need to be obtained from other sources. Linking any future project with other MSM projects such as Sahodaran in Chennai (only 3 hours drive away) will be essential to providing the type of technical capacity building likely to be needed. Peer to peer exchanges and networking have worked well in other settings, and would be especially important given the lack of experience and the probably sensitivity of such work here in Pondicherry.

The need for a low profile and the strong social barriers would suggest that a peer led approach would best be able to effectively reach the greatest numbers. This approach would also contribute to the sustainability of efforts, as self-help initiatives, once established, require less external input.

Other established NGOs may be able to contribute through advocacy, which would be difficult for a peer led project in this setting, and certainly through adopting male to male/anal messages within their programs. These groups will need to be oriented to the importance of male to male sexual health issues, including how these may be affecting the health of their own beneficiary groups.

Possibilities of funding were not explored with the State AIDS Control Society because of the regulation that NGOs to be funded should have had prior existence as a registered NGO of three years. On this basis, it would be possible to consider Prakriti (which manages the Sahodaran initiative in Chennai, Tamil Nadu) to be funded to develop a branch office in Pondicherry and take on the over-all management of a Pondicherry project, while empowering the local team to manage programme implementation.

Such a funding arrangement would need to be explored with perhaps Family Health International, USAID India and the Pondicherry State AIDS Control Society.

Conclusions

In exploring male to male sex in Pondicherry 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* along with an emerging *double-decker* identity dynamic was the most prevalent framework of MSM in the city
- * High rates of anal sex exist between males
- * Significant levels of male commercial sex work exists in Pondicherry, where MSWs were primarily *kothi*-identified males, but where also a significant number of other low-income males were also involved in casual male sex work, such a rickshaw drivers.
- * Many of these males did not identify as male sex workers
- * Significant levels of multiple partners
- * 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
- * Most male partners of *kothis* do not have a sexual identity, neither do many others involved in male to male sex
- * 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
- * Significantly 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
- * *Kothis* and *double-deckers* sexually access many different men across Pondicherry
- * They usually come from poor, marginalised and socially excluded communities.
- * There is little realisable direct support from the local NGOs and community for an MSM intervention programme.
- * Technical skills were low amongst *kothis* and *double-deckers*.

To a significant extent MSM in Pondicherry do not comprise an easily identifiable or visible target group, apart from those who identify as *kothi*, or male sex workers who are primarily *kothi*-identified. There appears to be no gay identity and there are 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 extensive work on

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 Pondicherry.

Anal sex is a common practice, placing MSM, particularly *kothis* and *double-deckers* 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 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 Pondicherry, 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/double-deckers* 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 Pondicherry. 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 *double-deckers* and use this emergent community as a means of education and prevention intervention amongst *kothis/double-deckers* and their partners, where *kothis/double-deckers* can be mobilised on behalf of improving sexual health among MSM generally.

But it should also be recognised that *kothis/double-deckers* 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. Linking with Sahodaran would provide those skills.

The process of doing the Assessment was already generating a framework for community-building and mobilising.

Recommendations

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 Pondicherry. 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 Prakriti-Sahodaran should be funded towards developing a *kothi/double-decker*-led sexual health intervention amongst MSM in Pondicherry.
- 2.2 This could be done by Prakriti-Sahodaran developing a branch office and project in Pondicherry utilising the developed group there as implementors of an intervention.
- 2.3 Technical assistance and support provided to *kothis/double-deckers* to develop community-building strategies in Pondicherry and to mobilise the resultant emergent community by Prakriti-Sahodaran.
- 2.4 Such technical assistance should also include skills and capacity building.
- 2.5 Appropriate condoms for anal sex and sachets of water-based lubricant should be made available at affordable prices for the MSM project to distribute.
- 2.6 It will probably be necessary that initial distribution be free towards building a users' habit before social marketing is developed.
- 2.7 It is an urgent necessity that an appropriate STI treatment service be accessible to MSM, which is confidential, accepting and of high quality.
- 2.8 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. But in the social environment of Pondicherry it may well be more appropriate to enable and empower the project to host its own clinic service.
- 2.9 A drop-in centre should be strategically located in Pondicherry to ensure maximum impact, outreach and support towards effective community-building and mobilising.
- 2.10 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.
- 2.11 Appropriate and relevant BCC materials should be urgently developed for *kothis/double-deckers* and their partners using their own terminology, and distributed by themselves.
- 2.12 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.

- 2.13 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.
- 2.14 Effective and supportive relationships with local police need to be developed and facilitated by the appropriate agency.
- 2.15 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, prison populations, et al.

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 While it may be very difficult, there should be a range of educational campaigns that de-stigmatise the public discussion of sexual behaviours 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 anal sex behaviours, as well as *kothis*, any *kothi/double-decker* 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/double-deckers* and male sex workers, 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 Training needs to be provide to develop psychosexual counselling skills

8. The Role of the Pondicherry State AIDS Control Society and other donors

- 8.1 PSACS and other donors 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 these agencies will need to ensure that they can gain the trust and confidence of males who have sex with males by ensuring confidentiality, safety, security and anonymity.
- 8.4 PSACS, with donor assistance 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. Appropriate NGOS, donors and PSACS should advocate 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 Appropriate NGOs 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 PSACS 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 PSACS 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.

ANNEX ONE

FOCUS GROUP DISCUSSIONS

1. Participants
A total of 30 participants participated the 2 Focus Group Discussions. Each session lasted 3 hours.
2. Language
Focus group discussions were held in Tamil, translations being provided by the Sahodaran representative. Facilitated by Investigator
3. Self-identities

Kothi	16
Double-Decker	8
Male Sex Worker	6

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 their definitions of the word sex
 - * removing clothes and lying down
 - * doing as the male says
 - * both minds coming together and sharing bodies
 - * doing sex through mouth and anus
 - * male and female doing it
 - * admiring one another
 - * sharing their love to stranger's and getting strong sexual feeling towards them male and male doing it
 - * physical and mental thought travel in same path
 - * mutual understanding between male and female in sex is sex
 - * enjoyment with males with interest
 - * with birth body without any dress
6. Participants discussed definitions of the term sexual intercourse
 - * having anal sex
 - * kissing one another and doing sex with female
 - * having anal sex with females
 - * male and female having anal and oral sex
 - * female doing oral sex
 - * mutual understanding between sexual partners with physical and thought
 - * between the body of the two opposite sexes
 - * a hunger in the physical body
 - * sex hunger where the last hunger is sexual intercourse
 - * for the energy we are taking diets, as we as for the soul, need sexual intercourse
 - * for my poverty we are going into sexual intercourse

- * for the happiness of my soul
- * mental and physical feelings
- * for genetic problem I am having sexual intercourse
- * at the time of sadness, if I have sexual intercourse, all sadness disappears
- * create understanding and love

NOTE: misinterpretations

translation issues?

the word sexual intercourse difficult to translate: words expressed in specific acts

7. Participants discussed differing characteristics as a part of the discussion on gender and identities

Men

healthy body
handsome face
brave
intelligent
head of the family
nice heart
bringing up children the proper way
well built
understanding his wife
strong
big penis
hard worker
virile and sexy
respectable
a good father and husband
income-earner

Panthis

handsome
thick moustache
strong and manly
strong penis
penetrates kothis
protective
provider
shows difference in family
life and private life

Women

good wife
good mother
housewife
pretty face and hair
having sex only with husband
solving family problems
obeys husband
breast and hips must be good size
good woman and protects family
quiet voice
graceful
maintains culture and traditions
good sister and daughter

Kothis

feminine body
walking and talking like woman
good housekeeper
does anal/oral sex with panthis
is penetrated by panthi
likes man's penis too much
obeys panthi
hated by family and others
deceived by men
feminine in character
nice anus
should satisfy panthi

8. Participants explored what manly duties and expectations were

- a. Religion
 - To follow rituals
 - to get married in same caste/religion
 - 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
 - good and obedient son
 - good student
 - family planning
 - funeral arrangements
 - marriage
 - reproduction
 - career
 - produce sons
 - financial prosperity and economic security
 - look after parents
 - see sisters married
 - provide for wife and children
 - raise children properly

- c. Society
 - family attachment
 - brave and energetic man
 - faithfulness
 - well educated
 - good job
 - respect
 - good character

9. Based on personal experience, participants listed who was involved in male to male sex in Pondicherry

doctors	bus drivers/conductors
railway staff	bank employees
company reps	bus passengers
pharmacists	policemen
tea-shop boys	farmers
guest house staff	labourers
pick-pockets and thieves	foreigners
male nurses	canteen staff
tailors	advocates
college boys	travellers
school boys	tourists
hotel staff	stall holders
restaurant staff	shop owners/staff
auto drivers	teachers/lecturers
taxi drivers	students

rickshaw drivers	tutors
sportsmen	security staff
stewards	watchmen
cinema goers	massage boys
hostel/college/school friends	barbers
massage boys	businessmen
scavengers/rage pickers	beggars
street boys	prisoners/prison staff
lawyers	paan shop wallahs
rowdies/goondas	kothis
double-deckers	panthis

10. Participants discussed why do males have sex with other males

desire for males
for sexual release and pleasure
free sex
for personal safety
for sexual outlet
for masti
late marriages
separation from wife
menstruation 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
it is safer
to avoid disease from girl
for working men this kind of sex as good as sex with girl
poor men can't afford female prostitutes

11. Participants listed where do males have sex with males in Pondicherry from personal experiences

personal homes	cow sheds
hotels	construction sites
guest houses	inside shops
lodges	farm land
hostels	hospitals
beaches	parks
lorries	beach sites
school/college dormitories	parking lots
public toilets	cellars
bathing rooms	dark alleys

- | | | |
|--|----------------|---------------------------|
| | gardens | dark streets |
| | bushes | behind bushes |
| | bachelor rooms | taxis |
| | groves | college grounds and rooms |
| | autos and cars | trains |
| | cinema halls | school yards |
| | in buses | |
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
secret kothi
auto drivers
rickshaw drivers
hotel boys
tea boys
13. Why do they sell sex?
for money
seeking work
for education
to make contacts
for shelter/food/clothing
for enjoyment
for variety
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
15. price
- | | |
|------------------------------|-------------------------|
| oral | 10 - 100 rupees: 50 Rps |
| anal | 10 - 500 Rps: 75Rps |
| face to face: thigh/body rub | 5-50 Rps |
| masturbation | 5-50 Rps |
16. Where buying?
see sites
17. Sexual histories from workshop
social mix: DD's and kothis

- a. first experience
 - 10 below 15
 - 5 below 10
 - 5 between q6-18
 - 1 between 19-21

- b. age of first partner
 - 2 between 11-15
 - 2 between 16-18
 - 4 between 19-21
 - 8 between 22 +

- c. first sex acts
 - 6 oral sex on partner
 - 3 thigh sex by partner
 - 5 mutual masturbation
 - 2 anal sex by partner

- d. who is partner
 - 3 male relatives
 - 3 school teacher
 - 3 friend
 - 2 elder student
 - 2 foreigners
 - 3 neighbours

- e. in the last week no of sex acts
 - 79 sex acts
 - 67 partners
 - 25 anal sex acts

This figure was primarily made up of 9 individuals who were selling sex

no condom use

no knowledge of HIV/AIDS/STDs

- 18. Social issues discussed
 - a. marriage and children
 - b. finding a "husband"
 - c. poverty and unemployment
 - d. fear of loneliness
 - e. families and discovery
 - f. fear of violence
 - g. sex work
 - h. rural MSM

19.	Mapping Pondicherry Public Sex Environments identified 16 sites		
20.	Language		
	Kothi/Danga	feminine males	
	Panthi	manly men	
	Double Decker	will penetrate and be penetrated	
	Danda	business/sex	
	doing danda	doing sex	
	English	Tamil	Koti
	masturbation	kai mooti	kai kuthu
	kissing	mutham saithai	umma
	oral sex - penile	pool sapuvathu	sempu
	oral sex - vagina	kuthi nakkal	sapti nakkal
	sucking breast	marbu nakkal	switch thirivaradhu
	vaginal sex	kuuthi okkarathu	sapti pathavaithal
	anal sex	suuthu adikaradu	gans rubbu kallu soordharai
	rimming	suuthi nakkal	rounds kanns nakka;
	eating semen	vindhu saapiduvathu	bomma thani kudipathu nirna
	thigh sex		irattai kathavu
	group sex	sairinduriu saithal	kali murithai
	penis	pool	boomai
	big penis	perri pool	seize dhanda
	small penis	sinna pool	mulakai dhanda
	bad penis	katta pool	valakai dhanda
	nice penis foreskin	nella pool nanni thool	seize dhanda urichapalam

glans	soothu	soorthalai
testicles/scrotum	parupu	mottu
circumcision	vattu	urish palam
anus	sooten	soordhalai
nipples	moolai	switch
vagina	koodhi	sapti
clitoris	paruppa	moottu
erection	pool thukaradhu	mooda dhanda peeli dhanda
semen	vindhu	nirma

Estimates

Kotis	3,000
male sex workers	1,000
partners of kotis/male sex workers	30,000

ANNEX TWO

THE INTERVIEWS

Pondicherry INTERVIEWS

No of interviews: 40

Interviewers: 4

Interviews lasted one 65 minutes on average.

PROFILE

1. **Ages**

18 - 21	15
22 - 30	20
31 - 40	5

2. **Marital status**

6 were married

3. **Identities**

<i>kothi</i>	29
<i>double-decker</i>	6
<i>panthi</i>	5

4. **Sex workers**

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

5. **Schooling**

no education	5
below 5 years	5
6 - 10	28
above 10	2

6. **Occupation**

unemployed	5
stall-holder	6
sex worker	4
office worker	1
labourer	14
fisherman	1
painter	2
teacher	2
service sector	3
rickshaw driver	2

7. **Accommodation**

living with extended family (<i>parents/wife/children</i>)	1
living with joint family (<i>parents, siblings and their families</i>)	2

living with wife and children	6
living with parents	15
living alone	5
living in shared lodgings	5
living in a hostel	2
living at workplace	1
living with other relatives	2
living with partner	1

8. Early sexual experiences

below 10	2
10 - 12	4
12-15	24
16-18	9
19-21	1

All the *kothi/double-decker*-identified males had their first encounter before the age of 16. Two of the *panthi*-identified men had their first sex encounter before 16, and the remaining between 16 and 18.

9. First sexual act

masturbation (doing)	7
masturbation (receiving)	2
thigh sex (being penetrated)	13
thigh sex (penetrating)	6
oral sex (doing)	7
oral sex (receiving)	1
anal sex (penetrated)	3
anal sex (penetrating)	1

10. First sex partner

relatives	17
neighbours	6
friends	7
work staff	2
education staff	2
stranger	6

INTRODUCTION

Pondicherry is a relatively small city of approximately 700,000 people, and enclave in northern Tamil Nadu, close to Chennai, its state capital. Easy and regular transport to Chennai means that there is frequent travel to and from this city.

Further, with goods being tax free in this enclave, many visitors come to Pondicherry to purchase electronic goods, visit as a tourist, and with the nearby Aurobindo Ashram, there are significant levels of foreigners visiting as well.

Pondicherry used to a French colony, and so there is a significant French influence in terms of its architecture, and the presence of a French consular office, as well as several French residents.

At the same time it is still a very much rural-based area, with several villages close by. Pondicherry shares the same language as Tamil Nadu. The town has a "rural" feel to it, and with all such towns, there is a sense that everyone knows everyone else.

Significant numbers of MSM from outlying villages also visit Pondicherry during the week seeking sexual partners.

1. HISTORY

1.1 Family

As elsewhere in India, in Pondicherry, the family is still a central focus in a person's life, where often it is the source of his core identity. But here the family is much more than the immediate biological parents and siblings, the nuclear family. It includes all the relatives in usually a close bond; grandparents and their relatives, all the uncles and aunts, brothers and sisters-in law, nephews and nieces, cousins five times removed. The Indian family is a joint and extended family, a community in its own right, defined by, dialect, religious practice, caste, village, and so on.

Economic and social changes are beginning to have a dramatic impact upon this family structure, particularly in urban areas, where the cost of living has increased significantly over the last couple of decades. Traditionally, these extended families often lived in the same household, but with space being at premium in urban settings forcing family living to become nuclear. Further these costs have been exacerbated with the number of foreigners renting local accommodation, usually those who are associated with the Aurobindo Ashram.

Rural employment is low, and so a significant number of rural people from nearby villages work in Pondicherry itself, commuting on a daily basis, either by bus or bicycle.

Even when the individual moves out of the natal or personal home to work or seek work in the town, they will often utilise members of the extended family to provide accommodation in the new setting. The man will initially live with a family relative, his uncle, brother, brother-in-law.

Even in this dispersed structures, joint and extended familial links are still strongly held together by custom, tradition, belief, practice and economics. Their social value

lies in providing a form of economic security and welfare in a society that has neither. Family 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 often generates a tremendous 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 housing, single accommodation can be relatively rare. Most males live with relatives of one sort or another, or with a group of other males in shared accommodation, or with their wives and families.

Space is at a premium and costly, a growing problem in Pondicherry. Shared accommodation, whether with family, relatives or others, is crowded, particularly for those from low-income families. Privacy is often not available.

These crowded living conditions, of sharing "male space" in a culture with high levels of homosociability and homoaffectionalism, will often create conditions of body 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. Thus an uncle may sexually access his nephew, or cousins will have sex with each, when sharing a bed at night. These are invisible behaviours, behaviours of the dark, and therefore not "real". In the morning nothing is discussed, as if nothing had happened. It is not only shame that maintains such invisibility. Other psychological dynamics are at work here, particularly the specific ability to compartmentalise thinking and feelings. Or the contextualisation of such behaviour as just "play", "heat" and "need". So for some shame may be a denominator, for others "play" is. What has been found in these contexts, is that shame appears to play a stronger role for those for whom male to male desire figures in the sex act. For those for whom male to male sex is seen as only "discharge", shame is less a factor. Whatever the framework, silence was significantly important. But this silence is not specifically about male to male sex. It reflects the obvious social need not to discuss *any* form of sexual activity or desire, whether it is to do with male to female sex or male to male. There is no open discussion about sex.

The need to maintain silence about any sexual activity reflects concepts of family honour and shame. 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.

The paradox is that while maintaining family honour means invisibilising pre-marital and extra-marital sexual behaviours, whether it is male to female or male to male, there is also an unspoken consensus that for unmarried males, "boys will be boys", as long as it remains unspoken. No questions are asked. For a male to share a bed with another male draws no assumptions of likely behaviours. For a male to share a bed with a female, well that is different.

The presence of so many foreigners in Pondicherry is beginning to highlight issues of sexuality and sexual behaviour, but within the context of Western culture. Many young foreign women walk around Pondicherry in what was term as "provocative dress", while the men would wear sorts and show their chests. Thus they are perceived as licentious, and have an impact on the "looseness of the local youth". This "corruption" is creating a discourse about sexual behaviours, mostly focused on male to female encounters, but there is an opening debate on homosexuality in terms of foreign men accessing local youth.

In the family construct, the daughter/sister is often perceived as 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 (and at times married women) 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. What access does occur is very secretive, and carries with it a heavy burden of potential violence from her family members and neighbours.

Again this is slowly changing. Pondicherry has had a strong Christian influence, and dress codes among some women are more Western. In this context, some women are more visible as "single". While in the evenings most women are invisible, the presence of foreign women on their own, further creates an impression of lasciviousness.

But at the same time the public domain is a male space. Women have readily complained about the levels of sexual harassment by local men. And in such an environment 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 am staying with my uncle here in Pondi. I left my village when I was sixteen and have been living here for the past three years. My cousin and I have done sex before. He is slightly older than me. I started it. PKK8

You don't talk about sex in your family. It is too shameful. PIS4

I am living with my family. They don't know what I do. I usually say that I have had to work late or something like. PMS2

I live in, and I come to Pondi every day on my bicycle to work at..... I work there as a room boy. PIS10

I live with my wife and two children. I got married at eighteen. Now I am twenty four. I have been enjoying men since I was thirteen. Of course my wife doesn't know. That is just crazy. PPF4

1.2 Work

Low pay, unemployment and under-employment, were serious issues for many people, particularly those from the labour classes, the poor. They felt that costs were inflated in Pondicherry due to the presence of so many foreigners and the Ashram, particularly housing costs, while income levels often do not reflect these high costs. There was a constant tension of finding a better job, having more money. Most of those interviewed complained about either having no job, or being in poorly paid jobs. The often relentlessness of work, its long hours, the struggle to earn enough each day to secure nourishment and shelter, is impossible to overstate for many. Very few individuals seemed to get any sort of self-respect from their jobs.

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 and sometimes male to male sex takes place in these environments. Usually in these contexts, such sex encounters are age constructed, the older male accessing the younger male, or sex a condition of continued employment. Nothing is said about this. Some guests in hotels and guesthouses approach service staff for sex. Some staff will also earn extra money from such activities. For a lot of males involved in this a "discharge" framework appears to operate. While those with specific male to male desires will often solicit sex in these environments also.

The majority of those who earn money from selling sex do not define themselves as sex workers. Their income would be opportunistic, temporary, casual and intermittent, a sometimes necessary supplement to their regular job. A range of sites exist in Pondicherry where male sex workers operate, or where a young man can earn money for sexual favours.

But such paid encounters do not only occur in such environments. Rickshaw drivers speak of being approached by clients when being carried about Pondicherry, sometimes by foreigners, but also by locals. They would then be taken to either the personal home, or to a local lodge, for sex.

I travel into Pondi every day by bicycle. Its hard work particularly in the hot season. PKK5

I have not education. All I can do is labour work. PIS8

I work in a restaurant. At night I sleep there with the other boys. I see several of the table boys being asked for sex by the waiters. PMS3

Yes, sometimes guests in the hotel will ask for sex. Usually they will ask about a massage. This is a hidden message. PPF2

1.3 Early sexual experiences

Kothi/double-decker identified men appear to start sexual activities in early adolescence, usually initiated by older males. By the time the *kothi/double-decker* males in these series of interviews had reached 15, they were all sexually active. *Panthis* seemed to start at a slightly older age of between sixteen and eighteen.

This early sexual activity may well be because of their living conditions, as much as to do with their own desires. Most *kothis/double-deckers* were from low income groups where personal space and privacy were almost non-existent.

Males usually had to share spaces and beds with other relatives while growing up. Neighbourhoods were crowded and spatial boundaries often crossed. This would mean that access to other males or by other males was much easier for *kothis*, *double-deckers* and *panthi*-type males.

Male to male desire and male to male behaviours were at times confusingly expressed. Many *kothis* stated that they had knowledge of their desires at a very early age, stating that they knew their feelings by nine or ten years of age. Several believed that they had these desires as unnamed feelings even at such an early age of five or six.

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". The *kothis* spoke of "hugging", of "pressing against them", as well as the bed partners, also doing likewise. Several *kothis* spoke of the first time with a range of feelings of fear or unnamed longing, of a limited degree of shame after the act, to a wish to repeat, even at their early ages. At this time, they did not see themselves as *kothis*. This identity development occurred at a later age, where *kothis* would speak of "learning to be *kothis*" when they met other *kothis*, usually in public spaces where they go to find *panthis*. But on some occasions it was in the neighbourhood *kothi*.

Kothis would speak of how their sexual involvement with other males and their pleasure and desire in this would frame a process of feminisation due to the role they played in the sex act, which only became contextualised as *kothi* when they meet other *kothis* in public environments. A sense of identity is named.

For double-deckers, most appeared to start of with a *kothi* sensibility, but as they grew older there sense of mutuality of desires, "to do and be done to" began to override the *kothi* framework of "one way". But in order to maintain their social networks with other MSM, primarily *kothis*, they would perform the *kothi* role in public environments with other *kothis*, but would be express their *double-decker* desires in private.

The *double-decker* is about sexual desires and their expression as "two way" sexual behaviours. However, while this local *kothi* term is not an identity term, an emergent identity framework appears to be evolving around this behavioural choice. It should be noted that this emergent framework is also being expressed in other cities in India.

For *panthi* type males, desire for male to male sex was expressed not in gender terms but in terms of the penetrative sex role, or a need and discharge. "I was hot" was a common expression. They saw the males they accessed as a readily accessible opportunity for "semen discharge". Usually these males were younger themselves, while for *kothi*-identified males, the males that they had sex with were older.

Some 40% of these encounters could be considered as non-consensual, in that the older male usually forced/persuaded the younger male to do sex. Eight of these encounters were between males of a similar age. In the majority of cases age differences were anywhere between 5 to 25 years, with an average of some 10 years difference in age.

Whilst *kothis* would state that their second sex act usually followed within a few days of their first and usually instigated by themselves, some *double-deckers* spoke of two or three weeks instead. *Panthis* on the other hand spoke of when they were "hot". This male to male sex was seen as a better alternative to solitary masturbation.

While a degree of personal shame was expressed by some of the individuals in terms of desire and behaviour, this was not a strong sensing. What was more important was the level of shame would increase if others found out. *Panthis* in the main were not so much concerned as long as others still perceived them as men.

I did him. That made me still a man. Some of friends knew I did this, and they also would do at times. We all used to have a laugh about it. In our neighbourhood there was a boy whom we all used to do, one after the other. This was when I was seventeen. PPF8

For me when I was fourteen, sex just felt nice. It made me feel good. My friend was my cousin. We used to do this maybe two or three times a week. We were neighbours, and whenever my parents were outside, or his parents, usually in the afternoons, then we would meet and do this. We liked to hug each other a lot. PKK7

What did I know when I was eleven. All I knew was that I wanted to be near him, my uncle. He looked so big and strong with a thick moustache. He would visit our house regular, to discuss business with his brother, my father. I was always excited when he came. Often he would sleep over and we would share my bed, there being no other bed available. That night I was so excited by him being there. He had brought me a gift. I wanted to hug him, so he would hold me close. That night I lay as close to him as I could, pressing against his body. Then it happened. I was scared at first, but it felt so nice. PIS10

1.4 Current sexual experiences

Kothi-identified males appeared to be quite sexually active. While those who self-identified as sex workers were the most active in terms of partners, most of them were also self-identified as *kothis*.

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

What was also interesting was that some *panthis* also stated that they were penetrated orally and/or anally. This was counter-intuitive, which requires following through with more research. What appears to exist that while some of these males may have adopted the *kothi* term *panthi* for themselves, or were labelled by *kothi* interviewers, the sense of masculinity, or being "real men" in an arena of feminised males, configured the label despite the behaviour. Even the term *double-decker* was seen as not "manly" enough for them.

Double-deckers spoke of sex with each other, with *kothis*, with *panthis*, and neighbourhood boys.

Kothis always spoke of sex with only *panthi*. For them *double-deckers* are seen as *kothis*, and a *kothi* would not admit to sex with a *kothi*. To admit to this is to admit to "having sex with your sister", a taboo.

Panthis spoke of sex with *kothis* and *double-deckers*, and some also mentioned that *kothis* would at times penetrate them on their request. When asked why they allowed *kothis* and *double-deckers* to penetrate them despite being perceived as *panthis*, these men mentioned a range of responses from "I liked the feeling it gave me" to "accepting a man's seed in your body makes your body strong".

These crossover behaviours, of *kothis* penetrating and *panthis* being penetrated carried significantly higher levels of shame and guilt.

Look, I am a kothi. I find this really handsome panthi type. He takes me to his lodgings. We kiss and hug and we are both hot. The next thing I know he asks me to do him. I was shocked. He was really gupt. A secret kothi! Well I was hot so I did him. Then he did me. Perhaps he was a double-decker. Perhaps I am really a double-decker. PIS9

I have a husband. But he lives with his wife and comes to stay with me maybe once a week. He is a real panthi. Of course I do sex with other men. I need it every day. PKK1

1.5 Marriage and children

Six of the interviewees stated that they were married. Of these 3 was self-identified as a *kothi*, 1 was a *double-decker*, and 2 were *panthi*. All but one had children.

All the unmarried men believed that they would eventually get married, believing that their families would arrange their marriages. Doing their duty seemed to be the common theme.

Issues around marriage and children reflected the need to obey parent's wishes, to fulfil family and social duty, of being good and obedient sons.

My mother is now looking for a wife for me. I will follow her wishes. PPF11

These discussions focused on the need to obey one's parents, to fulfil family duty, to be a good husband in providing for the wife. When asked about stopping male to male

sex after marriage, none appeared to see this as a difficulty. Nor would any inform their wives of what they did.

Why should I tell her. I will do my duty, provide her and my children. There is no need to tell her. It will only spoil her life if she found out. PMS8

Wives appeared to be the invisible partners, a part of another separated world, the woman who looks after the home and children, cooks the food, and ensures the husband is looked after.

For the married men, keeping their extramarital sexual behaviour a secret was centrally important. Couched in terms of protecting the wife, it was clear that this also involved a certain degree of shame of having sex outside of marriage rather than specifically doing sex with another male. Maintaining family honour was also configured. All spoke of a separated and discrete role for a husband and a wife, both sexual and social, as if wives and husbands live in different universes, just coming together once in a while to satisfy the need for children and/or satisfy the wife's sexual need, which all these men saw as being much more limited than their own. All these males believed that you could never ask your wife to allow oral or anal sex. *Kothis* and *double-deckers* spoke of "needing" to be penetrated. *Panthis* spoke of sexual availability. Married *panthis* spoke of the anus being better for pleasure than the vagina.

Like elsewhere in India, some of the men stated that wives don't know what to expect from their husbands when they marry. Some do of course but this is seen in great "romantic dramas", "a love story", just like a film. But "how can you love someone you don't really know", especially since "the marriage has been arranged by the family". Newly married wives don't know anything about sex, so they don't know what to do or what their husband should do.

Wives are also seen at times as mother and sister to her husband according to traditional and religious beliefs. So asking them to do oral or anal sex is also seen as shaming her.

Sex with the wife itself was sometimes seen as shameful. In the dark, with clothes on, a quiet and rapid experience. Foreplay seen as something dirty.

We do sex, of course, maybe a couple of times week. I get home usually about eight o'clock. We get to bed maybe about eleven. I wait a couple of minutes and then turn to hear. Sometimes she resists, but usually she doesn't. Not that she moves in any way. She usually just lies there. But we are always aware that the children are nearby. We only have one room. Its all over in a few minutes and then I go to sleep. PPF7

None of these sexual encounters could be called lovemaking, in the sense that time was spent on ensuring that the wife also enjoyed and fully participated in the sex act. There did not appear to be any foreplay. Sex was vaginal, from the front, usually rapid and quick discharge. Part of this was to do with the environment. Small rooms, lack of privacy, having to be silent in case, children, relatives, neighbours woke up. Also tiredness seemed to play a significant role. Husbands would state that their wives would be tired, and they would be tired.

And in all this there was almost no recognition of a woman's sexuality and sexual desires, and all positively denied that their wife might look elsewhere for sexual pleasure.

Wives don't know, and shouldn't know about the sexual life of these husbands. 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.

1.6 Women

While some of the men admitted having sex with other women, there was very little discussion on this. Some of the *panthis* accessed female sex workers, as well as female neighbours and friends. A few of the unmarried *kothis* and *double-deckers* spoke of sex with female sex workers "to find out what it was like" or "to practice before I get married". A few of the *panthis* also spoke of anal and oral sex with female sex workers. The difficulty for some *panthis* was that their cost was more than they could afford. Males were much cheaper.

2. IDENTITIES AND SELF-PERCEPTION

2.1 Desire, behaviour and identity

Kothis constantly spoke of how easy it was to "get a man". *Panthis* spoke of many *kothis* there were and how easy it was to find someone to have discharge. *Double-deckers* recognised that the *kothi* had an advantage over them in finding sex partners by their feminine behaviour.

I wish I could act like a kothi. I could get twice as many men as I do now. They just have to walk like a woman, and these hot men will chase them around the park. PIS4

The boundary between a desire to have sex with specifically another male, and the behaviour of doing sex with another male, is very blurred. This may seem an unnecessary divide, but it expresses itself in terms of desire for a person or desire for an act. In other words do these men have sex with other men because they are men, or do they do so because they want to access a specific sex act?

I found out about this place by accident. I was walking through after work to on my way home, when I saw this kothi. He was pretty too, I was feeling hot at the time, you know ready. Well this kothi made it obvious so I went to him. PPF8

For some of the men interviewed, their sex with other males was articulated as doing an act, fun, discharge, easier than with women. Some double-deckers, as well as the panthi-identified men stated this.

For all the *kothis*, and most of the double-deckers (but not all) desire to do sex specifically with a male was central theme. They liked other men, wanted to do sex with other men. Primarily focused around being penetrated, *double-deckers* also spoke of enjoying penetrating as well, and oral sex was also enjoyable. Focus was also in the "handsome *panthi*", the desire for penile contact, and the size of the *panthi's* penis.

Developing an identity such as *kothi* evolves around a male to male desire. But this desire is also focused around being penetrated, the *panthi* as a real man, the *kothi* identifying as a feminised male. Gender roles in sex and behaviour are key here.

The emergent *double-decker* identity, where a *kothi* behavioural label has been claimed by some men as an identity, is a very interesting development in terms of male to male desire and could be seen as a means of claiming a sexual identity in an emergent heterosexualised society among those who do not have access to Anglo-Saxon languages and constructs. Films, MTV, advertising, all visibilise male to female love, and society and family are now constructing marriage as heterosexualised as well as a reproductive necessity and duty.

At the same time the only visible identities around male to male desire is a *kothi* identity. (I don't include hijras - or Alis as they called in Pondicherry - here because their construct is primarily socio-religious construct). A gay type of identity is outside the consciousness of many MSM because of class, language and awareness, as well as the sociocultural constructs around family, marriage and individuality. So what identity can those who desire other males access but within a framework of a same sex/same gender dynamic, when vernacular languages do not have accessible terms and constructs?

Most languages have specific terms for different sex acts, and labels of feminisation. What if a person does not see himself in a feminised sex role? Hence the growing tendency of many MSM males to start using the *kothi* term *double-decker* for themselves, as alternative to these gender roles.

Pondicherry is seen as a much more conservative and moralistic city compared than cities in North, or even Hyderabad or Bangalore, which can only sustain traditional attitudes around compulsory marriage and reproduction, what is now often called a culture of "compulsory heterosexuality" in some writings on gender and sexuality. This conservatism, both in its traditional religious form and in contemporary language of homophobia, appears to be highlighting a sense of guilt, shame and fear that lies within some MSM lives. It has also generated a growing sense of fear of harassment and discovery, along with possibly an increase of police presence or harassment in certain sites.

It has had a significant impact upon *kothi* behaviour in public sites. Whether this impact is a recent aspect in Pondicherry, or whether this has always been so, *kothis* are somewhat more invisible in public sites than say in Hyderabad. Further, many of these sites close much earlier than in other cities, where "nightlife" goes on till much later. By mid-evening (about 9pm) most of the streets, sites and other areas are rapidly emptying. Public transport is poor. Auto-rickshaws are expensive, and bicycles seem to be the individual's main transport. Anyone hanging around after these times could be liable for police check-up or harassment by local rowdies.

Many *kothis* spoke of fear of police harassment, fear of local people creating problems, fear of local rowdies, fear of violence against them.

This could also be another reason why some double-deckers identified as so as this was believed to be less stigmatised than a "real *kothi*".

To be self-aware and develop any form of self-identity requires a significant 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 around specific sexual behaviours. This often leads them to a conclusion that they must be female-like. Hence the *kothi* identity.

For *double-deckers*, while some 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. At the same time they did not perceive themselves as feminised males, and did not identify with the female gender.

Some of 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. To *kothis*, a *double-decker* is really a *kothi* in denial.

Some "real" *kothis*, when speaking of their desire for a real *panthi* stated that they did not like the *panthi* to touch their genitalia. Should he do so then he was not a real *panthi*, but a secret *kothi*, even while being penetrated by them. As such he becomes less sexually desirable.

Double-deckers also stated that they might perform as *kothis* (limited as this is) 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 significantly performative as well as based on sexual desire. Desire here is gendered.

But for some of males, these sexual behaviours are not named or define an identity, talked about, or rationalised. It is just what they do. This is particularly true for those who cannot access the Western media, come from low income groups or from 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. But this is true for other aspects of their lives. Self-reflection requires a visit to the future, and for many the future is avoided. Today is what matters.

Gay identified men homosexualise their lives, thoughts and reflections, and centralised their sexuality much more readily than others. All aspects are reflections of their sense of self. Even *kothis*, for whom gender identification can be a key focus, would not do this so much. For many other aspects were independent of their *kothi* selves. Family, marriage, children, work, religious affiliation, these each were at times seen apart from a *kothi*, or even *double-decker*, sense of self.

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 and a limited social tolerance for an "intermediate gender", the so-called "third gender" or *ali*, 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 a strong, and central, 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.

Pondicherry is still strongly conservative and traditional. The fear of discovery, police harassment, and what they call rowdy violence was always close to the surface. Expressions of homophobia, of antagonism against men who have sex with men, of homosexuals, of *kothis*, were felt very keenly.

These sociocultural frameworks make it very difficult for those with clear sexual identities to develop positive self-images and personal self-esteem. This is not only about their homosexual behaviours, but also to do with how they "fit" into Indian society and fulfil their family, social and religious obligations as men.

Concurrently, with much of India society in denial of indigenous constructs of homosexual behaviours and desires, the concept that homosexual behaviour is an alien tradition, imported from the West, a result of, initially, British (and in Pondicherry also French) colonialism, and now of globalisation and MTV seems to be believed here.

For *kothis*, their sense of self is not only constructed in terms of feminisation and the taking on a feminised gender role, it is also often being the penetrated partner in anal sex and oral 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 "alis". After all these *kothis* are socialised as males as they grow up in their families. And this socialisation is extremely powerful. They are burdened with the sociocultural expectations and obligations from babyhood of how males should be behave and what familial duties they will have when they become adults (if not before).

This is 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* and *double-deckers* have to get married, and the vast majority of them believe that they have no choice in this matter. Performance as a dutiful husband is important, and where desire for women does not exist, this also produces a sense of failure as men. A strong sense of failure as men pervades the sense of self.

Marriage also produces its struggles for many MSM as they try to balance their sense of duty with desire. Keeping secrets, denying opportunities for emotional fulfilment, balancing needs, fears of discovery, sometimes a sense of guilt and shame, can produce stress and tension between husband and wife and children.

For many *double-deckers*, these pressure also exist. This is further contextualised because the *double-decker* framework is stigmatised by many *kothis*, and such men are perceived as *kothis*, but in denial. For most of these men there is no articulated or visible concept of self that empowers their desires. They are not *kothis*. They are external to any gay structures that are evolving in Pondicherry. There is no way to articulate their desires.

With no social support systems that validate and affirm such desires and sense of self, such men can only rely on the friends that share similar constructs of desire.

Fortunately for many such males, India continues to be a homosocial and homoaffectionalist culture, where male bonding is extremely powerful and highly visible, and where male to male affection is socially permissible and encouraged. Within such frameworks, male to male sexual behaviours become more invisible and have less risk of discovery, than say, in Western countries.

For many *double-deckers* and for *panthis*, such stresses can be reduced by defining their behaviours within a context of this "need", "discharge", "play", "a man's right", and so on, where the act is just an act and not a identity. Such framing is much easier in Indian cultures because of the construct of maleness and homoaffectionalism. And if this act is based on penetrating the other, the sense of masculinity, of "proper" manliness, can be sustained.

The terms homosexual, homosexuality, or gay, are not readily accessed by low-income classes, 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 will be 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. So if you are a male who seeks discharge and another male can be readily available, and as long as you penetrate that male anally or orally, then there is much less self-stigmatised. Such men can still perceive themselves as fulfilling their masculine role.

But, and this is true for many *kothis* as well, 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, if not ignored. Here Indian cultures has an advantage over Western cultural norms, where masculinity is more defined as a public performance of masculinity, of machismo behaviour, rather than around marriage and the reproductive necessity for sons.

For both *kothis*, some *double-deckers*, this means denying their own sensibilities and choices through compulsory marriage and reproductive necessity, and all the constraints for personal sense of happiness and well being.

Sometimes I dread going home to my wife. I never know if I can perform my duty. We don't have a son as yet, and there is a lot of pressure from my family and her family for a son. That is when I sometimes hate myself. Why did god make me this way. PIS9

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, that 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?

I never use condoms. I don't like them. They would stop me feeling the panthi inside me. But then what does it matter. I am a poor man. I am a kothi. I do not have education. My life doesn't matter. PMS1

2.3 Support systems

For *kothis* and most *double-deckers*, their emotional support systems come from their personal networks of others like themselves. *Kothis* and *double-deckers* network, socialise and make friends among those with similar identities and behaviours whom they meet and get to know at a range of public sites. Emergent community networks exist based on shared frameworks of desire and behaviours. But these networks tend to be highly localised in specific public sites and evolve from there into other localised settings. Friends might visit each other's homes, or neighbourhoods.

Further to this, friendships may exist within neighbourhoods and work environments. Families also provide a context of social support. But within both these contexts sexual desire and behaviour is kept secret.

For *panthis*, support systems are these neighbourhood and occupational friendships. A *panthi* is very rarely self-declared. The term *panthi* is a *kothi* word for a "real man". Self-identity is based on sociocultural value systems of masculinity, maleness and malehood in an Indian context. Family, occupation, class, location of origin and so on. *Panthis* as such do not make friends with other *panthis*, because most often they do not know of each other as such. Male to male sex for them is discharge, better than masturbation, but not as good as sex with females. One might as well think of clients of female sex workers as being a community and developing support systems for each other.

One could not talk about a community in the sense that in the West there may be a strong sense of a gay community in certain urban settings.

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*.

All my kothi friends come here. I made my first kothi friend here. That is how I knew I was a kothi. PPF2

I have friends where I work, and also my best friend lives next door to me..... No, we I don't do any sex thing with them. PPF9

3. SEX WORK

A sense of poverty pervades male sex work. All those self-defined as sex workers, as doing *danda* (business), saw this as a survival strategy. While none expressed self-disgust because they got money for sex, several expressed shame about the work. This shame was also expressed as a part of their *kothi* identity.

At the same time the sex worker felt that the level of income he could generate in a month far outweighed a sense of shame. He feels that an ordinary job would not pay him the same level, as usually an uneducated or of poor education levels. Of course not all sex workers were poorly educated. There are some who were at least finished 10th standard, but could not find work.

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. If a man was willing to pay then so be it. What was wrong with that?

While some sex work was conducted in public sites, quick, rapid events often filled with fears of the possibility of discovery by police, park wardens, and such like, much was also conducted in guest houses, lodges and hotels. And not all hotels were cheap. Some of the sex workers spoke of "high-class" hotels and such like if they were lucky to find a client rich enough, usually a foreigner, but not always. Pondicherry has rich locals as well as Indian businessmen visiting. It also has many foreigners visiting the Ashram, and/or living in the town. Some of them are gay-identified.

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

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

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

If I have a foreigner, or a rich local as a passenger in my rickshaw, first I ask if they want drugs. Then I will ask if they want a girl or a boy, that I know where they can get one. If they respond to a boy, I then ask whether they would like to do with me. Usually I can get a couple in a week. Sometimes more. For foreigners I charge much more than I do with the locals. PMS8

I am not working right now. But I am pretty so it is easy to find a customer for sex. I just walk around here, and I can always get a customer. Every day I can get several. This is my work, evening work. PMS3

As a labourer I get very little money. I live in my village and I travel to Pondi everyday. I can make a little bit extra by selling sex. PKK8

I work as a housekeeping boy in..... I earn maybe Rps 1000 per month. I can make extra on tips also, but locals do not give big tips. Foreigners do. I can also make extra money if a guest asks me for sex. Usually they ask me for a massage, and then it becomes a soft massage, and then we will do sex. I can make more than Rps 2000 a month from that. I need the money for my family. My sister is getting married and we need lots of money for the wedding and dowry. PPF3

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 overloaded immune systems. This leads to a 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.

But so does stigmatisation. How can many MSM go to a government doctor (or even a private doctor) and inform them that they have been anally penetrated. In these interviews only two did.

More risks are taken by male sex workers and *kothis* 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 a small majority of interviewees were aware of the existence of AIDS, but not always clear in regard to its distinction in terms of HIV. These had heard of AIDS either through the media or through their friends. Some 50% of these stated that they had heard of AIDS, and would speak of "a dangerous disease". Actual knowledge was often unclear. Condom knowledge in terms of protection was relatively high with a clear majority recognising that condom use for both vaginal and anal sex is protective.

But this awareness did not translate into actual condom use where less than 15% of anal sex acts (both for penetrated and penetrating) was covered. A small majority of interviewees recognised their significant risk in terms of unprotected anal sex, but felt disempowered to act to protect their lives. A significant minority did not know what their risk for HIV infection was.

4.2 Condom use

Condom use significantly low, with only some 15% saying they used condoms, but not regularly. Only two interviewees said they used condoms all the time.

Most *kothis* said that *panthis* don't like using condoms, with the majority of *kothis* saying that they didn't like *panthis* using condoms because they didn't feel the penis.

Some said there was not a problem because they had cures for any disease they may catch. Others that they never carried condoms because of possible police problems should they be found to have them on them. *Panthis* would speak of not enjoying being covered, or that they were difficult to use.

Some sex workers said that they would do what the *panthi* wanted. If the client agreed then a condom would be used. If the client did not want to use a condom that would be all right too.

None of the interviewees were carrying condoms at the time of the interview.

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 contextualise yourself within a risk framework. This apparently was very difficult for a significant minority 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.

When risk perception was evaluated a small majority stated that they had a medium risk, with a few believing that they had a low risk, "because doing anal sex with a *kothi* was safer than doing sex with a woman". Others did not know of their risk. A believe in the "cleanliness of the sex partner", in the partner "not being ill", or in believing that women were vectors of disease lowered the sense of self-risk.

A major difficulty for lot of the men was that they felt they couldn't carry condoms with them in case they were stopped by the police. The police could arrest them for this they believed.

To compound this condoms were not available at or near sites where a lot of MSM got to meet other men.

Add concepts of shame for young men to purchase condoms at shops and pharmacies, one sees a whole range of factors that impede regular use of condoms. Disempowerment, a lack of negotiating skills, accessibility, and so on.

Further Pondicherry does not have any condoms appropriate to anal sex. Lubrication is also a problem, with most of the sex being dry or with saliva. Knowledge of how to

put a condom on correctly was also problematic. These factors produce a situation where there is also a significant level of condom breakage. Other issues were around putting on a condom as a form of masturbation where some *panthis* ejaculate so quickly that by the time the condom is on he has discharged. *Panthis* spoke of the uncomfortableness. For some *kothis*, the use of condoms by their partners was a factor in regard to their self-perception as *kothis*!

Immediate condom accessibility was certainly an issue, since many of the interviewees spoke of responding to potential partners "in the moment". Planning and forethought appeared to be absent.

A few also spoke of semen as strengthening the body, with a condom stopping this function. This was just one of a number of myths around semen and the body.

Treatment for STIs was also problematic. Several *kothis* believed that washing their anus in dettol would protect them from disease. Use of a range of auryvedic, and/or "quack" treatments would also solve any infection. Going to a doctor was seen by some as a measure of last resort, especially by *kothi* identified males. Many would go to pharmacies and ask for an unspecified antibiotic or treatment for "rashes", "itches" and "boils".

5. The future

Most of the interviewees found this to be a difficult question to conceptualise for themselves. The future was vague. This may be due to Indian sociocultural concepts around time and space. It is not for nothing that a concept of "Indian time" has evolved. A rural sensibility of the passing of seasons, rather than of years seemed to predominate, where so few men knew their exact age.

Some saw their future in terms of employment, of bettering their life and economic opportunities, looking for a new job, moving to another city, improving the general conditions of their lives.

All of the unmarried spoke of becoming married, of producing children.

But a pervading sense of disempowerment appeared to exist, as if they was nothing they could do. "Tomorrow is just another day" was at times overpoweringly present. Next year is just a repeat of this year.

For most individuals, it was the present that was of deep concern. Survival. Finding a job, earning enough money, coping with their daily pressures. Thoughts of five years ahead could not be contemplated other than in either resolutions of their current difficulties through some miraculous intervention, "a kind man", "finding a husband", or some external agency of luck and good fortune, or life continuing on as it was currently being experience, a fatalistic approach that gave no scope to a brighter tomorrow, but a sameness, endlessly repeating itself.

Most had 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 what was seen as a distant future was perceived as a waste of time, but within this was also a general hope that the future would take care of itself.