

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
SYLHET, BANGLADESH**

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SECTION ONE

A SUMMARY OF FINDINGS

Bangladesh 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. These partners of *kothis* are called *panthis* by them.

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 Sylhet. While at one level there was a very public framework of *kothi/panthi* sexual encounters, another dynamic also existed, one that was much more invisible and secret. This secretive network was generally of a much higher economic and social class than the *kothi/panthi* networks, and felt extremely more vulnerable to disclosure than the former networks. This vulnerability was experienced due to the conservative Muslim nature of Sylhet, as well as the "small town environment" where "everybody knows everybody else". This network also did not identify as gay, but within the framework of *do-paratha* (that is "giving and taking"), or within a transgenerational structure. Individuals from this network(s) were extremely difficult to access to any degree, but a few in private conversations spoke of accessing males in a variety of hidden sites and through friendship networks and sharing.

Kothis were much more sexually active than participants in this network with very high rates of partner change and unprotected anal sex behaviours. The majority of *kothis* in this Assessment met their partners in public sites.

What was interesting was that many *panthis* accessed by the Assessment Team also admitted to be penetrated, orally and anally despite their identification with the *panthi* term (which is used to express the penetrating role of the partner). The pattern of behaviour was much closer to a *do-paratha* dynamic of "giving and taking". This naming process could be the result of a general lack of awareness of the *do-paratha* term in Sylhet, although it is used extensively in Dhaka. In fact *kothi* language (*oolti*) appeared to be more undeveloped and less extensive than in Dhaka. Since these men could not identify as *kothis*, there was not an extensive development of language and identity, which left them the gender oppositional term to *kothi - panthis*.

Awareness of AIDS was relatively high, although specific knowledge about what it is was confused. With 55% giving correct information about anal penetration risks, condom use for anal sex was approximately 35%.

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

In terms of possible symptoms of STIs, there appears to be a significant levels of anal bleeding, itching and burning sensations around the anus, pain while urinating, and other symptoms leading to increased vulnerability in terms of STI/HIV infection, with high levels of inappropriate treatment for these symptoms.

A majority of males in this study were self-identified *kothis*. Mostly unmarried (78%), they 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. *Kothis* who were married did so because of family necessity while *panthis* who were married 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 Sylhet 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 many of the NGOs, STD clinics, donor agencies and other institutions regarding the constructions of male to male sexual behaviours and the frameworks of behaviours and/or identities create many barriers to the development of appropriate and effective intervention services.

Even those who were from those involved in NGOS and who were also MSM and understand the framework were extremely uncomfortable in discussing such issues for fear of disclosure. They did not want to become involved in either the Assessment or any possible service delivery.

A result of this attitude was that the original intention of using some members of these groups and networks to manage the Assessment and develop a service was impossible. In the end to successfully implement the Assessment and to develop any service or project required Naz Foundation International to solicit the assistance of Bandhu Social Welfare Society, an MSM sexual health project based in Dhaka, to provide more direct assistance. It was through their *kothi* networks in Sylhet that we were able to proceed. This also has implications for developing an MSM sexual health service in Sylhet, which are identified later on in this report.

While it appeared that there was a certain degree of acceptance of MSM existence in Sylhet amongst some agencies and individuals in both a local context as well as that

framed within a Western construction of sexuality, these agencies were very concerned about the possible religious and social impact upon themselves in developing a service working with MSM. It became very clear that to do so would require the direct involvement of Bandhu Social Welfare Society, an already established agency recognised by the Bangladesh Government and the NGO Affairs Bureau under the rubric of a male HIV/AIDS prevention project.

It must be recognised that in a Bangladesh sociocultural context Western constructions of homosexuality and heterosexuality do not "fit", and can actually lead to an increase in the invisibility of the behaviours. It can also increase the level of potential harassment and fear.

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') as well as "at risk" *kothis* (for the penetrated partner) as two distinct frameworks. It would be difficult to incorporate both within one intervention strategy. Sexual behaviours between males are certainly not a practice of only a small minority in Sylhet, but is much more complicated than the so-called heterosexual/homosexual divide would indicate.

The MSM Context in Sylhet

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.

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

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

- * For many males involved in male to male sex, MSM is not a sexual/gender identity but an act, a behaviour.
- * 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 preferred role taken in the sexual act.
- * This gendered framework is constructed within a *kothi/panthi* dynamic, where the *kothi* perceives himself and his desire for other males in the context of gender roles in Bangladesh, i.e. the "penetrated" partner. *Kothis* identify as feminine males, constructing their social roles, mannerisms and behaviours in ways, which attract what they call *panthis* - "real men".
- * In this context many *kothis* are visible in a range of public environments and neighbourhoods, but *panthis* are not, for they could potentially be any "manly" male.
- * This does not mean that Sylhet does not have any gay-identified men as it is understood in the West. Perhaps it does, but the Assessment team members was able to only access one.
- * Nor does it mean that *kothis* do not penetrate, or that *panthis* are not penetrated. Some do cross over these gendered sex roles. But such crossover is

seen as a secretive (*gopon*) behaviour, and is not usually shared with *kothi* friends. Such gender role crossovers are seen as even more shameful. Similarly for a *kothi* to admit to having sex with another *kothi* is also considered shameful, and crosses the "incest" boundaries, i.e. *kothis* will state that they perceive each other as "sisters".

* *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.

* But in Sylhet several men identified as *panthis*, did admit to being penetrated as well, slightly less so than penetrating.

* Their behavioural choices would appear to be closer to a *do-paratha* framework, but knowledge of this term was much less so than in Dhaka. Since they were obviously not *kothis*, i.e. their demeanour was not feminised, the only term available was *panthi*, even if this is a *kothi* word.

* In other words we have a spectrum of masculinities.

* In a culture that excludes females from public spaces, that socially polices females and controls their access by males, and where sexual behaviours are based on gender identification rather than sexual identity, it is possible that for many "manly" males, sexual access will be with *kothis* or those deemed less "manly", i.e. young males and adolescents.

* With this gendered dynamic it may be possible to physical count the number of *kothis* at a range of public sites, but this doesn't address the so-called *goponkothis* - the ones who are secret. Nor does this address the number of "manly" partners these *kothis* access.

* Beside the *kothi* 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 identity-based. Here desire is based not so much on same gender/same sex, but rather on immediacy, "body heat" and felt "discharge" needs.

* Such behaviours could be significantly high since there is a limited social construction of heterosexuality - perhaps we can call this behaviourally heterosexual" - and where sexual access to females is very limited. What appears to exist in Sylhet, 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.

* 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.

- * 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 *kothi* and more visible. The sense of fear of discovery was very palpable amongst middle class MSM.

Gay identities and organisations

No gay organising or group exists.

Situational Identities

Within the context of Sylhet, which is perceived to be a highly religious and 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, streets and neighbourhood they will perform as young (or not so young) men, while in specific environments, perform as *kothis* with other *kothis*, or to draw the attention of potential male sexual partners.

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

Social Contexts

Bangladesh is still mainly bounded by traditional and conservative value systems expressed through religious and cultural norms and expectations. Sylhet, even though it has strong links with Bangladeshi migration to the UK, is seen as particularly so. Religious custom and belief are strongly entwined with social customs and traditions.

Sylhet is also a small city of some 600,000 people, with strong class and income divisions. People regularly go to the mosque for prayers, wear the traditional Muslim headdress, and observe all the Islamic traditions.

A sense of a religiously conservative and small town mentality was pervasive amongst MSM, particularly amongst the middle-class MSM whose fear of being found out controlled their lives and public expressions constantly.

With this strong Muslim culture and Islamic tradition, with many also following Sufi customs, the boundaries are clearly delineated. Females are not visible in the evenings. It is a male dominated society. Public friendship and physical affection is between males. Males are isolated from females. Even where female sex workers exist, access to them is limited by social tolerance and cost.

However these delineations were based upon concepts of gender and manliness. A boy or a *kothi* were not men and therefore their gender is sometimes seen as ambiguous.

Consistently, the higher the income and social status, the more fear of discovery was expressed, where such MSM spoke of possible harassment, or potential violence against them.

The Investigator was able to visit several low-income *kothis* in their homes. Several took oral contraceptives for breast enlargement (as a positive choice to attract men), or who cross-dressed and/or wore make-up, and who appeared to be at least socially tolerated or accepted by their neighbours. These neighbourhoods were generally small bustees (slums). Several of these *kothis* stated that they had been approached by local youth and men for sex. In several instances, neighbourhood children would drop by, and even adult females and normative males for gossip. This was witnessed several times.

Sylhet also has a high level of unemployment and even those working often had a low income. This has led to many *kothis* to sell sex. However this did not appear in the data from this Assessment as a significant factor, until one realises that the strong class divide in Sylhet. Most of members of the Assessment team were from middle-classes that did not socially mix with those from lower-classes. This made accessing lower income groups more difficult. But the Investigator had discussed these issues with a number of MSM during his stay there and was able to have input into the Assessment information.

Kothi social and sexual networks seemed to be localised at specific sites, each network somewhat separated from another with different individuals operating within them. In a town of half a million people, the Assessment Team identified 28 sites, some on the outskirts within the local tea plantations.

Kothis appeared to feel more secure in a public expression of themselves at these sites, but this sense of security appeared to be class-based.

Despite this seeming sense of security, shame still configured a *kothi's* sense of self. This shame relates to their perceived non-performance as men, and their feminised identity. Such levels of shame reduced the ability of *kothis* to purchase condoms at local shops or attend STD treatment centres.

Sociocultural frameworks of male to male sexual availability

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

- * Marriage is considered a social and religious duty and a family obligation, not one based upon personal desire and choice. It is therefore seen as compulsory and a social necessity.
- * To remain unmarried is seen as strange, if not an aberration. Cultural and religious beliefs dictate that a male achieves social responsibility and thus personhood upon marriage.
- * Marriage may sometimes be delayed till the male is in his late twenties or early thirties, because of education needs, economic costs as well as perhaps for a lack of interest and desire, but such delayed marriage appeared to be more common amongst the middle class MSM.
- * 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 Bangladesh, 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.
- * Bangladesh 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 a Bangladeshi. 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 usually sexually penetrate (the *panthi*), the gender of the sexual partner can often be irrelevant. What matters, is to discharge.
- * Because Bangladesh culture is homosocial and homoaffectional, both in public and private, it is not uncommon for two or more males to share a bed. This makes opportunities for sexual encounters much more easier. Very often this takes place in the dark, under the blanket, when partners can disassociate themselves from the act - "I don't know what I did". This can also lead to significant degree of familial sex, i.e. uncles, cousins, and so on.

Mapping

The movement of *kothis* and *kothi* sex workers across Sylhet appeared to be limited and fixed to particular sites. Some *kothis*, those who could afford the transport costs, would move from one site to another in a constant search for partners.

Twenty sites where men can meet other men for sex were identified in the Sylhet area. They included parks, bus-stands and stations, the railway station, auto-taxi and rickshaw stands, mazars, specific streets, bazaars, market places, shopping centres, tea gardens, under bridges, any area where a measure of anonymity and access to males was possible. While sexual activities did take place in many of these sites, much also took place in construction sites, guesthouses, lodges and hostels, as well as personal homes, where after meeting the partners would go for more private sex.

Discussions in the workshop and Focus Groups generated guestimates of
male sex workers: 1,000
kothis 5,000
partners of *kothis*/male sex workers 50,000

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

Support and friendship systems

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

Poverty and sex work

Bangladesh is one of the poorest countries in the world, where industrial development is low and opportunities for relatively well-paid employment is also low. The majority of *kothi*-identified males were from low-income groups or were unemployed.

For many, 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, will turn to sex work to generate extra income, either professionally or casually. In Sylhet, 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.

Another source of income for some of these *kothis* who cross-dress are the private folk-dance gatherings, which also afford a measure of sex work with the male only environment. Primarily held in private homes in the upper-classes, these *kothis* will dance as female to a male audience, usually folk and/or film, as an entertainment. Usually after a performance, they will be approached by members of the audience for sex.

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 and their functioning, was almost non-existent.

What knowledge participants had gained was from friends, or very rarely, from books which participants got from visits to Dhaka or even rarer, from foreigners or British Sylhetis visiting. Pornographic videos were available, but only middle classes usually accessed these. Most participants did not have access to a television, let alone a VCR.

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* 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

In Islamic societies, the male-female opposition is clearly delineated, and social and religious expectations define expected gender and sex roles. Such beliefs arise from, and are supported by, Quranic and Hadith injunctions. Concepts of maleness are clearly articulated.

However, in Bangladesh this fixed bi-polarity is not so clearly expressed as we would understand in the West, particularly where a society is so gender divided that women as sexual beings are invisibilised and denied, and are often inaccessible.

With ancient South Asian traditions of feminised males as part of a range of visible masculinities, cultural mechanisms exist where these frameworks of feminised masculinities can be tolerated, if not socially acceptable, as long as there is a sense of invisibilising attendant with them. That is as long as there is no direct challenge to the gender division and expected role-play. Such a challenge would be seen as destroying the fabric of society.

The concept of men being penetrated, acting outside their ordained gender (manly) role, is religiously perceived as social destructive, But where the male is adolescent, or feminine, and the man is only penetrating such males, then this is less destructive. The penetrated partner is not a "real" man. Manliness is defined around "active" and "passive" or "penetrating" and being "penetrated". The penetrated male, like the adolescent or youth, is not a man by definition. No threat therefore exists to the specific gender divide.

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".

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 equally be taken that just because the *panthi* identifies with the masculine, that he is not at times the penetrated partner. There is much diversity in all of this.

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

Religion

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

Bangladesh is a Moslem society with some 5% Hindus and a similar amount of Christians.

Despite having a secular constitution, Islam plays a strong key role in social and cultural expectations, beliefs and attitudes.

Sylhet, like the rest of Bangladesh, expresses strong religious beliefs and customs. The vast majority of males, including *kothi*-identified males and other MSM, would go to the mosque every Friday for prayers, and many would regularly do namaz every day.

Kothis expressed major concerns about what Islam says about male to male sexual behaviours. But no one knew specifically of any statement in either the Islamic texts referring to male to male sex. They relied on what the Mullah or Maulvi stated. And always this male to male behaviours was expressed as a great sin and must be punished by death.

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.

Even when males had left their village to work in Sylhet, which might include leaving wives and parents behind, regular visits to their natal home were extremely important social occasion. Being a member of a family gave security, context, position and identity.

Marriage

In Bangladesh, 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 *kothis* and their sex partners in this Assessment accepted the social necessity of compulsory marriage, while some were already married. There appears to be a form of fatalism operating here, and a sense of not being able to challenge family and society's strictures

Sexual Activities

MSM in Sylhet, at least those assessed in this Assessment, appear to be highly sexually active, with a significant level of different sexual partners.

In the previous month there were 8879 reported sex acts, during which condoms were used for only 21%.

During this time, 93% of respondents had more than 7 partners in the previous month, with 39% reporting partner levels of 21 or more. 21% of respondents reported more than 51 partners each.

In this period, 5220 anal receptive acts and 1472 anal insertive acts, and only 32% of respondents reported using condoms.

A total number of 8058 partners were reported for the previous month, of which 21% were strangers, 14% were male sex workers, 19% were paying male clients, and 27% were considered friends.

Sex partners were met in public spaces (49%), hotels/guest houses (8%), private homes (27%), neighbourhoods (8%), and bazaars (12%)

Where people actually did sex varied from public spaces (49%), to private homes (20%), cinema halls (11%), and in hotels, guest houses or hostels (2%).

In terms of the ages of the last sex partner, 26% was below 21 and 35% were between 25-30.

Regarding the marital status of the respondents' last five sex partners, 65% stated they were unmarried, 9% did not know, and the remainder stated that at least one of the partners was married.

Condoms and lubricant

While 45% of respondents reported using condoms for anal sex in the previous month, only 24% of the sex acts were covered,

In terms of not using condoms, 56% said they did carry condoms at the time needed, 53% as not satisfying, never used (48%), shameful to buy (44%), and 20% reported that they were not easy to use.

When asked if they had condoms with them at the moment, 93% said no.

56% of respondents reported saliva as their main lubricant, while 35% used oil-based products, and 56% used vaseline.

Sex Work

Being paid for sex

39% of respondents reported that they had been paid for sex in the previous month, but only 2.5% identified as sex workers. 74% of these reported more than 16 paid sex encounters in this period. The majority of paid sex was for receptive anal sex (52%) - that is the sex worker is penetrated, 18% for anal insertive, 19% for oral receptive, and 5% for oral insertive.

With regard to condom use, 39% of these respondents stated that condoms were used sometimes during the last 5 paid sex acts, while only 9% said that they used condoms for all 5 paid acts, and 52% stated no condoms were used at all.

77% of these respondents reported an income of below 100 Tk for their last paid sex.

Paying for sex

17% respondents reported paying for sex with another male. 12% of these reported paying more than 21 times in the previous month, while 55% stated that they paid between 5 to 10 times.

43% of these respondents paid to anally penetrate, while only 27% paid to be anally penetrated. 14% paid for oral sex where they inserted.

38% of these sex acts were covered by a condom.

54% of sex workers access were below the age of 21.

Female Partners

While 22% of respondents reported being married, we were unable to collect specific information regarding sexual practices with their wives, as well as accessing other female for sex. This was because respondents did not wish to answer these questions.

Sexual health

Respondents reported current symptoms, of which 60% stated they experienced pain during sex. 11% reported itchy rash on genitals, while 4% stated they had pus or discharge from their penis, 16% reported bleeding on defecating and 16% reported pus or discharge in their stools, 51% itching or burning around their anus, 54% reporting pain while urinating, and 6% reported genital sores. Several reported multiple symptoms.

Those who stated that they had been paid for sex reported high levels of symptoms, with 19% reporting itchy rash on genitals, 10% genital sores, 27% bleeding when defecating, 41% pus or discharge in stools, 8% pus or discharge from penis, 64% itching or burning around anus, and 69% pain while urinating.

Treatment

Regarding treatment, 22% were doing nothing, 42% went to a pharmacy, 9% went to a private doctor, 31% went to a hospital, and 7% went to a street quack, friend or relative. There were similar levels for when respondents had previous symptoms

HIV/AIDS knowledge and self-assessment

69% of respondents had heard of AIDS. AIDS as a "dangerous disease" was stated by 66% of respondents, or some derivative of this. But 30% did not have any idea.

Mostly respondents had heard of HIV/AIDS from friends (39%), posters (11%), newspapers (40%), radio (42%), sex partners (26%), and either from a doctor or hospital (30%).

In terms of personal risk assessment, 81% of respondents stated they did not know, while 19% believed they were at a small to medium risk. None stated that they were at high risk.

In terms of HIV infection routes, 46% said yes for oral sex, sexual contact with a woman (20%), vaginal sex without a condom (55%), anal sex without a condom (54%), and sharing needles (55%). This means that just over half of respondents were correct in regard to the main routes of infection.

In terms of prevention, 35% stated always using condoms, while 40% stated they did not know. In regard to what safer sex means, 43% reported not knowing what this was and 39% said this meant always using a condom.

Risk reduction

With regard to risk reduction strategies, 40% had no idea, 35% of respondents believed using a condom for anal or vaginal sex would reduce risk. A range of ideas from obeying Islamic rules (2%), reduce sex (4%) to have proper information (4%) also were mentioned.

Informing your partner

When asked about informing their partners should they experience symptoms of STIs or come to know they have HIV/AIDS, only 18% of respondents stated they would inform their male partners, 10% stated they would inform their female partners, and 35% said they would inform their wives.

Sexual behaviours and impact on sexual health concerns: a summary

The *kothi/panthi* framework of male to male sex is the predominant pattern in Sylhet. As seen above, indications are of high levels of unprotected anal sex, high levels of anal sex compared to oral sex, high levels of multiple partners, significant levels of possible symptoms of STIs, and a significant degree of untreated symptoms.

Nor should it be assumed that because males can be identified as *kothis* or *panthis*, that they actual sexual practices may include behaviours of the opposing identity, i.e. *kothis* will penetrate and *panthis* will be penetrated.

It was noted that while saliva was the common lubricant used for penetration, but that a significant number of assessment participants also reported using oil-based lubricant

as an aid to penetration, even with condoms. The use of oil-based lubricant has a damaging effect on any condom used, while the use of saliva can increase the risk of anal damage.

While a majority of assessment participants had heard of AIDS, few perceived themselves at any significant risk from infection. Specific knowledge on HIV/AIDS was confused.

The concept of partner notification was very poor where most people stated that they would not inform their partners if they had HIV/AIDS or an STI.

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 amongst hotel staff and between hotel staff and guests, amongst street children, and street children and others, within a range of all male institutions such as boarding schools, madrassas, military establishments, hostels, prisons and so on. All sorts of males from across the spectrum of age, class and occupation were described as being involved in male to male sex, from police 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".

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

In such a situation where condom use was low, where anal sex was a very 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 for MSM existed in Sylhet.

NGO and Donor response

Discussions by both the consultant and by this Investigator with a number of local NGOs working on HIV/AIDS issues expressed a willingness to consider working with MSM and HIV/AIDS issues. Relatively positive comments were made. But, when it came to actually meeting with *kothi*-type MSM, considerable fear was expressed, and it became rapidly clear (particularly after the consultant had left Sylhet), that the reality was different.

Bandhu Social Welfare Society (BSWS) is an MSM sexual health project based in Dhaka and developed with technical assistance from Naz Foundation International. It is a registered NGO and recognised by the Bangladesh Government.

It was very apparent that a successful intervention among MSM in Sylhet would have to be managed by BSWS who would need to develop closer links with local NGOs. There was support from local NGOs that if the work was done quietly then a successful intervention would be possible. This is a model that BSWS already follows.

The Bangladesh government is very resistant to funding MSM HIV/AIDS work (although at the time of writing this report, BSWS had received a grant from the National AIDS Programme for an HIV/AIDS intervention among MSM in Chittagong). However, USAID, DFID, and Care-Bangladesh have been working with BSWS and may consider financial support for an intervention in Sylhet through this agency.

Conclusions

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

- * There are significant levels of males who have sex with males where a *kothi/panthi* dynamic was the most prevalent framework of MSM in the city
- * High rates of anal sex exist between males particularly *kothis/panthis*
- * Significant levels of male commercial sex work exist in Sylhet, where MSWs were primarily *kothi*-identified males
- * High levels of partner change amongst *kothi*-identified males
- * High rates reported of possible STI symptoms
- * Low levels of appropriate health seeking behaviours
- * Inadequate appropriate STI treatment services regarding anal transmission of STIs
- * No appropriate condoms available suitable for anal sex
- * No affordable, accessible and appropriately packaged water-based lubricant available
- * Many males who have sex with males begin their sexual activities in early adolescence, where their first sex partner is usually a male relative
- * Many males involved in male to male sex do not have a sexual identity
- * There are no appropriate education resources dealing with male to male sexual behaviours and/or anal sex available
- * Low levels of appropriate knowledge of STIs/HIV/AIDS amongst males who have sex with males
- * 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* sexually access many different men across Sylhet
- * They have localised social networks with other *kothis*.
- * In Sylhet the *kothi* construct appears to cross class divides

- * There is little realisable direct support from the local NGOs and community for an MSM intervention programme.
- * Technical skills were low amongst *kothis*.

If appropriate support and technical assistance is given, it is possible to develop a community building strategy amongst *kothis*, and use this emergent community as a means of education and prevention intervention amongst *kothis* and their partners, where *kothis* can be mobilised on behalf of improving sexual health among MSM generally. This will need to be done through the already existent Bandhu Social Welfare Society, which because of its links with the government and bureaucracy would have a greater chance of success.

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

Primary recommendations

- * Bandhu Social Welfare Society should be funded towards developing a *kothi*-led sexual health intervention amongst MSM in Sylhet
- * This could be done by BSWS developing a branch office and project in Sylhet
- * Technical assistance and support provided to *kothis* to develop community-building strategies in Sylhet and to mobilise the resultant emergent community by BSWS
- * Such technical assistance should also include skills and capacity building
- * Appropriate condoms for anal sex and sachets of water-based lubricant should be made available at affordable prices for the *kothi* MSM project to distribute
- * It will probably be necessary that initial distribution be free towards building a users habit before social marketing is developed
- * It is an urgent necessity that at STI treatment service be accessible to MSM 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*-led project to host its own clinic service should be considered as a priority
- * A drop-in centre should be strategically located in Sylhet to ensure maximum impact, outreach and support towards effective community-building and mobilising
- * Training and sensitisation programmes should be provided for local STI treatment centres, HIV/AIDS and sexual health NGOs and development agencies, as well as government services dealing with MSM issues
- * Appropriate and relevant BCC materials should be urgently developed for *kothis* and their partners using their own terminology, and distributed by themselves.
- * The concept of peer education, community-building, and beneficiary led services is central to any effective and sustainable intervention strategy and this should be supported by any donor

SECTION TWO

BACKGROUND

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

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

Due to cultural and religious practices with family and social pressures, the vast majority of MSM in South Asia 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 an AC/DC (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 Sylhet, Bangladesh.

World Health Organisation definition of sexual health

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

METHODOLOGY

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

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

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

However, on arrival in Sylhet, the Investigator discovered that the LFP had either deliberately misunderstood the context of the Assessment, or actually misunderstood. He was not willing to work with *kothi*-identified males, and was extremely frightened of being "discovered". Following a series of meetings he refused to continue in this position.

Bandhu Social Welfare Society was asked to send a couple of representatives to Sylhet immediately, since they had been involved in the original choice of the LFP.

On arrival a new LFP was selected and the Assessment process proceeded rapidly. The LFP and the BSWS representatives recruited 15 other individuals from these networks who were interested and willing to participate in the training workshop as well as conduct the assessment. Because of the delicacy of the situation in Sylhet it was decided to keep the management of the Assessment under BSWS banner with NFI technical assistance.

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

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

- i. issues relating to sex, sexual behaviours and sexuality in South Asia
- ii. increasing knowledge of the male and female body and psycho-sexual issues p relevant amongst males in South Asia
- iii. discussions on MSM in the context of Sylhet, 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 Bangla/Sylheti as an on-going process by the Local Focus Person. All documents were also translated and printed in Bangla/Sylheti. (Sylheti is a dialect of Bangla.)

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 supervised by the Local Focus Person. The LFP was supervised by Bandhu Social Welfare Society 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 members own networks.

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

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 Local Focus Person acting as translator. A room was hired for these two discussion groups. Before the Focus Group Discussion began, the Verbal Informed Consent Statement was read out in Bangla/Sylheti, and following assent, was signed by the Programme Manager.

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

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

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

The survey questionnaire consisted of 66 questions on

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

The questionnaire was translated from English into Bangla/Sylheti 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 Sylhet where men can meet other men for sex on. One-on-one discussions also took place at each of these sites with a number of MSM facilitated by the Local Focus Person, following an assurance of anonymity and confidentiality, and an explanation of purpose.

Several visits were also made to individual homes for discussions.

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

MEETINGS

Interplast

Sylhet Samaj Kallyan Sangstha

Urban Health and Family Planning Project

Marie Stopes Clinic Society

Voluntary Association, Rural Development

Social Marketing Company

Sylhet Medical College

Sylhet Municipal Corporation

5 STD doctors

SAMPLING

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

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

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

However, the choices of the Assessment Team was determined by:

- * Local Focus Person access to networks
- * a willingness and desire to become involved
- * the time to do so
- * an ability to be open about their own sexual desires, identities and behaviours
- * MSM

The majority of the 15-member group were self-identified *kothis*. Three were students. 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*-identified, these were also *kothis* 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 students 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

Because of the self-identities of the workshop participants, who in the main labelled themselves as *kothis* the majority of the interviewees were other *kothis*. While this process gives information on the sexual behaviours and practices of *kothis* and their *panthi* partners, it could not perhaps provide adequate information on the level of male to male behaviours in Sylhet 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

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

In terms of the taped interviews, the Local Focus Person translated and transcribed the spoken Bangla/Sylheti into written English. Each tape-recording was identified by a code number. 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:	15th - 20th May 2000
Investigator period in Sylhet:	11th - 8th June 2000
Data collection period:	22nd May - 15th July 2000

ISSUES OF CONCERN

1. *Recruitment procedures*

The original LFP was clearly inadequate, even though during the initial January visit he claimed to be able to do the work following a very clear description of the project.

It was only when the Investigator asked for clear identification of the potential Assessment Team members and that they would need to access MSM in public sites as well, that major difficulties arose, and it required further assistance from Bandhu Social Welfare Society to implement the Assessment.

This 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 LFP 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 with no *panthis* (for obvious reasons - see below MSM context), accessing a broad range of differing MSM contexts was limited.

Further to this, the majority of the team were from low income groups with limited education.

This also meant that participants in the Focus Group Discussions were also restricted.

4. *Time constraints*

Because of the time constraints in conducting the Assessment due to a very tight schedule for analysis and report writing, a more in-depth study could not be achieved.

Translation and transcription of the tape recordings was difficult to achieve in the time allotted to this, and as a result, English versions were somewhat limited in their clarity and understanding.

5. *Data Input*

It took considerably more time to input the data than expected.

6. *Questionnaire*

Not all questions in the survey form were completed.

7. *Tape-recorded interviews*

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

SECTION THREE

Demographic Profile of Respondents

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

The men ranged in age from 18 to 61, of whom 23% were between 18-21, and 49% were between the ages of 22 - 30. 22% were married. 23% of the unmarried respondents reported they were in a relationship with another male. 94 respondents (47%) lived alone, and 36% lived with their families. 12% reported living with a male partner. Only 1 respondent reported living with his wife.

6% of respondents reported that they were unemployed, 1.5% identified as male sex workers, 18% reported that they were students, 17% reported that they were in business, 15% as hotel boys, and 7% as singers.

46% reported a monthly income below 2000 Tk (\$40), and 26% reported incomes above 5000 Tk (\$100).

In terms of education, 15% reported no formal education, 11% reported completing 12 years, and 43% were undergraduates, graduates, or completing post-graduate studies.

68% of respondents labelled themselves as *kothis*, and 24% were identified as *panthis*

SECTION FOUR

MSM contexts in Sylhet

To attempt to use the term men who have sex with men as a bounded framework would be incorrect. 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 Sylhet 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 others 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 Sylhet 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 context.

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 has become a bounded category. What does the word "men" mean? What does the word "sex" mean? This was clearly seen in Sylhet during a range of discussions, where some of those who do not identify as *kothi* are using this term to give expression to their personal desires and behaviours.

Self-identities amongst MSM in Sylhet 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 Sylhet.

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.

Panthis are everywhere.... you see them hanging about everywhere. Any man is a possible panthi. You can't go up to them when they are with other men, but if they are on their own, well, I just slowly walk up to them, stand next to them, start a conversation, look at him, you know with the eyes, move my wrists a little bit, and usually they say yes. They are all so hungry. Interview SSk4

But the term *panthi* was also used by those whose sexual behaviours indicated a *do-paratha* framework, that is they both penetrate and are penetrated. Their public demeanour defined a sense of manliness.

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.

I like my breasts. The panthis like them too. But sometimes they squeeze so hard it really hurts and I have all these bruises. Interview SAK2.

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

welfare system available, there is a perception of no choice. This intense pressure produces a range of psychological effects, 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.

Everyone has to get married. My parents are choosing a wife for me right now. Maybe in a couple of months I will be married. I don't want to. I am scared I may not be able to duty to my wife. But what can I do? I can't say not. I can't tell my family I like to do sex with men. They would kill me. Interview SSK1

I like being married. I get more respect. SAA2

Many of the *kothis* 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. 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.

My family needs the money that I earn. I am the only one earning, and I am saving money for my sisters wedding. Interview SAA4

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*.

I was just walking past this shop in L..... and this boy was their standing against the wall. He was pretty. He looked at me and his tongue moved across his lips. He was effeminate, you know like a girl. I had originally gone to get some books, and I thought why not. I hadn't had sex for a couple of weeks. Here I could enjoy. And I did at a local lodging. Now whenever I get "hot" I go there. Interview SSD6.

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 Bangladesh culture.

I have known A.....for the last three years. We have been living together for two years now. My wife is still in the village. Here in Sylhet I have another wife. A...Interview SSD5.

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 age? What was it. Oh yes. I was perhaps about eleven years. I had left school and was working with my uncle in his shop. He was thirty years old, married and had a son as old as I was. Anyway, his wife and children had gone back to their village to visit and we were alone in the shop. At night we both slept on the shop floor. That first night he came to me and slept with me. He did me that night. It was painful. Interview SAA4.

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*.

You can't trust a panthi to be a panthi. You get them home and the next thing you know they are asking you to f... them! What a waste. Interview SAK6.

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.

Thus, such "cross-gendered" behaviours are seen by *kothis* and by the so-called *panthis* as even more shameful, and both would consistently deny involvement in such behaviours. Where this occurs, the behaviour tends to be kept even more secret than those that "fit" the prescribed gendered sex role.

Upper and upper-middle class may call themselves "gay", but this was difficult to ascertain since one gay-identified man was accessed by the Assessment, if they label

themselves at all, whatever their mannerisms and sexual behaviours. *Kothi* seems to be a term used across the class divisions in Sylhet. As far as most *kothi*-identified males were concerned, if you were sexually penetrated, you are a *kothi*.

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

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.

What can I say. How can I tell my family. It would bring dishonour and shame them. They would kill me because of that. Interview SAA4

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

- * For many males involved in male to male sex, MSM is not a sexual/gender identity but an act, a behaviour.
- * 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 preferred role taken in the sexual act.
- * This gendered framework is constructed within a *kothi/panthi* dynamic, where the *kothi* perceives himself and his desire for other males in the context of gender roles in Bangladesh, i.e. the “penetrated” partner. *Kothis* identify as feminine males, constructing their social roles, mannerisms and behaviours in ways, which attract what they call *panthis* - “real men”.
- * In this context many *kothis* are visible in a range of public environments and neighbourhoods, but *panthis* are not, for they could potentially be any “manly” male.
- * This does not mean that Sylhet does not have any gay-identified men as it is understood in the West. Perhaps it does, but the Assessment team members was able to only access one.

- * Nor does it mean that *kothis* do not penetrate, or that *panthis* are not penetrated. Some do cross over these gendered sex roles. But such crossover is seen as a secretive (*gopon*) behaviour, and is not usually shared with *kothi* friends. Such gender role crossovers are seen as even more shameful. Similarly for a *kothi* to admit to having sex with another *kothi* is also considered shameful, and crosses the "incest" boundaries, i.e. *kothis* will state that they perceive each other as "sisters".
- * *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.
- * But in Sylhet several men identified as *panthis*, did admit to being penetrated as well, slightly less so than penetrating.
- * There behavioural choices would appear to be closer to a *do-paratha* framework, but knowledge of this term was much less so than in Dhaka. Since they were obviously not *kothis*, i.e. their demeanour was not feminised; the only term available was *panthi*, even if this is a *kothi* word.
- * In other words we have a spectrum of masculinities.
- * In a culture that excludes females from public spaces, that socially polices females and controls their access by males, and where sexual behaviours are based on gender identification rather than sexual identity, it is possible that for many "manly" males, sexual access will be with *kothis* or those deemed less "manly", i.e. young males and adolescents.
- * With this gendered dynamic it may be possible to physical count the number of *kothis* at a range of public sites, but this doesn't address the so-called *gopon kothis* - the ones who are secret. Nor does this address the number of "manly" partners these *kothis* access.
- * Beside the *kothi* 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 identity-based. Here desire is based not so much on same gender/same sex, but rather on immediacy, "body heat" and felt "discharge" needs.
- * Such behaviours could be significantly high since there is a limited social construction of heterosexuality - perhaps we can call this behaviourally heterosexual" - and where sexual access to females is very limited. What appears to exist in Sylhet, 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.
- * 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.
- * 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 *kothi* and more visible. 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 this Assessment. He was from the upper class in Sylhet and had travelled to both the UK and USA regularly.

No gay organising or group exists in Sylhet.

Situational Identities

Within the context of Sylhet, which is perceived to be a highly religious and 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, and mosque.

The crossover from one 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 can't be a kothi on the street. I am only kothi during the evenings when I come to the Interview SSD3.

Social Context

Bangladesh is still mainly bounded by traditional and conservative value systems expressed through religious and cultural norms and expectations. Sylhet, even though it has a strong links with Bangladesh Sylheti migration to the UK, is seen as

particularly so. Religious custom and belief are strongly entwined with social customs and traditions.

With a strong Muslim culture and Islamic tradition, with many following a Sufi customs, the boundaries are clearly delineated. Females are not visible in the evenings. It is a male dominated society. Friendship and physical affection is between males. Males are isolated from females. Even where female sex workers exist, access to them is limited by social tolerance and cost.

A sensing of a religiously conservative and small town mentality was pervasive amongst mainly the middle class MSM, whose fear of being found out controlled their lives and public expressions constantly.

Sylhet is a small city of some 700,000 people with very strong class and income divisions. Even among *kothis* this was clearly expressed, and created difficulties in conducting the Assessment, where Assessors were primarily drawn from the middle-classes.

There is a Sufi tradition based around mystical beliefs and spiritual teachers called *Pirs*. Following death many shrines are built and mosques are built around these shrines. But a part of the Sufi tradition (one that is disavowed by both Sunni and Shia belief) is that of singing and dancing within a religious context. In Sylhet, ganja smoking also seemed to be a part of this tradition. At one major shrine, on a late Thursday night visit (after 11pm), the Investigator observed several groups of men (on average 10 members to each group) sharing a pipe filled with ganja. The site is very large with approximately over 500 males wandering around, or standing talking in small groups. In several locations in this site were groups of men housed in medium sized rooms where singing was going on, and the air thick with ganja smoke.

Amongst all these men were approximately 60 *kothis*. While some wore a little make-up, all wearing male dress, moving in between the men, flirting and making it obvious what they wanted. Such behaviour was ignored generally. It was reported by several of these *kothis* that they had success in picking up men for sex for money. They would go outside the grounds for sex.

So here amid religious and ganja intoxication, amongst so many men, were *kothis*, tolerated, or at the least ignored, as long as they were not outrageous in their behaviour. And here men can meet *kothis* for sex, almost every day, but most frequently on a Thursday night.

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. And yet, the Investigator was able to visit several low-income *kothis* in their homes. Many took oral contraceptives for breast developments (as a positive choice to attract men), or who cross-dressed and or just wore make-up, and who appeared to be socially tolerated or accepted by their neighbours. These neighbourhoods were primarily bustees. In several instances, these *kothis* stated that local youth and men for sex had approached them. During each visit, neighbourhood children would casually drop by, and even adult females and males would do so. The *kothis* stated that this was quite normal and frequent.

Sylhet has a high level of unemployment, and even many who do have work, have a low income. This has led to many *kothis* 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.

While this was not shown clearly in those accessed by the Assessment Team it was clearly observed in the discussions held by the Investigator with a range of *kothis* in the field.

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.

Kothi social and sexual networks seemed to be mainly localised around specific sites where they would go regularly. But yet these networks were also extensive across Sylhet. In a town of half a million people, the Assessment Team identified 28 sites, some on the outskirts of the town near to the local tea plantations.

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

How can I ask for condoms from the paanwallah. He will know what I want them for, and he will tell others. He will see me and recognise I am a kothi Interview SAK4.

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.

I can't go to the doctor about this problem in my anus. What will he think. He might know my family, and then what? Interview SAK4.

Police activity appeared to be low key. Several *kothis* spoke of having sex with a range of police officers. On a range of site visits made by this Investigator, my *kothi* escort knew several policemen on very friendly terms, even though he was obviously a *kothi*. He told me that he had sex with all these police officers at one time or another.

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

Sociocultural frameworks of male to male sexual availability

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

- * Marriage is considered a social and religious duty and a family obligation, not one based upon personal desire and choice. It is therefore seen as compulsory and a social necessity.
- * To remain unmarried is seen as 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 late teens or 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 Bangladesh, 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.
- * Bangladesh 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 a Bangladeshi. 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 Bangladesh 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 Bangladesh culture, which also include extreme overcrowding, 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".

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

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

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

All this does not imply that loving bonds between males does not exist in Sylhet. 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).

Bangladesh public spaces are supremely male. The street, the bus stand, the park, the railway or bus station, the mazar, 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. Rickshaw drivers, barbers, room service and housekeeping males in hotels, waiters and table boys at restaurants, shop assistants. The framework is ubiquitous. In Sylhet 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 Bangladesh 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 *kothis* and *kothi* sex workers across Sylhet appeared to be limited and fixed at particular sites. Some *kothis*, those who could afford the transport costs, would move from one site to another in a constant search for partners.

Twenty-eight sites where men can meet other men for sex were identified in the Sylhet area. They included parks, bus-stands and stations, the railway station, auto-taxi and rickshaw stands, mazars, specific streets, bazaars, market places, shopping centres, tea gardens, under bridges, any area where a measure of anonymity and access to males was possible. While sexual activities did take place in many of these sites, much also took place in construction sites, guesthouses, lodges and hostels, as well as personal homes, where after meeting the partners would go for more private sex.

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. *Professional kothis* (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 was 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*, 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.

Discussions in the workshop and Focus Groups generated guestimates of male sex workers: 1,000

<i>kothis</i>	5,000
partners of <i>kothis</i> /male sex workers	50,000

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

Support and friendship systems

For *kothis*, their key support and friendship systems were other *kothis*. This also expressed the gendered framework in which the majority of *kothis* identified with.

In Bangladesh 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. Bangladesh 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* to 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.

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.

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

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

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

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

Poverty and sex work

Bangladesh is one of the poorest countries in the world, where industrial development is low and opportunities for relatively well-paid employment is also low. In Sylhet 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 Sylhet, 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.

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 a lot younger than the professional *kothis*. Here there did not appear to be any specific context of a sexual/gender identity.

Another source of income for these poorer *kothis* who cross-dressed, were in entertaining men through dance and singing at special private gatherings. Here, the *kothi*, dressed as a female, would dance, either folk and/or film, in erotic and sexually provocative styles, for a fee. Several *kothis* would go together and perform at these functions. After the entertainment, members of the audience would access these *kothis* for paid sex as well.

Poverty was the single 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 very rarely, from books which participants got from visits to Dhaka or even rarer, from foreigners or British Sylhetis visiting. Pornographic videos were available, but only middle classes accessed these. Most participants did not have access to a television, let alone a VCR.

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. 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

In Islamic societies, the male-female opposition is clearly delineated, and social and religious expectations define expected gender and sex roles. Such beliefs arise from, and are supported by, Quranic and Hadith injunctions. Concepts of maleness are clearly articulated.

However, in Bangladesh this fixed bi-polarity is not always so clearly expressed as we would understand in the West, particularly where a society is so gender divided that women as sexual beings are invisibilised and denied, and often inaccessible. There was space for divergent expressions of maleness.

With an ancient South Asian tradition of feminised males as part of a range of visible masculinities, cultural mechanisms exist where these frameworks of masculinities can be tolerated, if not socially acceptable, as long as there is a sense of invisibilising attendant with them. That is, as long as there is no direct challenge to the gender division and expected role-play, such divergent masculinities can be contained. Such a challenge would be seen as destroying the fabric of society.

To be seen to promoting homosexuality - or a gay culture - creates a condition of *fitna*, as in this situation, the concept of **men** being penetrated, or acting outside their ordained gender (manly) role, is perceived as social destructive, But where the male is adolescent, or feminised, and the man is only penetrating such males, then this is less social destructiveness. The gender division is maintained. The penetrated partner is not a "real" man. Manliness is defined around "active" and "passive" or "penetrating" and being "penetrated". The penetrated male, like the adolescent or youth, is not a man by definition. No threat therefore exists to the specific gender divide. And with this, as long as fictive relationships are maintained, the man gets married and produces children, he follows public social customs and rules, then what he does in privacy is invisible and can be ignored.

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 Bangladesh 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 Bangladesh there appears to be a range of masculinities, a spectrum of possibilities, where at one end are *kothis*, and then what *kothis* define as "real men", *panthis*. *Kothis* are not men believing they are women, or even want to become women. They appear to see themselves as "less 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. Sylhet is no exception.

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

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

Religion

Bangladesh, despite being considered a country with a secular Constitution, has very strong Muslim religious beliefs, traditions and practices. Islam is central to Bangladesh society.

Here I am not attempting to define Islam in Bangladesh in terms of specific and particular beliefs, traditions, and practices. What I wish to briefly do is to locate Islam within the cultural context of Bangladesh, the interaction of religion and sociocultural dynamics. For example, Muslims in Bangladesh, while having a similar faith as Muslims in Saudi Arabia, will often have very different customs and traditions, which will also be different from Muslims in Indonesia. This is because of different languages, different histories, different geographies, different traditions and so on. Further while Islam is sometimes seen as monolithic, it is not. 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 Islam in Bangladesh may specify particular and specific social practices, beliefs and attitudes, very often cultural traditions and customs will outweigh these religious beliefs and statements. What matters, is interpretation, social customs and historical traditions. But who does the

interpretation? Where interpretation of religious texts interpenetrate cultural beliefs and customs, then very often these customs and practices will take on a sanctity that never existed in the original sacred text.

It should also be remembered that in contrast to the way that Christianity is viewed and practised, where it is seen as very much a matter of personal choice and individual response, Islam relates to how a community functions as a whole. Religious and secular life centres in the mosque. Islam is a faith of community.

This does not mean that there isn't an intense personal belief and practice for many people. The private namaz often has deep meaning. Religious belief can provide personal solace, meaning and context to one's life. But with all this goes the daily observances, the food a person eats, his or her relationships with others and the family, interactions with his community and community structures, religious celebrations and festivals. These are all interlinked and interdependent. This is the visible side, the proof of one's religious observance and community participation. Private and public are co-joined.

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

All those interviewed professed affiliation to Islam and accepted their specific religious traditions. None could conceive of anything else.

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

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

Sylhet, like the rest of Bangladesh, expresses strong religious beliefs and customs. The vast majority of males, including *kothi*-identified males and other MSM, would go to the mosque every Friday for prayers, and even for many, would regularly do namaz every day.

Sylhet has many mosques and Sufi shrines (one quote the Investigator was given was that there were some 400 Sufi shrines in Sylhet - in a population of some 600,000 people!).

Islam contextualised the peoples lives. What they eat, how they dress, what they say, and what they do. Islamic injunctions regarding male to male sex also configures

MSM's lives, the fear, sometimes inadequacy, the shame, the fear of the after-life and punishment, as well as the sense of guilt.

Kothis expressed major concerns about what Islam says about male to male sexual behaviours. But no one knew specifically of any statement in either the Islamic texts referring to male to male sex. They relied on what the Mullah or Maulvi stated. And always this male to male behaviours was expressed as a great sin and must be punished by death.

Of course, this was compartmentalised in the thinking of many MSM, including *kothis*. But it did often produce bouts of depression, suicidal feelings, and often, great shame.

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.

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 (which was rare) or with other men in shared accommodation. This was also true of those *kothi*-identified participants.

Many of the males accessed had moved away from their village to find work in Sylhet, leaving their families, and in some cases their wives and children as well, at the home. Several of these lived alone in single room accommodation in hostels and lodges. But all would regularly go back to their villages as an obligation to see their families, and/or their wives and children.

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

What am I without my family? How can I tell them what I am. It would destroy them.
Interview SSD4.

Marriage

In Bangladesh, marriage is a social, cultural and religious necessity, a central issue within people's lives and a mainstay of family and community life. It should be seen as a socially and religiously compulsory duty towards maintaining family and community bonds. Marital status signifies adulthood, social responsibility and the achievement of personhood.

Traditionally, marriages are arranged between two extended families. Such arrangements are based around economic and inter-family connections. In urban environments there may be a matter of choice and concepts of "love marriage" are growing in the middle classes, but ultimately all in the Assessment saw marriage as no choice. As Herdt states in his book *Same Sex Cultures*, "full personhood is not achievable until people have married and produced children" (p5).

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

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

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

The vast majority of *kothis* and their sex partners in this Assessment accepted the social necessity of compulsory marriage, while some were already married. There appeared to be a fatalism operating here, and a sense of not being able to challenge family and society's strictures.

Yes I will get married. I have to. My parents will choose my wife for me, and I will obey. It is not a matter of choice. It is my duty. Interview SSD6.

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 Sylhet. The Assessment indicated high levels of unprotected anal sex, higher levels of anal sex compared to oral sex, high levels of multiple partners, significant levels of possible symptoms of STIs, and a significant degree of untreated symptoms.

While saliva was the common lubricant used for penetration, a significant number of assessment participants also reported using oil-based lubricant as an aid to penetration, even with condoms. No one used the appropriate water-based lubricant, KY jelly.

While the majority of assessment participants had heard of AIDS, at the same time, personal risk assessment indicated that very few thought of themselves at risk from infection.

And partner notification in terms of passing on STI/HIV infection did not seem to be of great concern, or the fear of discovery was too great for such action to be taken.

In the interviews and focus group discussions it became clear that *kothis* 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 the predominant pattern.

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

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

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.

A large number of assessment participants were reporting a range of symptoms that could be related to various infections including STIs. Yet a significant number were not seeking treatment, either currently or when previously symptomatic. It is clear that the levels of risk for STI and HIV infection and transmission are considerable, and that this risk also affects female partners of MSM as well as male.

BCC Materials

No appropriate BCC materials existed in Sylhet.

NGO and Donor response

Discussions by both the consultant and by this Investigator with a number of local NGOs working on HIV/AIDS issues expressed a willingness to consider working with MSM and HIV/AIDS issues.

There was concern that HIV/AIDS project of this type might not be acceptable in Sylhet. However, this has not appeared to be the case and support has been voiced by all with whom we met. Everyone we met with felt that if activities take place quietly, it will be possible and there is undoubtedly a great need. There appear to be no gay-identified men or groups in Sylhet 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 common and '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. One doctor cited a regime of 15 days of doxycycline + vitamins, costing Tk.150. No doctor had asked about male to male sex during history taking.

While a number of the doctors interviewed said they would be willing to accept referrals, actual ability to work non-judgementally 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.

Testing for syphilis might be available at low cost through one of the programs, such as Marie Stopes or the SSKS program providing syphilis screening for antenatal care.

Water-based lubricant will present the usual problem. CARE, Bangladesh with Bandhu Social Welfare Society in Dhaka is testing a new product, which will be available at a lower cost, once the product formulation is acceptable to users.

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 Sylhet, technical training will need to be obtained from other sources. Linking any future project with other MSM projects such as the Bandhu Social Welfare Society in Dhaka 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 Sylhet.

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.

Bandhu Social Welfare Society (BSWS) is an MSM sexual health project based in Dhaka and developed with technical assistance from Naz Foundation International. It is a registered NGO and recognised by the Bangladesh Government. Bandhu promotes its work as a male HIV/AIDS prevention project and would this fulfil the criteria mentioned above.

The Bangladesh government has been very resistant to funding MSM HIV/AIDS work (although at the time of writing this report, BSWS had received a grant from the National AIDS Programme for an HIV/AIDS intervention among MSM in Chittagong, so this may be changing). However, USAID, DFID, and Care-Bangladesh have been working with BSWS and may consider financial support for an intervention in Sylhet through this agency.

Conclusions

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

- * There are significant levels of males who have sex with males where a *kothi/panthi dynamic* was the most prevalent framework of MSM in Sylhet.
- * High rates of anal sex exist between males, particularly *kothis/panthis* .
- * Significant levels of male commercial sex work exist in Sylhet, where MSWs were primarily *kothi*-identified males
- * High levels of partner change amongst *kothi*-identified males.
- * High rates reported of possible STI symptoms.
- * Low levels of appropriate health seeking behaviours.
- * Inadequate appropriate STD treatment services regarding anal transmission of STIs.
- * No appropriate condoms available suitable for anal sex.
- * No affordable, accessible and appropriately packaged water-based lubricant available.
- * Many males who have sex with males begin their sexual activities in early adolescence, where their first sex partner is usually a male relative.
- * Many males involved in male to male sex do not have a sexual identity.
- * There are no appropriate education resources dealing with male to male sexual behaviours and/or anal sex available.

- * Low levels of appropriate knowledge of STIs/HIV/AIDS amongst males who have sex with males.
- * 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* sexually access many different men across Sylhet.
- * They have extensive social networks with other *kothis*.
- * In Sylhet the *kothi* construct appears to cross class divides
- * There appears to be realisable direct support from the local NGOs and community for an MSM intervention
- * However support can be gained if such a project was "hidden".
- * Technical skills were low among *kothis*.

To a significant extent MSM in Sylhet 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 Sylhet.

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

Accessing adequate and appropriate STI 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 Sylhet, has a high likelihood of producing anal damage. Any blood present during sex increases the risk of acquiring HIV, and this is probably enhanced by the presence of piles.

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

Given their fairly extensive sexual networks and contacts with women, *kothis* and their partners represent a "core group" for transmission. Whether their practices are

approved of by society or not, they exist, appear to be numerous, and have a long history of tacit tolerance. Specialised services and sensitive outreach programmes will be required to address their needs.

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

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

Recommendations

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 Sylhet. 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 Bandhu Social Welfare Society should be funded towards developing a *kothi* led sexual health intervention amongst MSM in Sylhet.

2.2 This could be done by BSWS developing a branch office and project in Sylhet.

2.3 Technical assistance and support provided to *kothis* to develop community-building strategies in Sylhet and to mobilise the resultant emergent community by BSWS.

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 *kothi* MSM project to distribute.

2.6 It will probably be necessary that initial distribution be free towards building a user's 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 Sylhet it may well be more appropriate to enable and empower the *kothi*-led project to host its own clinic service.

- 2.9 A drop-in centre should be strategically located in Sylhet 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* 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, overseas 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. STI Services

- 5.1 Because of the stigmatisation of males who have sex with males, particularly *kothis* any *kothi* community-based agency should be supported to host their own STD treatment service to ensure confidentiality, safety, acceptance and accessibility.
- 5.2 Because of the level of poverty amongst many *kothis*, treatment should be subsidised.
- 5.3 All STD medical staff should be trained in the issues surrounding anal sex behaviours, whether between males or between males and females, in regard to symptoms, treatment and counselling. Further abuse and harassment at such services by staff must be stopped. All staff should be sensitised to the needs of males who have sex with males, particularly those with stigmatised behaviours and identities. Confidentiality and anonymity must be available in accessing such services.

6. Women and sexual health

- 6.1 Appropriate strategies must be developed that address the sexual health issues of wives and other women that arise from the sexual behaviours of males who have sex with males, without a loss of confidentiality and trust.
- 6.2 Women's sexual health programmes must address the issues of anal sex between males and females and also confront the issues of male to male sexual where they impact upon women's sexual health.

7. Psycho-sexual counselling

- 7.1 Training needs to be provide to develop psychosexual counselling skills

8. The role of the National AIDS Programme and other donors

- 8.1 NAP 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 NAP, 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 NAP 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 behaviour and anal sex issues, and should also involve schools, colleges and universities, families, business, the military and prisons.
- 8.9 NAP 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 NAP 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 in 2 Focus Group Discussions. Each session lasted 3 hours.
2. Language
Focus Group Discussions were held in Bangla/Sylheti, translations being provided by the Local Focus Person. Facilitated by the Investigator.
3. Self-identities

Kothis	30
male sex workers	10
4. Framework of Discussion Groups
The discussions were stimulated through a series of questions exploring identities, behaviours, partners and related issues.
5. What is sex
Participants discussed what they mean by the word sex
 - * union between two people
 - * sexual acts
 - * mind's desire
 - * liking someone
 - * expression of need
 - * meeting of minds
 - * physical excitement
 - * culmination of excitement between men and women
 - * sex between men
 - * to concretise fantasies
 - * biological need
 - * "food" for the body
 - * reproduction
 - * coming together of two people
 - * excitement of youth
 - * flavour of youth
 - * expression of love
 - * joy and bliss
6. What is sexual intercourse
Participants were asked to define sexual intercourse.
 - * It is a sexual act between two different sexualities where penetration takes place into any body opening and intercourse is basically referred when male organ enters into female organ for the reproductive act for the body need.
 - * Body desire getting fulfilled by sex
 - * Exchange of body fluids
 - * An act which brings closeness

- * Is to immerse in the others persona
- * Where two bodies become one
- * Two bodies one soul

7. Characteristics

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

Men

moustache
hard body
muscular
moneyed
hard worker
bread-winner
job holder
family man
commanding personality
body hair
provides protection
father
active role in sex
can move freely
has a penis

Panthi

handsome
moustache
"manly" man
is active in sex
muscular
vigorous
financially independent
provider
leader

Women

has a vagina
takes passive role in sex
menstruates
has breasts
large hips
can bear children
wife
mother
looks after family
housewife
caring
graceful
soft body
loving
maintains culture and traditions
liaison between children and father
unconditional loyalty
should please her husband

Kothi

behaves like a woman
can attract men through femininity
loves to sing and dance
wants a man as husband
is sexually penetrated
is passive in sex
good housekeeper/cook
likes to please a panthi

8. Manly Duties and Expectations

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

- a. Religion
 - to cover areas of shame of the body
 - to control sexuality
 - not indulge in anti-social activities
 - to get married and produce children
 - protect others
 - not behave like a woman
 - participate in community and social activities and development
 - be a good human being
 - be religious person and follow all religious rites and prayers
- b. Family
 - behave decently
 - become successful
 - follow social rules
 - uphold family honour
 - perform duties and carry out responsibilities
 - earn to maintain family
 - further lineage and produce sons
 - get married
 - preserve good character (not have sex outside marriage)
- c. Society
 - follow social rules of behaviour
 - not indulge in anti-social activities such as adultery
 - control sexuality
 - protect others
 - perform good deeds and charity
 - participate in social development programmes
 - not become exploitative

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

defence personnel	maulanas
boatmen	male relatives
anti-social men	politicians
doctors	hotel staff
company reps	restaurant staff
reporters	auto-drivers
hoteliers	rickshaw drivers
pharmacists	policemen
pick-pockets and thieves	railway staff
performers and artistes	canteen staff
male nurses	tea-shop boys
tailors	coolies
hostel students	advocates
school boys	travellers

school boys	tourists
drivers	stall holders
business men	vendors
beggars	shop owners/staff
teachers and lecturers	street boys
students	prisoners
private tutors	prison staff
security men	lawyers
watchmen	mechanics
cinema goers	kothis
massage boys	panthis
hostel/college/school friends	barbers
businessmen	scavengers and rag pickers

Group statement: All men are panthis

10. Why do males have sex with other males?
Participants explored the reasons why males have sex with males
- desire for males
 - for sexual release and pleasure
 - free enjoyment
 - for sexual outlet
 - late marriage or separation from wife
 - menstruation and pregnancy
 - health problems of wife
 - for money
 - women don't do oral or anal sex
 - anus is tighter than vagina
 - social restrictions on mixing with girls
 - girls unavailable
 - unable to control sexual desire
 - spending time and socialising with men/boys
 - for advancing career
 - due to occupation, i.e. masseurs
 - sharing a bed and getting "hot" at night
 - situations such as watching blue films together
 - to experiment
 - it is safer than sex with girls
 - to maintain girl's virginity before marriage

11. Where do males meet and have sex with males?
Participants then explored locations where males can meet males for sex, based on their personal experiences.

personal homes	rickshaws
friend's home	pond areas
hotels	cattle sheds
guest houses	"banglaghair"
lodgings	(outhouses where only males congregate)
hostels	in buses

dormitories	school yards
public toilets	college grounds
gardens	railway carriages
bushes	railway stations
bachelor rooms	hospitals
groves	parks
autos	cellars
terraces	shops
cinema halls	streets
tea gardens	construction sites
hillsides	open terraces
class rooms	mazar areas

12. Who is selling sex?
The discussion explored who was selling sex.
poor boys/men
poor kothis and gurnas (hijras)
those who need money, like students, street boys
hotel boys
tea boys
13. Why do they sell sex?
because of poverty
no job
for education purposes
to make contacts
for shelter/food/clothing
for variety
14. Who is buying sex?
Participants looked at who was buying male sex
Panthis
those who have money
those with sexual desire
those who want sexual release
those who cannot afford female sex worker
bachelors
17. Why do men have sex with women?
Participants looked at why men have sex with women.
different feeling (women are soft)
socially accepted
to maintain lineage
family and peer pressure
desire for sex with women
love
practice for marriage
discharge needs

18. Participants looked at psychosexual issues
Popular conceptions about the effects
- Masturbation: i. penis becomes damaged
 ii. produces pain
 iii. loss of sex power
 iv. body weakness
- Nocturnal emission: i. semen becomes thin
 ii. body becomes weak
 iii. body is sick
 iv. loss of sex power
 v. produces black spots on the face
 vi. body becomes thin
- Anal Sex: i. damages the anus
 ii. gives diseases
 iii. hips will swell
 iv. difficulty in defecation
19. Social issues discussed
- fear of discovery by family and friends
 - alcohol and ganja smoking
 - poverty and unemployment
 - maariage as compulsory
 - children and sex with women
 - needing a 'husband'
20. Public Sex Environments identified: 28+ sites. These were mapped out.
Participants discussed how many MSM in Sylhet and calculated the numbers of *kothis* and *panthis* at these sites.
- | | |
|------------------------------------|--------|
| Estimates | |
| Kothis | 5,000 |
| male sex workers | 1,000 |
| partners of kotis/male sex workers | 50,000 |
21. There was a discussion about STDs and treatment.
The majority of participants felt that they couldn't go to a doctor for any anal problems. If there were a problem they would ask their friends or go to a pharmacy for antibiotics. Sometimes they would also go to a hakim or a "quack". They would not describe the actual symptom, just stating that they had a problem. Remedies included a wide range of creams, dettol and potions. One participant told that he washed his anus with cow urine when he had some burning sensations.
22. Language
A list of terms were developed
- | | |
|----------------|----------------|
| kothi language | oolti |
| Kothi | feminine males |

Satla Kothi	cross-dressing kothis (for business)
Kandra Kothi	male commercial sex workers
Panthi	manly men
do-paratha	is penetrated and penetrates
gurma	hijra/feminine homosexual
gopon koti	does sex with men secretly as passive partner

English	Bangla	Vernacular	Kothi
penis	linga	botoi, boga, pel	
foreskin	lingatrak		
erection	lingotthan	darano, khara hoa	
anus	payu	putki	
testicles	anda	kora	
scrotum	andakosh	jhula	
pubic hair	jannakesh	bal	
nipples	stanabrinta	bontra	
breates	stan	buni/doodh (f)	
vagina	jonipath boda,	heta, pon	
vulva	joni	as above	
labia	bhagostha	as above	
clitoris	bhagankur	guta	
ejaculation	birjapat	mal berono	
semen	birja, shukra	mal, dhatu	
pre-cum	lingaras	pichla pani	
vaginal fluid	joniras	as above	
circumcision	lingatrakched	khatna, musalmani	
masturbation	hastamaithun	hat mara	pata mashi chame hatuli
oral sex	mukhmaithun	chua daoa	klumaye jhiro
thigh sex	linga chosha	pel choa	choshni
anal sex	uru maithun	urat ghosha	bahir mashite potnshi
vaginal sex	payu maithun	putki maro	batlite khira
	joni maithun	chodachudi	chippu chish
	gud sex	pon mara	pondami

ANNEX TWO

THE INTERVIEWS

No of interviews: 40
Interviewers: 4
Interviews lasted one 65 minutes on average.

PROFILE

1. **Ages**

18 - 21	17
22 - 30	20
31 - 40	3

2. **Marital status**

2 were married

3. **Identities**

<i>kothi</i>	36
<i>do-paratha</i>	1
<i>panthi</i>	3

4. **Sex workers**

5
2 were self-identified sex workers
all were *kothis*

5. **Schooling**

no education	5
10 and below	15
10 + 2	4
u-graduate	9
graduate	7

6. **Occupation**

unemployed	3
hotel boy	6
sex worker	2
student	6
business	14
dancer	1
singer	3
teacher	2
service sector	3

7. Accommodation	
living with extended family (parents/wife/children)	1
living with parents	18
living alone	15
living in a hostel	2
living with partner	4

8. Early sexual experiences	
below 10	4
10 - 12	6
12-15	24
16-18	6

All the *kothi* -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)	12
masturbation (receiving)	1
thigh sex (being penetrated)	13
thigh sex (penetrating)	1
oral sex (doing)	9
anal sex (penetrated)	3
anal sex (penetrating)	1

10. First sex partner	
relatives	17
neighbours	11
friends	7
education staff	4
stranger	1

INTRODUCTION

Sylhet is a relatively small city of approximately 600,000 people, in the north of Bangladesh near the border of India.

A significant number of residents have relatives living in the UK who send money to them, and who regularly visit.

Income levels vary widely, with significant levels of poverty as well as enclaves of wealthy residents.

Traditionally a religiously conservative city, with strong Sufi customs and beliefs, Sylhet is surrounded by many poor villages and small towns. Many young men leave their villages and their families and/or wives and go to Sylhet looking for work.

Sylhet is also surrounded by tea plantations, which is major industry in the area.

1. HISTORY

1.1 Family

As elsewhere in Bangladesh, in Sylhet 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 Bangladesh family is a joint and extended family, a community in its own right, defined by, dialect, religious practice, caste, village, and so on.

Rural traditions are strongly maintained, so that even when individuals leave their villages for urban life, regular and frequent visits are made to their villages. Family is a powerful context for Bangladesh life.

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.

When the individual moves out of the natal or personal home in the village 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 male 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. This support is further by strongly held Islamic beliefs on the family and individual duties within the family, the specific roles of father, mother, son and daughter.

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.

Accommodation can be costly, and so space is usually shared, or people living in very crowded conditions. Where individuals live alone, it is in a single room, very small, with share bathing and cooking facilities, where perhaps between 20 - 40 males will share a hostel or lodgings.

Where males live within a family unit, rarely do they have a room to themselves. Families tend to be large with several brothers and sisters live with their parents, sharing rooms. When relatives visit from the village or elsewhere, this crowded condition increases. Beds are shared with male relatives. It is only those wealthy enough to have large homes that can afford to have individual spaces.

Gender roles have a strong influence in this context, where males and females tend to be rigorously separated, Males can't bring female friends to their homes, but can bring their male friends without causing due suspicion.

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 who 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.

This is further intensified with well articulated Islamic prohibitions and restrictions on social mixing between males and females, on what is deemed as illicit sexual behaviours (which is any form of pre-marital and extra-marital sex), and strict punishments can be meted out where these proscriptions are ignored. On the other hand, many of these proscriptions are based on concepts of "witnessing", which increases tendencies for invisibilising and denial.

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 who is not his wife is totally prohibited.

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 are more socially "policed" in terms of their behaviour, especially sexual, particularly in the "public domain". A similar attitude prevails for married women, on whose shoulders the family honour is also carried. Her behaviour is watched by her father and father-in-law, her husband and brothers, and her sons.

Women and their honourable behaviour have to be scrutinised closely. 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.

At the same time the public domain is supremely a male space. And in such an environment as 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.

When my brother-in-law visits he usually sleeps in my bed. And sometimes we will do sex together. SSK1

How can you talk about sex with your family. This is too shameful. It is impossible. SSD4

I live here in this hostel for the last two years. My wife is in the village and I go and see here maybe every two months for a couple of days. Yes I have had sex with a couple of the boys here. SAK6

1.2 Work

Low pay, unemployment and under-employment, were serious issues for some of those access, particularly those from the labour classes, the poor. Even the middle and upper classes felt under financial pressures and fears of loss, a fear of becoming poor.

There was a constant tension of finding a better job, of having more money. Many 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.

Those who identified as singers or dancers did so even though within this context paid sex work was being done. Many had casual types of work, which also included sex work, but would identify with their "ordinary" job. Several of these singers and dancers reported significant levels of income, above 5000 Taka a month.

Some work environments can also become readily sexualised and a source of income. 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.

Tea plantations were another sexualised environment; males living on the plantations spoke of sexually accessing other males.

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 exists in Sylhet 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 Sylhet. Teas boys, security guards, and restaurant waiters also talked of being approached by men seeking sex and willing to give a gift or cash for such an exchange. They would then be taken to either a personal home, or to a local lodge, or some other anonymous venue for sex.

I work in It is a nice hotel, clean, and nice people come and stay. Sometimes I am asked for a massage, which usually means sex. The guest will give me perhaps 100 Tk. Its more than I get in tips. The extra money is very useful, and I also enjoy it.
SAK6

I am asked to entertain a group of me maybe twice a month. I dance. I go to this place with two or three other kothis. We dress up in nice women's clothes. I feel very special when I put my make-up on and wear these clothes. I feel beautiful. At the party we give may an hour's performance, and then take rest. Usually we make good money for this. Sometimes one of the men asks me for sex, and I will also charge for this. SAA10

1.3 Early sexual experiences

Kothi-identified men appear to start sexual activities in early adolescence, usually initiated by older males. By the time the *kothi* 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. And of course strong male bonding and affection with low socialising with females also played a role here.

Males usually shared space 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* and *panthi*-type males than with females.

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, saying 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. Others spoke of feeling "hot" as an early teenager, that they were curious about the changes in the bodies, and that this led to experimentation with other boys, which then led to further desires.

Kothis spoke of "hugging", of "pressing against them", as well as the bed partners, also doing likewise. Some spoke of being forced to do sex the first couple of times with a male partner, and then getting to enjoying it. Still others spoke of realising they were *kothi*-like because of the sexual position they took in these first sexual encounters, and this being confirmed when they met other *kothis*.

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 *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 the common expression. Semen discharge was seen as a need, a manly thing. Further

myths about masturbation producing weakness and illness were also configured in this. Penetration, discharging into something was not seen as equivalent to masturbation.

They saw the males they accessed as a readily accessible opportunity for "semen discharge". Usually these males were younger themselves, while for *kothis*-identified males, the males that they had sex with were older.

Some 50% of these encounters could be considered as non-consensual, in that the older male usually forced/persuaded the younger male to do sex. None of these encounters were between males of the same age. In the majority of cases age differences were anywhere between 5 to 20 years, while *panthis* spoke of their first sex partner as usually two to three years younger than they were.

Kothis would state that their second or third sex act usually followed within a week or so of their first and usually instigated by themselves. *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. For both *panthis* and *kothis* the issue of discovery, of a public naming appeared to be more significant.

It was my older cousin who first did sex with me. I was maybe eleven at that time and he was eighteen. He was visiting Sylhet and stayed with our family. He was sharing my bed because we had a small house. That first night I woke up feeling him pressing against my back. I didn't know what was going on, so I moved slightly away from him. I could feel his erection against me, but at that time I wasn't sure what it was. When I moved he moved up against me, and began whispering that he wanted to do something nice to me. Then he lifted my lungi and began pressing his thing between my thighs. SSK9

I was sitting at my front door one afternoon, and my neighbour came and sat next to me. I was sixteen and he was fourteen. We talked for a few minutes, and then went inside to watch TV. My family was out. We were sitting on the sofa and we start to tickle each other and then began to wrestle. I began to get excited and he grabbed my erection and I could see that he had an erection also through his lungi. We decided to have some fun. I did thigh sex with him and he did with me also. It felt good. SAA5

Sometimes I regret being like this, you know a kothi. I started to do sex with my uncle when I was ten. He started me first time, made me masturbate him. He would approach me quite regularly over the next four years. First I would masturbate him, or he would do thigh sex with me. Then as I got older he would masturbate me also. I began to like this very much, and then he taught me to use my mouth. I first met other kothis when my uncle took me to this place when I was fourteen. I soon became friends with the kothis and became a kothi. But now there is a marriage to be done and I am not sure what I can do. If I had stayed a man then this would not be a problem. SAK7

1.4 Current sexual experiences

Kothi-identified males appeared to be very sexually active with other males, irrespective of whether they were sex workers or not. Having three or four different partners in one night was not unusual. *Panthis* also indicated significant levels of male to male sex. What was significant also was that despite a *panthi* identification given to them by the interviewers, these men also spoke of being anally and orally penetrated. The identification came not from the sexual behaviour but because of their "manly" demeanour. In other words they did not perform as *kothis*. These men still perceived themselves as "real" men.

Discussions with the *kothis* indicated that some did not have access to the term that defined this "give and take", *do-paratha*. 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. Further *panthis* do not define themselves as *panthis*. This is label given to them by *kothis* defining them as penetrators. In the context of what these men sexually did they are not *real panthis*, but rather *do-parathas*.

Also, there well may be a class issue here in terms of self-definition and access to *kothi* language. Many of the people accessed for this Assessment were educated and middle class. Most do not mix with "low-class" *kothis*, who tended to be more feminised in their performance and use *kothi* language more extensively amongst themselves.

Another possibility is that in Sylhet definitions were around the performance of being a *kothi*, and not the actual sex roles preferred or done.

For *kothis* the primary sexual behaviour was being anally penetrated. Anal sex was more popular than oral sex. Most of their partners were strangers or friends, and people they picked up in a wide variety of sites.

Kothis always spoke of sex with only *panthi*. For them *do-parathas* are often 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 friends, and some also mentioned that *kothis* would at times penetrate them on their request. When asked why they allowed *kothis* to penetrate them despite being perceived as *panthis*, these men mentioned a range of responses from "I liked the feeling it gave me".

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

I am a kothi, but at times I like to penetrate the panthi. It makes me feel good too.
SAA8

When I am drunk I don't mind getting f..... This can also be fun. But I never tell anybody it. SSD4

1.5 Marriage and children

Two of the interviewees stated that they were married, one was a self-identified *kothi*, and the other identified as a *panthi*.

All the unmarried men said that they would eventually get married, believing that their families would arrange their marriages. Issues around marriage and children reflected the need to obey parents wishes, to fulfil family and social duty, of being good and obedient sons, but several also wanted to get married because of their desires for women, family honour, marital privileges and so on.

My family have found a wife for me from the same village. I will be getting married in three month's time. SAK3

When interviewees were asked about informing the families and/or wives about their sexual behaviours with other males, there was a feeling of shock at the question being reported. None would even consider this possibility. A sense of fear of discovery and a feeling of shame were a part of the responses.

Tell my wife! What for? This is crazy. How can I tell my wife? My family will find, her family will find out and everything will go crazy. This is Sylhet not America. They are very conservative here. I could be killed. SAA9

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. As long as the husband provides money, fulfils his sexual duty, and produces sons, then everything is OK.

For the married men, keeping their extramarital sexual behaviours with other males a secret was centrally important. This was they believed the best option for not shaming here, her family, their family and themselves. They stated the same issues when discussing sex with other women.

Maintaining family honour was also strongly configured. They did not believe they could stop their behaviours. Sex drives, a man's need, urgency and heat, it is a man's right, and so on were mentioned. For many *kothis* the issues were particularly poignant. Would they be able to perform? Can they hide their *kothi* identity? How could they satisfy their wives?

Suggested strategies involved having sex with a *panthi* just before they have sex with their wives as this would enable them to imagine their male partner at the same time. Many of them felt that perhaps they may not be able to perform and should perhaps practice with a female sex worker before their marriage. Some pinned their hope that they may be able to avoid marriage all together. Others said that perhaps it wouldn't be too much of a problem if they only had sex with their wife once a month. That they could cope with perhaps.

But all believed in 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. Husband's sexual needs could also be satisfied to some extent when the wife was sexually available, but this would not be all the time. There would be times when she was pregnant, or menstruating, or sick, or away visiting relatives. Opportunities might not be there because of the presence of children, or not enough private space. Anyway these males also believed that you could never ask your wife to allow oral or anal sex. *Kothis* also spoke of "needing" to be penetrated. *Panthis* spoke of sexual availability. Married *panthis* spoke of the anus being better for pleasure than the vagina.

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

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.

But this was also true of many male to male sexual encounters, which tended to be rapid encounters and quick discharge. Premature ejaculation seems to be significant psychosexual issues for many men, and several questions were asked around prolonging the sex act.

And in all this there was almost no recognition of a woman's own 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. They knew of others who also had sex with women, but in reference to themselves, answers to questions were difficult to obtain. How many women? What sort of sex? This information appeared to be more difficult to access than sex with men. Perhaps this was because all the interviewers were MSM themselves.

What was clear was that male sex workers were considered cheaper than female sex workers, and that they were more readily accessible, and less problematic in social terms. It was much more visible when seeking sex with a female than with a male.

2. IDENTITIES AND SELF-PERCEPTION

2.1 Desire, behaviour and identity

All the cities involved in the range of Situational Assessments shared similar characteristics, terminologies and behaviours. In fact we can speak of a South Asian construct around male to male sex that cross national boundaries, languages and religion.

Like elsewhere in the series of Assessment, the construction of *kothis* and *panthis* were based on gender roles. *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. Sexual availability was not seen as a problem, and the levels of sex partners seemed to bear this out.

Even those *panthis* who spoke of being penetrated said often this occurred between friends, that when they do sex with a *kothi* they would penetrate the *kothi*, but when they did sex with a friend they would penetrate each other.

The boundary between a desire to have sex with specifically another male, and the behaviour of doing sex with another male, was 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?

This issue is significant in terms of developing appropriate strategies for intervention.

And male to male sex may be high because of the ready availability of males for discharge and pleasure, much more than females, while a core framework would also include those who specifically desire sex with male, whether it is to be penetrated by a "real man" or not.

For most of the *kothis*, desire to do sex specifically with a male was a central theme. But this sex was seen as penetrative. They liked other men, wanted to do sex with other men. But these men had to be "real" men. For others desire to do sex with males was not so configured with being penetrated, but they spoke of "akka likkam", men with big penises. Roles and identity become gendered, but this may well be because no other alternative yet exists in Bangladesh. Most males who have sex with males do not have opportunities to explore different ways of constructing identities that exist in primarily Western cultures.

Some of the *panthis* focused on the tightness of the anus, of the beauty of "boys", on the lack of eroticism of women since no many wore the burka. And of course the sheer urgency of sexual need when it occurs, when the body is "hot".

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.

At the same time the only visible identities around male to male desire is a *kothi* identity. (I don't include hijras here because their construct is primarily a socio-

religious construct and not around male to male desire). 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 *panthi* or at times *do-paratha* for themselves, as an alternative to these gender roles. Some of the middle class MSM would define this as "I do homosex".

Sylhetis seen as a very conservative and moralistic city, 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 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.

Many middle-class *kothis* spoke of fear of harassment, fear of local mastans (thugs) creating problems. But yet, it was observed that some *kothis* had sexual encounters with policemen, and several *kothis* spoke of friendships with police. The poor *kothis* did not seem to be have such a fear. They mixed with the neighbourhood males openly as *kothis*. It would appear that the expressed fear was more to do with maintaining social status.

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. The developmental process appeared to require an identification with other *kothis* first before the individual develops the performative basis of the *kothi* identity.

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.

Very few *panthis* call themselves *panthis*, unless they have made sexual friendships with *kothis* and learn the language. Several *kothis* mentioned taking their *panthis* to visit friends, and spoke of group sex where several *kothis* would have sex with this *panthi*. Other spoke of sex parties where *kothis* would bring together a group of *panthis*. But it was rare for these *panthis* to make friendship with other *panthis*. For most men whom *kothis* identified as *panthis*, sex with other males was a temporary behaviour until they were married. All *kothis* saw their behaviour as part of themselves and their nature. Some *panthis* saw their behaviour as a part of their desire any would continue to access males after their marriage, but did not identify

themselves with their behaviour. Many of these also stated that they also desired women.

But for many males, these sexual behaviours are not named or define an identity, talked about, or rationalised. It is just what they do. It is fun, discharge, "fooling around", perhaps a source of gifts or money, status or privilege. 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* sense of self. Being a *kothi* is separate from being a husband.

2.2 self esteem, social attitudes and roles

Bangladesh 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 hijra, 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.

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.

At the same time the culture accepts that a man is a sexual being with strong sexual "drives" that need to be released. Traditionally, early marriage (usually by puberty of both male and female) was the method of controlling sexual behaviours, particularly of the female, and multiple wives as an additional method. It was more important to control women's sexual behaviour than a male's.

To be a man in terms of duties, obligations, and gender roles is clearly marked. Such masculinity is not the same as machismo though. The boy child is favoured over the girl child because he is a boy. The man is favoured over the woman because he is a man. To break these social conventions and rules by crossing gender boundaries is to court potential disaster.

And yet there is a social space for tolerance of a "third gender", even though such a person would be stigmatised and marginalised in any social group. This space is historical that is shared across South Asia. Bengali culture has always had a space for the feminised male in dance, drama, and religious functions, whether Hindu or Muslim. It is contemporary cultures that have been changed by British colonialism in an earlier time, the religious renewal movements of the fight against for Independence from the British, and the current globalisation of media and industry that is creating a process of heterosexualising Bangladesh culture. And this process of heterosexualisation is creating increasing stigma of those who do not fit.

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.

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 "hijras". 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.

Several *kothis* spoke of self-harm, of damaging themselves in fits of depression, and interviewers were able to see sufficient evidence of this - cuts across the arms, cigarette burns on their bodies - to see this inner conflict between the sense of a *kothi* self and the social expectations as males.

It makes me very sad that Allah made me a kothi. When I am alone sometimes I cry and cry. How can I find someone who will love me and care for me? Then all this pain comes out and I stub a cigarette on my skins. It's as if the pain takes my inner pain away. SAA9

Along side this is the intense family and social pressure around marriage and reproduction. *Kothis* have to get married, and the vast majority of them believe 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.

You don't know how it is. I go home and I have to sleep with my wife. Sometimes I can't even get an erection. I don't love her. I just can't do it with her. Perhaps we should get divorced, but that will cause problems as well. I know she has talked with her mother. She blames herself. She keeps asking me what has she done to me. I am so trapped.
SAK8

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.

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, but also a similar sense of failure. This sometimes expressed itself as a constant yearning for a "husband" who would validate their existence and sense of self. This can partly explain the very high partner levels, as a quest to seek the "perfect man". But each conquest leads to failure, as the reality of Bangladesh life is manifested. Marriage and children. The "husband" will eventually leave and marry a girl.

Fortunately for many such males, Bangladesh 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 *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 Bangladesh 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 Bangladesh culture 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 *kothis*, 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.

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 he be concerned?

I don't care about these panthis. Why should I. All I want is their likkam. So what if I have a disease! SAK8

2.3 Support systems

Kothis emotional support systems come from their personal networks of others like themselves. *Kothis* 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 a Bangladesh context. Family, occupation, class, location of origin and so on. *Panthis* as such do not usually 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. Stigmatisation, constant pressures around income, family, social status, and 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*.

We usually go around together from site to another in the course of an evening. Its fun. We can gossip, compare panthis, look for panthis. We always do this. SSD9

3. SEX WORK

A sense of poverty pervades male sex work. All those self-defined as sex workers, as being *commercial*, saw this as a survival strategy. While none expressed self-disgust because they got money for sex, some 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 an uneducated or of poor educated person. Of course not all sex workers were poorly educated. There are some that at least finished 10th standard, but could not find work. There were also others who were students, or even undergraduates who sold sex as a means of supplementing their student allowance from their families. These did not call themselves sex workers though. And there were those who had other jobs: rickshaw drivers, hotel boys, and so on. 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.

The full-time commercial sex workers were all *kothi*-identified. Most of those involved in casual sex worker did not identify as *kothis*. Nor for that matter did they identify as *panthis*. No identity was involved at all.

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 guesthouses, 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.

The boundary line between a *kothi* and a sex worker seemed easily crossed. Many *kothi*-identified males are from low-income groups, and many were poor. For these *kothis*, many would also 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 *business*. 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.

Sometimes I am approached in my rickshaw when I pick up a passenger, usually by one these middle-class female type men. They give me 100Tk and I also get discharge. I need the money. Its OK. SSK6

Usually I can get about five or six clients a night here. Its not difficult. I stand like this, see, and they come. Sometimes they ask me right away what the price is. Sometimes they will stand a little away from me and just stare at me. It is different for each person. SAA8

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? Very few feel comfortable enough to do this. And of course the adjunct to this, how many doctors know about anal STIs to recognise and treat symptoms?

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. The very high levels of sex partners substantially increase their risks.

4.1 HIV/AIDS knowledge

In general a small majority of interviewees were aware of AIDS, but not always clear in regard to its distinction in terms of HIV and the means of infection.

These had heard of AIDS either through the media or through their friends. Most 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.

4.2 Condom use

While a significant minority reported condom use, very few actually used condoms regularly for anal sex.

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. And other saying they felt uncomfortable using condoms. Many spoke of shame in purchasing condoms, and a large minority has never used condoms at all.

Some sex workers said that they would do what the client 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 none saw themselves at high risk, while the vast majority were not able to evaluate their own 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 males felt to ashamed to actually purchase condoms, and to compound this, condoms were not available at or near sites where a lot of MSM got to meet other men. Here one sees a whole range of factors that impede regular use of condoms. Disempowerment, a lack of negotiating skills, accessibility, and so on.

Further Sylhet does not have any condoms appropriate to anal sex. Lubrication is also a problem, with most of the sex being dry or with saliva, or even vaseline. 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. As stated above, no one was carrying a condom at the time of the interview.

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 Bangladesh sociocultural concepts around time and space. 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 were nothing they could do. For many 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. Terms such as "Inshallah" and "kismet" were often expressed, meaning as God wills, or it is my destiny.

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 try to maintain a sense of personal dignity within a framework of stigmatisation and sorrow, a life filled with fear of discovery and sense of failure. 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. As Muslims would say "Inshallah".