

SITUATION ASSESSMENT OF MALES WHO HAVE SEX WITH MALES IN MYMENSINGH, BANGLADESH

Conducted by: Bandhu Social Welfare Society,

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Technical Assistance: Naz Foundation International

Mymensingh District Area

Population:	4,460,120
Total Males:	2,291,800
Total Females:	2,168,320

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 198 self-identified MSM through quantitative questionnaires.

Awareness of AIDS (53%) was relatively high, although specific knowledge about what it is was confused. Yet 90% also stated that they did not know their own risk to HIV infection, with only 10% having heard of safer sex.

Condom use was low, with only 20 respondents admitting to condom use, while 99% of respondents not carrying a condom at the time of their interview.

20% of respondents were married, with 56% of respondents living with their families, and the majority (82%) having a monthly income of less than 5000 Taka (\$100).

Partner rates were significantly high with 37% stating that they had between 4 to 6 partners in the previous week and anal sex was the preferred sex act. Where lubricant was used, it was primarily saliva or oil-based products.

31% of respondents were paid for sex, while 40% paid for sex with another male. Condom use in these situations was also very low.

20% of respondents also had sex with females who were not their wives, where 37 respondents out of 198 had paid for sex with females.

Places of meeting other males for sex, and places where sex acts took places varied from personal homes to the train station.

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. Almost 62% of those respondents who reported symptoms stated that were not doing anything about them.

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 Mymensingh 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.

The MSM Context in Mymensingh

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 Mymensingh 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 Mymensingh does not have any gay-identified men as it is understood in the West. The Assessment Team were able to access four such self-identified gay men.
- 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 Mymensingh 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 *double-decker* framework. 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 Mymensingh, 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.
- *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.
- 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.

Situational Identities

Within the context of Mymensingh, which is perceived to be a 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).

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, and 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.

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.

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.

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 socially 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.

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, 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 Mymensingh, 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 Mymensingh, 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 3988 reported anal sex acts, with only 56 of these acts being covered with condoms.

During this time, 84% of respondents had more than 7 partners in the previous month, with 12% reporting partner levels of 21 or more.

A total number of 2076 partners were reported for the previous month, of which 14% were strangers, 13% were male sex workers, 19% were paying male clients, and 23% were considered friends with 10% being relatives.

Sex partners were met in public spaces (65%), hotels/guest houses (12%), private homes (24%), neighbourhoods (7%), and bazaars (7%)

Where people actually did sex varied from public spaces (34%), to private homes (38%), and in hotels/guest houses or hostels (27%).

In terms of the ages of the last sex partner, 50% was below 21 and 25% were between 25-30.

Regarding the marital status of the respondents' last five sex partners, 15% stated they were unmarried, 45% did not know, and the remainder stated that at least one of the partners was married.

Condoms and lubricant

While 8% of respondents reported using condoms for anal sex in the previous month, only 1% of the sex acts were covered,

When asked if they had condoms with them at the moment, 99% said no.

92% of respondents reported saliva as their main lubricant, while 65% used oil-based products, and 42% used vaseline.

Sex Work

Being paid for sex

31% of respondents reported that they had been paid for sex in the previous month, but only 0.5% identified as sex workers. 28% of these reported more than 16 paid sex encounters in this period. The majority of paid sex was for receptive anal sex (40%) - that is the sex worker is penetrated,

With regard to condom use, 12 out of 14 respondents reported that it was their partners who initiated condom use, but 81% of the respondents replying to this question stated condoms were never used.

95% of these respondents reported an income of below 100 Tk for their last paid sex.

Paying for sex

39% respondents reported paying for sex with another male. 15% of these reported paying more than 10 times in the previous month, while 33% stated that they had paid between 4 to six times.

Sexual health

Respondents reported a number of current symptoms of which 42% stated they experienced pain during sex. 42% reported itchy rash on genitals, while 4% stated they had pus or discharge from their penis, 22% reported bleeding on defecating and 42% reported pus or discharge in their stools, 50% itching or burning around their anus, 47% reporting pain while urinating, and 11% reported genital sores. Most reported multiple symptoms.

Treatment

Regarding treatment, 62% were doing nothing, 29% went to a pharmacy, 11% went to a private doctor, 2% went to a hospital, and 15% went to a street quack, friend or relative. There were similar levels for when respondents had previous symptoms

HIV/AIDS knowledge and self-assessment

52% of respondents had heard of AIDS. AIDS as a "dangerous disease" was stated by 33% of respondents or some derivative of this. But 39% did not have any idea.

Mostly respondents had heard of HIV/AIDS from friends (25%), posters/leaflets (7%), newspapers (5%), radio (36%), sex partners (3%), television (37%), and either from a doctor or hospital (3%).

In terms of personal risk assessment, 90% of respondents stated they did not know, while 8% believed they were at a small to medium risk. Only 2% stated that they were at high risk.

In terms of HIV infection routes, 9% said yes for oral sex, sexual contact with a woman (20%), vaginal sex without a condom (60%), anal sex without a condom (37%), and sharing needles (48%). This means that just over half of respondents were correct in regard to the main routes of infection.

In terms of prevention, 13% stated always using condoms, while 63% stated they did not know. In regard to what safer sex means, 76% reported not knowing what this was and 11% said this meant always using a condom.

Informing your partner

When asked about informing their partners should they experience symptoms of STIs or come to know they have HIV/AIDS, only 11% of respondents stated they would inform their male partners, 3% stated they would inform their female partners, and 8% said they would inform their wives.

Injecting drug use

10% of respondents reported injecting drugs in the previous year, while 15% stated that their sex partners had injected drugs in the previous

Sexual behaviours and impact on sexual health concerns: a summary

The *kothi/panthi* framework of male-to-male sex is the predominant pattern in Mymensingh. 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 their 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.

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.

Conclusions

In exploring male-to-male sex in Mymensingh 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
- Significant levels of male commercial sex work exist in Mymensingh
- High levels of partner change
- 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 affordable, accessible and appropriately packaged water-based lubricant available
- 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
- Many males who have sex with males will be married and many will get married
- 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 other MSM, and use this emergent community as a means of education and prevention intervention amongst *kothis* and their partners, where *self-identified* MSM can be mobilised on behalf of improving sexual health among MSM generally.

However it should also be recognised that Mymensingh MSM 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.

Mymensing, Bangladesh

1. Yourself

Q. 1 Age of respondents (N=198)

Category	No. of respondents	Percentage value
18 to 21	50	25.25
22 to 30	107	54.00
31 to 40	29	14.65
Above 40	12	6.00

Q. 2 Marital status of respondents (N=198)

Category	No. of respondents	Percentage value
Married	40	20.2
Unmarried	156	78.8
Not married but in a relationship with male	117	59.00
Married & in a relationship with male	14	7.00
Married & sexually active outside marriage	26	13.00
Others	58	29.30

Q. 3 Currently living..... (N=198)

Category	No. of respondents	Percentage value
Alone	59	29.80
With Family	112	56.60
With Male Partner	5	2.50
With A Female Partner	0	0.00
Wife	19	9.60
Others	53	28.30

Q. 4 Currently employed (N=198)

Category	No. of respondents	Percentage value
Yes	153	77.30
No	45	22.70

Q. 5 Occupation (N=194)

Category	No. of respondents	Percentage value
Barber	2	1.03
Boat Man	1	0.52
Bus Helper	2	1.03
Business	51	26.29
Carpenter	1	0.52
Labourer	17	8.76
Contractor	1	0.52
Cook	3	1.55
Cultivation	4	2.06
Dancer	3	1.55
Driver	4	2.06
Famer	3	1.55
Handloomer	1	0.52
Fisherman	2	1.03
Hotel Boy	8	4.12
Laundry	1	0.52
MSW	1	0.52
NGO	1	0.52
Teacher	5	2.58
Railway Employed	2	1.03
Rickshaw Puller	2	1.03
Services	23	11.85
Shopkeeper	3	1.55
Student	23	11.85
Sweeper	1	0.52
Technician	1	0.52
Unemployed	22	11.34
Others	6	3.09

Q. 6 Monthly income of respondents (N=152)

Category	No. of respondents	Percentage value
(All IN Bangladeshi Takas)		
Below 1000	12	7.89
1000 to 2000	72	47.37
2000 to 5000	53	34.87
5000 to 10000	13	8.55
Above 10000	2	1.31

Q. 7 Years of Education Completed By Respondents (N=198)

No. of Years	No. of respondents	Percentage value
0	22	11.11
1-4	26	13.13
5-8	66	33.33
9-10	36	18.18
11-12	32	16.16
Under Graduate	1	0.51
Graduate	13	6.57
Post Graduate	2	1.01

Q. 8 Self labeling by respondents (N=198)

Category	No. of respondents	Percentage value
Kothi	90	45.45
Panthi	38	19.19
Double Decker	24	12.12
HetroSexual	1	0.51
Homosexual/Gay	4	2.02
Others	2	1.01
Girl	3	1.52
Boy	6	3.03
Hijra	2	1.01
Male	24	12.12
Male & Maiga Both	1	0.51
Kothi Prostitute	1	0.51
Lover Of Kothi	1	0.51
Panthi & Double Decker	1	0.51

2. Your sexual behaviour with males

Q. 9a No. of different males you had sex with in last week (N=198)

No. of times	No. of respondents	Percentage value
No Sex	3	1.52
1 to 3	108	54.55
4 to 6	73	36.87
7 to 10	14	7.07
Above 10	0	0.00

Q. 9b No. of different males you had sex with in last month (N=198)

No. of times	No. of respondents	Percentage value
No sex	0	0.00
1 to 3	7	3.54
4 to 6	24	12.12
7 to 10	40	20.2
11 to 15	51	25.76
16 to 20	51	25.76
21 to 30	21	10.61
31 to 50	4	2.02
Above 50	0	0.00

Q. 10a Anal sex acts in last week (N=198)

Category	No. of acts
Insertive sex acts	117
Receptive sex acts	116
No. of respondents who used condoms	66
Insertive sex acts with condoms	5
Receptive sex acts with condoms	13

Q. 10b Anal sex acts in last month (N=198)

Category	No. of acts
Insertive sex acts	1916
Receptive sex acts	2072
No. of respondents who used condoms	15
Insertive sex with condoms	12
Receptive sex with condoms	44

Q. 11a Oral sex in last week (N=108)

Category	No. of acts
Insertive	30
Receptive	63
No. of respondents who used condoms	1
Insertive	2
Receptive	2

Q. 11b Oral sex in last month (N=114)

Category	No. of acts
Insertive	99
Receptive	206
No. of respondents who used condoms	1
Insertive	2
Receptive	2

Q. 12 Relationship with sex partners (N=188)

Category	No. of acts
Friends	627
Strangers	373
Neighbors	487
Male Prostitutes	346
Relatives	270
Servants	123
Paying clients	320
Others	160

Q. 13 Places of meeting with males you had sex within the last month (N=197)

Category	No.
Street	482
Personal home	356
Park	287
Friend's home	321
Toilets	36
Railway station	431
Guest house	240
Neighborhood	195
Bazaar	198
Cinema	98
Hotels	93
Bus station	41
Others	72

Q. 14 Places of sex acts (N=197)

Category	No.
Your home	610
Friend's home	483
Park/cruising area	255
Hotel/guest house	613
Hostel	151
Cinema/theatre	122
Bar/club	2
Public toilet	79
In a car	53
In a train	162
Train/bus depot	133
Other	215

Q. 15a Age of last male sex partner (N=197)

Category	No. of respondents	Percentage value
18 to 21	99	50.20
22 to 24	38	19.20
25 to 30	49	24.80
31 to 40	9	4.50
41 to 50	2	1.00
Above 51	0	0.00

Q. 15b Age of second last male sex partner (N=194)

Category	No. of respondents	Percentage value
18 to 21	57	29.50
22 to 24	34	17.50
25 to 30	68	35.00
31 to 40	33	17.00
41 to 50	1	0.50
Above 51	1	0.50

Q. 16 Last 5 male sex partner's marital status (N=176)

Category	No. of respondents	Percentage value
All unmarried	27	15.30
1 was married	36	20.40
2 were married	20	11.30
3 were married	8	4.50
4 were married	5	3.00
Don't Know	80	45.50

Q. 17 Availability of condoms used (N=20)

Category	No.
Pharmacy/medicine shop	15
Family planning clinic	1
Shops/panwallas	8
Friends	1

Q. 18 Brands condom used (N=32)

Category	No. of respondents
Raja	11
Panther	6
Panther Sensation	1
Don't Use	14

Q. 19 Reasons for not using condom (N=190)

Category	No.
Don't carry condom with me	249
Not satisfying	326
Hard to dispose	64
Never used before	341
To shameful to buy/use	320
Don't know where to get condom	10
Am not sick	228
Partner not sick	104
Not easy to use	167
Main partner is faithful	61
Other	33

Q. 20 Do you have a condom now? (N=190)

Category	No. of respondents	Percentage value
Yes	2	1.00
No	188	99.00

Q. 21 Use of lubricant for anal sex (N=195)

Category	No. of respondents	Percentage value
None of time	5	2.50
Some of time	72	37.00
Every time	118	60.50

Q. 22 What lubricants? (N=198)

Category	No.
Oil	128
Ghee	2
Saliva	183
Vaseline	83
K Y jelly	2
Soap	16
Other	8

3. Paid sex

Q. 23 Have you ever been paid by a man for sex? (N=191)

Category	No. of respondents	Percentage value
Yes	61	31.00
No	137	69.00

Q. 24a No. of times you have been paid by men for sex in last week (N=60)

Category	No. of respondents
1 to 5	49
6 to 10	4
11 to 15	2
every time	5

Q. 24b No. of times have been paid by men for sex in last month (N=60)

Category	No. of respondents
1 to 5	18
6 to 10	19
11 to 15	4
16+	17
Every time	1

Q. 25 Pattern of sex when paid for sex in last month (N=60)

Category	No.
No. of anal insertive sex acts	100
No. of respondents doing anal insertive sex acts	12
No. of anal receptive sex acts	121
No. of respondents getting anal receptive sex acts	24
No. of oral insertive sex acts	4
No. of respondents doing oral insertive sex acts	3
No. of oral receptive sex acts	17
No. of respondents getting oral receptive sex acts	6
No. of masturbation acts	2
No. of respondent doing masturbation acts	1
No. of respondents doing other types of sex act	1
Others	1

Q. 26 During last 5 times, when you were paid for sex, no. of times condom used (N=59)

No. of times	No. of respondents
Never	48
Single time	5
Two time	2
3 time	3
4 time	0
5 time	1

Q. 27 Who initiated condom use ? (N=14)

Category	No. of respondents
Yourself	2
Your partner	12

Q. 28 Last time how much were you paid for sex by a man (N=64)

Category (Taka)	No. of respondents
1 to 10	2
11 to 20	9
21 to 30	26
31 to 40	5
41 to 50	6
51 to 100	13
101 to 150	1
151 to 200	1
Above 200	1

Q. 29 Ever paid for sex with a male? (N=191)

Category	No. of respondents	Percentage value
Yes	75	39.27
No	116	60.73

Q. 30 No. of times you paid for sex with a male in last week (N=72)

Category	No. of respondents
1 -3 times	60
4- 6 times	8
7 -10 times	4

Q. 31 No. of times you paid for sex with a male in last month (N=73)

No. of times	No. of respondents
1-3 times	16
4- 6 times	24
7-10 times	20
11-15 times	9
Above 16	4

Q. 32 Use of condoms for who had paid sex (N=54)

No. of paid sex acts	565
No. of respondents who did not use condoms for paid sex	19
No. of paid sex acts in which condoms were not used	169

Q. 33 Last time how much did you pay for sex with a male (N=74)

Category (Taka)	No. of respondents
1 to 20	26
21 to 30	16
31 to 40	6
41 to 50	13
51 to 100	8
101 to 150	1
151 to 200	1
Above 200	3

Q. 34 Age of last male you paid to have sex with? (N=74)

Category	No. of respondents
18 to 21	29
22 to 24	18
25 to 30	18
31 to 40	8
Above 40	1

4. Wives and female partners

A. MARRIED MALES

Q. 35 No. of times sex with wife in the last month (N=36)

No. of times	No. of respondents
1 to 5	12
6 to 10	11
11 to 15	6
16 to 20	3
Above 20	4

Q. 36a Anal sex pattern of married males with wife (N=4)

No. of persons doing the anal sex acts	1
No. of times of anal sex act	10
No. of respondents doing the anal sex acts with condom	0
No. of times of anal sex acts with condom	0

Q. 36b Vaginal sex pattern of married males with wife (N=38)

Category	
No. of times of vaginal sex acts	390
No. of persons doing vaginal sex acts	38
No. of times of vaginal sex acts with condom	34
No. of respondents doing the vaginal sex acts with condom	4

B. ALL MALES

Q. 37 No. of females (not wife) have you had sex with in the last month? (N=40)

Total of female partners = 199

Q. 38 Anal sex pattern of married males with female partner (not your wife) (N=2)

Category	
No. of times of anal sex act	5
No. of respondents doing the anal sex acts	2
No. of times of anal sex acts with condom	0
No. of respondents doing the anal sex acts with condom	0

Q. 39 Vaginal sex pattern with females (not with your wife)

Category	
No. of times of vaginal sex acts	148
No. of persons doing the vaginal sex acts	43
No. of times of vaginal sex acts with condom	9
No. of respondents doing the vaginal sex acts with condom	5

Q. 40 Relationship with female sex partner to yourself (N=40)

Category	No.
Friend	10
Relative	9
Stranger	5
Servant	14
Neighbors	11
Female sex worker	72
Other	6

Q. 41 Last 5 female sex partner's marital status (N=36)

Category	No. of respondents
All unmarried	20
1 was married	10
2 were married	5
3 were married	0
4 were married	0
5 were married	1
Don't know	0

Q. 42 No. of times condoms used while having sex last five female sex partners (N=43)

No. of times	No. of respondents
No time	36
1 time	3
2 times	0
3 times	2
4 times	1
5 times	1
6 times	0
More than 10 times	0

Q. 43 Have you paid for sex with a female in last month (N=43)

Category	No. of respondents
Yes	37
No	6

Q. 44 Pattern of sex, when paid for it with 5 last females (N=37)

Category	
No. of respondents who had vaginal sex	37
No. of vaginal sex acts	188
No. of respondent who had anal sex	2
No. of anal sex acts	6

Q. 45 No. of times condoms used during last 5 times, when you paid for sex with females (N=48)

Category	No. of respondents
Never	43
Single time	2
2 times	0
3 times	1
4 times	2
5 times	0

Q. 46 Who Initiated condom use? (N=6)

Category	No. of respondents
Yourself	3
Your partner	3

5. Your sexual health and knowledge

Q. 47 Currently having these symptoms (N=198)

Respondents gave multiple symptoms

Category	No. of respondents	Percentage value
Pain while urinating	93	46.95
Itching or burning around anus	99	50.00
Pus or discharge from penis	8	4.04
Pus or discharge in stools	83	41.92
Pain upon defecation	88	44.44
Bleeding when defecating	44	22.22
Genital sores	21	10.61
Itchy rash on genitals	82	41.41
Blisters or sores inside mouth	40	20.20
Pain during sex	83	41.92
Other	12	6.06
Don't know	1	0.51

Q. 48 What are you doing to treat these symptoms (N=182)

Multiple responses

Category	No. of respondents	Percentage value
Nothing	112	61.54
Medicine shop	53	29.12
Private doctor	20	10.99
Hospital	4	2.20
Friends/Relatives	8	4.40
Street "quack"	19	10.44
Other clinic	1	0.55
Other	7	3.85

Q. 49 What did you do, when last time you had these symptoms (N=107)

Category	No. of respondents	Percentage value
Nothing	49	45.78
Medicine shop	25	23.37
Private doctor	5	4.67
Hospital	21	19.63
Friends/relatives	6	5.61
Street "quack"	9	8.41
Other clinic	0	0
Others	7	6.54

Q. 50 Ever heard of HIV and or AIDS? (N=198)

Category	No. of respondents	Percentage value
Yes	104	52.53
No	94	47.47

Q. 51 What have you heard of AIDS? (N=166)

Category	No. of respondents	Percentage value
Dangerous disease	27	16.27
Death disease	28	16.87
Uncurable	2	1.20
Virus disease	6	3.61
Use condom	7	4.22
Sex only with female	1	0.60
Bad disease	4	2.41
No sex with prostitute	3	1.81
No sex with gay	1	0.60
No sex with infected person	2	1.20
Unfaithful sex	1	0.60
Don't know	64	38.55
Infected people must die	7	4.22
Sexual disease	4	2.41
Others	9	5.42

Q. 52 Sources of Information on HIV/AIDS (N=167)

Category	No. of respondents	Percentage value
Doctor	5	2.99
Radio	60	35.93
Social worker	1	0.60
NGO	0	00
Newspapers	9	5.39
Leaflets	11	6.59
Posters	0	00
Hospital	1	0.60
Clinic	0	00
Family member	0	00
Local MSM project	0	00
Friends	42	25.15
Sex partners	5	2.99
Television	62	37.13
Other	6	3.60
Don't know	4	2.39

Q. 53 What risk do you personally think you have of HIV/AIDS? (N=194)

Category	No. of respondents	Percentage value
Large	3	1.55
Medium	6	3.09
Small	10	5.15
Don't know	175	90.21

Q. 54 Reasons for risk of getting HIV/AIDS (N=150)

Category	No. of respondents	Percentage value
Dangerous disease	1	0.66
Both partners are healthy	1	0.66
Use condom	2	1.33
Do not sex with female sex worker	5	3.33
Safe sex	6	3.99
Natural disease	1	0.66
I had sex with infected people	1	0.66
Have a faithful permanent partner	1	0.66
Don't know	132	87.99

Q. 55(i) Tell us whether you think you can get HIV from sharing a needle (N=194)

Category	No. of respondents	Percentage value
Yes	93	47.94
No	85	43.81
Not sure	16	8.25

Q. 55 (ii) Tell us whether you think you can get HIV from being penetrated by a man without a condom (N=195)

Category	No. of respondents	Percentage value
Yes	73	37.44
No	44	22.56
Not sure	78	39.99

Q. 55(iii) Tell us whether you think you can get HIV from being penetrated by a man with a condom (N=187)

Category	No. of respondents	Percentage value
Yes	3	1.60
No	99	52.94
Not sure	85	45.45

Q. 55(iv) Tell us whether you think you can get HIV from penetrating a woman without a condom (N=194)

Category	No. of respondents	Percentage value
Yes	115	59.28
No	16	8.25
Not sure	63	32.47

Q. 55(v) Tell us whether you think you can get HIV from penetrating a woman with condom (N=189)

Category	No. of respondents	Percentage value
Yes	16	8.47
No	88	46.56
Not sure	85	44.97

Q. 55(vi) Tell us whether you think you can get HIV from only having a sexual contacts with a woman (N=190)

Category	No. of respondents	Percentage value
Yes	65	34.21
No	14	7.37
Not sure	11	5.79

Q. 55(vii) Tell us whether you think you can get HIV from sucking a penis (N=191)

Category	No. of respondents	Percentage value
Yes	17	8.9
No	56	29.32
Not sure	118	61.78

Q. 55(viii) Tell us whether you think you can get HIV from swallowing semen (N=191)

Category	No. of respondents	Percentage value
Yes	48	25.13
No	49	25.65
Not sure	94	49.21

Q. 55(ix) Tell us whether you think you can get HIV from licking vagina (N=188)

Category	No. of respondents	Percentage value
Yes	38	20.21
No	34	18.09
Not sure	116	61.70

Q. 55(x) Tell us whether you think you can get HIV from masturbating someone (N=189)

Category	No. of respondents	Percentage value
Yes	9	4.76
No	94	49.74
Not sure	86	45.50

Q. 55(xi) Tell us whether you think you can get HIV from rubbing bodies (N=191)

Category	No. of respondents	Percentage value
Yes	37	19.37
No	77	40.31
Not sure	77	40.31

Q. 55(xii) Tell us whether you think you can get HIV from thigh sex (N=189)

Category	No. of respondents	Percentage value
Yes	13	6.88
No	82	43.39
Not sure	94	49.74

Q. 55(xiii) Tell us whether you think you can get HIV from licking anus (N=186)

Category	No. of respondents	Percentage value
Yes	20	10.75
No	41	22.04
Not sure	125	67.2

Q. 55 (xiv) Tell us whether you think you can get HIV from deep kissing (N=183)

Category	No. of respondents	Percentage value
Yes	32	17.49
No	77	42.08
Not sure	74	40.44

Q. 56 Tell us ways to prevent getting HIV/AIDS (N=181)

Category	No. of respondents	Percentage values
Use condom	24	13.26
Safe sex	14	7.73
Avoid more sexual activities	3	1.66
No sex with strangers	2	1.10
Avoid female prostitute	8	4.42
Take Treatment with doctors	5	2.46
Sex with single partner	3	1.66
Sex not with ladies	1	0.55
Sex with healthy partner	1	0.55
Sexual diseases attack nit sex	1	0.55
Don't sex	1	0.55
Not sex with bad men	2	1.10
It can't be protected	1	0.55
Not take unpurified blood	1	0.55
Don't know	114	62.98

Q. 57 Ever heard of safer sex? (N=195)

Category	No. of respondents	Percentage value
Yes	20	10.26
No	175	89.74

Q. 58 Tell us what safer sex means to you (N=163)

Category	No. of respondents	Percentage value
Using condom	18	11.04
Sex with healthy person	6	3.68
Safer sex /avoid penetration	7	4.29
Avoid sex with dirty people	3	1.84
Sex with faithful partner	1	0.61
Sex with single partner	2	1.23
Sex without sex	1	0.61
Avoid anal sex	1	0.61
Don't know	124	76.07

Q. 59(i) Can you reduce the risk of getting STDs or HIV/AIDS by always using a condom for anal or vaginal sex (N=190)

Category	No. of respondents	Percentage value
Yes	83	43.68
No	9	4.74
Don't know	98	51.58

Q. 59(ii) Can you reduce the risk of getting STDs or HIV/AIDS by only doing non-penetrative sex (N=192)

Category	No. of respondents	Percentage value
Yes	22	11.46
No	10	5.21
Don't know	160	83.33

Q. 59(iii) Can you reduce the risk of getting STDs or HIV/AIDS by only doing non-penetrative sex (N=192)

Category	No. of respondents	Percentage value
Yes	34	17.71
No	22	11.46
Don't know	134	69.79

Q. 60 Ways to reduce the risk of getting STDs/HIV? AIDS (N=190)

Category	No. of respondents	Percentage value
Use condom	27	14.21
Sex with single partner	3	1.58
Avoid anal sex	1	0.53
Masturbation	1	0.53
Govt. & NGO. Should work for AIDS	1	0.53
Every one should know about HIV/AIDS	12	6.32
Sex with healthy persons	1	0.53
Do Not do sex	3	1.58
Sex with faithful partners	5	2.63
Do Not do sex with different male & female	8	4.21
Safer sex	11	5.79
Keep yourself clean & conscious about AIDS	2	1.05
I don't know	115	60.53

Q. 61 Will you tell your sexual partners, if you were experiencing symptoms of STDs/HIV/AIDS (N=190)

Male partners – yes	21
Male partner – no	125
Male partner – don't know	21
Female partner – yes	5
Female partner – no	120
Female partner – know	42
Wife – yes	15
Wife – no	97
Wife – don't know	43

Q. 62 Have your sex partner ever injected drugs in last years? (N=173)

Category	No. of respondents	Percentage value
Yes	18	10.40
No	155	89.60

Q. 63 Has your sex partner ever injected drugs in last years? (N=173)

Category	No. of respondents	Percentage value
Yes	26	15.03
No	147	84.97

Q. 64 Where would you prefer to go to get help if you were worried about STDs or AIDS? (N=165)

Category	No. of respondents	Percentage value
Government hospital	68	41.21
AIDS NGO	21	12.73
Religion	1	0.61
Private doctor	42	25.45
Don't know	51	30.91
Other clinic worker	0	00
Peer educator	0	00
Other	16	9.70