

## **The risks of categorisation**

1998

First we had homosexuals, then gay men. When AIDS first hit the United States, it was first known as Gay Related Immune Deficiency Syndrome (GRID).

Then it was understood that a primary route for transmission of HIV was sexual, irrespective of the gender of the sexual partners. Sexual identity was not the focus of transmission; it was the way you did sex, and what type of sex. It became AIDS.

Here it was recognised that HIV could be transmitted between men and women, as well as between men and men, that AIDS was being seen outside Europe, Australia and America, so the epidemiologist began constructing Pattern I and II countries and distinguished between heterosexual and homosexual transmission.

In the context of Asia, Africa and South America, the use of the heterosexual/homosexual oppositional binary to define the epidemic and the spread of STDs/HIV/AIDS created immense problems in developing appropriate STD/HIV prevention strategies. This language has been used to construct epidemiological and behavioural studies, education and awareness programmes, condom promotion, prevention and intervention strategies and so on.

It was realised that the terms gay men or homosexual men, may not be appropriate in non Western cultures (not that they were appropriate in Western cultures either for many men!). So we had the term bisexual. But this was also shown to be an inadequate description, since the term bisexual implied some sort of bisexual identity. So then we had behaviourally homosexual.

All these terms were problematic in the field of actual sexual behaviours, particularly in cultures very different from the Euro-American frameworks. A new phrase arose: men who have sex with men. This was an attempt to recognise that identity based sexualities were insufficient to address the needs of large numbers of men who had no specific sexual identity, or did not identify with a stigmatised sexuality. In other words there were significant numbers of men who have sex with men, who did not identify with the labels, gay, homosexual or bisexual, or even understand them - they would be meaningless - white noise.

Now this is the contemporary phrase that is being used, and already its inadequacies are becoming glaringly visible.

What is this term "men", particularly in non-Western cultures? In what context is it used. The word "man" would have different signifiers and meanings in different cultures which are not related to age. Adulthood is defined differently in different cultures. Malehood is defined differently. And many adolescents and male youths, as well as pre-pubescent males, are also sexually active and are at risk from STDs/HIV brought about their sexual behaviours which also involve sex with other males.

So another term: males who have sex with males.

But hidden within these descriptions lies certain presumptions around sexual desire, object choice, freedom to select the gender of the sex object, identities based on penetrator/penetrated, and so on. They do not adequately or appropriately address the issues of local sexualities, identities and social constructions of actual sexual desires and behaviours.

So what do we have left: male to male sexual behaviours? The risks of anal sex? Local identities such as *kotis*, *duranis*, *panthis*, *giryas*, *do-parathas* in terms of South Asia reflect identities based on penetration. And what about those whose identities are not based on being penetrated or around the gender choice of sexual partner. What about those whose choice of sexual behaviours are focused on acts, on semen discharge?

This is further complicated (and marginalised) by the terms transvestites, transsexuals or the current fashionable term "transgender" identities. What about the *Waria* of Indonesia, the *Bakla* of the Philippines, the *Hijras* of South Asia? How do these Western terms "fit" the local and indigenous identities? Even though many of these identities, particularly within the urban centres of Asia, are evolving new frameworks of desire and sense of self.

Frameworks of male to male sex in South Asia reflect indigenous identities and sexual behaviour patterns different from that assumed to exist in the West. Local patterns of male to male sex are not an exclusive practice of a few "homosexual" men, but are a part of the general sexual practices of a significant number of males in South Asia and symptomatic of male homosociability and homoaffectionalism in South Asian cultures, where public shame and masculine dishonour configure denial and invisibility.

Such frameworks have additional constraints arising from patriarchal structures creating the public domain as a male space, gender segregation, females as vessels of male honour, male homosociability, compulsory marriage and procreation engendered through family and community pressure, lack of welfare social structures, poverty driven economics and personal survival strategies, huge population levels, and mass movements of males from rural to urban areas for employment, as well as the extremely low status of females.

What sexual identities do exist centre on being sexually penetrated from which "feminised" behaviour is exhibited, primarily as a tool to attract the penetrator. In the majority of cases, the penetrator does not have an identity based upon his sexual experience. His labelling is given by the penetrated - the *giriya* or *panthi*, which basically means a "real" man.

This does not deny the existence of gay-identified men in South Asia or those with emerging gay identities. Such men are there, but they usually tend to be from the urban and educated classes. Access to western media and terminology is having an impact in reconstructing sexual identities and all that implies in changes to sexual practice. One can also say that there is an emergent "heterosexuality".

What does exist in South Asia are male sexual behaviours within many differing forms of "sexualities", with many different "identities" (usually those being imposed upon them by others) where male to male sexual encounters play a significant role, behaviours that arises both from both desire and semen discharge.

Unless we have a clear understanding of the socio-cultural-religious contexts in which sex occurs, and particularly specific types of sex acts in terms of risk behaviours, then how can we ever develop effective and appropriate programmes that reduce risk? What hope do we have of ever reducing the spread of HIV/AIDS in Asian countries?

It is not that these understandings do not currently exist. They do.

On sexual behaviour research:

*"... it would have to focus not only on the incidence of particular attitudes and practices, but on the social and cultural contexts in which sexual activity is shaped and constituted. Research attention would have to be drawn not merely to the calculation of behavioural frequencies, but to the relations of power and social*

*inequality within which behaviour takes place and to the cultural systems in which it becomes meaningful.*

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

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

*(Conceiving Sexuality - approaches to sex research in a post-modern world - page 11, 1995, Routledge)*

But somehow this knowledge has not adequately filtered through to governments, donors, institutions and NGOs, working in HIV/AIDS and sexual health within Asian countries.

As if this debate wasn't complicated enough, but also extremely urgent, the quest for numbers, for how many, how much, still configures risk assessments and developing prevention strategies. But as Gary Dowsett in *Practising Desire - homosexual sex in the era of AIDS* - Gary Dowsett, 1996, Stanford University Press states that:

"It is probably not possible to know the extent of homosexual behaviour among males. What is clear from the research findings is that an incalculable number of .....

males can and do have sex with other males, some frequently, some occasionally, in the right circumstances or at certain times in their lives, in certain sites or in certain institutional settings, with certain cultural overlays, or all the above."

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

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

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

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

So the debate remains open. Appropriate questions are still to be asked. Effective strategies need to be developed. For whom, by whom, and what content and context. These urgently have to be answered if any effective HIV/AIDS prevention strategy is to be developed and implemented.