

Socio-cultural constructions of male sexual behaviours in South Asia

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You see them everywhere. Males. And yet look closely, so few females on the streets after 6pm.

Let me tell you of an anecdote shared with me by a female researcher friend of mine. She was working in a Rajasthan village. She spoke of a conversation she had had with a married woman in the village.

"I don't know who I have sex with. It should be my husband, but I can't say for sure because I never see him "do it."

When my husband is ready he makes a sign to me. I go into the hut, and lie on the bed. Someone comes into the room. The room is dark so I can't see who it is. I raise my sari over my head and expose myself to my husband. At least I think it is him because I have never seen him enter me. I have never seen his 'thing'. I just feel something down there. I don't see anything." Here sex is in the dark, a thing of shame. What mutual pleasure and joy? In - discharge - out.

In a number of private conversations with the married male participants in a sexual health education workshop in Orissa which I was conducting, all stated that they don't do sex with their wives. This was confusing since all had stated that they had children. Further probing in what constituted sex for these men, led to the understanding that what they did with their wives was not sex, but DUTY. "I do duty to my wife" was the common expression. In the sex act between husband and wife, there was very little affection and foreplay, if any at all, and the actual time for the sex act was less than five minutes! Everything was focused on penetration and discharge. Sex with the wife as duty - not pleasure.

Sex was something else for these men. Sex was what you did outside marriage. And in this context, much of this sex was seen as *masti*, mischief, play.

At the same time, several female colleagues have reported to me that many women see sex with their husbands as WORK! Not something that they actively participated in. Just something they have to do because it is expected of them - receptacles to male discharge.

In a range of situational assessments that I have participated in amongst males who have sex with males in the region, several of the penetrating sexual partners spoke of the urgency of their penetrative sex act, that anus were tighter and more pleasurable than vaginas, and that since they had heard that women were carriers of a dangerous and deadly disease, it made sense to them to use other males for discharge. Again from Rajasthan is the belief that women's vaginas after having two children is too loose for the man to enjoy.

I am not saying that this construction is valid for all South Asians, but after four years of studying male sexualities, genders and sexual behaviours in the region, these stories reflect a predominant construction of male sexual behaviours that are self-focused, phallic, penetrative, and discharge oriented.

Male sexual behaviours do not arise into practice out of nowhere. They have a context, a history based both on time and place, on culture and tradition, on myths, on beliefs. It is these that need to be addressed in sexual health programmes. Addressing the actual act, i.e. promoting condoms (which actually sustains the phallic psycho-social constructions and gender biases), handing leaflets out, and warning of the dangers, is not enough. These don't alone change behaviours to sustainable safer practices.

For example, a traditional belief amongst some males is that one drop of semen is equivalent to one hundred drops of blood. Masturbation produces weakness and sickness. To let semen fall is a wasted discharge. One must discharge into something, whomever that something is. Discharge into a condom is not enough.

At the same time another common belief is that men must discharge, that they are naturally lustful. Wives on the other hand are honoured as Mothers, Sisters, and bearers of children, traditionally holding the honour of the family. One can't ask the wife to perform non-reproductive sex acts, such as oral or anal sex. This would be shameful and dishonour her. Such desires should be fulfilled outside the marriage. And as long as it remains invisible, no one will talk about it, it doesn't exist.

Similarly, since the act of penetration is the definer of manliness and therefore worthiness, a man penetrating another male is not perceived as a homosexual, or in the Indian sense a *gandhu*. He perceives himself and is perceived by others, as a man. It is not the sex of the sex partner, but the sexual act that defines gender roles here.

The penetrated male therefore is not defined as another man. Male to male sexual encounters are primarily gendered.

Within the context of South Asian cultures, the terminological use of heterosexual and homosexual frameworks do not exist in the sense that they are understood in the West. We may therefore speak of behaviourally heterosexual or behaviourally homosexual. Personal identities are not based upon sexual behaviours and choices. They are based upon class, caste, religion and family.

We therefore cannot realistically say that there is a heterosexual or homosexual transmission. All we can say is that there is sexual transmission within a specific behavioural basis, i.e. vaginal or anal intercourse.

Male sexual behaviour therefore is not an expression of a personal identity to a large extent. Rather it often is one of opportunity, accessibility and personal desire for semen discharge. The phrase 'body tension' is an expression of this discharge. And if we continue to promote programmes based on the divisions based on homosexuality or heterosexuality, then such programmes will fail to reduce the incidence of STI and HIV infection.

Even the term MSM is problematic in the context of service delivery. What is a Man? What is a Male? What is Sex?

Within all these contexts, women's sexual and reproductive health is to a large extent dependent upon male sexual behaviours and the methodologies of their practice. Their constructions are framed by space, time, availability, gender roles, personal desires, opportunity and so on.

For the fluidity of the South Asian male's sexual experiences and behaviours, the social invisibility of sexual behaviours, gender segregation, male homosociability, male ownership of public space, shame-based cultures, family and community *izzat* and family honour, compulsory and arranged marriage, and within that compulsory reproductive sex, joint and extended family structures, a personal sense of self subsumed into a family sense of self, male and female social roles as definers of gender and adulthood, delayed marriage, all have a central impact upon the constructions of male sexual behaviours that are framed by differing contextual identities.

In a cultural framework where the son is supremely important, where female infanticide is high, where the gender imbalance in the population has led to a preponderance of males in certain parts of the region, and where male sexual practices are excused as long as they remain invisible and do not shame the family, what do we have?

For example, in a culture where girls and women are 'policed' in terms of their behaviour, particularly sexual, where female virginity is prized, where family and community duty and honour is centrally important, where males own the social spaces, where marriage and reproduction is seen as compulsory, where adulthood is defined by these parameters, a culture which is particularly homosocial, where income levels are low, where sexual access to women is therefore marginalised, limited, and sometimes costly, where sexual behaviours are not so much constructed around personal identities but rather around penetrator and penetrated, a culture where male to male sex is not seen as sex as such but as 'masturbation' - 'play', who is the most sexually available object?

In a region which has almost 80 million more males than females, this results in psycho-social constructions of male sexualities and behaviours (since women do not have a sexuality or behaviour) which find expression in a cultural development that demands compulsory marriage and reproduction, particularly of male children, that demeans femininity, that gives no validity and social space for autonomous women, that demeans unmarried individuals, particularly single women and that only confers adulthood and thus social status and responsibility to married people.

Sexual behaviour takes the place of sexuality. Women's sexual behaviour becomes controlled and marginalised, if not denied. Male sexual behaviour becomes self-absorbed, and is reduced to one of discharge rather than based upon a desire for the other person. Sex behaviour becomes depersonalised. Sexuality has no construction. The sex act becomes brutalised whether it is between male and female or male and male. Concepts of personal choice, of privacy, become lost. There can be no development of individuality.

As a consequence, the contemporary South Asian situation with regard to sexualities and their physical expression, indicate a brutalised sexual behaviour, shown by the significant levels of vaginal and anal tearing; of an almost indiscriminate sexual activity by men without regard to the sex of the sexual partner, where behaviour is not defined by any form of identity, but rather by the concept of availability and

discharge; by the levels of severe sexual repressions which leads towards moments of brutalised sexual release.

If we are to move towards societies that enable all people to express their best, that gives people the opportunity to develop personhood, that enables people to make choices about their sexuality, gender and sexual/emotional desires, that empowers people to make positive decisions about their own sexual health and others, then we must understand the contexts within which male sex behaviours take place and construct effective sexual health programmes that address both female and male sexual health as complimentary processes, and include within such process all male sexual behaviours without trying to impose constructions of sexuality that have no validity or relevance to what is really happening behind closed doors, under the blankets, behind bushes, inside cinema halls, and other hidden invisible spaces.