

Issues of concern: male-to-male sex in South Asia

Shivananda Khan, 2003

South Asia consists of male dominated societies where the social and public spaces are primarily male owned. As homosocial and homoaffectionalist societies, sexual boundaries between males are often easily crossed to become sexual acts, especially in the dark, hidden away. Whereas some of these acts can perhaps be called homosexual (within the context of local identities based upon penetration), in that a sexual sense of self is operating based upon a desire for anal penetration by another male, this appears to be a minority framework (however significant that minority be may). But it appears that a majority of sexual activity between males should be seen as opportunistic and discharged based.

In a range of studies conducted by Naz Foundation International, a majority of males questioned were either married or would get married. Apparently there was no significant evidence that marriage actually substantially decreased the levels of male-to-male sexual activity. Several males that this was discussed with stated that when they got married they believed they would stop, but because they received little sexual satisfaction from their wives, they continued. Partly this was because they felt they couldn't ask their wives to perform certain sexual acts, and partly because sexual opportunities with their wives were not always available because of social conditions, such as appropriate accommodation, religious and cultural customs, joint families, and so on. For them, male-to-male sex was not a matter of sexual orientation or identity. It was to do with sexual need and tension.

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 nearly all (to be generous) of the STI (sexually transmitted infections) treatment services do not address anal transmission of STIs, is a cause for deep and urgent concern.

Appropriate service delivery of STI testing, treatment, care, and counselling need to be developed as an 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 frameworks discussed already discussed in this document, and in others.

The lack of understanding and knowledge by many of the non-government organisations, donor agencies and other institutions regarding the constructions of male-to-male sexualities and sexual behaviours, creates many barriers to the development of appropriate services. Such lack of knowledge may well be based on denial and homophobia, but much of it is also because these individuals and agencies utilise Western constructions of sexuality to attempt to define such behaviours. In South Asian cultural contexts such constructions do not "fit", and actually increases the invisibility of the behaviours. It is necessary to separate behaviour from identities, and in developing appropriate responses, focus on risk behaviours to a large extent, rather than only on "risk groups". Sexual behaviours between males is certainly not a minority practice.

The characteristics of South Asian cultures, such as arranged marriages, joint and extended families, community identities rather than personal identities, socially policed females, also include the extreme overcrowding, poverty, males sharing spaces, a substantial number of males below the age of thirty and unmarried, low sexual access to females, lack of privacy, and low incomes, create conditions which frame 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). The same framework exists to some extent in India, whilst Mughal history is replete of "boy love". Here young males -boys -can almost be considered as a gender in its own right; not man-not woman.

All the evidence points to significant numbers of males engaged in sexual encounters with other males, from

extremely young males to much older, 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 times. 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 sexual 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. It does. Intense emotional and sexual relationships do exist, but these will be framed by the cultural necessity of marriage, children and gendered roles. Very few males are able to escape this cultural necessity. 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 *giryal/panthilta* with a *kothi/zenana/medi*, with very few exceptions of mutuality and equality. Public spaces are supremely male. The street, the bus stand, the park, the railway or bus station, these are the arenas of contact. Such publicness leads to quick sex, penetrative or otherwise, in the darkness of parks, behind bushes, in alleyways.

Many workers in the service sectors also join in these networks. Whether just for sexual release, money, or actual desire for sex with other males, is a difficult question to answer. Taxi-drivers, rickshaw drivers, barbers, room service and housekeeping males in hotels, waiters and table boys at restaurants, shop assistants. The framework is ubiquitous. The glance, the second glance, the smile, the appropriate questions, sometimes "for a few rupees more", sometimes just *kbela...* In 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.

We could perhaps label male-to-male sexual frameworks to some extent (and with trepidation) in the following manner:

- age stratified
- gender structured
- status stratified
- professional defined
- religiously or culturally based
- egalitarian and companionate
- economically framed
- transgenerational
- patron-client
- situational
- opportunistic
- discharge based
- same sex desire
- penetrative

But perhaps we should accept that South Asian male sexualities are amorphous, opportunistic, spatially bound, discharge orientated, time-based, as well as those based upon same sex desire and love. We need to move away from the reductionist, scientific, and naming process, and accept a more wholistic approach to the issues.

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 will ensure that no such programme will successfully contain the spread of AIDS.

Unfortunately, South Asian countries primarily focus on "normative" targeted groups, and within these targeted groups only on vaginal sex, or needle use, as a transmission route for STIs/HIV. Truck drivers, female commercial sex workers, intravenous drug users (but all their education material is about the risks of shared IV use and nothing on their sexual behaviours). It forgets that males also have sex males, that they also may have

sex with females, that for significant numbers of unmarried males, sex between males is often their only sexual outlet, either desire based or discharge-based. That males also have anal sex with females. It has adopted Eurocentric constructions of identities and sees things in a heterosexual/homosexual framework, and thus misses the majority of male-to-male sexual behaviours. It continues to invisibilise and deny significant levels of male to male sex.

Further, its STI services often denies anal and oral transmission of STIs, where there are apparently no investigations into rectal gonorrhoea. STD clinicians have no training on such issues, where shame and denial will invisibilise these behaviours and make them difficult to access in terms of such services.

In exploring male-to-male sex in South Asia the following issues (in no specific order) should be highlighted:

- Significant levels of males who have sex with males
- These behaviours are invisible because of secrecy, shamefulness and denial
- High rates of anal sex between males and between males and females
- Significant levels of male commercial sex work
- High rates of STD symptoms
- Low levels of health seeking behaviours
- Nonexistent or totally inadequate STD treatment services regarding anal transmission of STDs
- No appropriate condoms and water-based lubricants available suitable for anal sex
- Many males who have sex with males having pre-pubescent sexual encounters, where often the first sexual partner was a male relative
- For many males involved in male to male sex, there is no specific identity construction
- Those who evolve an identity based upon anal penetration call themselves khotis and label their sexual partners as giryas/panthis (or equivalent local terms)
- Shame and dishonour create the conditions for secrecy, lies and shamefulness around male to male sex
- No previous work has been done on sexual health promotion amongst males who have sex with males
- No appropriate education resources dealing with male to male sexual behaviours and/or anal sex is available
- Poor 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 are no agencies providing sexual health promotion services for males who have sex with males
- Female partners (including wives) of males who have sex with males are very vulnerable to their sexual practices
- The South Asian legal codes prohibits non-reproductive sex (defined as 'carnal intercourse')

The development of a range of preventative strategies that are necessary if there is not to be the huge potential personal, social, cultural and economic impact is now an urgent necessity. Is India to enter into the next millennium with an uncontrolled spiral of illness and death which it can ill afford, as increasingly individuals, families and communities do not have the capacity to cope?