

Stigma and Discrimination

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Naz Foundation International has been involved in providing technical, financial and institutional support to MSM collectivities across South Asia since 1996. Since then we have assisted in the development some 27 such projects which between them have reached over 500,000 MSM.

In terms of the dynamics of differing frameworks of MSM, NFI and its partners have focused on those who are socially excluded, the marginalised and stigmatised, the poor, those who are the most vulnerable to infection and have least access to services. These are the most visible of MSM, the ones who construct their sense of being within a gendered framework of feminised behaviours and sex roles.

They are self-labelled as *metis* in Nepal, *zenanas* in Pakistan, and *kothis* in India and Bangladesh. And their sexual partners who are perceived as “real men” are called *tas*, *panthis* or *giryas*. Such men are not seen, nor for they see themselves as homosexuals. They are real men because they penetrate.

Metis are therefore doubly stigmatised because as biological males they are sexually penetrated – and thus not perceived as men. And their feminisation, their crossing of the gender roles and barriers accepted as social norms reinforces the stigmatisation, leading to exclusion and denial of access to services and to the social compact.

And they are vulnerable because of the sexual and gender roles they play within male sexual practices which often leads to significant levels of manly sex partners, sexual abuse, violence, rape, and harassment, often from an early age.

Evidence from research in South Asia clearly shows that the process of stigmatisation and thus vulnerability arise from concepts of masculinity in these cultures, which lead to marginalisation, social exclusion and abuse of the most vulnerable of MSM – those with feminised identities.

Social exclusion has a personal and social history that lead to negative impacts on educational and employment opportunities, which, of course, increases poverty and which increases an already low self-esteem and self-worth because of femininity, and leads to the potential for sex as a source of income for self and family and a survival strategy. This leads to a denial of social justice and human rights.

In other words, social justice and human rights issues for MSM are a complex matrix of issues, concerns, and needs that reflect personal psycho-sexual histories, economics, social-cultural policies and attitudes, as well as legal concerns, that create a context for MSM, but particularly for feminised males, of low-esteem, disempowerment, and marginalisation that leads to further abuse, violence and social exclusion. It is a vicious circle that constantly reinforces itself.

On the other hand, the partners of *metis* can easily melt into the manly social background, their sense of masculinity maintained because they are the penetrators, not of other men, but of not-men.

Can you imagine what sort of impact this framework has on the lives of so many MSM? Many of the audience not only can imagine, they know because they have gone through the experience of masculine sexual violence, disavowal and disempowerment as human beings, and a refusal to be accepted in their own right by society at large.

Power inequality dynamics arising from South Asian constructions of masculinity, social attitudes towards feminised males and their sexual practices, sexual abuse, assault and rape, stigmatisation and poverty, discrimination and disempowerment, all configure the lives of most *metis*. As a consequence they play a significant role in the emotional, sexual, physical and economic exploitation of feminised males, and give rise to a range of physical, psychological, and emotional problems, which further increase vulnerability and disempowerment. This disempowerment creates significant levels of suicidal impulses and self-damage, an expression of self-hatred and despair. And this of course leads to significant increases to STI/HIV infection risks as well as impeding successful implementation of risk reduction strategies.

Without addressing these psychosocial concerns appropriately and with urgency, sexual health promotion programmes targeting *metis* and their *ta* partners would not be able to adequately develop sustainability in behaviour change towards risk reduction.

Along with these personal vectors, governmental policies for combating HIV/AIDS are often in conflict with the penal laws and the actions of local law enforcement agents. On the one hand the government AIDS programme may recognise the need to address the HIV/AIDS concerns of male-to-male sexual behaviours, but on the other, the continuation of the criminalization and social stigmatisation of such behaviours often leads to threats of blackmail, sexual abuse, and violence, if not arrest and imprisonment (where if course much male-to-male sex and male-on-male sexual violence occurs). It discourages those in need of information and services to seek the same. In addition to this programme staff and target populations are vulnerable to local police excesses and abuse without adequate ways and means of addressing such abuses.

Those who are meant to protect, sustain abuse and violence. Many metis face harassment, sexual violence and rape from law enforcement staff, from those whom they have called friends in schools and colleges, from those in positions of trust such as relatives, neighbourhood elders, elder friends, and teachers. Gang rape is not uncommon. And of course such forced sex is always unsafe and often results in serious physical injury like a ruptured rectum, internal hemorrhage etc.

One of the central issues that have arisen from our research and understanding is that often it is effeminacy and not the factual knowledge of homosexual behaviour that leads to harassment and violence. That harassment and sexual violence results from the fact that many *metis* do not live up to the expected normative standards of masculine behaviour.

It is clear that there is a predominate pattern of male-to-male sex focused on gendered behaviours of both sex partners. This is accepted both by the metis themselves as well as the public they interact with. It is also understood that male feminised behaviour is considered to be less worthy than the accepted standards of how a man should behave. This leads to a notion that those who are feminised can be exploited and abused, that being feminised somehow weakens the person, a notion often harbored by the *metis* themselves.

“I don’t mind if my *ta* beats me up. It only shows how manly and powerful he is.”

“When my *ta* beats me, I feel as helpless as a woman. Since I want to be a woman, it actually makes me feel good”.

Accepted notions around effeminacy are therefore one of the major factors that lead to disempowerment and opens *metis* to abuse and assault and to a refusal of service provision. The fact that *metis* themselves have internalized these notions so strongly, means that specific tools will need to be developed for *metis* in order to empower them to start valuing their lives and enhancing their self respect.

And is clear that legal, judicial, political and social advocacy is urgently needed that is not only about living with the virus or with AIDS. It is not only about social justice and human rights for MSM. It should include challenging accepted notions of masculinity and femininity so that discrimination and stigmatization, social exclusion and marginalization can be effectively challenged as they confront the daily lives of metis. It is only then that we can hope for a time when metis can live in dignity and well-being, with social justice and human rights.