

Following the rainbow

MSM, HIV and social justice in South Asia¹

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A crisis recognised

In the majority of the countries in the Asia-Pacific region, there is general discomfort among the government and national AIDS program leadership, and others, with the existence of males having sex with males (MSM) including transgenders (TG)² as well as the realities of male-to-male sexual activity. This discomfort has led to a lack of HIV interventions for MSM which strategically focus on prevention, treatment, care and support. A 2006 survey of the coverage of HIV interventions in 15 Asia-Pacific countries estimated that targeted prevention programs reached less than 8% of MSM,³ woefully short of the 80% coverage that projective modelling states is needed for effective results.⁴ Highly concentrated HIV epidemics among men who have sex with men (MSM) in urban areas in some countries are already well documented (e.g., HIV prevalence in: Bangkok – 30.7%,⁵ Phnom Penh – 8.7%⁶; Mumbai – 9.6%⁷; Beijing – 5.8%⁸), yet the investment on HIV programming for MSM ranges from 0% to 4% of the total spending for HIV programming region-wide.⁹

The March 2008 report of the Independent Commission on AIDS in Asia – Redefining AIDS in Asia: Crafting an Effective Response,¹⁰ clearly confirmed that high risk behaviours during sex among men is one of the three major driving forces of HIV in Asia-Pacific, along with risk behaviours during sex work by females and injection drug use. Without an increase in effective, comprehensive and carefully targeted HIV interventions, the highest number of new infections will soon be among MSM, which will outnumber other single sub-population groups in Asia. That number will increase dramatically until 2020, at which time

¹ South Asia is made up of the countries of Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka

² 'Men who have sex with men' (or MSM) is an inclusive public health term used to define the sexual behaviours of males having sex with other males, and does not refer to an identifiable community or gender identification. Within this context it is understood that the word 'man'/men' is socially constructed; as well, within the framework of male-to-male sex, there are a range of masculinities along with diverse sexual, gender and transgender identities, communities and networks.

³ *Men who have sex with men: the missing piece in national responses to AIDS in Asia and the Pacific*. Geneva: UNAIDS (2007).

⁴ Executive Summary- *Redefining AIDS in Asia - Crafting an Effective Response* (2008). Commission on AIDS in Asia. Oxford University Press, New Delhi, India (2008):4.

⁵ Pliplat T, Kladsawas K, van Griensven, Wimonsate W. 2008. *Results of the HIV surveillance among men who have sex with men (MSM) in Bangkok, Chiangmai and Phuket*. Proceeding for the Department of Disease Control Annual Conference, Ministry of Public Health, 11-13 February 2008, Bi-Tech Convention Centre (in Thai).

⁶ Neal JJ, Morineau G, Phalkun M et al. HIV, sexually transmitted infections and related risk behavior among Cambodian men who have sex with men. Abstract presented at the 8th International Congress on AIDS in Asia and the Pacific, Colombo, Sri Lanka, August 19-23, 2007 [#1469]

⁷ Palwade P, Jerajani H, Ashok RK, Shinde S, Vivek A; International Conference on AIDS (15th : 2004 : Bangkok, Thailand). Int Conf AIDS. 2004 Jul 11-16;15: abstract no. C10822.

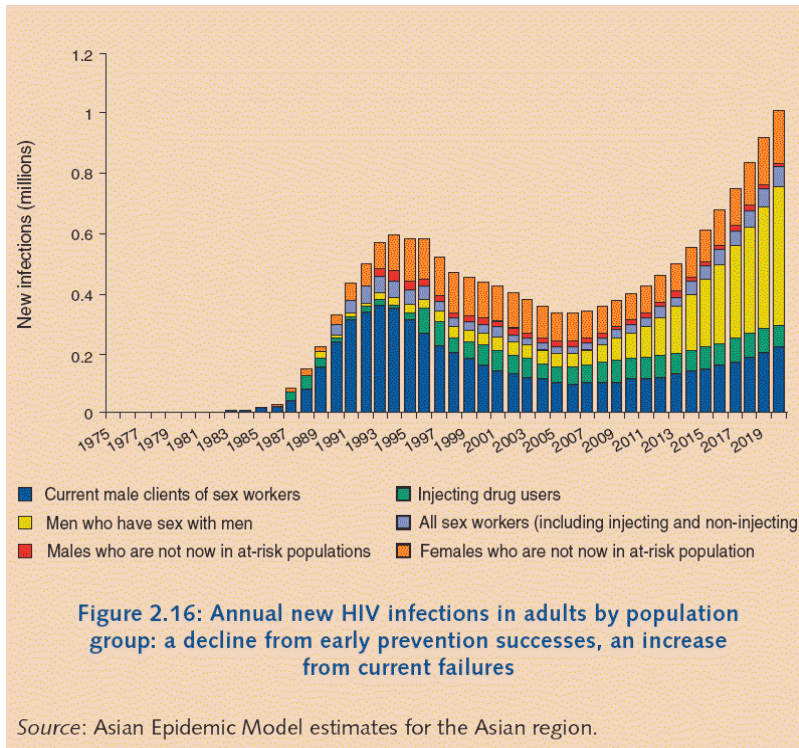
⁸ Ma X, Zhang Q, He X, et al. Trends in prevalence of HIV, Syphilis, Hepatitis C, Hepatitis B and sexual risk behavior among men who have sex with men: Results of 3 consecutive respondent-driven sampling surveys in Beijing, 2004 through 2006. *J Acquir Immune Defic Syndr* 2007;45:581-87.

⁹ *HIV expenditure on MSM programming in the Asia Pacific region*. Constella Futures/USAID (2006), available at www.healthpolicyinitiative.com.

¹⁰ *Redefining AIDS in Asia - Crafting an Effective Response* (2008). The Independent Commission on AIDS in Asia. Oxford University Press, New Delhi, India (2008)

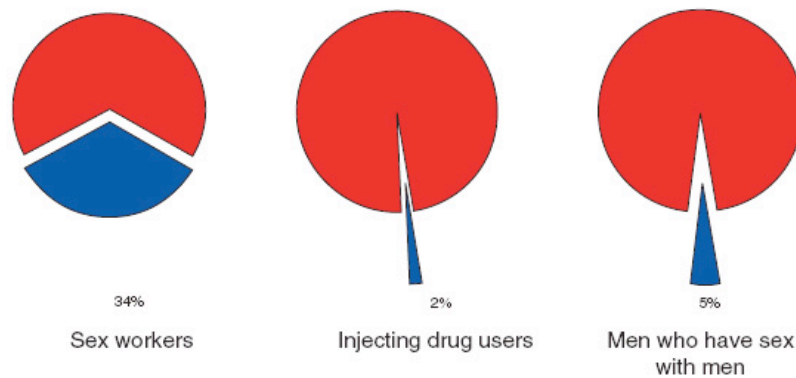
nearly 50% of all new infections in Asia will be among men who have sex with men, as illustrated below from the AIDS Commission Report:¹¹

Illustration of increasing share of HIV among MSM in the HIV epidemics in Asia



The Commission’s report also highlights the gross under-investment and HIV service coverage for MSM

Illustration of coverage of HIV services in Asia



Source: J. Stover and M. Fahnstock (2006), *Coverage of Selected Services for HIV/AIDS Prevention, Care and Treatment in Low- and Middle-Income Countries in 2005*, Washington, DC: Constella Futures, POLICY Project.

¹¹ Figure 2.16 - *Redefining AIDS in Asia - Crafting an Effective Response* (2008). Commission on AIDS in Asia. Oxford University Press, New Delhi, India (2008):57.

This crisis is not only symptomatic of the level of denial, ignorance and social exclusion of MSM from the health and social sectors of any given country, or the lack of acknowledgment of the significant risks and vulnerabilities that many MSM face, it is also a reflection of a lack of knowledge and understanding of male-male sexualities in the region, along with a range of mis-understanding arising from the use of Western terminologies, ideologies and constructions of sexualities.

Gendering sexualities

South Asian countries tend to be very male dominated societies, where social and public spaces are primarily male “owned”. Sociocultural and religious values involve phallo-centrism¹², socially compulsory marriage, significant levels of the social policing of females and gender segregation, adulthood defined by social and religious obligations and duties, male honour and bonding, shame cultures rather than guilt-based frameworks arising from the Judeo-Christian histories of the West.

As homosocial and homoaffectionalist¹³ societies, sexual boundaries between males can often be easily crossed in appropriate spaces and become sexualised.

In the context of male-male sexualities and practices, the primary framework in South Asia is based on a gendering of male bodies and receptivity. That is, a significant numbers of males perform gendered roles as feminised males that can be accessed by those deemed as “real men”, who do not perceive their receptive sexual partners as men, but as “not-men”, whilst perceiving themselves as normative penetrating men.

These male-to-male sexual behaviours do not exist within a socio-sexual context of a heterosexual/homosexual oppositional binary and as exclusive categories. Rather, there appears to be an inclusive behaviour that involves a substantial level of males operating within a wide variety of categories and/or networks. These involve at times, gendered self-identities, a perceived ‘body heat’ leading to a perceived urgent need for semen discharge, ready and easy accessibility to male sexual partners, and the social contexts of gender segregation, social policing of females, delayed marriage, and concepts of masculinity and femininity.

Thus identities are framed by gender and sexual roles, where feminised MSM label themselves as *kothis* (India and Bangladesh), *metis* (Nepal) and *zenana* (Pakistan), while they label their masculine partners, *panthis*, *giryas*, or *tas*, depending which part of South Asia you come from. And these panthis, giryas and tas do not label themselves, other than as men.

In another pattern, more common it seems in Afghanistan and the North West Frontier Province of Pakistan (but also existing in other parts of South Asia, but less visibly), while linked with the gendering of male-male sexualities, is based on age structures. That is, adolescent males who are “beardless youths” (dancing boys or *bacha bareesh* in Afghanistan) and therefore “not men”, can be sexually accessed by older men.

This gendered framework of male-to-male sex is primarily among (but not limited to) low-income populations, where anal receptivity, poverty, low levels of literacy, and economic disempowerment act as drivers to the HIV epidemic. Other dynamics include males who access other males for discharge and/or desire to be penetrated, males who desire male to male sex and do not gender themselves and usually indulge in mutual sexual activity - ‘giving and taking’, friends having sex with friends for mutual pleasure, and males in all male institutions. Along side these indigenous forms of labelling, gay-identified males,

¹² In Islam, Allah is male defined, while a key religious symbol in Hinduism is the *shiva lingam*.

¹³ In South Asian countries, gender segregation of social spaces is a strong form of social policing of gender relationships. Primary relations are between the same gender (homosocial). Homoaffectionalism in the sense that the term is used in this text means social acceptance of the public display of male-to-male or female-to-female affection. For example, it is common in Bangladesh to see two males holding hands or arms wrapped around each other as they walk. Often male friends will also share beds when sleeping, wrapping themselves around each other. (See *Hardman*, Paul D.: *Homoaffectionalism*, GLB Publishers, 1993); also Khan: 1996, where he points out that the boundary between homoaffectionalism and homosexual behaviours is very “thin” particularly in shared spaces and “under the blanket.”)

primarily among English speaking, middle and upper classes also exist with their own networks, mainly in urban areas.

And in terms of risk and vulnerability, where receptive anal sex has the highest risk of infection, multiple partners, refusal of penetrating partners to use condoms, low health seeking behaviours, stigma and shame, add to fuel to the fire.

These networks of differing MSM contexts may at times overlap, where individuals may shift between different networks, but usually they are mutually exclusive. In other words there are complex dynamics and diffusion in relation to male-to-male sex.

As an added complexity, the issue of female sexual health is also highly pertinent among MSM in the region. Cultural tradition makes marriage socially compulsory. Many MSM, of whatever framework or gender identification/orientation, are married or going to be married, even those who self-identified as *kothis*. Many manly sex partners from the general male population would also be married or going to be married, and may well have other females as sexual partners. This means that the sexual transmission of HIV from males to males, and then on to females may be common.

Contemporary research on sexualities and genders have clearly shown that the bipolar categories, such as 'man' or 'woman' or 'heterosexual' or 'homosexual', are not useful to describe the range of identities, desires and practices"¹⁴ existing in South Asia. The terms "gay" or "homosexual" are too contextualised by a specific history, geography, language, and culture to have any significant usefulness in a different culture from their source. In this we should be talking about sexualities, genders, and at the least, homosexualities and heterosexualites, and about behavioural constructions. Where UNAIDS and others speak of behaviourally homosexual, we can also talk about behaviourally heterosexual in the South Asian context.

These very broad and diffuse patterns of male-to-male sex, some that are visible by those who know how to look and see, and some that are highly invisible and almost impossible to reach, means that we will never be able to get accurate size estimations, but must look at levels of risk and vulnerability. That is we need to design strategies for interventions that reduce the risk of HIV infection that are defined by those who are most at risk and most vulnerable. And in an environment of what can only be termed as genderphobia – the fear of the feminine (if not the female) - where anal receptivity, multiple partners, disempowerment, and very high levels of stigma and discrimination focused on femininity and sexual receptivity, we need to explore different ways of mobilising than what has been used in the West.

The problem is that for many HIV and MSM services providers, government and donors, the term MSM it has become synonymous with “homosexuals”, of “gay” men, and at the least, of *kothi*-identified males (however their masculine partners are usually invisible and thus not recognised), while it is often signified within the context of discussions of “vulnerable groups”, or “target groups”, or “at risk groups”. In other words MSM is often taken to mean a specific and exclusive “sexual identity” in opposition to “heterosexuality”, where MSM form an exclusive and bounded group/community. Too often programmatic decisions are taken within this limited view of what is essentially a behavioural term, while agencies and individuals speak of an ‘MSM’ community.

Across South Asia, a region of some 1.5 billion people, there are small social groups and networks, rather than a sense of community affiliation among such MSM. These are friendship networks that often affiliate around a specific site, neighbourhood, or occupation. However, while it is believed that a key strategy towards building sustainable risk reduction around same-sex behaviours and vulnerability is to mobilise so-called communities to shift patterns of normative sexual practices from high risk to reduced risk, what do you do when there are no communities as such, but rather diverse and limited networks, and where these networks are formed by the receptive, feminised self-identified MSM?

¹⁴ Personal discussion with Dr. Carol Jenkins, Care Bangladesh, 1999

MSM, vulnerability and stigma¹⁵

It needs to be recognised that the male being anally penetrated by another male is highly stigmatised, both by the penetrator, as well as general society (and often this stigma is internalised in a phallo-centric culture leading to a range of internal psychosexual conflicts and problems that also increases risk and vulnerability), and those who are perceived to be recipients of penetration are usually treated with contempt. In such cultures, the receptive partner is seen within a gender construct, and while biological male, is seen as a “not-man”, crossing gender boundaries and breaking social taboos. This attitude leads to a whole sub-population of MSM to be socially excluded, while being treated abusively. For the penetrating partner, he is performing his masculine function, and easily merges into the general male population.¹⁶

A *giryapanthi* or any man/male who is sexually penetrated, orally or anally, will make extensive efforts to hide his practice and/or desire, both from his friends as well as from *kothis/hijras* and others in their sexual networks to avoid such stigmatisation. However, it cannot be assumed that gendered sex roles are exclusively maintained at all times. It also needs to be recognised that a similar crossing of “gendered” boundaries exists amongst *kothis*. It is also not unknown for some *kothi*-identified males to penetrate other males. But like the penetrated *giryapanthi*, this behaviour would also be kept secret from other *kothis*.

Such stigmatisation around feminisation produces a range of human rights abuses, blackmail, violence, and male-on-male rape by local men, thugs and local police.

Not only does poverty, class and education levels stigmatise individuals along with the fact of HIV infection, but also the specific gendered role and identity that some MSM identify with. Thus are doubly stigmatised because as biological males they are sexually penetrated – and thus not perceived as men. 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. This often results in such males who are living with HIV/AIDS to be stigmatised by others who are also living with HIV/AIDS but whose routes of infection are deemed “normal”.

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 *kothis*. 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 risks of STI/HIV as well as impeding successful implementation of risk reduction strategies.

Many *kothis* not only face harassment, sexual violence and rape from law enforcement agents, but also 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 such as a ruptured rectum, internal haemorrhage and so on.

One of the central issues that have arisen from NFI research and understanding is that often it is effeminacy and not the factual knowledge of male-to-male sexual behaviour that leads to harassment and violence. That harassment and sexual violence results from the fact that many *kothis* do not live up to the expected normative standards of masculine behaviour. It is this belief that leads to the notion that those who are

¹⁵ See also NFI Briefing Paper No. 7: Social Justice, human rights and MSM, available on the NFI website (www.nfi.net)

¹⁶ This pattern of gender construction of male-male sexualities is not unique to South Asia. In fact this was the pattern in the West prior to the 1950s. See *Chauncey, George: Gay New York - gender, urban culture and the making of the gay world, 1890-1940*, Basic Books, 1994

feminised can be exploited and abused and that being feminised somehow weakens the person, a notion often harboured by the *kothis* themselves.

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

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

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

In a study conducted in 2002 by NFI consultant Aditya Bondyopadhyay with Bandhu Social Welfare Society in Bangladesh,¹⁷ significant findings included:

- 33% reported assault of a sexual nature,¹⁸ or rape at the hands of friends, i.e. those who the respondent knew and trusted, which followed only to the incidence of sexual assault or rape at the hands of *mastaan* (traditional terms for hoodlums or bullies) and the police.
- 48% of the respondents reported that they have been sexually assaulted or raped by policemen, and 65% have reported that they have been sexually assaulted or raped by *mastaans*.
- 64% of the total respondents reported facing harassment of one kind or the other at the hands of the police.

Rape and sexual assault also results when *kothis* or male sex workers refuse to pay the extortion demands of “hoodlums” or police. It may be noted that all the male sex workers in this study were self-identified *kothis*.

Reported gang rape by policemen was significant, where *kothis* were rounded up and taken either to police barracks or the police post and raped by groups of policemen. Such forced sex is always unsafe and often results in serious physical injury like ruptured rectum, internal haemorrhage etc. It is also generates risks for the police officers.

Other than sexual assault, rape, and gang rape, the other harassment that respondents reported facing at the hands of police range from, extortion on the threat of imprisonment, prolonged blackmail, beatings, restriction of movement in public places, and disclosure of sexual practices to *mastaans* and family, amongst others.

- 71% of the total respondents stated that they had faced some or other forms of harassment from *mastaans*. Other than rape, these are extortion (38%), beatings (45%), threats and blackmail (31%).
- 87% of the respondents stated that they had been subjected to sexual assault or rape simply because they are effeminate. This is of course an indication of the whole issue of feminized males and gender, which is dealt with hereafter, but is also indicative of the high percentage of MSM who suffer sexual assault and rape.

¹⁷ See study report Against the Odds, 2002, 2004,

http://www.nfi.net/downloads/knowledge_centre/NFI%20publications/Reports/2004_AgainsttheOdds.pdf

¹⁸ The cultural understanding of rape involves the act of penetration. The law on rape in Bangladesh as it stands in the Bangladesh Penal Code also reinforces this belief. However many times a person is sexually assaulted in a way where he may receive grave psychological and/or physical injury, but it may not involve anal penetration. This fact was explained to the outreach staff in the workshops, and they were asked to include all grave assault of a sexual nature {as opposed to minor harassment of a sexual nature} that may not have resulted in actual penetration in the response to the questions on sexual assault.

- 41% of those who had faced some form of harassment at the hands of the police say that the police guessed that they were MSM from their feminized behaviours. 55% of those who had faced harassment from *mastaans* also reported that the *mastaans* guessed they were MSM from their feminized behavior.

Cases of victimization by family members were not uncommon. Of the 25 respondents whose near relatives were aware of their sexual behaviour, only 19 said that they had not accepted it. Their families had reacted negatively with beatings, forced marriage, disinheritance, throwing the person out of the house, taking them to doctors for curing them of homosexuality and so on.

- 48% of the respondents stated that fellow students or teachers had harassed them in school or college because they were effeminate. 55 out of the 60 respondents who said that they have faced harassment by teachers or fellow students also said that their studies have suffered due to this, and that they could have progressed more if such harassment had not taken place.

Such regular experiences along with the fact that such feminized males live in culture which constantly validates normative masculinity creates internalized pain, shame and trauma along with deep sense of failure as men. This usually leads to self-blame, a lack of hope, and self-destructive behavior.

- 33% of the respondents reported that they have either thought of or tried to commit suicide at some point in their lives.

It is clear that legal, judicial, political and social advocacy is urgently needed not only concerning those living with HIV, but also social justice and human rights for MSM. Advocacy will need to include challenges to the 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 *zenanas/kothis/metis*.

A range of international and national agencies working in the field of HIV have recognized that for effective and sustainable strategies to prevent the spread of HIV and to control emergent epidemics in a range of localities, countries and regions, MSM should be seen as a vulnerable “group” or “population,” and their sexual health concerns need to be addressed in ways that enable “community-based” responses. Papers, documents, and policies have all been written about empowerment, creating and enabling environment, community-based strategies that may lead towards risk reduction, along with the tools to produce such a change. However, without addressing the day-to-day violations that confront so many MSM, vulnerability to HIV will remain high.

A paper prepared by Miriam Maluwa, Law and Human Rights Advisor to UNAIDS¹⁹ argued that current international human rights treaties and conventions, along with those dealing with HIV/AIDS created “the human rights framework which gives access to existing procedural, institutional and other accountability and monitoring mechanisms which can be used to monitor and advance a rights based approach to HIV programs, including those addressing men who have sex with men.”

However, this author believes that there is an inherent weakness in this, in that the discourse is being taken to mean sexual orientation. While this of course is extremely important, it is inadequate in addressing many of the concerns highlighted above. Ignored, these are the human rights and sexual health concerns for the range of gender variant males amongst MSM that reflect stigma, discrimination and social exclusion, and the abuses that arise based on non-conformity to normative masculinity.

¹⁹ Presented at the special UNAIDS convened Inter-Agency meeting on Working with Men who have sex with men for HIV/AIDS Prevention and Care, 1st November 2002.

Community development, mobilising, and emancipation

It is clear that a central way forward to address HIV risks and vulnerabilities of MSM is more than just handing out leaflets and condoms and telling people about HIV and their risks of infection.

Globally, it has been seen that the most effective response to the threat of HIV is for communities to lead the response, through self-help actualising, through empowered at risk populations taking the responsibility of their own lives and wellbeing.

But with the experience of most MSM in the region being bound with relatively small social and peer networks and friendship groups, organising peer-led responses requires substantive investment in building communities as an effective response to the impact upon their lives needs a broader strategy.

So what makes a community?

Being a part of a larger community means being affiliated to a shared consensus, of developing a sense of solidarity with others who share similar problems, hopes, and aspirations, providing mutual aid and support mechanisms, strengthening and extending friendship networks, and increasing the range of socialising activities beyond the small group or network. It is a sharing of needs, sharing of ceremonies and rituals, being a part of something that brings people together. It is empowering internal leadership and skills development. It is encouraging self-help organising. It is creating a sense of self-worth and self-esteem, not only as an individual, but also as an emergent community.

Building a sense of community amongst the diversity of MSM utilising the gendered structures that already exist around which community building and mobilising can develop is critical if we are ever to have an effective strategy to reduce risk and vulnerability, to mobilise MSM to change their risky practices and develop new community sexual norms, and to use peer pressure as an effective tool to achieve this. That means identifying networks, mobilising these networks, building networks of networks, developing consensus, and using a range of developmental tools towards a shared vision of need and hope .

Naz Foundation International promotes a range of community building, development, and mobilising activities as a part of its mentoring and technical assistance programmes across the region. This includes developing an emergent community-based organisation (and usually these don't exist, but require external input and support initially), extensive networking, providing a range of services (beyond just addressing HIV and other sexually transmitted infections) that a range of MSM in need want.

At the same time, it is also critical to normalise same-sex behaviours and gender variance as expressed in South Asia (and elsewhere). That means addressing sociocultural constructions of masculinity that disempowers femininity as a gender based experience. This also means mainstreaming the issues of same-sex behaviours and desires as a part of the larger human experience, of sex itself as including both reproductive necessity as well as recreational pleasure. Along with this, needs to be building social inclusion for MSM (and other so-called sexual minorities), rather than social exclusion. The debate on whether the most effective approach to this is through the battle of identity rights or through sexual rights, while often acrimonious, points to a range of discourses that need to be reviewed and perhaps new arguments evolved in the light of different histories, cultures and beliefs. This also includes how we fight for decriminalisation of sexual behaviours and practices that are based on consensuality.

This is an enormous challenge, one that not only impacts on South Asia, but has global implications. It requires a drastic revisioning of what makes us human, what pleasure means, what desire mean, what does sexuality(ies), masculinity (ies), femininity (ies) mean. It is a part of that larger struggle than human beings are confronted with, planetary change, global warming, economic dislocations, the right be recognised as a human being.

The work of Naz Foundation International over the years, providing technical and institutional assistance to emergent MSM groups and networks to form their own organisations, should be seen as much as community development, as much as a response to the HIV epidemic. But as an outcome of this work

amongst the MSM networks that we engage with, has been the development of new identities, re-imagining of old identities, a re-configuring of who we are, what we are, and how we define ourselves. It is a recognition of the polymorphous sexualities that are a part of the human experience, a recognition of the fluidity of personal identities themselves.

Along with this, has been the emerging work of building alliances amongst a diversity of agendas that share similar hopes and aspirations for a better life, a more meaningful life, a life of wellbeing. Beyond just the challenge of AIDS, natural allies such as the LGBT movement, the gender rights movement, a range of minorities movements, social justice and equity movements, we can also include allies from those who fight for economic justice, for ecological freedom, for a healthy planet. All these elements form a larger picture of the evolution of a diverse human culture that is respectful of difference and that evaluates people not by who they are, but by what they do.

This is the larger emancipation we need to be engaged in - the liberation of human dignity and social justice, as much as the more localised one of ensuring that MSM are empowered to lead healthy, meaningful and significant lives.