

**Situational Assessments In Sexual Health
Among Males Who Have Sex With Males
And Their Sexual Partners In
Hyderabad, Bangalore, and Pondicherry, India,**

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Situational Assessment

What is it?

- **Situational:** a set of circumstances
a state or condition
- **Assessment:** evaluation, judgement
to assess
- **MSM:** males who have sex with
males

Situation as of February – July 2000

The Situational Assessment in each city consisted of

- a 6 day training workshop for 15 MSM participants from that city
- Local Assessment Team developed and led by a Local Focus Person
- two hundred survey questionnaires in each city
- up to fifty in-depth taped interviews in each city
- two focus group discussions in each city
- observational visits to a range of public sites in each city
- a range of meetings with government and NGOs in each city

Cities in this study

- Bangalore
- Hyderabad
- Pondicherry

Respondents were recruited through snowballing techniques

This study does not represent a random sampling

The MSM Context

- For many men involved in male to male sex, MSM sexual behaviour is NOT based on sexual identities, but on semen discharge
- There appears to be two main frameworks of MSM, with an emergent third in major urban areas
- *Gendered framework*
- Male to male desire based on feminised gendered roles and identification; sexual acts based on gender roles.
- *Discharge framework*
- Male to male sexual behaviours arising from immediate access, opportunity, and “body heat”.
- Many of these males will access *kothi-identified males* for anal sex . Many of these males do not see themselves as “homosexuals”, or even their behaviour as “homosexual”, since they take on the “manly” role in male to male sex. Such males are called *panthis/giriyas* by *kothis*.

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- This does not mean that all *kothis* are only penetrated, or that all *panthis* penetrate. These indigenous terms refer to a public gender performance, but also refer to a predisposition towards certain sexual roles. *Kothis* usually access *panthis* for sex.
- *Gay Framework*
- Male to male desire framed by a sexual identity – primarily used by English speaking middle and upper classes. Such gay-identified men usually seek other gay-identified men as sex partners.

Some differences between *kothi*-identified and gay-identified males

- evidence from the assessments points to *kothi* identified males as having more multiple partners than gay-identified men
- *kothis* have higher rates of anal sex as the penetrated partner with often less condom use
- higher vulnerability due to poverty and unemployment
- less access to STI treatment services
- less education
- most male sex workers are *kothi*-identified
- *kothi* identity based on gender roles, while gay identity is usually based on a politicised sexuality

Socio-cultural frameworks of male to male sexual availability

- patriarchal social structures within a culture that is homosocial and homoaffectionalist
- often leads to stigmatisation of women and feminised males
- public domain as a male space
- gender segregation and power differentials
- leads to women as invisible, non-sexual beings, of low status
- beliefs regarding women as weakening men
- females as vessels of male honour
- socially compulsory marriage and reproduction

- lack of welfare social structures
- poverty driven economics and personal survival strategies
- huge population levels and mass movement of males from rural to urban areas for employment leading to urban overcrowding
- results in shared beds and spaces
- males who are penetrated constructed as a feminised gender – as “not men”
- a man can sexually penetrate such males without losing his sense of “manliness”

Reasons why males have sex with males

- male to male desire
- desire for anal/oral sex which wives/other female partners may not do
- sexual release and pleasure - *meeting physical needs*
- free sex and for masti and fun
- delayed marriage
- wife may not be available for sex
- for money
- anus is tighter than vagina
- females are not easily available - *males are more easily available*

- nobody is suspicious if mixing with other males
- males can share beds without a problem
- male sex workers are often cheaper than female sex workers
- Anal sex often believed to be safe
- social space is male
- maintaining chastity
- girls virginity must be protected
- no chance of pregnancy
- easier to seduce boys than girls
- easier to get along with males than females
- no financial involvement
- no marriage involvement

Evidence points to significant numbers of males engaged in male to male sex

- involves young adolescents to much older males
- from close relatives to the domestic servant
- from the rickshaw driver to the businessman

- Many will engage in MMS behaviours sporadically, or over relatively brief periods of time.
- 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. Particularly before marriage, or as part of the sexual repertoire over their sexually active life.

Who is involved in male to male sex? (based on reported experiences)

- uniformed services
- professionals
- Business men
- hotel staff
- pharmacists
- pick-pockets and thieves
- actors and dancers
- tailors
- students
- drivers
- labourers
- shop keepers
- teachers
- security guards
- office employees
- cinema goers
- massage boys
- barbers
- male friends
- street males

- politicians
- auto, tempo and taxi drivers
- stewards
- bus drivers, conductors
- bank employees
- policemen
- railway staff
- coolies
- rikshaw drivers
- boatmen
- restaurant and tea shop staff
- prison staff
- prisoners
- mechanics
- rowdies/goondas
- stall holders
- canteen staff
- lawyers and advocates
- travellers and tourists
- travellers/tourists

And of course, kothis, gay men, hijras, homosexuals

Male sex workers

- significant levels of male sex workers exist
- mostly *kothi*-identified
- primary behaviour is receptive anal sex
- significant levels of reported possible STI symptoms
- high rates of anal problems such as bleeding
- poor general health
- driven primarily by poverty and family needs
- low condom use
- low rates of health seeking behaviours
- many partners

Mapping

Local meeting sites identified:

- Hyderabad: 92+
- Bangalore: 65+
- Pondicherry 16+

They included parks, bus-stands, railway stations, auto-taxi stands, public toilets, cemeteries, specific streets, bazars, market place, shopping centres, any area where a measure of anonymity and access to males was possible. Also construction sites, guest house, lodges and hostels, as well as personal homes

Discussions in the workshop and focus groups generated guesstimates of

	Hyderabad	Bangalore	Pondicherry
Male sex workers	2,000	2,000	1,000
Kothis	15,000	15,000	3,000
Panthis	100,000	100,000	30,000

These figures could be higher or lower. Their accuracy could not be verified

Profile of respondents

Age	Hyderabad	Bangalore	Pondicherry
• 18 – 21	17%	15%	28%
• 22 – 30	58%	58%	46%
• 31 – 40	18%	18%	22%
• 41 +	7%	9%	4%

Marital Status

	Hyderabad	Bangalore	Pondicherry
Unmarried	75%	70%	74%
Married	25%	30%	26%

Employment

	Hyderabad	Bangalore	Pondicherry
Employed	57%	72%	74%
Unemployed	43%	28%	26%

Income (in Rs.)

	Hyderabad	Bangalore	Pondicherry
Below 1000	21%	8%	20%
1000 – 2000	42%	33%	51%
2000 – 5000	17%	39%	22%
5000 +	13%	20%	7%

Education

	Hyderabad	Bangalore	Pondicherry
None	14%	8%	7%
Upto 10 Years	29%	50%	76%
10 + 2	34%	22%	9%
Further	23%	20%	8%

Self labelling

	Hyderabad	Bangalore	Pondicherry
Kothi	52%	36%	64%
Panthi	15%	11%	12%
Double Decker	15%	42%	19%
Heterosexual	1%	2%	4%
Homosexual/Gay	15%	8%	4%
Other	2%	1%	--

Sexual Behaviours

Multiple partners in previous month

	Hyderabad	Bangalore	Pondicherry
1 – 3	4%	22%	22%
4 – 6	6%	18%	20%
7 – 10	6%	13%	26%
11 – 15	5%	12%	14%
16 – 20	15%	13%	10%
21 – 30	25%	13%	7%
31 – 50	19%	7%	1%
51 +	20%	2%	0%

Anal sex in previous month

	Hyderabad	Bangalore	Pondicherry
Insertive	24%	35%	23%
Receptive	76%	65%	77%

Total number of anal sex acts

Hyderabad	7029	Bangalore	3754	Pondicherry	2182
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Condoms used

	Hyderabad	Bangalore	Pondicherry
Insertive	35%	45%	34%
Receptive	29%	45%	36%

Relationships with sex partners

	Hyderabad	Bangalore	Pondicherry
Friends	16%	17%	29%
Strangers	33%	64%	37%
Neighbours	4%	2%	5%
Male sex workers	6%	1%	8%
Relatives	1%	1%	5%
Servants	1%	2%	5%
Paying clients	38%	11%	6%
Others	1%	2%	5%

Male sex workers

respondents reporting being paid for sex during the previous month

Frequency Pondicherry	Hyderabad	Bangalore	
1 – 5	11%	10%	10%
6 – 10	18%	19%	16%
11 – 15	11%	15%	19%
16 +	60%	56%	55%

What sex?

	Hyderabad	Bangalore	Pondicherry
Anal insertive	3%	4%	4%
Anal receptive	54%	53%	53%
Oral insertive	4%	4%	4%
Oral receptive	33%	31%	31%
Masturbation	3%	5%	4%
Other	3%	3%	4%
Total numbers of paid sex acts	2355	1122	1168
Numbers of persons Involved	62	60	72

Condom use with previous 5 clients

	Hyderabad	Bangalore	Pondicherry
Never	40%	34%	92%
Sometimes	48%	39%	7%
All times	12%	27%	1%

Paying for sex

respondents reporting paying for sex in the previous month

	Hyderabad	Bangalore	Pondicherry
	25%	22%	28%
1 – 4	21%	34%	31%
5 – 10	38%	34%	45%
11 - 20	31%	26%	14%
21 +	10%	6%	10%

Type of sex purchased

	Hyderabad	Bangalore	Pondicherry
Anal Inceptive	56%	59%	58%
Anal Receptive	14%	11%	11%
Oral Inceptive	26%	27%	26%
Oral Receptive	5%	2%	3%
Condom Use	24%	46%	58%

Female partners

respondents reporting being married

	Hyderabad	Bangalore	Pondicherry
	25%	30%	26%

Sex with wife during previous month

	Hyderabad	Bangalore	Pondicherry
1 – 5	12%	14%	55%
6 – 10	7%	36%	16%
11 – 20	39%	43%	24%
20 +	42%	7%	5%

Sex with other females in previous month

respondents reporting sex with females other than wife

	Hyderabad	Bangalore	
Pondicherry			
	14%	9%	10%

Relationships with these females

	Hyderabad	Bangalore	
Pondicherry			
Friend	29%	17%	18%
Relative	1%	3%	14%
Servant	4%	2%	13%
Neighbour	10%	8%	4%
FSW	53%	70%	33%
Other	2%	2%	10%

Condom use with last five female partners

	Hyderabad	Bangalore	Pondicherry
Never	37%	62%	85%
Sometimes	59%	38%	10%
All times	4%	0%	5%

Sexual health - symptoms

	Hyderabad	Bangalore	Pondicherry
	100%	50%	22%
Pus/Discharge in stools	7%	0%	0%
Pus/Discharge from penis	13%	2%	0%
Genital sores	16%	1%	9%
Sores/Blisters inside mouth	16%	3%	3%
Bleeding when defecating	22%	2%	16%
Rash on genitals	25%	5%	13%
Pain when defecating	28%	7%	0%
Pain when urinating	29%	10%	31%
Itching/Burning around anus	30%	9%	28%
Pain during sex	37%	9%	0%
Others	19%	1%	0%

Treatment

	Hyderabad	Bangalore	Pondicherry
Nothing	40%	62%	30%
Pharmacy	20%	1%	7%
Private Doctors	20%	7%	35%
Hospitals	27%	27%	28%
Others	24%	3%	0%

Knowledge and awareness

Have you heard of AIDS?

	Hyderabad	Bangalore	Pondicherry
Yes	71%	85%	57%
No	29%	15%	43%

What have you heard?

	Hyderabad	Bangalore	Pondicherry
An STD	5%	5%	3%
Caused by multiple Partners	7%	2%	0%
Sex with an FSW	7%	15%	10%
Not using a condom	10%	38%	3%
No idea	14%	7%	36%
Dangerous disease	57%	30%	42%
Bad sexual relations	--	3%	6%

Personal risk assessment

	Hyderabad	Bangalore	Pondicherry
Large	47%	3%	54%
Small to medium	7%	39%	7%
Don't know	46%	58%	39%

Prevention

	Hyderabad	Bangalore	Pondicherry
Using a condom	47%	36%	54%
Don't know	37%	30%	33%
Others	16%	34%	13%

HIV anti-body testing

	Hyderabad	Bangalore	Pondicherry
Numbers tested	25	38	4
Numbers tested positive	1	6	1

Injecting drug use in past year

	Hyderabad	Bangalore	Pondicherry
Personal use	8%	9%	11%
Partner's use	7%	12%	8%

Comparison between *kothi* and gay-identified men

Anal sex practices in previous month

	Hyderabad	Bangalore	
Kothi	70%	71%	- of acts
Gay	61%	63%	- of acts

Receptive Anal Sex

	Hyderabad	Bangalore
Kothi	96% (28%)	95% (35%)
Gay	33% (19%)	33% (51%)

Insertive Anal Sex

	Hyderabad	Bangalore
Kothi	4% (24%)	5% (27%)
Gay	67% (28%)	67% (60%)

Note: Percentages in brackets reflect acts covered by condoms

Conclusions

- significant levels of males who have sex with males where a *kothi/panthi* dynamic is the most prevalent framework
- some gay identity and organising does exist in major urban areas
- high rates of anal sex exist between males particularly *kothis/panthis* with lower rates for gay-identified men
- significant levels of male commercial sex work exists where MSWs are primarily *kothi*-identified males
- high levels of partner change amongst *kothi*-identified males, less so among gay identified males
- self-labelling is not always an indicator of actual sexual behaviours and sex roles

- significant rates reported of possible STI symptoms
- low levels of appropriate health seeking behaviours
- inadequate appropriate STD treatment services regarding anal transmission of STIs
- no appropriate and low priced condoms available for anal sex
- no affordable, accessible and appropriately packaged water-based lubricant available
- few appropriate education resources dealing with male to male sexual behaviours and/or anal sex available

- medium to low levels of appropriate knowledge of STIs/HIV/AIDS amongst males who have sex with males
- low levels of regular condom usage
- many males involved in male to male sex do not have a sexual identity nor perceive themselves as homosexuals, gay or *kothi*
- many males who have sex with males will be married and most will get married
- *kothis* have extensive social networks with other *kothis*

- The kothi dynamic primarily involve those from poor, marginalised and socially excluded communities
- gay-identified men usually find sex partners among other gay-identified men
- STI treatment practitioners with low level of skills regarding anal STI
- No anal STI treatment algorithm available

Primary Recommendations

- Funding should be provided towards enabling the development of *kothi* and gay-led sexual health interventions amongst MSM in a range of cities across India
- Since so few exist, technical assistance and support must be provided to *kothis/gay* to develop their own community-building strategies and to mobilise the resultant emergent communities
- Such technical assistance must also include skills and capacity building
- Appropriate condoms for anal sex and sachets of water-based lubricant should be made available at affordable prices for the *kothi/gay* MSM projects to distribute

- It will be necessary that initial distribution be free towards building a users habit before social marketing can be developed
- A confidential STI treatment service be accessible and affordable to MSM
- STI service provider must have acceptable and appropriate knowledge of MSM issues and concerns, and of anal STIs and problems.
- Enabling and empowering a *kothi/gay*-led project to host its own clinic service may be the most effective strategy
- Safe drop-in centres should be strategically located in each city to ensure maximum impact, outreach and support towards effective community-building and mobilising

- Training and sensitisation programmes should be provided for local STI treatment centres, HIV/AIDS and sexual health NGOs and development agencies, as well as government services dealing with MSM issues
- Appropriate and relevant BCC materials should be developed for *kothis/gay men* and their partners using their own terminology, and distributed by themselves, as well as for gay men and other frameworks of MSM
- Sexual health interventions developed by gay groups and organisations, should also be supported as a separate framework of service delivery

- It should NOT be assumed that any single MSM sexual health project will be appropriate for all MSM. *Kothis/panthis*, gay men, and *hijras* are all differing frameworks and require different strategies
- Anal sex issues should be included in ALL sexual health interventions and STI treatment centres