

Making Visible The Invisible

Male-to-male sexualities in India

Shivananda Khan
Naz Foundation International
www.nfi.net



Male-to-male sex prevalence

- **25% of medical students at Patna Medical College in a 1992 survey revealed that they had same-sex relationships (Wyatt, 1993)**
- **Of the 1500 men who replied to a questionnaire in an English men's magazine in India, Debonair, 29.5% stated that had sex with another man before the age of 20 years (Roy Chan, et al. 1998)**
- **A survey of 527 truck drivers in northeast India revealing that 15% had sex with men (Ahmed, 1993)**

Male-to-male sex prevalence

- A postal survey of rural and semi-rural men in Tamil Nadu to which 1200 men replied found that 8% had sex with other men (Shreehar Jaya, 1994)
- According to a report on MSM in developing countries, the prevalence of MSM behaviours in the Indian male population range from 8 to over 50% (Neil McKenna, 1996)
- In a study of sexual behaviour among 1600 college students in Chennai, (Hausner D, 2000) it was found that approximately 20% of male students reported having had sex at least once in their lifetime and among these, 35% had their first experience with another male.

Male-to-male sex prevalence

A cross sectional survey of 2910 rural Indian men aged 18-40 years from five rural districts in five different states (*including Rajasthan*) revealed that nearly 10% of single and 3% of married men had had unprotected anal sex with a man in the past year. Homosexually active men are not a separate sexual category, and report extensive mixing with female partners. They have more female partners than other men and they practiced anal intercourse in 11% of their heterosexual contacts.

*Homosexual activity among rural Indian men
Ravi umar Verma and Martine Collumbien
Research Letters, AIDS 2004, 18: 1845-1847*

Male-to-male sex prevalence

City	City population	Sample size (<i>kothi</i> identified males)	Number of sex sites	Number of reported sex partners in proceeding month
Hyderabad	5 million+	200	102+	8100
Bangalore	5 million+	200	65+	4700

Male-to-male sex prevalence

An error of omission and commission

From 'Mapping of Population Groups Vulnerable to HIV/AIDS in Uttar Pradesh', compiled by ORG Centre for Social Research, New Delhi, October 2003

Uttar Pradesh with a male population of 84 million was reported to have only 693 MSM!!

Lucknow with a male population of some 1 million males was supposed to only have 273 MSM!!



Male-to-male sex prevalence

An error of omission and commission

BUT

In 1997, in an NFI supported Situational Assessment, Bharosa, the local partner interviewed 400 kothi-identified MSM in Lucknow alone. Since then this small CBO has already met over 5000 kothi-identified males. This does not include their 'manly' sexual partners.

This sort of significant disparity between official documentation and that being provided by local based MSM CBOs is dangerous since it generates under-reporting and thus under-funding. This is valid across India.

In other words, male-to-male sex with high risk activities is very common and not just within an isolated “target group” – hidden, surrounded by secrecy, invisible, denied



Male-to-male sexual context in India

There appears to be two main frameworks of MSM, with an emergent third in major urban areas among the upper middle classes

- *Gendered framework*

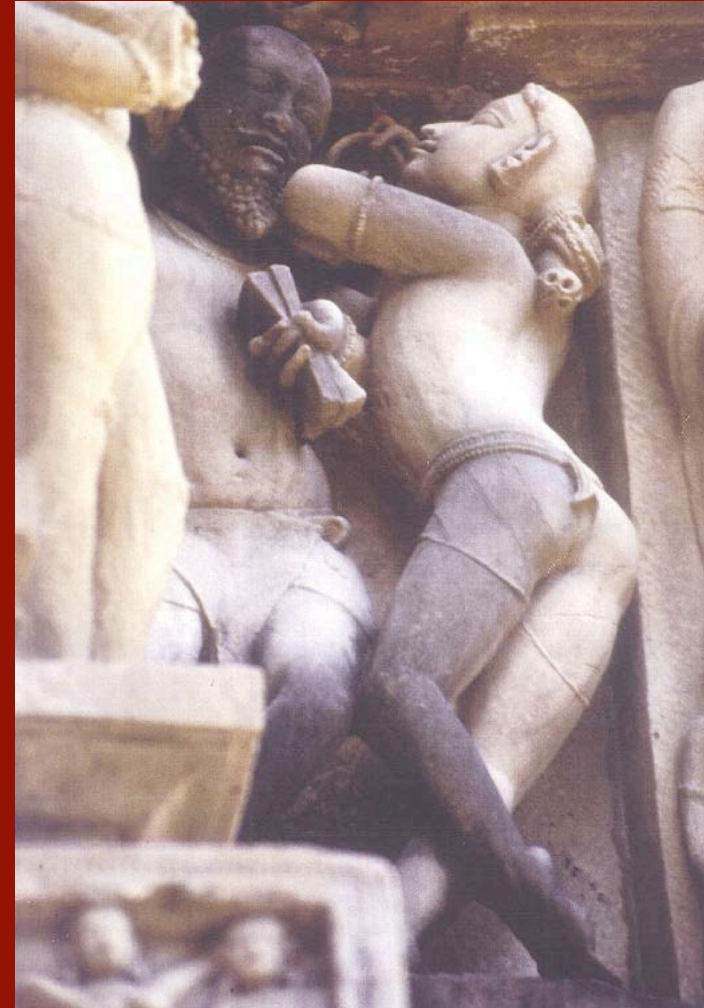
Male to male desire based on feminised gendered roles an identification - sexual acts based on gender roles, i.e. man/not-man

- *Discharge framework*

Male to male sexual behaviours arising from immediate access, opportunity, and “body heat”. They involve males/boys/men from the general male population

Male-to-male sexual context in India

Many males from the general male population will also access feminised-identified males (*kothis/hijras*) or boys for anal/oral sex . These males do not see themselves as “homosexuals”, or even their behaviour as “homosexual”, since they take on the “manly” penetrating role in male to male sex. Nor do their partners see themselves as homosexuals because they either see themselves as “not men”, or they are involved in play - not sex.



male-to-male sexual context in India

- *Emergent gay framework*
Male to male desire framed by sexual orientation. Primarily used by middle and upper classes. Such gay identified men usually seek other gay identified men as sex partners.



And of course not to forget, males/men in all male institutions, such as prisons, the uniformed forces, colleges, university, schools, religious institutions, And just places where males congregate

Indigenous identities/sexualities

- ***Self-identified kothis***

Males who feminise themselves performatively as a means to attract “real men” – primarily from low income populations – a penetrative identity

- ***Hijras and transgenders***

Males who perceive themselves as not-men/not-women. A sociocultural Identity

- **Gay-identified men**

Primarily from upper middle class who define themselves as gay – sexual orientation

- **Men/Male Youth**

Do not have a sexual identity, but experience male-to-male sex for a range of reasons

Also in India, some male-to-male sexual relationships are defined by age – “beardless youths”

Sociocultural frameworks of male-to-male sexual availability in India

- **Patriarchal social structures within a culture that is homosocial and homoaffectionalist**
- **Public domain as a male space**
- **Gender segregation, with females socially policed and difficult to sexually access**
- **Poverty and personal survival strategies**

Sociocultural frameworks of male-to-male sexual availability in India

- Mass male migration and shared spaces
- A dominant masculinity which sees a MAN as the penetrating male and who can maintain his “manliness” even when he penetrates another male
- A gendered construction where males who are sexually penetrated are constructed as “not-men”
- Non-vaginal sex not seen as sex, but as play, *masti*, discharge

Sociocultural frameworks of male-to-male sexual availability in India

- **Most male-to-male sexual behaviours are invisible and not gay/homosexual identified**
- **Sexual/gender identities tend to be based on class and education, and sex roles**
- **Many males involved in male-to-male sex will also often have sex with wives/other women**
- **Male-to-male sex is common and involves males across the economic and social spectrum, rural and urban**
- **MSM then is no an exclusive category or “target group” – it reflects a behaviour which is common**

Quotes from *kothi*-identified males

***“Why do men have sex with men?
This is not normal. We kothis are
here for them.”***

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

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



Appropriate terms

In terms of HIV prevention, bipolar categories of:

- “Man” / “woman”
- “Homosexual” / “heterosexual”
- “Gay” / “straight”

do not work to address HIV concerns. Hence the category “men who have sex with men” has been used, but the term “men” can be problematic since this is also socially constructed.



Why do males have sex with males?

- **Desire for other males – gender/orientation**
- **Desire for specific acts – anal/oral**
- **Pleasure and enjoyment from discharge – “body heat” – also play and curiosity**
- **Wives do not do anal or oral sex – ashamed to ask**



Why do males have sex with males?



- **Males are easier to access – shared beds and spaces while females are more socially policed and more difficult to access**
- **Protecting a girls virginity – maintaining chastity**
- **For money, employment, favours**

Why do males have sex with males?

- No one is suspicious when males mix with other males
- Anus is tighter than vagina and gives more pleasure
- A girl's virginity should be protected
- No marriage involvement
- Maintaining chastity
- Its not real sex



Violence and abuse

In a 2002 study conducted in Bangladesh with *kothi*-identified males (N=124):

- 33% reported sexual assault or rape by their “friends”
- 48% reported being sexually assaulted or raped by local police
- 71% reported being sexually harassed by local hooligans
- 87% stated that they have been sexually assaulted because they were effeminate

Violence and abuse

Reports from India indicate similar levels of violence, sexual assault and rape on feminised MSM.

Why work with male-to-male sexual behaviours and HIV?

MSM is not an exclusive group, or target group, isolated from the general population

It involves males from the general male population along with males with specific gender/sexual orientations

Male-to-male sex is a bridging behaviour also - It involves males, females, and children

**Transmission routes: male-to-male-to-female
 female-to-male-to-male**

Why work with male-to-male sexual behaviours and HIV?

- **The contribution of MSM behaviours to the HIV/AIDS epidemic in India was officially set at 1% in 2001**
- **However, there are serious under-estimations of behaviour, risk and possibly STI/HIV sero-status**
- **Most males involved in male-to-male sex will not identify their behaviours**
- **The reliability of HIV data is also suspect**
- **In Mumbai a 2003 study indicated an HIV prevalence rate of 20%**
- **In Chennai, a 2000 study indicated a 4% rate of HIV infection**

Why work with male-to-male sexual behaviours and HIV?

- We know that male-to-male sexual behaviours are substantive
- Very few interventions in a country of over 1 billion people.
- Self-identified MSM, such as *kothis*, gay men and *hijras* are socially excluded.
- Highly vulnerable to human rights abuses and sexual violence
- Low access to sexual health services
- Multiple partners, low condom use, and very little access to water-based lubricant

Why work with male-to-male sexual behaviours and HIV?

- **Significant levels of male sex work**
- **Bridging populations to spread HIV into the general population, particularly women**
- **Many are married and/or have sex with other females**
- **Poverty and low levels of literacy**

Vulnerability and risk

- **Power inequalities and disempowerment**
- **Low self-esteem**
- **Violence and abuse**
- **Rape, blackmail and illegality**
- **For low-income feminised males this is reinforced by:**
 - **Poverty**
 - **Low levels of literacy**

Vulnerability and risk

This leads to social exclusion exacerbated by fear of discovery, which leads to:

- Low condom usage
- Multiple partners
- Lack of sexually transmitted infection treatment



Higher vulnerability leads to higher risk behaviours

Issues that must be addressed

- **Advocacy and policy**

Repeal of legislation and training of law enforcement agencies, judiciary and media

- **Identity-based self-help interventions**

kothi, hijra and gay self-help groups help in community building and mobilisation, along with recognition of gender variance and diversity

- **Anal sex as a mainstream behaviour**

Partners of feminised males are from the general male population, many of whom also have anal sex with women

Issues that must be addressed

■ Capacity and skills building

With low income populations there are a lack of skills, knowledge and capacity. They require on-going technical support.

■ Promote sexual responsibility

The majority of males who have sex with males will become married. Female partners are at risk also.



Issues that must be addressed

We must also address the social construction of masculinity that allows *genderphobia* to be a part of that construction, which enables violence against feminised males (and females) to be socially permissible, in a society that socially excludes such males, and says they are less than human.



What do you know?

- **What recommendations for action should be made?**
- **How will these be implemented?**
- **Who will implement?**

Key recommendations for action

- **The social construction of the dominant masculinity needs to be challenged and addressed as a part of any gender sensitivity to address sexual violence and stigma against feminised males and females**
- **Assistance to support self-help HIV/AIDS service Provision by and for vulnerable male populations, i.e. *kothis, hijras, gay-identified men***
- **Sexual health strategies developed for female partners of MSM**

Key recommendations for action

- **Unprotected anal sex as a risk behaviour needs to be included in all sexual health education programmes for the general public, all occupational groups, and other vulnerable male populations**
- **STI treatment centres skilled up to deal with anal STIs, MSM, and female partners of MSM**

