

Masculinities, Sexualities and Vulnerabilities

***Male-to-male sex and
HIV vulnerability in South Asia***

**Shivananda Khan
Naz Foundation International**

“Why do men have sex with men? 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* beats me, I feel as helpless as a woman. Since I want to be a woman, it actually makes me feel good.”

From interviews with kothis

In terms of HIV prevention bipolar categories of

- **MAN/WOMAN**
- **HOMOSEXUAL/HETEROSEXUAL**
- **GAY/STRAIGHT**

**may not work— hence the category
MEN WHO HAVE SEX WITH MEN**

**But the category MAN/MEN may also not be
appropriate since this is socially constructed.**

Masculinities, Sexualities and Gender Orientation

In South Asia much of male-to-male sex is based on gender/sex roles.

The penetrating partner often sees himself as a MAN, while the penetrated partner tends to perceive himself as a NOT-MAN

Thus in both cases, the term Men Who Have Sex With Men also becomes problematic

Male-to-male sex is common and substantive

Apart from an emotional/sexual desire to have sex with another males, for many there are other reasons that increase the likelihood and level of male-to-male sex

This involves what is known as “body-heat” and an urgent desire for “discharge”.

A homosocial and homoaffectional culture with:

- **Gender segregation and social control of females**
- **Overcrowding and male only spaces**
- **A gendered construction of male-to- male sex**
- **Poverty, unemployment and low income encourage male-to-male sex work**
- **Males are easier to access than females**

Some Data

- 25% of medical students at Patna Medical College in a 1992 survey revealed that they had same-sex relationships (H/V. 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 (S.I. Ahmed, 1993)**
- **In Bangladesh, a study conducted by the International Centre for Diarrhoea Diseases Research, Bangladesh in 2002 indicated that over 22% of rickshaw pullers had sex with other males.**

In Pakistan, the July 1996 edition of AIDS Analysis

Asia reported that:

- **20% of men in one rural area have male-to-male sex**
- **40% of men living in a Karachi squatter settlement had male-to-male sex**
- **72% of truck drivers in central Karachi had sex with other males, while 76% had sex with female sex workers**

Stigma and Discrimination

In the gendered sexual environment many MSM are doubly stigmatised because of :

- Their feminised social behaviours
- The perceived knowledge that they are anally penetrated
- Gay-identified men are at time also perceived as feminised males

Note: known as kothis, zenanas, metis

- **Such stigmatisation leads to masculine violence, social exclusion and denial of services.**
- **As males growing up in a patriarchal society, such feminised males are also self-stigmatised because of their gendered identities, social exclusion and sense of worthlessness.**
- **And of course stigmatisation is greatly reinforced when living with HIV/AIDS.**

Violence and Abuse

In a 2002 study conducted in Bangladesh with feminine-identified males (N=124).

- 33% reported sexual assault or rape by their “friends”.
- 48% reported being sexually assaulted or raped by local police.
- 64% reported being harassed by police.

- 71% reported being sexually harassed by local hooligans
- 87% stated that they have been sexually assaulted because they were effeminate
- 41% stated that their harassment by police was because they were effeminate

Reports from elsewhere in South Asia indicate similar levels of violence, sexual assault and rape on feminised MSM.

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

This leads to social exclusion
exacerbated

by fear of discovery, which leads to:

- Low condom usage
- Multiple partners
- Lack of STI treatment

HIGH VULNERABILITY
HIGH RISK BEHAVIOURS

Addressing Social Exclusion and Vulnerability

Unless we address the social, cultural, judicial and legal impediments to effective HIV/AIDS and sexual health interventions among MSM, and deal effectively with stigma, discrimination, masculine violence and social exclusion, the “fight against AIDS” could be lost.

Key Recommendations

- Decriminalisation of sodomy (known as offences ‘against the order of nature’).
- Harmonisation of the policies of National AIDS Programmes and those of Home (Interior) Ministries regarding same-sex sexual behaviours.
- Recognition of gender variance, identities and diversities by the State and protecting and promoting their human rights as a part of HIV/AIDS prevention efforts.

- **Formulation of laws specifically dealing with male-on-male rape.**
- **Promoting and protecting the basic human right and civil/constitutional rights of 'sexual/gender minorities' as a state policy and not just on HIV/AIDS policy papers.**

And finally

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