



Eyes Wide Shut

*Masculinities, Sexualities and Behaviour
male-to-male sex in South Asia*

Homosexualities, HIV/AIDS and HIVO Why?

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21st October 2004

Frameworks of male-to-male sex in South Asia

Sexual diversity and polymorphous behaviour

Includes:

- Gendered framework and performative identities, sexual practices, and sex roles
- Sexual identity/orientation
- Discharge, Institutional, Situational, Economic
- Accessibility

Class, education and poverty frame practices and identities

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**
- **Sex practice defined by behaviour/acts rather**
- **than identities**

Identities

- **Kothis/zenanas/metis**

A self-identified label used by feminised males who have sex with men, and use their feminised behaviours in public spaces to attract “real men” for sex. They are usually sexually penetrated.

However, many *kothis* will also be married with children in a culture of “compulsory heterosexuality”

Primarily from low income populations

Identities

- **Hijras**

A self-identified term used by males who define themselves as “not-men/not-women” but as a “third gender”. Hijras cross-dress publicly and privately and as a part of a social, religious and cultural community. Ritual castration is a part of the hijra identity. Sex with men is common. They also have their own language, known as “Ulti”.

Gay Framework

- Gay-identified men tend from educated and upper-income metro populations
- They tend to find partners who are also gay-identified
- Do not socialise or access low-income *kothi*-identified males
- Might access non-identified 'real men'

Male-to-male sex frameworks bounded not only by gender roles or sexual orientation, but also class, education and income.

Labelling

- **Panthis/giriyas**

The kothi name give to “real men”

- **Pariks**

The kothi name given to the ‘husband’ of a kothi – a regular partner of a kothi

Labelling

- **Do-parathas/double-deckers & AC/DC**

Kothi terms for those men who penetrate and are penetrated. Disparaging.

- **Chapati-chapati**

A kothi term for kothis who have sex with other kothis. Shameful. Sometimes called 'lesbian sex'

“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* 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 kothi-identified males

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”

But the category MAN/MEN can be problematic since this is also socially constructed.

Masculinities, Sexualities and Gender Orientation

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

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

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

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)

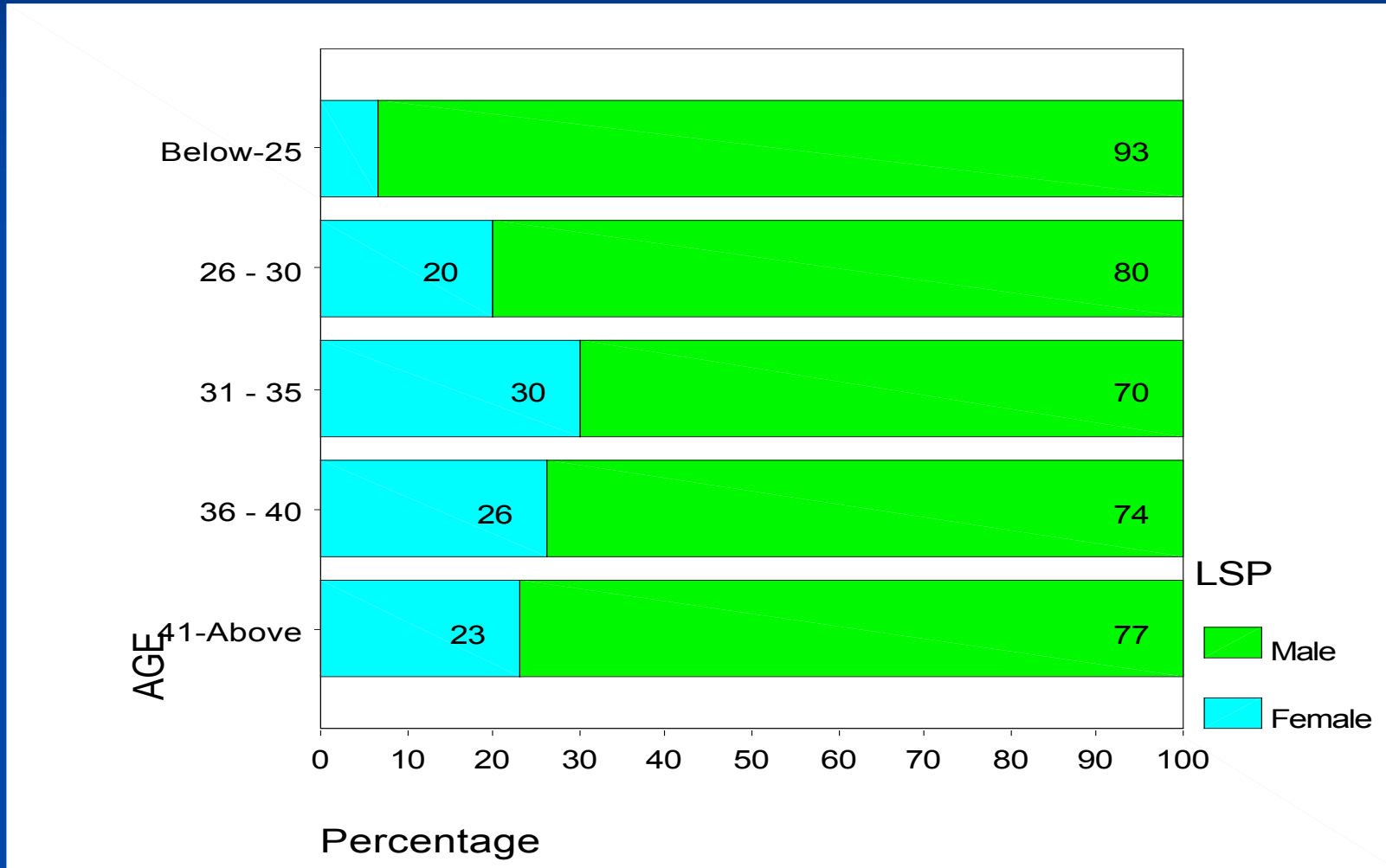
- A survey of 527 truck drivers in northeast India revealing that 15% had sex with men (S.I. Ahmed, 1993)
- In Bangladesh, a study conducted by the International Centre for Diarrhoea Diseases Research, Bangladesh in 2002 indicated that over 22% of rickshaw pullers had sex with other males.

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

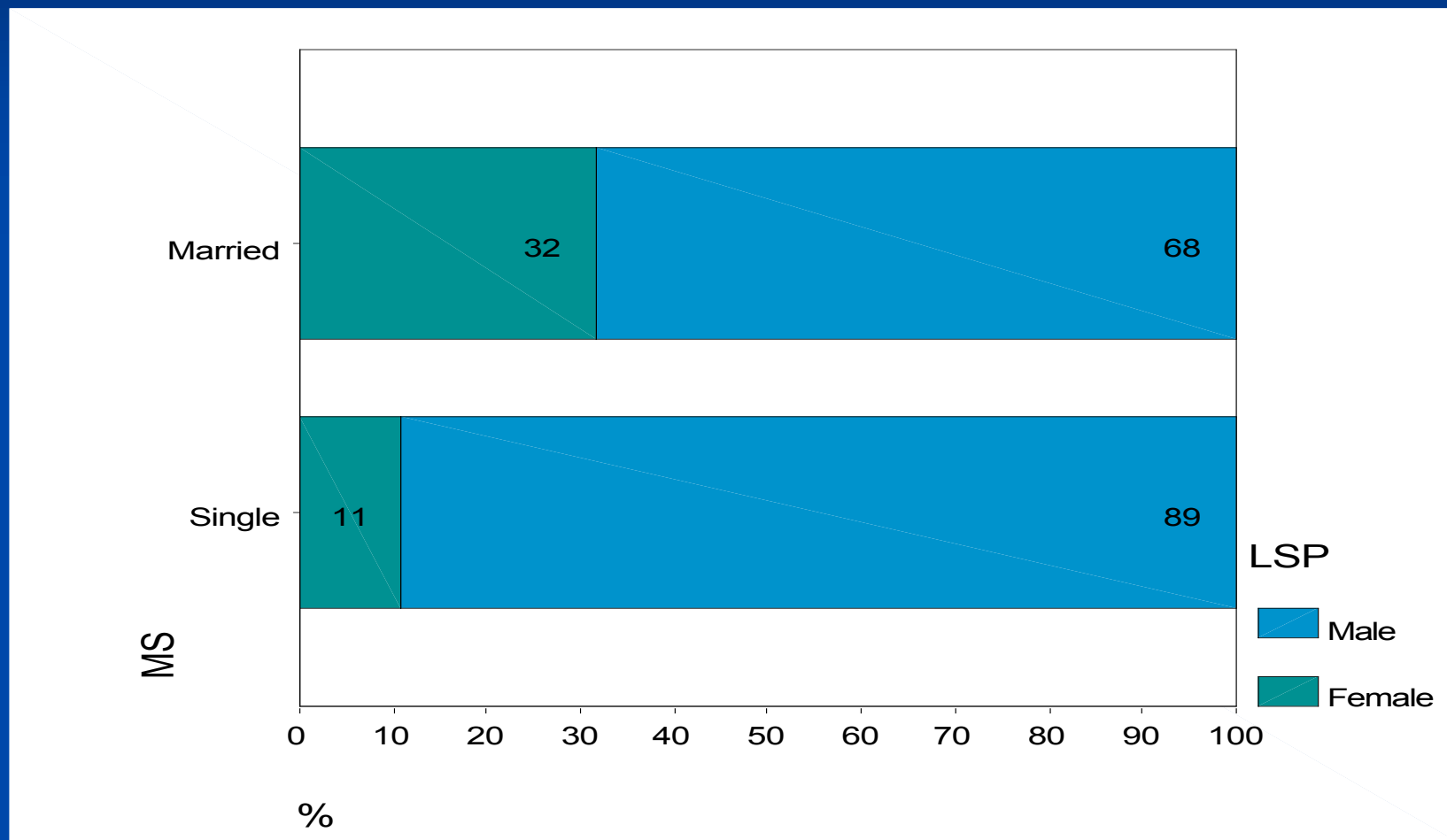
Dhaka Study

(non-kothi identified men at a range of sites N= 1096)



Dhaka Study

(non-kothi identified men at a range of sites N= 1087)



Stigma and Discrimination

In a gendered sexual environment many males who have sex with males 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 males who have sex with males, and deal effectively with stigma, discrimination, masculine violence and social exclusion, the “fight against AIDS” could be lost.

Issues that must be addressed:

- **Advocacy and policy**

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

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

kothi, hijra and gay self-help groups towards community building and mobilising, 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 will require on-going technical support.

- **Promote sexual responsibility**

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

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.

Human Rights - Sexual Rights Rights for All

