

# **Vulnerability, Stigma and Discrimination**

**male-to-male sex, HIV/AIDS and India  
have we learnt anything?**

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**It is my aspiration that health will finally be seen not as a blessing to be wished for, but as a human right to be fought for. *Kofi Anan, Secretary General United Nations***

**Realisation of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS.**

*Declaration of Commitment on HIV/AIDS: United Nations General Assembly, Special Session on HIV/AIDS, 25-27 June 2001, United Nations*

**Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love. *WHO, 1975***

**Responses to the global HIV/AIDS pandemic and its local manifestations cannot be effective unless the rights of those infected and affected by the virus are clearly and unequivocally addressed.**

**The virus is not only about medical concerns or sexual behaviours. It is also about the social, economic and cultural environment in which behaviours take place and have meaning.**

**This is particularly true for those who are termed “men who have sex with men”.**

**Denial, ignorance, illegality, myths, fears, violence, abuse, exclusion and invisibility create a discourse that excludes much of male-to-male sexual behaviours in society.**

**At the same time, discourses on sexual identity, sexual orientation and “sexual minorities”, also increases the invisibility of much male-to-male sex.**

**Unless we have a clear understanding of what we mean by this term MSM, we will not be able to implement any effective rights-based approaches to HIV/AIDS.**

# Who are “these MSM”?

## Problems:

- The use of the term MSM has been taken to be a small group of homogenous individuals, isolated from the general male population.
- The term MSM is also often taken to mean “homosexuals” which is taken to be a “risk group”.
- The term is usually perceived as a named sexual identity. Thus programmers and implementers talk of “these MSMs”.

# Who is “MSM”?

## Problems:

- The use of the term MEN itself creates problems, for how is MAN defined socially and culturally?
- Adolescent males are also involved in male-to-male sex
- Those males who do not conform to the dominant masculinity are not deemed men by their male sexual partners, (nor do many such males perceive themselves as men)

## Who is “MSM”?

- “MSM” is not an exclusive category or “target group”
- It reflects a category of behaviour not an identity
- It involves any male who has (or had) any sexual contact with another male, regularly, or irregularly, or even once
- It includes those males with specific sexual identities, such as gay men, as well as those with feminised and gendered identities and their manly partners
- But not all MSM are at risk of HIV infection - this would depend upon their specific sexual practices

## Who is “MSM”?

- **Based on evidence, male-to-male sex across South Asia appears to be primarily structured around sex/gender roles - the penetrated and the penetrator**
- **Here the penetrator perceives himself involved in a manly activity - he does not perceive himself, nor is he perceived, as a homosexual, nor does he perceive himself as a man who has sex with a man**
- **His penetrated partner is perceived (and most often perceives himself) as NOT-MAN, nor does he perceive himself as a man who has sex with a man**

# **WHO IS INVOLVED IN MALE TO MALE SEX**

**THE KOTHI RESPONSE?**

**POTENTIALLY ANY MAN!**

# Why do males have sex with males?

- **Desire for another male**
- **Love**
- **Desire for a MAN**
- **Pleasure from discharge, “body heat”, getting “hot”**
- **No women available or accessible**
- **Males are easier to access**
- **Girls/women socially policed, males aren't**

# Why do males have sex with males?

- **Anus is tighter than vagina and gives more please**
- **For play, curiosity, experiment**
- **No marriage involvement**
- **Making money or for job**
- **No chance of male becoming pregnant**
- **Maintaining chastity**
- **Elder demand**

# **Vulnerability, Stigma, Discrimination and MSM**

**We all know about stigma, discrimination, and  
human rights abuse regarding those living with  
HIV/AIDS**

**But what about  
poverty, class, caste, religious affiliation,  
gender?**

**And of course sexual practice and gendered  
identities!**

# Vulnerability, Stigma and Discrimination

- **Kothis and hijras are doubly stigmatised, because as biological males they are effeminate, anally penetrated and they are not perceived as MEN**
- **It is their feminisation and sexual penetration which reinforces the stigmatisation and leads to exclusion and denial of access to prevention, treatment and care services, and to the social compact**
- **This will be the same for gay-identified men and any male known to be anally penetrated**
- **Imagine this stigma added to the stigma of living with HIV/AIDS**

# Vulnerability

- **Feminised MSM (kothis, hijras) are highly stigmatised and socially excluded, as are gay-identified men**
- **Very vulnerable because of low self-esteem and a sense of worthlessness often leading to high risk sexual behaviours**
- **Frequent human rights abuse, sexual violence and rape**
- **Difficult to access sexual health services because of stigmatisation, or shame, or denial**

# Vulnerability

- **Significant levels of sexual exploitation**
- **Very few appropriate sexual health interventions and services in a country of over one billions people**
- **Significant levels of male-to-male sex work**
- **Lack of appropriate condoms and water-based lubricant**

# Power Inequalities

- **Construction of dominant masculinity**
- **Social attitudes to feminised males and their sexual practices, as well as to anal sex behaviours**
- **Sexual abuse and exploitation**
- **Assault and rape**
- **Stigmatisation and poverty**
- **Discrimination and disempowerment**

# Power Inequalities

- These play a significant role in the emotional, sexual, physical and economic exploitation of feminised males
- Gives rise to physical, psychological and emotional problems, which increases vulnerability and worthlessness
- Leads to significant levels of self-damage, suicidal impulses, self-hatred and despair
- Leads to increased risks of HIV infection among MSM and the general population

# MSM and Human Rights

- We do not have any specific data as yet from India, but a study NFI has conducted in Bangladesh (which is socially and culturally similar to India) regarding feminised males and abuse show:
- 33% reported assault of a sexual nature or rape at the hands of friends'
- 48% of the respondents reported that they have been sexually assaulted or raped by policemen
- 64% of the total respondents reported facing harassment of one kind or the other at the hands of the police.

# MSM and Human Rights

- 71% stated that they had faced some or the other form of harassment from *goondas*. 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.
- 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 feminised behaviours.

# MSM and Human Rights

- **55%** of those who had faced harassment from *goondas* also reported that the *goondas* guessed they were MSM from their feminised behaviour.
- **48%** stated that fellow students or teachers had harassed them in school or college because they were effeminate.
- **33%** reported that they have either thought of or tried to commit suicide at some point in their lives.
- **77%** stated that they know of others who have also faced such harassment.

# Vulnerability, Stigma and Discrimination

The socio-behavioural dynamics in Bangladesh are the same as in India. Sufficient anecdotal evidence exists that similar levels of abuse, harassment and violence exists in India.

*(Our thanks to Aditya Bondyopadhyay who conducted the study)*

# Vulnerability, Stigma and Discrimination

## Summary

- **Significant levels of stigma and discrimination exist for those living with HIV/AIDS**
- **Such stigma and discrimination increases vulnerability and lack of access to appropriate prevention, care and treatment services**
- **This stigma and discrimination is multiplied enormously in regard to feminised males such as kothis and hijras, and for gay-identified men**

# Vulnerability, Stigma and Discrimination

## Summary continued

- This further increases the vulnerability to HIV infection and reduces even further access to appropriate services
- This also increases the risk of the spread of HIV/AIDS to the general population

# **Vulnerability, Stigma and Discrimination**

**So what have we learnt since 1994?**

**Has anything changed since then?**

**We will be discussing these issues and  
develop an action plan to address them in  
the Working Group this afternoon**

**Thank You**