



**NETWORKS, LANGUAGE AND SEXUAL BEHAVIOURS OF MEN
WHO HAVE SEX WITH MEN IN AN URBAN SETTING.**

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I. INTRODUCTION

It is now accepted by many that the AIDS epidemic is ravaging the country. After overcoming the initial phase of denial we are now waking up to the alarms of the situation. As a response a lot many intervention programs are being initiated. Most of these are top down i.e., conceived by programmers who have little touch with the ground realities. With increasing awareness about the blood safety the main mode of transmission of HIV is the sexual transmission. Surprisingly enough the data assume that this is almost entirely heterosexual. This has never been proved by sufficient data. While working with individuals affected with HIV or with other STDs we realise that there is substantial male-to-male transmission.

We do not see the problem because we do not, or refuse to, look at it.

AIDS is a problem for which the ultimate solution is behaviour change. The change involves highly personal, private, intimate and intricate issues of sexual behaviour. While attempting to design interventions that may modify sexual behaviour the greatest hurdle lies right in the beginning. As it is we hardly know anything about factors influencing people's sexual behaviour. This information is even more difficult to obtain if we intend to deal with difficult to reach target populations like men having sex with men (MSM).

I prefer to use the term MSM in place of 'gay men'. Many people have used the term 'gay men' to mean all men who have sex with other men, regardless of whether they identify as homosexual, bisexual or heterosexual. The term 'gay community', which encompasses both gay men and lesbians, is being avoided as most lesbians do not accept that they share a community with gay men. Nor do all men who have sex with men like to be called 'gay'. For want of a clear-cut terminology to describe the identity, personality and activity of men having sex with men this term -MSM- a depoliticised euphemism for gay men evolved and is being used here to identify the study group. The Naz Project is beginning to use the term male to male sexual behaviours. According to them many boys experience homosexual behaviours at an early age. They are not 'men'. The word man carries certain social signifiers around adulthood. The term men may exclude the 'boys' having sex with boys and men. However for the present study we have continued the use of the term MSM where the term 'man' is used strictly in the biological sense. It signifies

only a pattern of sexual behaviour. Included in the group will be gay men, homosexuals, bisexuals, transvestites, transgendered people and other MSM.

Though recent research on MSMs has been motivated by the increasing concern about HIV/AIDS in the Indian population, we must realise that apart from HIV/AIDS there are a wide range of other health problems and social concerns in this extremely hidden, marginalized population. MSM population is known to have relative high rates of sexually transmitted infections (STIs), although the exact incidence can not be quantified, since private or government clinics and STI treatment facilities do not have any classified data. Shivanand Khan's paper quotes that 35.28% respondents had had experience of STI symptoms and 46.08% had had previous treatment for STIs. The presence of lesions from other STIs greatly increase the risk of HIV infection.

In addition to the burden of STIs the mental health burden among MSMs also would appear to be high. Obviously there can be no reliable statistics.

MSM is a group more marginalised than the most marginalised people in the society. Being MSM carries a lot of stigma. Thus the activities of MSM remain mostly underground and secretive. On the other hand, the societal response is two folds:

1. Either trying to put the very presence under the carpet (denying the existence) or
2. To be homophobic.

Either is detrimental to designing of programs that will help to reduce the risk of STD/HIV in this group.

In a recent publication 'Sexual behaviour & AIDS in India' (Nag, 1996) Moni Nag states that very little is known about the current practice of male or female homosexuality in India. There are a few, mainly urban surveys cited where the percentages of MSM in the population vary from around 1.5% to upto 15% in some selected groups. The Maharashtra study cited puts the figures around 1.5 - 3.1% (Savara & Sridhar, 1994). Though there is no consolidated statistical study on the population of MSM in India activists stick to the internationally accepted figure of 5 per cent MSM in any given sexually active adult male population. This takes the figure for the country to around 13 millions. Though the actual figures may be even higher. Any case, most data are just statistical and little by way of understanding the behaviour and factors influencing the behaviour is known. The study attempts to gather such key information.

There is far too little literature available about the homosexuals/gay people in India. However recently some newsletters like Bombay Dost, Naya Pravartak etc. have started addressing these issues exclusively. If we just try to scan through the section of letters to the editor in these newsletters we find that they are being received at places far and wide. The correspondence received in one issue of Bombay Dost comes from Kerala, Manglore, Thailand, Thane, Delhi, Nashik, Secunderabad, Bombay, Surat. Though there is no

knowledge as yet about a formal group in Pune, its proximity to Bombay, contacts and influences may be having some spillover onto the MSM culture in Pune.

There could also be a range of activities of MSM ranging from commercial sex, non commercial sex, self confessed 'gays', mutually consented MSM activity, male sexual workers not identifying themselves as 'gay', sexual exploitation of young adolescents (hotel boys, street children) by other men of the same age or elders, sex abuse etc. All these are further variations making the issue more complicated.

There is widespread pressure on Indian men to be 'straight', and have regular heterosexual marriages. They are 'pressurised' to lead bisexual-sexual life styles. In a cover story in Bombay Dost (vol.3, No.3) three letters are cited and all talk about 'depressingly familiar' (*editor's description*) stories.

" I am married with a wonderfully understanding wife and two lovely children. Can you be very discrete and send me the addresses and phone numbers of gay contacts in my area?"

"Frankly I am very scared of disclosing my identity to anybody because I am a closeted guy who is also unfortunately married to a woman for the last 6 months."

" I have a friend for the last 5 years who is very close. Recently he got married and confessed to me that he would rather have sex with me than with his wife."

One of my patients, who has given me a prolonged interview says,

" I had homosexual encounters in adolescent days but tried to be straight during the early years of my married life. I remained uncomfortable but carried on for many years. Recently I got involved with a young man. I do not want my wife and children to know this."

A recent story published in the India Today 'Sex, lies, agony and matrimony' it is estimated that out of the approximately 13 millions MSM in India an estimated 80 per cent, that is 10.4 millions are married. It is not only the inner burden of the societal pressure but also the illegal aspect of the MSM activities that adds to the stigma. The stigmatisation and fear of discrimination leads to secrecy and also to the psychological pressures. However it would be interesting to study how much the real pressure is. This is because, what we see from the literature is but one part of the picture. Comparing the same with the so-called "promiscuity" in the society, which also is a taboo, carries a lot of stigma, could be legally damaging; and still is very widely prevalent. These people are apparently leading quite a comfortable life.

Most MSM activity being underground the encounters are covert and furtive. Most occur at shady locales, public toilets, lonely corners on the riversides or beaches etc. They need to be very fast and there is little opportunity for 'negotiation and communication'.

There must be a whole range of sexual variations in the sexual activities of MSM. There would be several identities. At their cruising areas there must be a completely different culture with a totally different and innovative language of communication. The sexual behaviour could be following some hierarchical patterns, one of the partners being dominant. It would be interesting to know the determinants of this power differential: the active/passive role or the penetrator / penetrated, the social/economic status, or what?

If we are thinking about the entry points for interventions (and the language of such interventions) we need to approach with great care and consideration. The Social Aspects for Prevention of AIDS (SAPA) project in Australia is one of the most far reaching of such interventions. Adam Carr (UNDP Issues Paper 7: Behaviour change in response to the HIV epidemic: Some analogies and lessons from the experience of the gay communities) quotes extensively from the 7th SAPA report. *'The most important component of preventing HIV infection among gay men is their willingness to identify themselves as gay, and to become sexually confident, well educated gay men who are sexually and socially engaged with community.'* In India where this identity for most part is lacking one can imagine the difficulties in developing working intervention strategies.

This study of the sexual behaviour of MSM- a sexual minority and an oppressed community- is also likely to give us a lot of insight into the overall sexual behaviour of the other kinds- where all the factors of taboo, stigma, cultural non-acceptability, illegality, unequal sexual relations, lack of negotiation etc. All these factors work together.

II. METHODOLOGY

The present study was taken up in Pune. This is second largest city (next to Mumbai), in the western state of Maharashtra in India. It has a population of around 2.4 million. It is a place famous for its educational and cultural institutions, defence establishments and during last 3 decades has developed in to a major industrial city. There is a large number of immigrants coming in for industry related jobs. Around 40% population stays in the slums. Pune is also known for its highly conservative attitudes. The National AIDS research institute (NARI) is situated in this city. A major part of the research activities of NARI are being conducted here. The data regarding prevalence of HIV/AIDS and of the incidence of new infections are very disturbing. It is estimated that there are anywhere between 70,000 to 100,000 persons infected with HIV in this city. One of the highest seroconversion rates was reported from this city. The seropositivity rates in female sex workers have been reported to be more than 55%. The seropositivity rates in women attending anti-natal clinics have been reported in one study to be around 4 % and the infection rates in monogamous housewives are reported to be increasing at an alarming rate. All this makes us sit-up and introspect about the so-called 'conservative' culture of this city. Or could it be that the conservativeness itself is the major obstacle in the understanding and then tackling the HIV/AIDS epidemic in this city? The present study may help us in shedding some light on the factors contributing to the spread of the infection. Cursory observations suggest that there is a lot of MSM sexual activity going on in this city. As an important contributor to the risks in STD, HIV/AIDS transmission there is certainly a need for research in MSM sexual behaviour.

In this difficult to reach population the following methodology was adopted.

1. Key Informant In-depth Interviews:

The starting point was the in-depth interviews with the clinic-based patients who are MSM. Being a STD consultant I had talked to a lot many of my patients regarding their sexual behaviours even before the project was envisaged and knew that some of them were MSM. Their help was sought to arrange for other interviews. One of them worked

with me as my field assistant for quite some time. He also arranged for the site visits. Unfortunately he succumbed to his advanced HIV disease during the course of the research and really left a lacuna for quite some time. We tried something like a 'snowball sampling' by contacting the contacts of the persons interviewed. These were repetitive interviews. They basically dealt with the retrospective reflections about sexual careers and factors influencing their sexual behaviour. The interview framework was designed from the conceptual framework hypothesised for this project and modified through field testing during initial interviews. The research assistant was trained to use this framework while conducting the interviews. The interviews did not always follow a set pattern but an attempt was always made to include all the questions. The details of family background and upbringing, the first sexual experience, the different types of sexual and sensual experiences, the feelings during the early phases, the realisation that one is a homosexual/gay/different from others, marriage, awareness about STDs & HIV/AIDS, concepts about safer sex, knowledge and fear about the law, stigma, etc. were explored.

A friend working on the issues of sexuality introduced one person who is MSM. He has come out as a 'gay' and has been very co-operative. He not only provided contacts with other persons but also volunteered to arrange an interview with a person from *hijra* (eunuch) community.

Around the same time an interview appeared in the Indian Express of Prof. R. Raj Rao from the English department of the Pune University. He himself is a 'gay activist' and was very much willing to give an extensive interview. He also suggested a few contacts.

2. Mapping, Site Visits, Direct Observations and On Spot Interviews:

Through the KI interviews we got an idea about the various meeting places and 'cruising areas'. These were mapped on to the city map. We visited these. The field assistant accompanied on the site visits. He would explain the various interactions occurring. The various cruising areas we visited and also those that were mentioned in the various interviews were mapped on the city map. Selected sites were then visited more frequently for direct observations. With the help of the field assistant we tried to take on spot interviews. Two persons were ready to talk. The field assistant would talk to the person, return and narrate the talk while the notes were being taken immediately and any details cross-checked and confirmed.

3. Case Notes:

As already mentioned some of the detailed sexual histories were available from my clinical records. As in some cases it was not possible to trace the persons the details were taken as such but were treated differently from the KIs.

4. Diary of an MSM:

The field assistant, apart from giving in depths interview also provided with his diary of illness. It also gave details about his sexual behaviour. The writing was extensive and a lot of information could be gathered from the same.

5. Interviews with Other Informants:

We also interviewed individuals who, though not MSMs themselves, have been in a position to know about these behaviours because of their positions. These persons include a counsellor, a school principal, a sex therapist and community support workers.

It was not possible to conduct group interviews and partner interviews (both male and female partners.)

7. Contemporary literature review:

We tried to collect and review the contemporary Marathi literature (Marathi is the language of this place) for gay/homosexuality/MSM related themes. The emphasis was on the literature published in the non-gay identified sources (and therefore we excluded Bombay Dost and allied magazines for review under this section).

III. SEXUAL NETWORKING AND MAPPING

Some of the traditionally well-known sites were noted for visits in the initial rounds. Gradually as the number of interviews grew we got hold of a city map and started putting in markers to identify any of the sites mentioned in the interviews. By the end of the study the map had become quite crowded. Not all sites mentioned were ‘cruising areas’ in the strictest sense of the term. By this what I mean is that these were not always sites where men cruised for potential partners, but these were all the places where MSM activity was reported to be taking place. The list is really exhaustive. It includes:

1. Public Spaces and Facilities

Public toilets, railway platforms, parks, riversides, playgrounds, streets, construction sites.

2. Commercial Establishments Often Associated with Sex

Hotels, lodges, hostels, commercial sex activity zones, massage parlours.

3. Education Sites

Schools, campuses, tuition classes.

4. Other Sites Not Commonly Associated with Sexual Activity

Commercial and public offices, private homes, cars, buses,

It can be assumed that the activity is almost ubiquitous. As one of the interviewees mentioned,

“ It is not at all difficult to find a prospective partner. I do not even have to go to the park. You just take me anywhere and within 15 minutes I can get to one who is also seeking for someone.” To the question, how do you identify that ‘ someone ’? He replied, *“ You can look at the eyes and tell!”*

This theme of the eye contact repeated itself in so many interviews.

We identified some 10 specific sites where male sexual partners are available at various times during the day and night. Not all males here are there for sex with another male. Often they will be approached by a *koti* (see the section on language) and then may

decide to have sex or there will be males seeking for partners. Once they establish an initial eye contact would soon be together, would talk straight about their preference (*koti or panthi or do-partha*)(see section on language). If it is mutually agreeable they would settle for sex either on site, if there is enough darkness and privacy, or go to some local dark lane or nearby guest house/hotel or to their homes (if they are staying alone or if the family members are not at home).

Several informants mentioned that MSM activities, like other sexual behaviours, are particularly evident during important festival times. In Pune these are especially the Ganesh Festival and Navratri, both in the September-October autumnal season.

The activity was also on the high during the annual vacations in the schools and colleges. During any given week the activity is at its peak on the Thursdays and Sundays, the former is an industrial holiday in and around Pune. The activity was the lowest during the months of March and April when all the students are preparing for their annual examinations.

Here are some excerpts from the notes of our site visits. First couple of site visits are written in details and the others are narrated in brief.

Site One:

The railway station. There is a public toilet in the waiting room for the second class passengers. It is always crowded. Late in the evenings MSM activities start there. There are people who masturbate others or get masturbated by others. There could be oral sex occasionally. It mainly serves as a pick up point. Once you got a partner you go out and have sex either in the park, or in some lodge or at home.

Site Two:

This is a public toilet in the heart of the city. The situation is quite peculiar. The toilet is actually situated slightly off the main road in a short, by-lane. The lane itself is 'L' shaped and the toilet is situated on the long arm with a blind end. Because it is off the main road the activity can flourish there, at the same time people visiting the place could roam around on the main road, wait at the bus stop and mingle with the crowd. My friend told me, "this helps them to be there and at the same time be anonymous."

Site Three:

It is a major religious shrine for the *hijras* (eunuchs) in suburban areas. The main priest, called the mother (*Aai*) has her seat there. The eunuchs go there to settle their internal disputes and other matters. As they are very obviously traceable and visible many men who prefer to have sex with them would cruise here.

Site Four:

This is a major park by the side of the river. Many trees, bushes and dark corners provide enough privacy for the people. Sexual activity takes place here late in the evenings. There is mostly mutual masturbation, oral sex and occasionally anal sex too, but for that the men prefer going to the bank of the river which provides even more privacy. *Kotis* come here to seek clients who would pay for sex. There is hardly any use of condoms. My friend also told me that there are certain bad elements here who may pretend to be *kotis*, would take you to some lonely corner and then threaten you, loot you, may even hurt you.

Site Five:

This is the busiest public toilet, near the central bus stand. The buses plying from here mainly go to the industrial suburbs of the city and thus the industrial workers mostly frequent the site. *Kotis* in large numbers are present here between 6 p.m. and 9.30 p.m.

Site Six:

This is an area around the railway station near the statue of a very famous religious leader. The MSM activity here is mainly with the *hijras* and is 100 % commercial activity. The sex takes place in an abandoned bungalow situated slightly off the main road.

Site Seven:

This is a very busy street leading out of the town from the south. The wholesale market is situated nearby. The clients are mainly the shopkeepers, the labourers, students and businessmen. The sex takes place mainly in the numerous lodges on both sides of the road.

Site Eight:

This is another public park situated in the eastern part of the city. Officially the park would close at 8 p. m. but there are several ways for people to go in through the gaps in the fence. Men have sex with their partners while the watchman feigns that all is well. He also must be making a smart earning allowing the activity.

Site Nine:

This is a small toilet on the main road of one of the earliest affluent settlements of this city. The men here are *kotis*, students and also those from the richer class. The modus operandi is like this. Some men are standing outside the toilet. If you enter two more will follow you. Two would be inside with you and the third would stand at the entrance, so that

anyone coming from outside feels that the toilet is occupied. If you are interested you can have anal sex, oral sex or masturbation with the men. If there were increased number of people outside, the man standing at the entrance would alert you by making peculiar noise.

After listing the sites, as an illustration let us take a closer look at the site visit notes of the first two sites. This will provide us with a feel of what transpires there at the peak of sexual activities.

Site Visit One:

We reached there at around 9.30 p.m. The place was very crowded. There were women in all the by-lanes waiting for the clients. The country liquor bar was doing business at its full capacity. A transvestite roamed around, some eunuchs stood at the corners and some *rikshaws* (a local means for public transport) played music at full blast.

We went to the waiting hall. There were so many young men sitting on the stairs of this building and also on the railings of the, so-called, garden in front of this building. Inside the waiting hall there was crowd in every nook and corner. People slept on the floor, huddled up in the empty spaces. All the chairs were almost occupied. Some young men occupied seats and held newspapers in hands. They sat in such a manner that the seats next to them were not occupied. My friend explained to me that these were the people sitting there looking out for partners. Occasionally someone sat there. Within a few minutes they exchanged a few words, got up and went out. The most common starting question in such situations is `what is the time?' or `*Kay paper wachtay ka?*' (Are you reading a newspaper?).

A couple of groups of very young boys stood there. Everyone carried a small piece of luggage like a briefcase, at least a polythene carry bag. They were, all, generally well dressed, mostly in jeans, belts, shoes & T-shirts or shirts tucked inside the pants. Most of them were very clean shaven -those who were not, had well groomed beards. My friend told me that they were all '*Kotis*' (men who preferred being penetrated, *see section on language*). Their gestures were certainly different and stood apart from every one else around. Occasionally they took turns to go around the place. Most of the times they were looking around very eagerly and as soon as they could contact someone they would go out.

We went to the toilet / urinal. We decided to stand there for a while. The toilet was all occupied. A wall separated the entrance from the actual urinals. We stood there. Some people urinated and moved out fast. Others just stood there - holding their penis in hand. Most looked at each other and at the penis of the person standing next. They made gestures. The language was mostly of the eye contact. If they would agree mutually they

would pull up chains of their pants and walk out. I tried to occupy a urinal. On left side, stood a young man, with pimped face, sparse hair. As soon as I stood there he turned towards me and indicated to me to look at his erect penis he was holding in his hand. On the right side stood a middle aged man in shirt & pyjama - He had pulled one sleeve of his pyjama up and had pulled his organ out also trying to 'pat' it and try to make it 'straight!' We came out and loitered around. The fellow who was standing on my left inside the urinal came out and stood at a distance away from me. He put his hand on his organ. When I did not respond - he went back. He came out after a few minutes with that man in pyjama & disappeared. After about half an hour the latter was back at the toilet.

We went inside again. Now a middle aged, black, short and stout man stood there with his pants down, his back towards the wall and his thick, erect penis for everyone to see. A young man / boy stood next to him. He wore a green cap (at that hour of the day). He looked well educated and relatively financially well off. He held the penis of the elderly man in his hand and masturbated him.

Just outside the toilet there is a hair-cutting saloon. The manager went inside the toilet to brush his teeth. He soon came out running after a man. The man in front ran away holding his organ in his hand. There was some exchange of *galis* (bad words). The workers in the saloon discussed, " this goes on 24 hours of the day. No holidays. Anytime you go in you will find men standing there, holding their *lavadas* (penis). If you visit after midnight they might be holding each other's *saman* (penis). "

Site Visit Two:

We reached there at about 8.30 p.m. The place is most busy between 6 p.m. and 10.30 p.m. This place is right in the heart of the city. It is a public toilet. Many other people visited the lane repeatedly going in and out. At times they came out in pairs and went away.

Residential blocks of middle class people line the lane. A huge building looking like a hostel stood on the other side. The doors and windows were open. The toilet itself was as dirty as a public toilet on the street could be. The toilet accommodated four persons at a time but around 10 people would be standing around. No one was in a hurry; neither those who stood in the toilet nor the men who stood outside. Two of them stood in a corner. They masturbated each other. Everyone who stood inside tried to look from above the partition at other person's organ. An old man held his in his hand and started masturbating. The man standing behind the person next to me stood very close to him. Opened his pant and took out his penis. The man in front felt it by his hand. Within seconds both moved out together.

We came out and sat on the steps of a shop, which had closed by now. A young man came out and stood near the bus stop.

My friend `K' went and talked to him, came back and narrated the conversation:

A: "I was calling you. ("Khuna karat hoto!") Why did you not come?"

K: I am afraid.

A: What are you afraid of man? I was calling both of you.

K: I was afraid today.

A: You did not come so I called them. One of them was a constable- traffic police & other one was scooter walla. The police came very fast. For the scooterwalla I took it in mouth twice but he did not come so I took it in hand and helped him to come.

K: Where do you work.

A: I work as a salesman in a cloth shop. I drink alcohol every day. I have a wife at home but I cannot perform at home unless I come here & do it.

K: Do you have any problems.

A: I have severe joint pains. But that is due to curse of our god. It will subside soon, now that I have offered my prayers at the temple.

K: How long have you been doing this.

A: I come here at least 3 to 4 times a week. I stay very far off. I come here so that not many know me here.

IV. LANGUAGE (VOCABULARY OF MSM)

To understand the context of the sexual behaviour it is absolutely essential that we understand the vocabulary used by the people to whom we talk. The Western concepts like gay, homosexual, bisexual, heterosexual, and transgender, transvestite mean little to those who are not acquainted with the Western literature. The cultural traditions like Hijra, *Jogatya*, *Devdasi* may not make much sense to the Western researchers unless explained. One thing is certain that all kinds of sexual behaviour patterns exist in all societies. There is a rich variety of languages used to express the sexual activities in the world of MSM. Here I present only the most important elements in the complex vocabulary.

1. ***Koti***: Self-defined *kotis* are almost always characterised by ‘feminised’ behaviours. They engage in anal sex and are always only penetrated. They use their ‘charms’ to attract *panthi* males for sex. These, in turn, respond for oral sex, masturbation and anal sex. *Koti* identifies himself with this role through social interaction and learns about it from other *kotis*. There is a lane in the red light area called the *Koti galli*. There are several other cruising areas where they are seen. We could see so many of them at the railway station. Finding clients is extremely easy for them. Other men get attracted with the sole desire of ‘ejaculating’ – releasing the pressure that builds up inside.

Although considered to be exclusively penetrated, many of them are married and have children.

The terms ‘active’ and ‘passive’ seem to be irrelevant. These words denote state of mind and not an act. Secondly, they are borrowed from the ‘heterosexual’ vocabulary, and there too they are fast becoming obsolete as we understand that the woman being penetrated is not passive but takes very much an active part in the process. Many *kotis* also experience erection and ejaculation while being penetrated and feel that they certainly are active.

Quite a few of these sell sex. They may entertain 5-10 clients an evening and on an average spend not more than 10 minutes with each client. The type of service provided determines the money charged.

Taking in the mouth is called '*khombat kele*', holding in hand is called '*chakad karane*' and to have anal sex is called '*dohrun ghene*'. If there is an injury on the penis it is called '*biplane ahe*'. '*Natu*' means no and '*Shisa*' means good penis. Ideally we should be providing you with the English translation of these Marathi words. But it seems that it is not possible because none exists, these are a part of an exclusive language.

2. **Panthis (Pantees, Pantis):** These are men who are generally the “penetrators” (supposedly more masculine role in relation to the *kotis*.) It seems most of these do not have sexual identities like “homosexuals” or “gays”. These are generally men in search of some excuse for discharge. They are relatively indifferent to the sexual identity of the partner. Some of them frequent cruising areas and they may have relationship with a particular preferred *koti* partner.

A nice healthy man would be called '*shisa panthi*'. *Do-partha/ Dutarpha* : The male who likes to do both. To penetrate and to get penetrated.

3. There are several other words used commonly. The transvestites are called '*Mahirapi*'. '*Mendhya*' is the one who does both the acts of penetration and gets penetrated, also called Nimgandu. '*Patawani*' is one who might take you for a ride. A young adult boy is called '*Bitawa*' and a girl '*Bitawee*'.
4. **Hijras:** also some times referred to as '*Chakkas*' is a term used for a self identified group of males who define themselves as 'neither men nor women'. These are individuals belonging to a traditional “eunuch” social category in India, usually dressed as females.

“ I can tell you everything about how we do it, but if you are asking me about how it happens between two men or between a man and a woman then I do not know about whom you are talking. We are neither men nor women. I am a hijra.”

They are biological males but have a definite social, cultural and religious identity. They dress up as women, take medicines or pad up their chests so that they should look full, are often castrated at a religious function to sacrifice their manhood to the goddess Renuka devi. The *hijras* who are castrated are called *Nirwan kotis*. Those not yet castrated are called *aakwas*. A survey by the Humsafar trust, Mumbai has shown that 85% are not castrated. There are three types of *Hijras*, those in sex work, those who earn their livelihood by singing and dancing at weddings etc. and others who wear beads round their neck and earn money in the name of their goddess. Those who follow Yellamma are *Jogati*, of Khandoba are *Vaghya Murli* and of Bhawani are *Bhope*. There is no accurate head count of this highly visible yet extremely marginalised population.

5. **Gay and /or homosexual men:** These usually are from highly educated and well-read class of people who define their sexual identity as gay. Although they have self-

defined identity most are married or desire to get married. There are certain other groups of men who do not identify themselves as gay but prefer to have long term and durable relationships with other men. These, again, are usually from the upper class. It was however noted that among this group there were men who had had no penetrative sexual experience despite having relations with other men for years. Those who had sexual encounters certainly had very limited number of partners and could be said were serially monogamous.

It is worthwhile to mention here that most relations were casual and took the form of *masti or dosti* (meaning “being physical” and “friendship” respectively). Few mentioned about love, companionship, sharing emotional space, etc. Those who did were, as already mentioned English speaking, educated, upper middle class people. The longest lasting relationship was for about 3 years, on an average the relationships lasted for not more than 6 months. Majority of the relations did not have any emotional association, in fact hardly ever they knew the partner’s true name and address. The scene may be slightly different if the sample is selected from men having sex with other men in their private apartments, singly or in groups. The reasons behind the fleeting relationships is not clear but all the societal factors like stigma, discrimination, illegal nature of their sexual activity and inability to cope with concepts adopted from the heterosexist model like ‘active-passive’, ‘husband-wife’,

As was stated by a self identified gay writer Prof. Raj Rao, “ *I would not use the word ‘unnatural’. I reject it completely. I feel homosexuality is natural and that too from very early in the childhood. Yet extra-marital sex between two people of different genders will have better acceptance than that between persons of same sex. As far as ‘normal’ – ‘abnormal’ is concerned I will not use those words either. Many people consider anything other than traditional marriage as abnormal, but I disagree. The problem is that the gay people do not have any vocabulary to start with. The complete language is phallocentric. It needs to be changed.*”

6. **Male sex workers:** These are mostly *kotis*. They exist in all strata of society. At times they are looked after and taken care of by their clients. They operate in public spaces, pick up clients and then take them to other locations away from the pick up spot. They entertain clients in guesthouses, lodges, small apartments, empty plots and construction site, open grounds, riversides etc. Many of these are in other occupations but have relatively poor earnings. These activities supplement their income.

“Yes, on private rooms or hostel rooms. People give us 70-80 Rs. for just 5 minutes. We are not women so they do not get any pleasure from us which they get from a woman. Some give 150/- Rs. for 5 minutes. But in case of a woman it becomes a pain for 9 months. If this is done outside then there is no problem. I entertain people quite a lot by shaving them, etc.”

“If someone asked to do it anal or orally, then we would do it orally. We would accept the person only if he is hygienic. If he is dirty then we would throw him off even if they give us 1000/- Rs. or even if he is a very big person. The body should be clean.”

“ Suppose if you finish your business with all the customers, suppose you are the cashier, then I have to listen to you. Then he tells the security to go and I close the cashbook and go away. Actually instead of going away I remain in the bank and close the doors and window. He gives 10-20 Rs. to me for taking auto-rickshaw to go home later on. He asks for tea. He has nothing to do with the cashbook but he gets the urge for which I help him out. I know that you cannot guarantee for anyone, but still I do like these things.”

“ One fellow from the bank is always willing to give lot of money. Some people like just to watch. There is a particular lodge where those people take care of everything else. We just have to take our partners there. Our people do it in public toilets but there is no privacy and like dogs they have to do things in the toilets. So it's better to do it in a room. Then take a pillow under just like women do; and show them the whole procedure. One fellow has two wives but he says that both of them and the children would manage to live without him, but he would want only me.”

V. PROFILE OF THE SAMPLE

We could get 30 interviews.

The age range was from 18 to 50. Maximum number of respondents was between the age 20 and 30.

Table 1	
Age range :	
Age	Number
18-20	6
21-30	18
31-40	3
41-50	3

Table 2	
Marital status	
Married	12
Unmarried.	18

Table 3	
Identity	
Eunuchs	3
Koti	1
Sex workers	2
Gay	3
Panthi	2
Do-partha	1
No label given	18

Of these 2 eunuchs and the 2 sex workers were living and working in the red light area.

The educational background was varied. There were some absolutely illiterate (4). A few had education only up to the secondary school (8). Some were in the college or had completed their graduation (10). Some had completed postgraduate studies (6). There were a few (2) who had doctorates.

Table 4 Professional background	
Professors	2
Artists	2
Researcher	1
Working class	2
Sex workers	6
Students	14
Self employed	3

Table 5 Age at first sex	
Below 10	6
11-15	13
16-20	9
21-25	2

Table 6 Gender of first sexual partner	
Male	27
Female	3

Table 7 Relationship to first male sexual partner	
Relative	12
Friend	8
Neighbour	4
Teacher	2

Unknown	4
---------	---

Table 8 Number of sexual acts during previous 6 months	
0	2
1-5	5
6-10	7
11-20	10
over 20	6

Table 9 Number of sexual partners during previous 6 months	
0	2
1-5	12
6-10	6
11-20	4
over 20	6

Table 10 Types of sexual acts currently practised	
Body rubbing	24
Masturbate partner	27
Get masturbated	27
Anal penetration	12
Get penetrated anally	22
Give oral sex	19
Receive oral sex	12
Thigh sex	7
Deep kissing	12
Kissing on lips/cheeks	24

VI. SEXUAL BEHAVIOURS

It is impossible to state very categorically as to how many men are involved in male to male sex. The more the number of interviews we get to know more and more possible permutations and combinations. Some of the excerpts from the interviews read as follows:

“ I was staying in a small hostel. In the hostel we used to wear towels around our waists – while in the rooms. Older boys would come in the room, lock it from inside and make me lie down on my back. They would sleep on top of me, one by one and dab (press) from above. They would have ‘hard ons’. I used to feel the same. Then we would ejaculate. They would also kiss me. They never did anything from behind,”

“ After the play on the ground we would return. One of them asked me to perform hastmaithun (masturbation) while he handled me – till I came. One used to do it in between the thighs.”

“ The first time it occurred at home. I felt very awkward. How could this person do such a thing to me? He was my uncle. We were sleeping in the same room. One night I felt he was trying to sleep very close to me. I had my back to him. He slipped his hand inside my pant and slowly pulled it down. He held my penis in his hand. It was very hard. I felt his hard penis from behind. I was feeling very excited. He slowly put his inside me from backside. It was a bit painful but extremely pleasurable. I had once been to a dhandewali (sex worker) before but it was not so great at that time. We used to have this fun often later on, even after his marriage. The relation with him stopped when I left the village to join my college but the fun continued with others. I do not enjoy much with girls.”

“ I was working in a cycle shop. In the afternoon I used to do it with my cousin behind the shop. One day the shop owner saw me and in the evening came to my sister’s place. He called me and took me to the stone quarry and had sambandh (intercourse) with me. He took me once to the public urinal at the ----- road. Many boys used to have sex with each other there. They used to be there the whole night. I got the habit. I could never go to sleep without doing that. Sometimes they would take me on their motor-cycles and we would go to the hill and do it.”

“ Once I had gone to the police station when four people took me there by force. They locked me up there. In the night a few of the policemen came and asked me to do it. They released me next morning.”

“ Once I had gone to the railway station. An unknown man started following me. I felt as if some old emotions started coming up. He came behind me to my room. We had sex.

Both did it to each other. Then I started frequenting the place often. I came to know about the other joints there. I also knew many people. People of all types. A doctor used to come there and take me to his clinic. I used to go to flats of some people or to some lodge on 50-50 sharing basis. I hardly asked the names of the partners. It did not matter, and also I felt people would never tell their true names and addresses. It all stopped only after my marriage.”

“ I am a mukadam (a supervisor on a construction site). I have sambandh with so many women and men on the construction sites – I will not be able to tell. For 5-10 rupees ‘ konbi zoptay’ (anyone sleeps) ‘Baya bee and bapye bee! (women and men). And if you are to get 50-100 rupees ‘ gand maroon ghetlyan kay farak padto?’ (What difference does it make if you get fucked from behind?)”

“There are 4 of my friends and I am the only one with them who is a Koti. On 31st December we would watch blue films, etc. All are very open together in a room. All four of them would stand naked. We keep one general film to cover for the blue film in case someone gives away our secret. Panthi puts his penis in my mouth. I would do whatever he asks me to do. I would suck his (scrotum) balls and would do similar things to others. I would relieve four of them in one go. Once the person standing behind pushes hard in my anus, automatically my mouth would start moving and the one who has put the penis in my mouth would soon ejaculate. I would hold one person’s penis in one hand and in my other hand I would take other person’s penis. I would kill four birds in one stone! (Laughs).”

“ I do not feel I am attracted towards men. No not at all. But it happened just out of curiosity. I knew my friend was having fun with other boys. Everyone knew that. He was teased about it and he also laughed the things away. We were enjoying our campus life, in this premier institution of India. We were staying away for the first time away from our families. One night we were studying together. He was very much excited to have me sit next to him. I was just curious to know how it works. We were soon into it. He tried to penetrate me. I was feeling excited about the thing that was going on but did not very much like the feeling of having him inside me. We stopped at that. I never again felt like doing it.”

Some other forms of male to male sex: sex for the sake of discharge, gift sex or other networks in all male groups like hostels and boarding schools, orphanages, police and military barracks, prisons, hotels, street children, etc. were mentioned. Some of the youth got blue films when parents were not at home and then masturbated as a group.

It was seen that there were several patterns of partners in these sexual acts.

There were:

Relatives,
Teachers

Students,
Doctors and patients,
Employers and employees,
Friends,
Police,
Supervisors and construction labourers,
Security guards,
Fellow passengers,
Male sex workers,
Hijras,
Kotis,
Truck drivers,
Rikshaw drivers,
Room service boys in the hotels,
Massage parlour boys,
Lawyers and their clients,
Street children with each other,
Hotel boys,
Politicians,
Artists,
Prisoners, etc.

It could be concluded that the male to male sexual behaviour was almost ubiquitous.

As could be seen from these excerpts, one of the common factors for which men have sex with men was pleasure. Other reasons mentioned were:

Natural attraction to men since childhood,
Fun,
Habit,
Money,
Irrepressible attraction for men,
Unavailability of females,
Sexual practice before marriage,
Poverty,
Blackmail,
Being forced to live in an all male situation,
Feeling of being safe from sexually transmitted diseases,
Relative ease with which two males can share a room or meet in a public place,
Craving for anal and oral sex and wife's refusal to comply,
Anus is tighter than vagina,
Curiosity,
Essential for sexual arousal before having sex with a female,
Returning favour in kind (and not in cash),
Mutual agreement of a non-committal relationship, etc.

VII. FIRST SEX

It is observed that the sexual activity starts quite early in life. More than half 16 were sexually active by the time they were 13. All the others were sexually active by the age of 18.

The initial sexual encounters were reported to be with cousin brothers, older brother, uncles, neighbours, employer, strangers, friends, teachers, and sex workers. In most cases the age difference was not more than 3 years. The first encounters were with either slightly older boys or slightly younger.

“ My family is a farmer family. It was then a large joint family of six brothers staying together. We used to take our cows for grazing. There used to be ample of time once we reached outside the village. We used to swim in the river. Everybody used to be completely naked. It used to fascinate me – looking at the organs of older boys. My cousin brother once took me to the river and made me take his in my mouth. I felt shy to begin with but then he started laughing loudly. I enjoyed the drama. Then we started doing it on the loft inside our house where we were supposed to be sleeping and studying.”

“ I was born in a typical lower middle class family. I was like this since childhood. Always liked to do ladies jobs. From the age of 8-9 I started playing with the boys. I enjoyed it tremendously. By the age of 12-13 I already had experiences anal penetration. It used to happen in the school toilets, at home, in our chawl (a small collection of dwellings). I remember 2 elderly neighbours used to call me to their rooms. I also at times visited them. They would ask me to handle them, kiss them, take it in mouth and penetrate me from behind. As I started growing my appearance became more and more feminine. Boys in the school started teasing. It became unbearable and I left school. It was very difficult to adjust at home also. I started working as a house servant in a very posh area. Not only the master but also other servants would demand for sex. Whenever any guest came he would certainly knock on my door at night. I enjoyed this but there was too much of work in the house so I left the job.”

It is interesting to note that very few people in this sample complain about sexual exploitation, at least at the beginning of their sexual careers. Some have a feeling of shame and guilt. Some carry this guilt to such an extent that they feel that their feelings are pathological.

“ At the office the people are different. I can not make out what it is. At some level they must be envious. Because I am more visible than many of them. It need not always be a gay related thing. Basically I admire people around me. Most feel I talk radical – while I feel that is only because they are conservative. Beyond a point they would not like to talk about homosexuality. One faculty member made the remark ‘ homosexuality can be exploitative.’ It was such a heterosexist thing to say. Who is not exploited? Isn’t Heterosexuality exploitative? What happens in traditional marriages?” (From the interview of Prof. Raj Rao.)

“ I was in a co-education school in a sub-urban city till the 6th standard. In the 7th I changed my school. This was a residential boy’s school. Multiple relationships existed here. It all started with gossiping, touching, hugging, kissing, mutually masturbating, fucking. It all went on increasing with age. With increasing age the confusion started increasing. Could not decide firmly what I wanted and who was I? I could not decide whether I could come out of this and lead a normal married life. If not for me for others in my family I will have to marry. I approached a sexologist. She told me that I had more of a problem of libido. She felt it was good to like boys but asked me to stop thinking about them. I could not. I consulted another psychiatrist. I had lost all confidence. I feel I can not lead a normal life. I had to take treatment for acute severe depression.”

Less than 30% had any exposure to women before. Of those who had, a few had with relatives (mostly cousin sisters), aunts, and others with sex workers.

Most common activity during initial sexual encounters was mutual masturbation, followed by kissing, hugging, rubbing penis from behind, anal penetration or be anally penetrated, give or receive oral sex, thigh sex.

It was a general observation that the boys from rural and poorer backgrounds experienced earlier exposure to penetrative sexual experiences. The more educated the person later was his exposure. The risks with respect to sexually transmitted diseases in such a setting are quite obvious.

VIII. TYPES OF SEXUAL ACTIVITIES

There were several types of sexual activities mentioned.

To list them:

Masturbation,
Mutual masturbation,
Kissing,
Hugging,
Oral sex,
Anal sex (penetrating and getting penetrated),
Rubbing,
Group sex (masturbation or penetrating sex),
Massaging,
Inter-femoral sex,
Fingering, etc.

These activities usually occurred in pairs but also occasionally in-group. The concept of classifying partners as 'active' and 'passive' is not very useful. Except for certain categories like *kotis*, in most cases, the partners are engaged in both the acts of penetrating and getting penetrated.

“ The concept itself, in the first place, is very heterosexist. The terms are derived from the notion that in sex men are active and women are passive. Feminists have challenged this and have asserted that they are active in the sexual act. Similarly we should stop talking of men being active or passive in male to male sex. It is immaterial so long as both are actively engaged in the act.”

IX. RELATIONSHIPS

We asked several of the interviewees about the durability of their relationships. As a general observation very few were really long lasting. Most were casual. It was seen so often that even the name of the partner remained unknown. It was also seen that many did not bother to ask the name and address of their casual partner as they knew that the true name and address would never be shared.

“I have a friend whom I picked up regularly from this nada, who told me four different names at four visits and apologised every time for telling a false name at the previous visit. Not that I was very much interested in knowing the real one.”

However there are some partners who are in relationship for years.

“ We can not simply dismiss it by saying that the homosexuals do not wish to be in enduring relationships. All the factors of stigma, social pressure, possessiveness, burden of the borrowed concepts like marriage, husband and wife make a lot of difference in this regard. The search for a stable, reliable, caring partner continues forever. In fact this never-ending search for lasting relationship makes one look for newer partners. Many of us are however perpetually monogamous, meaning thereby that having a single stable partner at a time. The relationships usually last for about three to six months. I can understand the risks we are taking, yet I will not blame ourselves. Our situation is not very different from the heterosexual world. I know it for certain that majority of men in so called stable marriages are having multiple partners. We may not be sure whether most of them are even perpetually monogamous.”

“ We need to evolve our own language. Instead of using the same worn out terms like marriage we have started talking of ‘dosti’ (friendship) and ‘masti’ (fun)’.

It is interesting to note that the term derived from ‘masti’ is ‘mast’ and it represents the meaning of the word ‘gay’, both in letter and spirit.

“ I would certainly hate someone asking me this question whether we love each other. The sexual relations basically are an expression of love. Especially in the wake of this HIV epidemic gays in the West have certainly demonstrated that the love, care and support their partners as much as anybody else might do for his or her beloved.”

These expressions of course come from men who are more liberated, more empowered, more accepted by the society due to their achievements in other fields.

X. FAMILY AND MARRIAGE

Indian society is supposed to have very strong familial bonds and ties. The families are not always nuclear and include several other close relatives. In urban settings there could always be some people from the native place given shelter till they find alternatives to sustain themselves. Even if it is not a joint family it almost always is an extended family.

In these strongly bonded families however discussion about sexuality is a taboo. It does not mean that there are no sexual interactions. There is simply no discussion about it. The large families provide less space for individuality but enough space for sexual interactions. It could be that in small households, where for obvious reasons men and women are segregated for more efficient utilisation of available space, males and females are kind of forced to share and release their sexual tensions through mutual interactions. This was quite obvious from the fact that in so many interviews we were told that the first sexual experience was at home. Then how was it possible with so much of taboo on one side and so many interactions on the other?

As Prof. Raj Rao put it, “ *In India you can do whatever you please and a lot of people may know about it, but you must not be talking about it. The actual having of sex is not a problem. Even among students. In the West every university had a gay group, even for the faculty. I can not imagine that happening in any of the Indian universities.*”

We are not sure as to how many of the families of the persons we interviewed knew about their sexuality. Only 4 of them told categorically that their families were aware of it. All others felt that the families did not know. Those who were married were very sure that their partners did not know. They were also sure and afraid that if the wife came to know about it then that would certainly ruin their married life.

“ *Is your wife not suspicious about your frequent trips out of home, late at night?*”
“ *She is not. At least she does not make it obvious. Even if she is, I am happy she does not ask questions. Probably she is afraid that if she asks questions I will drive her out of this house. She better keep quiet.*”

While not bothered or not interested or afraid about discussing sexuality it was interesting to note that the families were extremely supportive to those persons from the sample who were HIV infected. In a society which regards itself extremely conservative and thinks

that the subject of sex is a taboo; and even after being continuously reminded by all and sundry

that HIV is a sexually transmitted disease (affecting *those who behave immorally*), the family hardly ever asks any questions about the sexuality. The subject continues to remain under cover, yet the person is offered all the care.

The conservative family structure is not able to modify the risk taking behaviour of the young ones but is pliable enough to pardon any deviation from the norms. Or could it be that the family condones it because everybody is clear about what is happening around (as far as multi-partner sex is concerned) and therefore condones the same?

In our society it is very difficult not to get married. It is not a private affair but is a social event. The major concerns are based around economic and other considerations and less around the interpersonal relationship between the two persons getting married. In the system of marriages arranged by parents there is hardly any choice for these (poor) two to express their desires. If one remains unmarried for long it is considered to be a problem. There are hardly any outlets for people's sexual desires and several men and women are involved in clandestine extra-marital relations. But for a small minority none would share information about such relations with their partners. Some people may not even enjoy sexual relations with wives, as they consider it to be a part of their duty to procreate.

" I have my wife at home and have given her 4 children, but I do not enjoy a bit of it. I once told my wife that if she does not enjoy it she could find some other partner. If she wanted I could get clients for her." Now this kind of attitude is extremely rare. The fellow was a substance (alcohol) user and could go to any extent to earn money. Otherwise the husbands are extremely possessive about their wives.

" I am aware about my choice since adolescence. I could find partners in my medical college hostel. One does not have to make any effort for it. It comes almost obviously. You can experience it and then decide whether you enjoy it or not. I enjoyed it very much, with many friends. Then I was suggested to get married by my family. I was in a fix. I had not felt any attraction towards girls ever. I thought for days and then concluded that I can not fight the society and also because I had not found anyone till then, whom I loved. If there was someone still I could not have faced the world with my identity. I entered into an arranged marriage. I started loving my wife. My relations with men continued. After some days, I don't know how but my wife sensed something and asked me. She said she was not annoyed because I was homosexual but because I betrayed her. I promised her not to do it again. I realised that bringing up children was more important than having sex without love."

We have already seen that most Indian men having sex with men are married or would get married. The whole gamut of sexuality being a taboo, homosexuality being termed

unnatural, the social pressure to get married and to procreate, the risk taking behaviour to satisfy the underlying sexual needs and desires, the total absence of any matters related to sex, complicate the understanding of the issue.

XI. RISKY BEHAVIOUR

These are the sexual activities that carry high probability of transmission of different sexually transmitted infections. The chances of transmission are more if there is a contact with infected mucous surfaces. If there are ulcers on the genital mucosa then both the chances of transmitting the infection as well as those of getting infected increase manifold. HIV/STD viruses are present in the blood, blood products, semen and vaginal fluids in high concentrations.

Male to male sexual activities that carry risk of transmission of HIV/STD are oral sex (insertive and receptive) and anal sex (insertive and receptive). Mutual masturbation, hugging, kissing, fondling, inter-femoral sex (giver/receiver) are sexual activities with little risk.

The level of awareness about STDs, HIV/AIDS was generally very poor. This was particularly seen in those who were uneducated. The *kotis* generally had poor idea about the risks. Many believed that the diseases occurred to heterosexuals only. In fact many clients preferred male to male sex as they believed that it was safer than going to a *dhandewali bai* (sex worker). The *hijras* in comparison were much better equipped regarding the knowledge about STDs and HIV/AIDS. May be they were affected earlier on as one of them said, “*several of my friends have already died of this disease*”. Quite a few of them were well educated too. At the same time it must be mentioned that the level of education and the awareness do not always go hand in hand.

“ Illiteracy does not always mean idiocy and literacy is not equivalent to wisdom.”

One of my friends is a professor in the university. Himself a very gifted poet and author of several books and ardent student of literature. He had proposed a girl in his department and had told her very honestly about his homosexual relations. She did not accept his proposal. Later he got married. He once came to me for the treatment of his sexual problem, an infection. He informed me that he had a very ‘colourful’ sexual life. I asked him whether he took ample precautions or not? To my surprise, his answer was, “*Never! All of my partners are good!*”

It was not surprising at all that out of these 30 interviewees 7 were infected with HIV. Other common sexually transmitted infection was herpes progenitalis.

There were several misconceptions about STDs. They come only from vagina; only dirty people can give you disease; it is safe if you have anal sex; etc. The other myths encountered were : truck drivers must regularly discharge, otherwise the heat of the engine will affect them; sex with virgin girl cured STDs; younger the sex partner more safe you are.

XII. CONDOM USE

In the *koti galli* and the red light area the use of condom was comparatively much more and was certainly on the rise. This was because of the work of many non-government organisations (NGOs) working in these areas. The *saheli* project run by one such NGO. The *sahelis* are peers from the same community trained about HIV/AIDS and entrusted the responsibility to distribute and enforce condoms.

“A doctor came to our group and held our meeting one day. He asked me to do this work. I’m a worker from this area. I was born in the same area. Then I started working with S. We started distributing condoms. People objected, “We call you Aai (mother) and how could you give condoms in our hands?”

Initially one day ‘S’ gave us information on AIDS. I knew about other sexually transmitted diseases from my experience. Only one day the information was given which I retained in my mind.

We used to fill the packets from 11.00am. to 2.00pm. 3+2; 3-provided by the Government, 2- Delux. The condoms provided by the Government get torn, sometimes women have problems when they use those condoms. 100-150 condoms used to be taken for the whole area. Some of the people having STD used to carry their own condoms with them.”

At the other sites like the railway station, parks condom use was much less. The male sex workers were much less informed about the risks and safer sex options. The settings were such that negotiating safer sex was impossible. This was mainly because most of the sex occurring in this setting was sex for discharge. The desire of the client was mainly to release the sexual tension *“to let the vapour from inside the pressure cooker whistle out.”* The decision was taken ‘on the spot’.

“ I was standing in the crowded bus. He stood very close to me and pressed from behind. Every time brakes were applied he would press harder. It was quite exciting. At the next stop I got down, not because I wanted to get down there but I knew that he would follow me. We went to a lodge next door. First I put mine into his mouth then he put it from behind.”

“ We were travelling in a bus. The lights were shut off. He was sleeping. After a while I could feel his hand on my thigh. It then fell on my organ. It was tight. I asked him to lie down and sleep on my lap. It was quite cold. He covered himself with my shawl. He soon opened the chain of my pant and took it into his mouth. I came.”

For those who were more informed the information about the safer sex options came in the same package as that of HIV/AIDS.

“I started going up to Gay Bars & Discos. This is also in 84-85. When fear of HIV-AIDS was at it highest. And so luckily as I started to practice this kind of sexual behaviour. The safe sex message need not have to drummed into separately. It came with the territory. As a result of that to this date the penetrative sex which I had, where I had been ‘ penetrated’, four times so far, has always been inter-femoral. I do not like to penetrate so the question of I penetrating anybody does not arise. Oral sex I had performed oral sex on people may be four times in my life so far. And each time it was with condom. I would not allow anyone to come in my mouth. If my partner wants to go down on me, I make sure that the condom is on. Which again is a blessing in disguise because all the norms of safe sex have been followed.”

Several reasons were given for not using condoms. It reduced the pleasure, was the most common. Non-availability, cost (“ 5 rupees for the man and 2 rupees for the rubber ! Do you feel it is OK?”), a notion that because it is a family planning tool it is not necessary to use it while having sex with men, were some of the others. Some people who take a moral stance and believe that it is wrong to tell people to use condoms. They feel that it will lead to increased promiscuity and therefore believe in very strongly discouraging people to have sex. In order to achieve their goal they keep on informing that condoms are not very safe. Although true that condoms may not be 100% safe they certainly increase the margin of safety tremendously. However, their message that condoms are not 100% safe discourages people from using them.

XIII. FEAR, STIGMA AND SECRECY

Apart from the, very few, elite men who have come out with the disclosure of their sexual identity as 'gay men' none others are comfortable with their sexuality. In fact these 'gay men' also had to pass through a severely stressful state of discomfort during their early adolescent days. Even among this group are some who have not disclosed this to their families as their younger sisters might face difficulty in getting married off.

“The feeling that you are abnormal and do not think, feel and behave as others segregates you from your peers. That is the most crucial phase of our lives. If we get some support or chance upon some good literature telling us that there is nothing wrong in feeling attracted towards members of your own sex, then only can one survive this phase somewhat successfully. I say somewhat because this helps you only to be comfortable with yourself. The society, by-and-large remains hostile. Even a faithful single partner relationship between 2 men is considered to be worse than multi-partner heterosexual relations. The society is, or pretends to be homophobic.”

This is interesting because at the same time Indian society allows free mixing of men, glorifies masculinity and encourages all-male highly chauvinist organisations where 'same sex' behaviour thrives quite easily.

Families bring another kind of pressure – for getting married and procreating. This makes majority of the Indian homosexual population to be bisexual but quite a few of them remain committed homosexuals to the core. They may or may not be able to perform sexual acts with their wives. Even if they do, they may not feel satisfied, neither their wives are satisfied from these relations. Add to this the factor of shame, majority of these people have not disclosed their sexuality to their partners. They feel that their relations might just break and thus try to hold the secret very close to their heart. They can not bring out the issues of safer sex with their wives, as they feel that condoms are means for family planning and sudden beginning of their use arouse suspicion.

Most *kotis* also lead a double life as do the *panthis* who frequent the cruising areas. *Hijras, devdasis, jogati, waghya-mulrali* etc. face little problem of identity in the society. They also have certain status as they perform some of the religious - social functions, and yet their lives remain quite miserable. They can not maintain their identity while staying at home, as this draws wrath from the society around. These communities have been forced to develop very strong intra-community bonds, as they are one of the most marginalised groups in the Indian society.

XIV. CONTEMPORARY LITERATURE

Apart from these interviews we tried to search contemporary Marathi literature for references regarding male to male sex. As was expected there was not much of a writing on the issue.

In a collection of stories by Pravin Patkar named '*Sati*' there is a story about a '*jogatya*'. It details a lot about the life style of eunuchs. It tells how the character in the story was never attracted to women. How a female mind is locked inside an incomplete male body and has the desire to set itself free. In this story there is a discussion about homosexuality. One asks the question, " Why people feel like doing something unnatural? From where does this perversion come?" The answer given is, " Don't look for the answer as the question itself is wrong. Why ask 'what is perversion?' when we don't know what is natural? Where does the nature state that sex must occur only between a man and a woman? In fact nature has been so benevolent that one does not even need another person for sexual pleasure. It is not a question of whether something is natural or pervert; the question is 'whether it is civilised?' Violence and exploitation are not natural, these are defined by culture."

In the collection of essays '*Pais*' by a very senior author in Marathi, Durga Bhagwat, she has written an essay named '*Jogava*'. It details an experience of seeing three eunuchs dancing to collect money for their goddess . She realises the uniqueness of the experience where someone with no definable sexuality is extremely engrossed in the dance for the goddess.

In a long story '*Trishna*' (*thirst*) by Sumedh Vadawala Risbud writes very subtly about the homosexual attractions and behaviour of a boss in an office. Similarly in her short story '*Gulabi Phule*' Neelu Niranjana Gawankar writes about her very friendly relationship with a colleague in her office. She knows that he is gay and still tells herself that his sexuality is his private affair and should not affect her relationship with him. She narrates the story on knowing that he died of AIDS.

There is an essay by Abhay Gulabchand Kanta named '*Asahi Ek Prawas*' (One kind of a journey). He explains there about how frustrated he felt about the patriarchal thoughts in his mind, how he felt like becoming a girl by getting castrated, how he realised that

suppression of the physical desires was not the way, how he felt that there is a part of woman residing in his body, how he behaves like a transvestite occasionally.

In a special issue of a magazine 'Anubhav' (experience) discussing sexuality Vidya Bal (editor of a magazine 'Milun Saryajani' (We all together)) writes quite clearly about the phenomenon of homosexuality. She narrates how she was never aware of it in her young age, how she felt that it was unnatural when it first came to her attention and then how she came to understand that self-experience is not the only way to understand things. Even if she never felt like experiencing it for herself she can very well and very openly understand if someone is attracted to someone of the same sex.

There is another story 'Badalati Nati' by Shobha Chitre published in 1997 Diwali special issue of Maharashtra Times. It explains relationship between two women. There is a son of one of them who is gay. The story is about how the mother adjusts herself to the idea and while seeking support for herself falls in love with another lady. To a question "how would your daughter accept this?" she answers, "ultimately what kids want is love, care, support and security. Then they do not bother whether there are two fathers or two mothers."

Though less in amount the contemporary literature does give a vivid picture of issues related with homosexuality.

An interesting phenomenon to be noted here is that quite a few of the persons from the sample were excellent artists. There was one designer, a potter, a classical dancer, a linguist, an author and a poet. It has also been seen even in the Western world that many of the artists and sports persons were gay. I asked this question to my designer friend. His answer was quite simple. He said, "*We have plenty of time. We do not have to bother about our wives and kids so we can pursue our interests. Otherwise I do not find any difference in the creative potential of homosexuals and heterosexuals.*" If we look at this fact then it is surprising that there are not many authors writing about gay themes in Marathi. The most obvious reason seems to be that due to the stigma and fear associated with being identified as gay or homosexual most authors are preferring not come out in the open, while for other forms of art this 'identity' factor may be less influential.

XV. IMPRESSIONS

This being a qualitative study it seems pertinent that we also record our impressions of the process. There was not much of a previous experience that could be shared. There were not many data to fall back upon. So we started dealing with this very difficult to reach population with a lot of apprehension in our minds. We were aiming at a snow balling sample. Initially we faced a lot of resistance from the persons when we expressed our desire to enquire into their intimate sexual behaviours. The ice broke after some time when some of the key informants started sharing their information.

Some of them initially felt that it would be easily possible for them to bring in their partners and acquaintances. This was not as easy as was imagined. Many refused interviews, many did not turn up for the appointments. This probably was out of lack of faith, fear and shame. They were probably not sure about the confidentiality.

This confidentiality was essential to them because it was their common experience that people ridiculed MSM, made them targets for teasing.

We felt that there are very strong emotional bonds between MSM lovers. Though lasting relationships were rare, whenever they remembered and talked about their 'beloved' they became extremely amorous.

Apart from such emotional bonds there was a lot of flirting around. This was just like the heterosexual environment. Whenever one met a man he would start enticing the other as a prospective partner. On the other hand it was mentioned by quite a few, and echoed by women, that the women felt much more safe in the company of a gay man.

It was felt that the MSM were extremely responsible fathers (if not always very responsible husbands).

Although there are very sparse data for these suggestions, we would offer a tentative hypothesis that in India MSM activities are less imbued with deep felt sin and guilt than in other societies, but are strongly stigmatized in social terms. Thus shame is major threat to the mental health of MSM persons, as they fear social ostracism and stigma.

Apart from these points for analytical discussions we must mention here that the whole process of this research was a very emotional experience. This picture of what we learnt would be incomplete if these moving experiences are not shared.

One of the earliest respondents, he talked to us extensively, got his diary for our reference, got some of his MSM friends and encouraged them to provide us with their information, he volunteered to be our field assistant, he accompanied us to various sites, took on-the-spot interviews, informed us about the *Kalubai* fair and came with us to the site, was overwhelmed when we shared his lunch, was nervous when he fell ill (because he could no more work with us) and remembered us when he breathed his last.

There was the other young friend who asked me to visit him at his home when he was terminally sick, and in his sinking voice, clutching on to my hand narrated his whole story. His spirit was still undefeated while both his lungs were incapacitated by the metastases from a bone tumour.

There was the eunuch friend, whose joy overflowed when we reached his small hut in the slums. He kept talking, on and on, and even confessed that he had not talked to anyone so freely for years together.

The artist friend invited us to see his workshop. Created a beautiful pot from the clay. The experience of seeing him work with the clay, his hands caring the clay so gently as if he was nurturing a small sapling, the creative ecstasy on his face, all are engraved on our minds as an unforgettable experience.

We are indebted to them for providing us with such a treasure of experiences.

XVI. CONCLUSIONS

The first and the most important conclusion to be drawn is **that there is substantial male-to-male sex in our community**. For those who have their eyes and ears open this might be like re-inventing the wheel, however this is important to state categorically. Due to several reasons we try and avoid facing this reality. There is a lot of ‘cultural politics’ which prevents us from realising these issues. There is the ‘cultural censorship’ which bans people from discussing these issues in public. There is no ‘milieu’ or ‘space’ for people with alternative sexual choices. This could rather be expected in a society where even the space for so-called ‘natural’ sexual choices is extremely narrow.

When we say there is substantial male-to-male sex, the question would be how many in India ? Going by the 1991 census, by calculating the sexually active male population as 60% of the population, and then taking 5% of these to be core homosexuals the figure comes to 13.5 million. If we add to this number 3 to number 5 categories on the Kinsey scale then we will have to add another 37.5 million to this. This would give us some rough estimate of males who, some time or the other during their sexual carriers, eroticised other males and at least occasionally had sex with them. This adds up to 50 million, and if this is not substantial then what is?

Is there any other evidence to substantiate this?

There are some data in the book “*On the Margins*” published by Panos.

The Naz project has estimated that: *For men who have sex with men, without any sexual identity, men who only want discharge, unmarried men, married men, young men, boys, older men, indicate well over 50% of sexually active males (a conservative estimate it seems) have sex with men, perhaps not regularly, but frequently enough to warrant a major STD and HIV intervention process.*

A postal survey of rural and semi-rural men in the Indian state of Tamil Nadu to which 1,200 men replied found that 8 % had had sex with other men.

A survey at Patna Medical College in 1992 revealed that 25% of male medical students and doctors had had same-sex relationships.

A postal survey of the readership of an Indian English-language magazine to which 1,500 men replied revealed that 29.5% had had sex with another man – this before the age of 20 in 80% of cases.

A survey of 527 truck drivers in north-east India found that 15% had had sex with men.

Ashok Row Kavi suggests several factors like, general lack of homophobia in India, non-recognition of same sex behaviours being classified as ‘sex’, the declining female-male ratios in the country further distorted by rural-urban migrations, all point to higher male-male sexual interactions.

If there are so many MSM then the next question that comes is, “**where are they ?**”

The answer to this is again very simple and straight: **everywhere**.

As could be seen from the exhaustive lists of places, situations and people involved in male-to-male sex we can certainly conclude that it is omni-present.

The data from the Naz foundation studies in India and Bangladesh, situation assessment studies in Madras, reports in *Bombay Dost*, the several country studies sited in the recent publication by PANOS *AIDS and Men*, and the estimates sited above confirm this fact.

If the MSM are everywhere then why are they not seen ?

There seem to be two reasons for this. First is that, **though Indian society provides ample opportunities for men to share proximity** (throwing arms around shoulders of friends, holding hands in the public, doing physical *masti* with friends, sharing bed with friends, etc.) **it does not consider ‘homosexuality’ to be ‘normal’ or ‘natural’**. There is a lot of **stigma** attached to being ‘homosexual’ and there is also a lot of **discrimination**. So those who have male-to-male sex try to hide the fact. Second reason is that **others do not want to see them**. In this sense, people who are not involved in male-to-male sex, and even those who are, are or pretend to be homophobic. One might never accept the existence of male-to-male sex or would tend to condemn it, especially while addressing the issue publicly.

Pune, we believe, is not widely different from other cities in India with regard to the patterns of MSM activities. It would be surprising indeed if there is a city in India where MSM activities do not take place in public toilets and public parks. The locations of MSM activities, we suggest, are extremely patterned, mainly because of the deep stigma attached to these behaviours. The fact that there are so few places in India where men can openly announce themselves as “gay” is part of the general (highly restrictive) environment that helps to structure these behaviours.

There are certain **legal provisions** in the Indian Penal Code, mostly derived from the code established by the British when they ruled India, that state anal sex (sodomy) as an illegal act. Homosexuality has been granted as a ground for divorce and same sex marriages are

illegal. The invisibility of the MSM is hardly, however, due to the illegal nature of the act, as very few of the people were aware of the fact.

There is a type of **cultural terrorism** in our community. This is particularly true about some organisations that are exclusive male bastions. They behave as if they are self-appointed protectors of the 'Indian culture', while a lot of male-to-male sex thrives among the cadres.

This brings us to another important facet of the issue. Why should 'same sex' thrive in such organisations? These organisations are not an exception. **In all the situations, which provide enough opportunity for same sex interactions (both male and female), especially at the expense of any opportunity to mix with persons of opposite sex, same sex behaviour is encouraged.** Thus there is more of male-to-male sex in hostels, prisons, military, campus life, police, exclusively male organisations, remand homes, and among hotel boys, street children, students, etc.

There are two other factors that lead to same sex behaviour. These are **power and privacy**. All places which provide opportunity for one person to exercise influence upon the other, through the intrinsic nature of unequal power relationship, there is a tendency to exploit the more vulnerable person sexually. That is why we see that there is plenty of same sex activity between teachers and students, doctors and patients, lawyers and clients, police and under-trials, political leaders and their followers, religious leaders and their devotees. The list could go on. Though the other factor of privacy is important, it is not difficult to obtain privacy. The class rooms, clinics, hostels, hospitals, chambers are used for sexual activities but when these are not available hotels, lodges, public parks, gardens, buses, railway wagons, cars privacy is almost available next door.

Why are people so keen to have sex ? Observations do suggest that **it is not the desire to have sex but the pleasure obtained through 'discharge' is the overriding factor.** If one is going to achieve discharge then the sex of the partner does not matter much. In fact **it is much easier to get a man to help you get discharge than finding a suitable female partner for sex.** Women are more cautious while entering sexual relations for the fear of getting caught or getting pregnant. 'Promiscuity' is more problematic for women than men. This is a direct consequence of the patriarchal values.

"It is much easier to talk to a man or take someone to a restaurant, than being seen talking to a lady in the public. You may share your room with a boy and no one would ask a question, imagine meeting a woman in a public place, calling a girl to stay with you at night or being seen frequenting some woman's house while her parents or husband is not at home".

The attitudes of the families also complicate the matters. Lack of enough space in the families leads to segregation of sexes at home. The males would usually sleep together in one place and all the women in other. There is a lot of 'under the blanket' sex among men in such situations. If detected, the person can feign ignorance by saying "it happened

during sleep”. Families also create problems by putting **excessive emphasis on marriage and procreation**. Though it is definitely understood (and practised) that “there is more sex for recreation than for procreation.” The so-called cultural and societal pressures compel almost all MSM to get married and lead bi-sexual lives. In the context of HIV this is fuelling the spread of HIV both among men and women. This is not only because the increased risk of the male acquiring HIV through male-to-male sex and then its further transmission to “innocent” wives but also because it increases the chances of the women seeking sexual pleasure from other partners.

“ If I am not satisfied by having sex with her and am not able to satisfy her needs and feelings then she must be sleeping with someone. I do not feel nice about it, but once when I mentioned my displeasure she raised such a ruckus and gathered people from all around that I could not do anything. Also if I go to someone to do my work, what can I say to her ? Once, even I got one of my friends to stay at home. We slept on the terrace and she was sleeping in the room. Sometime in the night he went down telling me that he wanted to drink some water. He did not return for quite some time but I did not do anything. Next day I asked some money from my friend. He gave it without any hesitation.”

Is there **exploitation** in male-to-male sex ? Very few of the persons interviewed categorically answered in the affirmative. But that will not allow us to conclude that there is none.

“ It may start as an act of exploitation but that might be helping people to understand their own sexuality. And why discuss ‘exploitation’ only in the context of homosexuality? Is there less exploitation in the heterosexual world? Is not ‘marriage’ the most exploiting institution as far as women are concerned? There is everything in the homosexual world that is there in the heterosexual world. There is commercial sex, there is exploitation, there is sex without emotions, there are multiple partners, there is lack of negotiation, there is the vulnerability, there is risk as far as STDs are concerned, there is unsafe sex, and what not? Let us stop targeting MSM for all the ills in irresponsible sexual behaviour.

We need to understand that exploitation of anybody is as deplorable as that of anyone else. Instead of marginalizing the already persecuted minority of MSM we should work towards creating comfortable space for even the MSM in the society. As has been shown by examples in plenty MSM too do contribute substantially to the development of the community and have the same basic human rights as everyone else. In fact it is more painful stating these facts which should rightfully be irrefutable.

In an environment of a community in which HIV is spreading rapidly the situation among MSM is quite explosive. There is **little awareness about the vulnerability, risk, safer sex options, and condom use**. This image is not very different from the situation in the non-MSM world, however due to the fact that anal sex carries substantially increased risk of HIV transmission there is an urgent need to inform the MSM about it. Perhaps we

could make use of the fact that it is not the desire to have penetrative sex but the pleasure of discharge the overriding compulsion. Options like masturbation, inter-femoral sex, etc. could be promoted along with the promotion of use of condoms. We have to, also, tackle the **misconceptions** like in male-to-male sex there is no risk of STDs, strong men do not get HIV, sex with *hijras* does not transmit HIV, etc.

It is not enough to just promote safer sex options. We need to both **empower** the community to adopt them and also **make the technologies promoted more widely available**. As an example we still do not have thicker condoms for anal sex available freely in the Indian markets.

However while designing the immediate interventions with the impending HIV epidemic looming large we must not forget that the **ultimate aim should be to create a world with better understanding and respect for sexuality of every other person as the same way one might expect the world to respect one's own sexuality**. We have to go a very long way in this regard. Many studies have shown that empowerment of the MSM, evolution of specific gay identities does reduce the vulnerability. This also brings out MSM as a strong group and also as an important social and political constituency. As most of the studies done so far involved MSM themselves in the studies these conclusions seem to be obvious and natural. There is an urgent need that **the heterosexual constituency also realises these facts**. There is a great divide at present between the two 'worlds' and the insistence of the MSM to develop exclusive programs is, in our opinion, proving detrimental to the cause. In fact it might create a backlash if MSM groups grow too visible and too vocal. It does widen the "us and them" rift. These observations stem out of an experience of trying to encourage some of the MSM friends to organise a support group. If people on both sides of an unnecessary wall keep on singing the same theme song that "you won't understand us" then how can we achieve a world without discrimination. MSM's denial to accept that there could be heterosexuals who understand the whole gamut of sexuality with a clearer vision and refusal to accept that we need to build bridges and not walls, is certainly creating roadblocks on the path to success. The heterosexual world also needs to understand that exclusion of a section of society from the 'main stream' is not only an injustice heaped on to the minority but it is harmful to the health of the majority.

Not so very long time ago, women were not allowed to enter libraries and educational institutions in the United States of America. When one such eminent lady scholar was denied entry, she said, "It is bad to be locked outside, but it is worse to be locked inside."

The earlier we realise this, the better.

XVII. SUMMMARY

This study to understand the networks, language and sexual behaviours of men having sex with men in an urban setting highlights the following issues.

1. There is a substantial male-to-male sex
2. MSM activity in India is extremely rich and varied. Perhaps in this country these sexual activities are even more varied than the patterns found in western cultures. In part this conclusion is suggested by the important dimation added by our traditional Hijra population. Such an established population of “social eunuchs” is not part of most (if any) western cultures. In any case the diversity is great, in terms of both types of MSM roles (and the vocabulary) and the complexities of the behaviours they engage in.
3. The behaviour mostly remains invisible due to the social stigma and discrimination faced by the MSM. Though some of the age-old irrational laws are in force not many people are aware of them and so that does not seem to be an important reason behind the invisibility.
4. There are several types of sexual activities performed. Anal sex is quite common. Oral sex, inter-femoral sex, mutual masturbation are the other activities occurring frequently.

5. Male-to-male sex is almost ubiquitous and takes place in varied situations. First sex at home when the first sexual partner was a relative is very common. The triad of desire to discharge, power and privacy is the most important causal factor.
6. There is significant level of commercial sexual activity among MSM.
7. For majority of the MSM there is no specific sexual identity. There are very few identifying themselves as 'gay'. There are some who prefer being penetrated (*koti*) and others who are penetrating partners, called *panthis*. However it is much more common to find persons who perform both types of activities.
8. There is high prevalence of STDs and HIV. There is tremendous lack of awareness about the risks involved. Proper medical facilities and guidance centres are conspicuous by their absence.
9. Fear of exposure, and stigmatization are powerful motives, which can interfere with the search for health care and other support services.
10. Condom usage is low. Condoms for use during anal intercourse are not freely marketed.
11. Most MSM are married or will get married. Marriage in Indian context means heterosexual arrangement. Female partners in the marriage are mostly unaware of the male-to-male sexual activities of their partners.
12. There is almost complete absence of political, social, legal and cultural acceptance of MSM.

This study is a relatively small pilot project, which in many respects has only scratched at the surface of the wide range of MSM activities in Pune. As it stands, these data offer some clues, and starting points, for more intensive and detailed research.

Given the magnitude of prevalence of male-to-male sex and the rapid spread of HIV in the population there is a **very very** (*emphasis ours*) urgent necessity of formulating both short term and long term intervention strategies.

XVIII. RECOMMENDATIONS

1. This brief study and literature review of as yet meagre studies of sexual behaviour of MSM, however, come out with almost identical pictures. The language and the context may change, yet the basic theme seems to remain unchanged. It underlines the observation that the basic sexual behaviour of people remains by and large the same. With the alarming challenge of HIV there is need to design specifically tailored interventions without initiating further 'studies' which might be a waste of not only important resources but also of very precious time. This is not to undermine the importance of further studies to fill in the gaps (and holes) in our present understanding of the situation.
2. The prevention programs must address all types of sexual behaviours and that too not in a veiled fashion but in a very matter of fact manner. We must ensure however that such addresses are scientifically accurate, non-judgemental and sensitive.
3. As an important support mechanism we must encourage establishment of self-help groups among the MSM, create awareness among them regarding the very 'natural' background of their sexual choices, try and remove stigma by working with the community at large as well as by promoting extensive interactions between the MSM self-help groups and others. In fact the politics of the MSM constituency should integrate itself with the politics of all minorities, marginalized and persecuted communities. This should be done even at the risk of diluting the ferocity of championing the cause. Otherwise further disintegration of the community into several self-serving groups would be detrimental not only to the cause but also to the existence of a cohesive societal structure.
4. The existing STD and HIV services need to be strengthened in a big way and new facilities established. These facilities should be sensitive to the issues of sexuality. The time has already come when the triad of prevention, counselling and care in an integrated fashion should become an integral part of the HIV and sexual health programs. The problem is, there are very few supporters for this idea. It must be realised, sooner the better, that any one in this triad is impossible without

- addressing the others. Safer sex options should be widely advertised and made freely available.
5. All the programs must be designed and executed within the framework of respect for basic human rights. Not only should the violations be notified but also evolution of an understanding environment be championed through a judicious mix of activism and advocacy.
 6. There is also a need to evolve a cultural response to the HIV epidemic. It is unfortunate that almost 14 years after the recognition of HIV infection in our country there is hardly any cultural response. There are no authors, poets, filmmakers, painters, and theatre artists coming out with a plethora of themes based on the HIV experience. This is definitely essential to make people feel HIV to be a part of their life in the present era. This would certainly help reduce the stigma, discrimination and fear. One could start with film festival of films based on HIV issues, exhibitions of paintings on HIV themes, publication of memoirs-diaries- poems about HIV, etc.
 7. There is need to establish integrated HIV care centres where all the facilities ranging from preventive awareness to terminal care are available under one roof, in a general hospital set up. The facility could be used for providing services as well as conducting operational research and providing hands-on training to community workers, educators, counsellors, physicians and other health care providers, family members of the patients for home care, self help groups, etc. The themes specific to MSM should be integrated in such a set up so that the MSM culture integrates into the 'mainstream' programs. Just as educational experts say that schools should be a miniature replica of the society, such an integrated facility should become a self-evolving model of a caring community.

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About PRAYAS

PRAYAS's main interest areas are Health, Energy Learning and Parenthood.

The Health Cell deals mainly with the problem of HIV/AIDS.

We conduct awareness programs for different groups; train animators to conduct awareness programs; publish articles, booklets and prepare software in the form of slides, posters, flip charts, etc., for spreading the message; provide counselling services to HIV infected individuals and their families; provide care and treatment for the sick. We also co-operate in and conduct research in sexual behaviour, contributing to better planning of effective intervention strategies. We are also a part of different advocacy groups striving to create an environment conducive to containment the epidemic. We have established an "AIDS networking and Information Centre" for collection, collation and distribution of HIV/AIDS related information. We have prepared a slide set and handbook for AIDS awareness programmes. The slide sets are available in Marathi, Hindi and English. These have also been translated in other regional languages.

Our selected publications

1. '*AIDS vishayee he mala mahit have!*' (Marathi)
2. Children and AIDS (an English compilation)
3. Handbook for Animators to conduct awareness programs (Marathi)
4. A Slide and Poster Set, Flip Charts for AIDS Awareness Programs
5. '*Madhyamanshi Maitree*' (Marathi)
6. '*HIV/AIDS Mhanaje Ahe Tari Kay?*' Awareness booklet for Media personnel (Marathi)
7. '*Chandrapurchya Janglat*' a video film
8. '*Pudhe Kay?*' a booklet for HIV infected individuals and their family members (Marathi)
9. HIV/ AIDS Diagnosis and Management: A Physician's Handbook



प्रयास

आरोग्य, ऊर्जा, शिक्षण आणि पालकत्व
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