



## **Emerging Gay Identities in South Asia** **Implications For HIV/AIDS & Sexual Health**

a conference for gay men and men who have sex with men  
27th December - 31st December 1994  
Bombay India

Organised by The Humsafar Trust  
Technical Assistance provided by The Naz Project

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### **CONFERENCE REPORT**

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# **Emerging Gay Identities In South Asia**

## **Implications for HIV/AIDS & Sexual Health**

**a conference for gay-identified men and men who have sex with men**

**27th December - 31st December 1994**

**Bombay, India**

This Conference was an opportunity to explore the issues of sexual health, sexuality and sexual behaviours amidst emerging gay identities in South Asia and what could be done to provide sexual health and prevention services for gay-identified men and men who have sex with men

# ACKNOWLEDGEMENTS

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This report is dedicated to all those men and women in  
South Asia who have died from AIDS, unknown and unwanted

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Organised by The Humsafar Trust, Bombay, India  
Sponsored by The Naz Project, UK

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## PREFACE

Why a conference for "gay" men and men who have sex with men? Very little research has been conducted into male sexual behaviours in India. But what has been done by Humsafar Trust, The Naz Project, and other agencies, indicate that there are very high levels of male to male sexual behaviours, behaviours not based upon sexual identities or orientations, but rather on frameworks of discharge, opportunity, situation and space.

In other words, the majority of male to male sexual behaviours in India exist within cultural frameworks around compulsory marriage, lack of privacy and personal identities, gender segregation, male to female ratios, delayed marriage and homosocial environments.

But in developing prevention strategies around HIV and STDs, WHO research around the world has indicated that people make positive choices about their sexual health when they have strong sense of self and identity and personal/family responsibility.

Within India there are a growing number of men whose personal sense of sexual desire and identity is being labelled as "gay". Whether the term has the same sense of meaning as it is understood in the West is another matter. But it is some of these men, who, with their strong sense of self as a "gay" man, are developing networks, exploring "gay" identities, looking at ways of dealing with HIV prevention, developing support systems, challenging the law, and so on.

These "gay" networks that exist in every urban area of India, and are spreading into the small towns and large villages as well, are a growing phenomena. They cut across all classes and languages.

With the nature of India cultures, and the lack of specific social spaces, these networks interact with other sexual networks that are class and occupation based. Further in a culture of compulsory marriage and procreation, of gender power disparity, male sexual behaviour, particularly its amorphous nature within India, means that male sexual health must be targeted if there is to be any impact upon women's sexual health. For the majority of men who have sex with men, even "gay"-identified men, marriage would be a central issue of their lives.

Thus an opportunity exists to utilise such networks in developing specific intervention, prevention and support strategies. Peer and participatory education are the most effective models for such prevention and support.

It was with this mind that the Conference was developed and organised.

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The areas of India represented at the Conference were

Akola	Cochin	New Delhi
Bangalore	Hyderabad	Pune
Belgaum	Ichalkaranji	Rajasthan
Bhopal	Jaipur	Secunderabad
Bombay	Lucknow	Trichur
Calcutta	Nagpur	

South Asian delegates from other countries:

New Zealand  
Sri Lanka  
United Kingdom  
United States

There was also an Indonesian representative from APCASO

Serious attempts had been made to recruit delegates from Pakistan and Bangladesh, but this was not possible. Not because men who have sex with men (or "gay"-identified men) do not exist in these countries - they do (!), but rather the difficult issue of becoming so visible by attending such a Conference was seen as too risky for them. This issue would also arise from many men in India



## INTRODUCTION

Today, the debate concerning sexuality, sexual behaviour and HIV/AIDS, and the development of effective and appropriate prevention programmes has become an issue of deep urgency for South Asia. For if we do not construct the debate effectively, if we cannot clearly define the parameters of what we mean by the term sexuality, then we will be unable to develop culturally appropriate models for intervention and prevention.

South Asia already has an HIV/AIDS epidemic, if not a pandemic. The ability of South Asian governments to cope with the health care needs of people living with AIDS is already compromised by the strains placed upon health delivery systems that currently exist. Primary, secondary and tertiary care are stretched because of funding shortages, other priorities, denial, invisibility of issues, economic pressures, fear, sexophobia, homophobia and ignorance.

To develop appropriate strategies, we need to understand the dynamics of sexuality, the psycho-social frameworks of sexual behaviours and the contexts in which they exist.

If we do not understand the dynamics of sexuality and sexual behaviour, if we do not ask the right questions, if we categorise people incorrectly, then we will have the wrong results and draw the wrong conclusions. And if we do so, then we will find that our prevention strategies will be neither effective nor successful.

The present understandings of the construction of sexuality arises from Western constructions of individuality, personal identities and sexualities. Such terms as sexuality, heterosexuality, homosexuality and bisexuality, come from a specific understanding of personhood which has arisen in Western countries based upon their specific histories, understandings and medicalisation of sexual behaviours.

From this construction, sexual behaviours and personal identities arise that are framed by these concepts.

But are these constructions and concepts appropriate within the South Asian context? Do we need to ask different questions? Is the modelling appropriate? And if it is not, does this mean that the data, understanding and hence prevention programmes are ineffective? For example, epidemiological data on HIV infection and people living with AIDS is defined in the terminology of a heterosexual/homosexual dichotomy. Based upon such data from India, it has been stated that there is no homosexual epidemic. Therefore there is no need to invest funding on preventing a homosexual HIV epidemic. How valid is this?

Gender identities, sexual roles, and thus personal identities, arise within the context of a psycho-social and historical dynamic. The psycho-social history of the Indian sub-continent is different from that of European countries who invented the terminology of sexuality. Language, religion, constructions of gender and gender roles are framed differently. Language reflects the social reality. And in the debate on sexuality with its terminology of heterosexuality, homosexuality and bisexuality we are forced to conduct the debate in English. The reasons are obvious, but they can contaminate and infect the development of HIV prevention strategies within the South Asian context.

This Conference hopes to present a different dynamic. What is a gay identity within a South Asian context? In what ways are such identities developing and being constructed? How does this effect sexual behaviours, and from this, how can effective HIV/AIDS prevention strategies evolve?

It has been recognized by the World Health Organisation, Harvard AIDS Institute and many others, that for effective prevention of HIV/AIDS and the development of better sexual health with regard to men who have sex with men, "bisexual" men and "gay"-identified men, a sense of community identity is a vital step forward.

It is for this reason that The Humsafar Trust, in association with The Naz Project, had organised a Sexual Health Conference for South Asian "gay"-identified men, to develop a context for evolving South Asian "gay" identities and from this formulate more effective and appropriate prevention strategies. The Conference asked questions in terms of cultural appropriateness, and formulated strategies for developing culture specific models of discussing sexuality, sexual behaviour and identities, from which the relevant strategies on HIV and STD preventions can be shaped.



Beyond this our hope was that a sense of identity, unity and cooperation would be enhanced so that coherent strategies could be discussed and formulated for enabling and empowering localised "gay" organisations to develop and create safe spaces for "gay"- identified men. Establishing networks, defining agendas, formulating effective HIV prevention strategies, challenging homophobia, creating social alliances, these were some of the objectives of the Conference.

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## PROGRAMME CONTENT

The structure of the Conference revolved around the process of personal and group empowerment. It was not based upon presentations, but upon personal experiences and understanding.

Each morning the Conference began with a Plenary Session where delegates were addressed by Key Note speakers. The speakers addressed specific issues, setting the theme for the day.

After the Plenary Sessions, delegates moved into Working Groups to discuss, share and learn from each other. All delegates were part of a Working Group. The Working Group Process was enabled by a Facilitator. Each Working Group also had a Reporter, who kept notes of the discussions and any recommendations that arose from them.

Each day, there were also a series of specialised meetings and workshops/discussion groups on a specific issue or theme, which delegates could select and participate in.

This Conference Report contains the summaries of all these discussions.

Saturday morning was the Closing Plenary and the Press Conference

### **DAY ONE:                    The Context**

cultural frameworks; gender construction; sexuality, sexual behaviour, identities; homosexuality; denial and invisibility; internal dynamics of our communities around sexual abuse and rape. This was a process of identification of issues, and the groups looked at hopes and concerns.

### **DAY TWO:                    Developing The Agenda**

safe, social spaces for gay-identified men, social support, group formation, developing identities, legal reform, empowerment, marriage, alternate families

### **DAY THREE:                The Way Forward**

what our communities need and want; appropriate strategies for education and awareness around sexual health; HIV prevention; sex networks; emotional and practical support for gay men and men who have sex with men living with HIV/AIDS; national agendas.

### **DAY FOUR:                Closing Session**

This was will be held on Saturday morning where Closing speeches and final summaries of the issues raised at the Conference, were given.

Future recommendations with regard to this network were also be developed and the exchange process were somewhat formalised through a range of various future activities.



# CONFERENCE TIMETABLE

## Tuesday, December 27th

### Registration

2.30pm - 7.30pm

At the Registration Desk located at the Conference Venue.

### Welcome Dinner

At 8.30pm. Details included in the Conference Pack.

### Welcome Address

8.30pm: Welcome Address by the

- Chair: Dalip Daswani,  
Conference Organising Committee
- Speakers: Ashok Row Kavi,  
Chair, The Humsafar Trust  
Shivananda Khan,  
Chief Executive, The Naz Project  
Sameer, Lucknow  
Ashish, Jaipur  
Pallav, Conference Volunteer

## Wednesday, 28th December, 1994

### Day One:

### Setting The Context

9.00am - 9.30am

BREAKFAST

9.45am - 10.25am

Opening Session and Welcome

Chair: Ashok Row Kavi, Chair,  
The Humsafar Trust

Speaker: Dr. Subhash Salunke,  
Director, Bombay  
Department of Health Services

10.25am - 11.20am

Plenary Session

Chair: Yusuf B.  
Conference Administrator

Speakers: Shivananda Khan, Chief  
Executive, The Naz Project  
Owais, Conference delegate

11.20 am - 11.45am

TEA

11.45am - 1.15pm

Working Groups

1. 15pm - 2.30pm

LUNCH

2.30pm - 4.30pm

Working Groups

4.30pm - 5.00pm

TEA

5.00pm - 6.30pm

Workshops

1.1 Men who have sex with men

1.2 Creative Thinking

1.3 Marriage

1.4 Escape to Freedom

1.5 Sexual Health

6.30pm - 7.00pm

BREAK

7.00pm - 8.00pm

Workshops

2.1 Speaking Out

2.2 Gender Identities

2.3 Counselling Models

2.4 Alternate Family Systems

2.5 Forming Coalitions

8.30pm

DINNER

**Thursday, 29th December, 1994****Day Two: Developing The Agenda**

9.00am - 9.30am	BREAKFAST
9.30am - 10.45am	<b>Plenary Session</b> Chair: Sunil Ganu Report back from Day One Questions Speaker: Suhail
10.45am - 11.00am	TEA
11.00am - 1.00pm	Working Groups
1.00pm - 2.30pm	LUNCH
2.30pm - 4.30pm	Working Groups
4.30pm - 5.00pm	TEA
5.00pm - 6.30pm	Workshops 3.1 Growing up gay 3.2 Living with HIV/AIDS 3.3 Feminism 3.4 Developing positive self-images 3.5 Looking back
6.30pm - 7.00pm	BREAK
7.00pm - 8.00pm	Workshops 4.1 Data collection 4.2 Government policy on HIV/AIDS 4.3 Alcohol and drug use 4.4 Harassment, homophobia and the legal system 4.6 Funding proposals
8.30pm	DINNER

**Friday, 30th December, 1994****Day Three: The Way Forward**

9.00am - 9.30am	BREAKFAST
9.30am - 10.45am	<b>Plenary Session</b> Chair: Muralee Report back from Day Two Speakers: Mahesh
10.45am - 11.00am	TEA
11.00am - 1.00pm	Working Groups
1.00pm - 2.30pm	LUNCH
2.30pm - 4.30pm	Working Groups
4.30pm - 5.00pm	TEA
5.00pm - 6.00pm	<b>Final Plenary</b> Chair: Dalip Daswani Feedback to Plenary
6.00pm - 7.00pm	Workshop Positive Images - The use of Creative Movement Facilitator: Subodh
7.00pm - 7.30pm	Kathak Presentation Subodh
8.30pm	CELEBRATION DINNER

**Saturday, 31st December, 1994****Day Four: Closing**

9.30am - 10.30am	Breakfast
10.30am - 12.30pm	<b>Closing Session</b> Chair: Sreedhar Speakers: Ashok Row Kavi Shivananda Khan Feedback from Delegates
	<b>CLOSING CEREMONY</b>
2.00pm - 3.30pm	<b>Press Conference</b> Delegates invited to attend



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## PRESENTATIONS

### Welcome Address

27th December, 1994

Dalip Daswani

It truly is an auspicious day today; the first of a new chapter in our lives. On behalf of everyone here tonight I would like to thank each one of you for being able to come, and giving all of us the privilege of together, creating and celebrating, this very special moment in our histories.

The Trustees of the Humsafar Trust - Ashok, Suhail and Shridhar; the U.K. based Naz Project, represented here by its Chief Executive - Shivananda Khan; the Conference Administrator - Yusuf; the Conference Organising Committee - Niranjana, Rakesh, Ramesh, Shridhar, Yusuf, Suhail and Ashok; and the volunteers - Pallav, Nitin, Mahesh, and Azim - all join me in extending a very warm welcome and belated Christmas Greetings to all present here tonight.

A couple of months back the Conference Organising Committee suggested I make this welcome speech. I agreed though I had absolutely no idea what one should say at such an event. Such a meeting of men - who - have - sex - with - men hasn't happened before in India. Not at least in a forum where the primary concern surely was NOT going to be getting sex in the course of the evening?

Over the past weeks I drafted several speeches. None of them sounded right. However two images kept recurring. The first - a haunting picture of twilight falling into darkness. I see a solitary owl cruising silently - waiting every now and then on a lonely branch - gazing into the darkness. It does not blink, not once, lest a tasty morsel of meat scampers by in that fraction of a moment.

The second image wasn't as clear till a friend told me a story some days back. She spoke about a farmer who used to set traps each day to catch the birds and the little animals that would come into his fields. After many years of doing this, one day he realised how quiet it was. There was not a sound to be heard. He felt very alone.

The next morning he went out early into his fields and standing with his arms wide open he invited the birds and other little animals to come but not one came. They were all so terrified by this new scarecrow they saw in the middle of the fields, with its arms out-stretched.

How many of us have spent crucial years of our life in a twilight zone, cruising like that owl? How many times have we set our traps to plant our seed?

"Who do I tell? Who do I speak to about my feelings? Am I the only one like this?", are questions we all learn to deal with. Some of us may have forgotten how once, these questions tore at our hearts. Others are still dealing with them, unsure of how to speak, who to speak with, and how much to speak.

Nonetheless we have come here - to share - and to learn from each other. Maybe we could start by learning to listen. Listening to what one cares to reveal. Listening also to what one chooses to remain silent about.

We have come here to work hand-in-hand as a group of 'like-minded individuals'. Over the next three and a half days we might just find how un-like-minded we actually are. For though all of us here may identify with this three-letter word "gay", each one of us lives it differently - in his own unique way. Do we really understand what the others mean by it? For instance, some of us here tonight are still living with their folks. Others have taken the steps to be on their own. Some may be in a relationship. Others married and living with families. And there may well be amongst us some who are living with HIV/AIDS. In each case we are still hurting somewhere inside. Wanting so much to just be ourselves, openly, without being looked upon as scare-crows.

Can we all stand up and unlike the farmer, walk over to at least one person we have never met before tonight and give him the warmest, tightest, and longest hug we can muster up.



There is a popular joke which has many variations on it. The important thing is the telling of it - for this makes of the one who listens - a Bombay Dost.

The Begum of Mumbai was suffering from severe pain in her abdomen. She knew it couldn't be a gynaecological problem; she was too old for that. So she went to the proctologist, by the time she got there the pain had become really severe. Lying her down on her belly, the doctor put his hand up her behind. He felt something prickly. Holding onto it he began to slowly pull outwards. You won't believe what it was? A bouquet of flowers!

The doctor was so shocked he asked the Begum how in the hell did it get there? The old Begum, terribly excited of course, cried out: "Who the hell cares Doctor! Just read the name on the card!"

This bouquet has come from a secret admirer. The calling card reads Nawab of South Asia, and the address, strangely, says simply North America. It is addressed to Ashok Row Kavi, our first speaker this evening, who of course needs no introduction.

Ashok loves to nag. And what he loves to nag most about, is how everybody complains about him. Shobha De recently wrote a very cute piece on him saying what a darling this boy really is, but so very misunderstood.

Whichever way one cares to look at Ashok we have to acknowledge one fact - the Indians here, those living in India, are in a sense Ashok's children. Soon after Ashok gave birth to Bombay Dost about four years ago, we saw other newsletters and groups taking shape. Our being here today, for instance, with "emerging gay identities" - is partly, if not fully, the outcome of Ashok's determination - his single mindedness and his most inspired love-making.

Whoever this Nawab of South Asia is and wherever he may be in North America, we must be grateful to him, for sleeping with the Begum of Mumbai.

We had invited Santa Claus to speak this evening. He declined saying its not going to be a white Christmas this year; for there were to be only beautiful brown faces at this meet. We have instead Shivananda Khan, Chief Executive of the Naz Project, based in the UK, to take his place.

The Naz Project has not only provided the technical guidance for this conference but has also enabled this Conference to happen. We, who live in this part of the world know only too well how significant the British have been in our lives; in fact, we still let the laws they left behind dictate who and how we should love.

Amongst us this evening we have representatives from nearly all the groups in India. One of these being the Friends India group in Lucknow which sadly, is currently going through a difficult patch. Samir, founder member of this group is here tonight. As one of the senior-most within our extended community we have requested Samir to share a few words at this dinner.

Our last two speakers this evening are Ashish from Akola one of the youngest amongst us tonight, and Pallav, one of the team of Volunteers. We have invited them to share some of their thoughts with us. How do they see this event; what does it mean to them being part of this formal gathering of "men-who-sex-with-men"? One I'm sure they could not have dreamt of, just a year ago.



## Welcome Speech

Ashok Row Kavi

Dr. Salunke, Shiva and gentlemen, we meet here under extraordinary circumstances. There have been unavoidable coincidences combined with tragic circumstance which make this conference historic. These must be pointed out in my welcome.

Firstly, what is called a 'gay identity' is becoming visible in South Asia for the first time. What we had before were sexual minorities with a religious or ritual basis like the hijras or certain monastic Akhadas. Bombay Dost has also historical data about homosexual Sufis who influenced large segments of the population through transgender bridges between Islam and Hinduism.

Secondly, the family itself is undergoing dramatic changes in the sub-continent. Though the family still retains its matrix as the basic unit of social legitimacy, the extended and joint family is rapidly disintegrating under urbanisation. This has taken away the umbrella from over the silent single individual and exposed him/her to the harsh gaze of Asian society.

Thirdly, the rapid spread of the HIV pandemic, Seropositivity rates have started rising rapidly since 1990. The estimate is that they are doubling every eight months among groups exposed to high-risk behaviour. Groups like hijras, migrant workers, sex-slave/sex worker populations are already significantly exposed to HIV infection. There is reason to believe that HIV infection is quite high in the Men-Who-Have-Sex-With-Men sector.

Because it is an invisible subterranean segment, male sex workers are difficult to identify and work with. And the 'gay' construction is yet to take place though it exists in the form of large homosexual networks in urban India. With a little over 250 cities/towns with populations over one million, the rise of urban gay subcultures is not very far behind.

Not only will you delegates have to take into consideration these three major factors but project our strategy to modify high risky sexual behaviour into the year 2000AD and beyond.

These three days are historic for another reason; no such conference has ever been attempted before nor has such controversy dogged any meet before. We must at least claim to be treated equitably for every political party - from the left to the Right - wing parties - has opposed us with equal vehemence. It just goes to prove that the more we progress the more we stay the same.

So gentlemen, let us say a prayer and do the best we can of this unique opportunity. Welcome to Bombay, to the SNDT Women's University campus and to the arena where South Asia's "Emerging Gay Identities" is proudly on display. On behalf of the Humsafar Trust, the organising committee and myself, I warmly welcome you here today.

Dhanyavaad.



## Opening Address

Dr. Suhas Salunkhe

Director, Department of Health, Bombay

Ashok, Shiv and delegates. I am proud that I am inaugurating the first conference of gay South Asian men in Bombay today. As the HIV/AIDS pandemic progresses in India, many kinds of sexual behaviours which we deny at present will be acknowledged.

India is an old and proud culture and hypocrisy is ingrained in our character. We do not wish to accept that we are like any other culture on earth and that numerous kinds of sexualities exist apart from mainstream heterosexual societies.

Though it is generally accepted that HIV transmission in India is mostly through unprotected heterosexual intercourse, this is not based on any firm behavioural studies. What has been studied is the transmission radiating out of commercial sex centres of urban red-light areas. There is no firm proof that HIV transmission is only through unprotected heterosexual means. In fact, unprotected homosexual transmission and male-male sexualities are only just coming to light during the studies of the epidemiology of HIV/AIDS.

Therefore it is wrong to say that "homosexuality" is only a western phenomenon which many of our conservative interests claim it to be. I therefore welcome this opportunity to congratulate all of you for having taken this step to organise and educate yourselves to fight this pandemic.

My earnest plea to society is that only education and persuasion can modify sexual behaviour and that coercive interventions have never worked. Thus persecuting and banning this or that organisation or criminalising any form of sexual behaviour would not do.

My personal experience with government media like Doordarshan (TV) revealed how it was important to educate even top bureaucrats regarding HIV so that their prejudices were broken down. Even the Censor Board had to be educated on HIV/AIDS before shown short films on the subjects.

The situation in our state, Maharashtra, is cause for concern. The HIV infection rate in small towns like Pune, Kolhapur and Sholapur is now higher than that in many African countries. Not only are the Health officials worried but alarm bells have been pressed in the Directorates of Health and in many public health centres.

We are handicapped not only by a lack of funds but by a general lack of awareness and widespread apathy from both the public and politicians. Our main function seems to be convincing both that the threat from the HIV/AIDS pandemic is real and not an imagined invasion by foreign viruses and lifestyles.

I am sure that the deliberations of these three days will be shared with health authorities not only in Maharashtra, but also with other Indian state health ministries and with the Union Health Ministry. We all expect to benefit from the deliberations of this conference and be guided by its findings. I thank you again for having me amidst you and asking me, not a homosexual, to inaugurate the conference on "Emerging Gay Identities in South Asia - Implications for HIV/AIDS and Sexual Health".



## Community Action In Action

Shivananda Khan

This is the first Conference of its kind in India. A historical moment. Here in Bombay some 50 delegates from all over India, from Sri Lanka, with non-resident Indians from New Zealand, the United Kingdom and United States, have come together to share, discuss, argue and develop concepts around personal identities, "gay" identities, and the implications for our sexual health. The Organising Committee did try to secure delegates from Bangladesh and Pakistan, but as yet to no avail. So while this Conference was labelled as South Asian, to some extent we can say with the representation here that this is an Indian Conference.

All delegates here are men who have sex with men. All delegates here are involved in developing a sexuality, an identity framed by issues of desire. A desire for same - sex partnerships.

But what is this identity? We may often use the term "gay" when working through the issues associated with it. What does "gay" mean? In an Indian context? In a South Asian context? This is one of the challenges for the Conference to explore. Can the word "gay", as it is understood in the West, be used in an Indian context? Do we need to develop different frameworks, different labels, different ideas? For our histories are different, our socio-cultural frameworks are different, our sense of self is different.

Many of you here are involved in the struggle for human rights, developing supportive networks for men who have sex with men, evolving an identity that may be called "gay". Challenging the social frameworks of compulsory marriage and procreation, to build on the right to choose not to be married. Challenging the levels of denial and invisibility that exist.

The second major issue of the Conference is the impact of HIV/AIDS upon our lives.

Since homosexual behaviour is not visible, "homosexual" men who are affected by HIV/AIDS are also not recognised.

India is under a major threat to economic and social stability because of HIV/AIDS. If we accept as a minimum WHO's estimates concerning the levels of HIV infection in India, then currently we are talking about 1.5 million people, men, women and children, and there is reasonable evidence to indicate that the actual figure is much higher.

Even at 1.5 million, a figure that is growing faster than in any other country in the world, this means that we can expect something like a million people living with (and dying from) AIDS by the end of the century, only five years away. One million people. Relatives, friends, lovers, sexual partners. And many of these people will be men who have sex with men! Our relatives, our families, our friends, our lovers, our partners.

There is sufficient evidence across the globe regarding preventing the spread of HIV/AIDS to indicate that people make positive choices about their own sexual health and others when they have a positive sense of self. An identity that recognises personal responsibility and responsibility for others.

This Conference is bringing these two issues together. Exploring emerging identities, and developing contexts for HIV and STD prevention as well as support and care for those affected by HIV/AIDS.

A difficult challenge, but one that is central to the development of our lives.

Why is The Naz Project involved? Why does it support this Conference? Why was it willing to offer support and technical assistance?

Many of you will know that The Naz Project is a UK based AIDS service organisation, with affiliated autonomous branches in London and New Delhi that provide specific services. In London The Naz Project (London) agency provides education, prevention and support services for the South Asian, Turkish, Arab and Irani communities.

In New Delhi, The Naz Project (India) Trust was established to develop localised responses to HIV/AIDS and sexual health. The first such response is the Delhi Programme, creating a Sexuality and Sexual Health Centre through which one of the programmes will be a range of services for men who have sex with men. We are also looking at supporting such initiatives elsewhere in India.



As one of the strategies that The Naz Project, in conjunction with the Humsafar Trust, has adopted, this Conference provides a framework to explore the range of issues essential to develop an appropriate STD and HIV/AIDS prevention and support services. It is The Naz Project's firm belief that the issue of male sexual behaviours must be explored, including the frameworks in which they arise and how they are constructed, so that more effective health promotion strategies can be developed and promoted.

Humsafar Trust has evolved out of the work that Bombay Dost has done in developing and working with emerging "gay" identities, and the expressed needs around sexuality, human rights, and sexual health for men who have sex with men in India. Bombay Dost was India's first "gay" magazine, the first to begin to create solidarity, empowerment and choice. Humsafar Trust came about because Bombay Dost recognised that almost no work was being done in terms of education, prevention and support for "gay"-identified men and men who have sex with men.

It therefore made sense for The Naz Project to form a partnership with Humsafar Trust to develop this Conference.

In India, for the majority of men who have sex with men, personal identity is not seen as the main the issue. Behaviours are constructed within cultural frameworks of compulsory marriage and procreation, in terms of homosociability, lack of privacy, extended and joint family networks and so on. What we then have is a range of sexualities, a range of homosexualities and homosexual behaviours, a range of identities that very often are very differently constructed than in the West.

For effective development of HIV/STDs prevention strategies, all these issues need to be discussed. Made visible.

However, it must also be recognised that because of the social and cultural conditions in India, because of Section 377 of the Indian Penal Code, because of high levels of denial and invisibility, because of stigmatisation and harassment, enabling men who have sex with men to share, discuss and formulate strategies for the future can be very difficult. As a beginning, it was necessary to recognise the growing sense of emerging "gay" identities in India, particularly in the urban, middle-class arena and that many of the men involved in this development are also involved in a wide variety of sexual networks, some with other "gay"-identified men, and some with men who have sex with men.

In others words, there was a "window of opportunity" which perhaps could be used to address these issues. Discovering and promoting strategies for the development of mutual support systems for men who have sex with men and "gay"-identified men could also involve development of strategies around HIV/STD prevention and support for those affected by HIV/AIDS amongst these communities.

This Conference is going to explore the confluence of the two issue. How we can help ourselves and in the process help others. This is peer support, peer education, peer counselling and peer prevention at its best.

This Conference is an extremely important initiative. It is part of a growing demand for the human rights of men who have sex with men to be addressed. It is part of a growing demand that people, whatever their sexual choice, have a right to self-determination, a right to privacy, a right to choose not to be married, and the right to have access to all the services and resources that any other citizen of India has.

For all delegates here, as with any other man who has sex with men, whether "gay"-identified or not, we are all caught in a peculiar trap. At one level, the existence of men who have sex with men is denied, made invisible, and therefore "non-existent". Yet in both qualitative and quantitative research, the numbers of men who have sex with men in India is immense, perhaps at a minimum, some 50% of sexually active men, not necessarily exclusively, perhaps intermittently, but at some periods of their sexually active lives.

At another level based on Western media hype, men who have sex with men are victimised as the main vector for HIV and AIDS, yet WHO/NACO data states that there is no homosexual transmission of HIV in India. We are caught in the trap that to discuss the issues is to perhaps increase the stigmatisation. While not to discuss the issue may make individuals feel safe, but put them more at risk in terms of HIV/AIDS.

And all the while the third element of the trap is the confluence of indigenous homosexual behaviours with Western "corruption", a result of liberalisation of the economy, allowing Western influence to infiltrate India. Many of you will have read the debates in some national newspapers regarding this very Conference which has led to several delegates being too afraid to attend. Such a discourse is of course is nonsense, for those who use this argument are ignorant of Indian cultural and sexual histories.



It is your job as delegates to confront these three issues, rise to the challenge and issue your recommendations to action.

This Conference is for "gay"-identified men (whatever the term "gay" means) and men who have sex with men who have come from all over India, from the East, West, North and South, from different socio-economic groups, from different religious affiliations (if any at all) from different castes, language skills, from differing communities. Each has its own specific tensions, dynamics and history, which often will create different agendas based on perceived needs. But there are also shared concerns, shared dynamics, shared understandings. Where there is diversity, there may also be a unity of diversity. The right to be different is what joins us all together. And in that right, the right to have access to human rights and services. To live our lives with dignity.

It is within this context that this Conference has been organised. Humsafar Trust did all this wonderful organising, whilst The Naz Project provided the technical skills, the training, the model for this Conference. But this is your Conference. It is a space that we have all created to share concerns, develop a sense of solidarity and empowerment that may have to challenge ourselves, our families, our cultures, our societies.

There are no real models in such work, no set ways forward, no real experts. You are the experts. Your life the model. For all of us it is a learning process, a sharing process, a common purpose.

The Conference is structured around Working Groups. Each of you have been allocated to a Working Group and you are expected to stay with that Working Group throughout the next three days. Each day the Working Group will go through a process and an agenda which is common to all Working Groups. By the end of the Conference we hope that we have been able to develop a range of issues of concern, a sort of needs assessment if you like, a series of recommendations for action, as well as your own Personal Action Plan.

We have also provided a broad range of Workshops for you to choose from. These workshops compliment the work that will be going on in your Working Groups.

As "gay" - identified men, as men who desire other men, we have the opportunity to explore what it means to have an alternate sexuality, and what challenges HIV/AIDS represent to this emerging "gay" identity. We can generate our responses to these challenges, and we can take back to our areas of residence and begin, continue and evolve programmes, services and strategies that are supremely important, vital and needful to halt the spread of HIV/AIDS. Such services are empowering in themselves because they arise from ourselves, in responding to our communities and social networks. The issues will be owned by ourselves and our responses will arise from our own needs and personal sense of responsibility. As a group of men working together, sharing together, creating a solidarity amongst ourselves, we will be developing our own responses within our own contexts.

This is what is meant by Community Action in Action.

The challenge to our personal sense of identity, to our desires, the challenge of HIV/AIDS, is here, right now. Let this Conference be just one of many positive responses we can generate to this challenge.

Thank you.



## Setting The Context

Owais

Friends, Good Morning. At the outset I would like to share with you what I am feeling at this moment. I am terribly nervous. Not because I have never spoken to a large gathering; not because I am afraid of doing so. But because, I am having, at this moment, a sense of standing at an historic cross-roads. I am feeling awed, feeling extremely insignificant, feeling totally incapable of handling this history in the making. I sat up all night yesterday, trying to find the correct words to speak today. And I came up with none. Fortunately for me, towards the dawn I realised that nothing could be correct or incorrect here: It should just be true.

The brief given to me is that I have to set the context. I have to start the ball rolling in order to enable us to know where we are today. You see, to know where we want to go, and how, we must first know where we stand. So friends let me share with you, my own first steps in the continual journey, to self-awareness. To share things, which I have never shared with anyone; sometimes not even myself.

Mine is a very small family. Nuclear of the nuclear families. Just two persons - my mother & myself. Very inward looking, very pressurised. Pressure, we all face; some more, some less; some of one type, some of the other. Mine were doubly troubling since my mother does not believe in vocalising her expectations. I had to first guess what she wanted, and then implement; both correctly. And obviously the pressures of the extended family and friends were also ever present.

Of course, the expectations of all these people who loved me were very valid, from any point of view. They wanted me to be a complete and pride-worthy man. Perfect. But the problem was not that; the problem was in their definition of just such a man! Reasonably well-educated, more than reasonably well-earning, married, father.....It is ironic that in a country with a well-acknowledged problem of human over-population, there is still an insistence that a man be not a man unless he owns a wife and at least 2.5 sons! Why cannot we be given the same status as quote-unquote "normal people". The nation, and the world, solve two problems in one go: population pressure decreases, and the sum total of human happiness increases

Coming back to me: I had no choice, or I felt that I had no choice in the matter of marriage. Not as if there was a gun at my temple, no; but yes, there was a gun, an invisible gun at my heart. I had seen much too early, the low-esteem, almost contempt in which, my uncles who stayed single, were held. I was afraid, mortified, of the withdrawal of love of the people I loved; no lived by. There was no positive role model available for staying unmarried. In addition, everybody said your mum is old, she has served you all her life. Now she needs seva, bahu, cute little grandchildren. So who was the villain of the piece?

Well it was never "jab miya bibi razi, tab kya karega kazi?" It was, and always has been "jab duniya wale razi, tab kya miya kya bibi?". I got married.

What was the result? I found I had to perform a duty on the 'suhaag-raat'. Well, it's funny, perform is what I do at office; perform is what others do at the race track, on the T.V., in the bazaar. Duty is what I do towards my country, my earth. Duty, I don't even do towards my God! I simply love Him, and His creations. How could I view love making as a performance of duty? Whatever love making I had done until then was no more than horseplay with my cousins & friends. Well of course I could not have been a 'homo', a term derisive enough to be hurled only at the most contemptible of school mates, back when I was a child. How could I be one? It was a phase which would get over as soon as I get my wife in my arms!

But, kaise phase, kaise phase.....? To cut a long, painful story short, I found in a few months time that the least painful option left for me was divorce. Least painful, for both sides, given that the mistake of marriage was like a body part affected by gangrene. You either cut the part and throw it off; or keep living in pain and die.

And what a storm it was when my relatives came to know of my decision! My 'money' uncle, the richest man, by far, in the whole extended family, who had not spoken two words to me in the whole of my life, came and asked me "of what crime was I giving her this punishment?"

Punishment? It was not easy for me, deciding, and sticking to the decision of my divorce. Nor was I oblivious to her pain. It was quite clear to me that she would be hurt more, if this masquerade went on. Imagine a life full of lies; a life full



of lies. And once done we cannot even start our lives over again, on the New Years' Day! My heart bled for the girl; it still does, for the scar left on her psyche, on her heart, on her very being. Happily for me, she has now remarried, and is living happily with her husband. But I still shudder when I imagine her plight during that crisis; as a woman, she hadn't even had half the choices I did.

But forget my life; it is over. At least this period of being coerced into compulsory marriage is definitely as good as over; but what about my blood-brothers? My spirit-children, what we may in Hindustani call 'Aatmik-Santaan' or 'Roohani-Aulad'? Those who come after me, and face the same choices or the lack of them? And what about their innocent women, who anyway have little to choose from? Will this go on forever? Think.

Coming back to me now. What kind of love/sex life do I have now? I live with my mother, I love her a lot. She's old and not in the peak of health. And there is only one door opening on the street from my house; even though I do enjoy the privilege of a separate room of my own. And though she knows I am gay, do I bring a male lover through the living room into my bedroom, and shut the door upon her? She gets upset enough when I shut it during nights, when I am alone in my room and she's as good as asleep. And she gets upset enough if she suspects that I am actually practising any possible sex! I am a stranger in my own home.

And, what about the public toilets and the public gardens and parks? What about meeting the willing neighbour on the deserted terrace staircase? You see the problem with me is that I am utterly incapable of 'slam-bam' type of sex. I am slow; I need an hour of caressing, then an hour of kissing, then only can I come to the bottom line. And after that, I again need an hour of kissing! So, what have I done? I have made love less than ten times in the last twelve months. And I have kept a pet Doberman, whose ears I scratch instead of thinking about the gorgeous young man down the street. That's my love life. Period!

What is this in my culture; in the beliefs of daily life, of my family, my friends, even myself; which forces me to live so illogically? In my religion? In my belief of what is a complete man (and why should I settle for less than complete)? In my self-identity, or the lack of it? In my freeze-dried sexuality? In the insistence of all and sundry that there is 'homosexuality' in India? In everybody's knowing of what is going on and yet nobody knowing what is going on? In my now, happily, dead guilt, but still monstrous shame? What? What are the issues which control the expression of my desire, and the way I live? This, last one, is the question that we have to answer for each one of us, personally. This, is what will tell us where we stand. In order to enable us to find on Day 2 where we want to go, and finally on Day 3, How? Think gentlemen, for in thinking alone rests our existence: Cogito, Ergo Sum.

Thank you



## Developing The Agenda

Suhail

Good morning everybody. This is Suhail, and I can hear someone say, Oh No, Not Again!

During yesterday's Working Groups, one thing came out very clearly - family. This is the single most factor which shapes our lives, not only shapes - it controls our lives. Most often we don't have a choice to openly live as a gay person.

My coming out has been a continuous process. There are those ever present pressures of marriage. I resisted them; and to this day I am still paying the price for it.

I stay with my father, who is 73; who is practically blind, partially deaf, and with a combination of various illnesses. But still I am the one who stays with him - he had three other children apart from me, all married, all with their own families.

I have to look after him. And I have to look after myself. I cannot afford a servant, so I have to cook myself. Sometimes I get really upset; I feel that I do not know my priorities. Life is a constant struggle. But somewhere deep down I have this satisfaction that I am living life on my own conditions. And that gives me a great sense of power, a lot of strength.

How much choice can most of us exercise? In India especially, close knit families allow very little choice. And in very few cases you can find real choice or courage to walk out.

In my case, I decided that I will live on my terms; I will not quit; I will not run away from my family even though that will simplify my problems, to some extent.

Because with family comes responsibility. No! responsibility is there otherwise, with family comes accountability - like for example, I cannot stay out after 1 a.m.

I am a product of the mainstream society. And I should continue to be a member of the same. I am accepting the way they are and they should accept me the way I am.

My father is now supportive, but believe me, reaching this stage was a struggle.

Yesterday when we talked about what we would like an ideal situation to be, in the utopian phase, it struck me how much we value relationships - if given a choice. For instance, people talked about a gay marriage, love, etc., no one talked about an island full of young boys, or of a harem full of young hunks!

Our agenda for today is what is achievable in the next few years. A more liberated society? free and fulfilling life? emotional satisfaction? not being marginalised? freedom from the clutches of the family Mafia?

And that last one could possibly be put to good use for us. Policing could stop, and they could be more supportive towards us. How? As of now, I have no clue. Probably by proving ourselves to be successful, and by standing up for our case?

What about deriving empowerment from other surrogate families? My gay friends are my family.

Gay Identities in South Asian context? Safe social spaces for gay identified men? Legal reforms? Empowerment?

Talking again of my own experiences, there was a time when I was caught by a bunch of gay bashers, who live close to my house. Fortunately, when they did catch me I wasn't doing anything. They recognised and asked - "tu Yagnick Nagar ka chhokra hai na?" - the place where I stay. I did not know how to react - so many of them, so much more powerful than me - but I stood firmly and said Yes! I couldn't resist saying 'Yes'. - It would be foolish to say 'No'.

They threatened me openly - they said "we'll see you tomorrow, you'll have to come out of the house some time, No?". That night I shivered, I sweated, I couldn't sleep. I remember being terrified next morning, when early in the morning the door bell rang. I was not so open to my father then.

As morning turned into afternoon, I had to go out and get bread, by then I had spoken to some of my friends. They were all very supportive. They asked me to go ahead and face them. I did exactly that.



On the way to the shop, I saw one of those rogues, and he ran away on seeing me. And I was worried about whether I had the courage to face them!

At another time, those rogues sent fifteen kids running after me, shouting "Gur, Gur", Gur being the slang for homosexual. Those kids were being used by their elders to threaten me, and the only thing I could do was walk on with a straight face, ignoring them, as if they didn't exist.

Eventually I learnt to put up with such incidents. What is important is that it is my friends, my co-gays who gave me the courage to do all this. And if we stick together we can keep giving each other the courage to face life at its worst- *Yuhin kat jaayega safar, saath chalne se ki manzil aayegi nagar saath chalne se.*



## The Way Forward

Mahesh

I am here today to sort of set the agenda for the day. On Day 1 you have seen the discussions on setting the context, on Day 2 the development of agenda, and you have been fairly successful at that.

Now we see that the most crucial day is today. You have to decide on the action which should emerge out of this discussion, if you are not to remain just talking heads.

These issues are so vast but I have to emphasise and Shiv, Ashok and the rest of you will agree that how important it is to set our action in our cultural frameworks. It is wonderful that we are discussing what gay identity means, and what homosexual behaviour means. However, it is important to know that these discussions have been done by many people in most scholarly and academic fashion.

This event which has taken place in the last 3 or 4 days is unlikely to take place in near future, and you must look forward and set action in your time and place.

Most of us here have a general identity as Indian identity. But depending upon yourself you will have other identities too. You will have an identity of a Bombayite, I will have of a Bangalorean and some will have of South Indian, and Indian and South Asian and citizens of the world. This identity or identities define our sense of place.

On most issues there is some agreement and some disagreement. And disagreement should find voice. I find that so far we have been too nice to each other, but we must realise that disagreement is not necessarily rejection of that person or that it is a sign of hostility.

Keeping all this in mind we must set our action plans in our own time and place. I will try to put it very precisely - we have to devise our response - the way forward. For our developing gay identities what we need, what we want and what we can get; How to ensure emotional and practical support for gay-identified men, how to develop HIV & STD prevention models for our sexual networks; our agendas on national regional and local levels.

Where do we go from here? What are our next steps. What are we personally going to do when we leave here? Action plans. Recommendations?

Let us use this space to make our voices clearly heard. Let us move forward towards our visions that we have so clearly been articulating. Let us challenge ourselves for our futures.

*(only a summary was provided for this report)*



## Together We Can Get There

Chair: Dalip Daswani

How does one in a few minutes summarise what has taken place here?

Four thousand years of history?  
A hundred years of solitude?  
A hundred minutes of "coming out"?  
Three days?  
Three.... and a half.... nights?  
Fifty men?  
Honorary Indians? Indians? Indians of another colour?

A few - with stomachs so round, cosy and comfortable.  
Some - with skins so delicious, one could lick them like lollipops.

And one, a very special one out of these fifty wonderful men who has touched my heart.  
He does not know yet. Maybe he will tomorrow? Maybe tonight? Or maybe in another world? A twilight world?  
And all the forty-nine others with hearts that maybe I can learn to reach out and touch.

I am confused. What do I do? I must do something. We've got to do something?  
We need to get there!

Who are these "we"?  
Gays? Homosexuals? Married men? Men who have sex with men?  
Upper class? Working class? Brahmins? Or untouchables? Muslims? Hindus? Parsees? Or Christians?  
Brown men .... with a white language?  
White men with brown skins?

What is this "need"?  
Is it to do with our genitals?  
With our hearts? Our minds?  
With our tongues? Our hands and bodies?  
With our souls?

What is this place we have to get to - when we say "we have to get there"?  
Is it the local tea-room? The local park?  
Is it the centre of the universe? Or is it... inside ourselves?

How do we get there?  
Do we really want to get there? Many of us seem happy the way we are - but are we really?  
Some of us seem not to care - should we care?  
But the fact is we do, somewhere inside us we really do.

So what is stopping us from going ahead?  
Which .... is the way forward?

From the images I had referred to in my Welcome Address of the owl cruising alone in the twilight zone, of the lonely farmer, standing in the middle of his fields like a scarecrow, we have come a long way in three and a half days.

We are beginning to see the way forward.  
We have come up with many recommendations.  
From each "gay" man here we have got at least ten.  
Some big; some small.  
How do we achieve this?  
When do we start?  
What are the steps?

These recommendations will be tabulated into a report and which will go to WHO, NACO and others.

There may be some action.  
Or will it go onto a shelf?  
Do we wait?  
Let others decide on our lives?

A copy of this report may come back to each one of us.  
What then?  
Do we need to wait till then?  
What can we do on our own?  
Can we do something, alone, as individuals?  
Take our own little steps?

Step by little step?  
Something with each other?  
Small gestures from the heart?  
Begin to come out?

Starting with five minutes each day?  
Thirty consolidated minutes each week?  
Times fifty men?  
Making ourselves visible?  
Asserting our lives?  
Each at his own pace?  
Coming out?  
And together we can get there!

For without this we will continue to remain invisible.  
In the twilight zone.  
And another four thousand years of history will just pass us by.



## A Personal and Community Commitment

Shivananda Khan

Well here we are, in the final hours, together. Soon we will all be going our separate ways, back to where we have come from, but hopefully a changed person, with a different perspective, a different viewpoint, challenged to action, whether through our own groups, or organisations, or networks, or individually.

Both myself, and the Conference Organising Committee would like to think that you have all enjoyed your time here together, making new friends, struggling together towards new visions, new insights, new hope. We would also like to thank each and every one of you for having the courage to be here, for the willingness to open yourselves to share, to learn, to work with each other.

What we have all done in coming together, in sharing our personal pain, in sharing our visions and hopes, was to create this remarkable sense solidarity and commonality.

When I first broached Humsafar Trust with the concept of this Conference, when we held our first discussions on what this Conference would be about, how we could go forward in organising it, what its content would be, it was with some trepidation.

Comments like "it won't work", "it would be like a party", "too many egos" and so on followed us. But all the doubters have been disproved.

We have all worked remarkably hard, from nine-thirty in the morning till eight in the evening. Struggling towards a common vision that could still hold a diversity of viewpoints.

Our work has created options for change, challenges for the future, a vision towards which we can all work together for. We have created recommendations for action that empower us all. We have raised a challenge to all HIV/AIDS services, whether governmental or non-governmental. A challenge to the invisibility of our existence and denial of our needs.

What we have been about in coming together, is not only to build a coalition, a network of people, groups, and networks of networks, but also to work together to find ways ahead for us all in developing our own response to HIV/AIDS within our networks and communities. We have done this, not alone, but together.

We have responded to the process used at this Conference, of working together, sharing our knowledge, skills, visions and hopes, our dreams and our pains, our personal histories and our lives, with a willingness and an openness, that in itself is remarkable. It has been done with love, with due attention and support, with a sense of responsibility. In that sense we have been dutiful to our personal needs and those of others who share similar hopes and aspirations, but who live in quiet desperation that is often invisible to others.

There have been so many questions seeking answers, and answers seeking routes for empowerment. Recommendations have flowed from our work. Challenges to work with. How do we challenge our networks to accept personal responsibility and a duty towards others in our own sexual behaviours? How do we ensure that our networks have the knowledge, the information about HIV/AIDS and sexual health? How do we set about developing appropriate community responses towards provision of support and care for those within our networks living with HIV/AIDS? How do we go about developing a strong sense of personal identity around who we are, what we are, in a positive and self-affirming way? How do we challenge the social institutions who deny our existence, victimise our lives, harass our persons? This coming together was a seeking of the ways forward in response to these questions.

Since the issues of HIV infection and preventing its spread, and growing development of services for those affected by HIV/AIDS, has become part of the Government's agenda as well as for a significant number of non-governmental agencies and international donor agencies, an increasing amount of material has become available on the subject. There have been several publicity campaigns sponsored by Central Government, local Governments, non-governmental agencies. Television commercials, posters, leaflets, booklets, newspaper adverts have all tried to alert the public towards being sexually responsible.



## Closing Address

Ashok Row Kavi

Is this a beginning or are we really saying farewell? These and many other emotional questions suddenly erupt in my mind like bubbles in a bath. The bubbles are cruelly coloured on the outside but they explode with emotion as one approaches them.

One really is over-whelmed by the total impact of the last three days. Many of us did not expect much but a slight rise in awareness about our sexual identities and the impact of HIV/AIDS on the community.

But what happened was totally revolutionary. So many facets of our lives, especially revolving round our families, our friends and networks came up that most of us will digest the full import only on our return to our homes.

And then one wonders about the friendships developed here. From the way we have become sober self-assured and spiritual one simply knows that profound changes have occurred at a level where they will cause irreversible and immediate changes for the better.

For better or worse, this conference, and specially each one of you, has now become a catalyst for change. I invite you to become fully functional in your new roles wherever you go.

As Vivekananda said: "Arise, awake and stop not till the goal is reached".



But what has been available for us? Who has taken up our needs, addressed your concerns, provided us with support? No-one, except ourselves.

HIV/AIDS is a complex issue that affects all our lives, whatever our age, gender, sexuality, socio-economic group, class, caste, religious affiliation, and so on. It affects the way we think about each other, how we relate to each other personally, sexually and socially. It has an impact upon our language, on imagery, and through the effects of our fears, often stimulated by media, it has also affected the way we perceive the issue itself, through condemnation, blaming and denial.

We end up wanting to believe that we personally are not at risk. "I don't have sex with 'dirty' people. I am 'clean'." And so on. We project the risk onto others. "I'm OK".

While as men who have sex with men, doubly marginalised because of desire and risk, "gay" networks, groups and organisations have been targeted for vilification, violence and harassment because they represent the visible. But underneath this visibility is this immense invisibility of men who have sex with men throughout India.

Our visibility has been courageous, for often we have so much to lose. We have all shown strength to be here, to accept the challenge.

We are not immune to the issues of HIV/AIDS. Perhaps for many of us other issues may play a more central role. Possible victimisation, fear, intimidation, loss of employment, family pressures on marriage, that often we may want to forget about HIV. But we cannot. Our networks' response to the challenges of developing effective, appropriate and responsive services for those of us living with HIV/AIDS, as well as preventing its spread has been inadequate to say the least.

But also, both governmental and non-governmental agencies have been caught in the trap of denial and invisibility which has led to totally inadequate responses from themselves. "Homosexual behaviours? Doesn't exist. Not a part of Indian culture." What nonsense is this. Men who have sex with men, and a broad range of institutions in the country, have mutually supported each other in such denials. This is dangerous. Dangerous for each of our lives. Dangerous, because if we don't have the knowledge, the correct information, the personal desire (which can only arise from an affirming self), how can we possibly make positive choices about our personal sexual health and that of our sexual partners.

Inadequacy is a mild term. Bleak, frightening, genocidal, these would be better and more appropriate. What available information exists, is often irrelevant or superficial, misleading, ignorant, if not downright untruthful. It certainly does not address the needs of men who have sex with men, whatever the identity.

Such representations (or lack of representations) can only be described as discrimination and human rights abuse, whether unintentional or not.

The silence is deafening. But we add to that silence by masking our voices so that they speak with another voice.

We are surrounded by assumptions. We don't exist. But if we do it is because we have been "corrupted" by Western culture. We have no history, no identity, no shape, no framework. We are invisible. We are nothing.

But our very presence here over the last few days has raised a challenge to all that. We have spoken, and our voice will be heard.

What then are some of the issues that concern us?

- \* What are the dynamics of transmission of HIV amongst men who have sex with men? What are the relative dimensions of HIV infection between vaginal and anal sex? What are the levels of infection amongst men who have sex with men, in all the numerous sexual networks that exist?
- \* have resources been denied to our networks because of "homophobic" assumptions which lead government, local authorities and non-governmental agencies to accept that such behaviours do not exist in India?
- \* to what level have our communities, religious, business and social leaders, as well as health professionals adopted the myths about HIV/AIDS in India?
- \* At what level has training been offered to social and health care agencies around sexuality and sexual health?
- \* how is sexuality, sexual behaviours and sexual health generally discussed?



- \* how can we develop coping systems to deal with friends, lovers, spouses, partners, relatives, living with AIDS, or dying from AIDS? What about caring for those who are very ill? What about funeral arrangements, fostering/adoption? What about our sons/daughters living with HIV/AIDS? Medical treatment? Economic costs?
- \* how are we going to go about creating safe, supportive and caring systems?
- \* Can compulsory marriage be socially challenged? And in what ways that still sustain our Indianness?

We can go on and on. But hopefully we have come with some solutions, or ways towards solutions and resolutions. The issues of emerging "gay" identities and developing appropriate and accessible services around HIV/AIDS and sexual health, needs to be confronted and addressed now. What we have been going through these last few days is part of that process. We have to do it ourselves. We have to develop our own resources, our own strategies, our own programmes. By helping ourselves, we help others.

But what we can demand is that AIDS service organisations, whether international, Governmental or non-governmental, need to confront themselves and explore how they deliver their own services. Are they going to be responsive? What assumptions are they operating from? What prejudices exist within them? Can these prejudices be done away with?

We are the OTHER, hidden away under the blanket, swept under the carpet, collecting alongside the crannies of society. Our histories, sexualities are buried under layers of lies, myths, fears and anxieties. It is time to throw the blanket aside.

Assumptions about our sexual behaviours abound, about our sexualities, and our identities. Often Western perceptions and language are imposed without thought, without any understanding.

But in coming together, in working together, in generating the challenges for action, we have created another space, a space that we own, a space from which we can stand proudly. We are taking responsibility for ourselves, and in doing so we are being responsible towards others.

Our lives are already lived in fear. Victimisation and harassment from the police. Fear of exposure. Fear of what the family will say. Fear of what others will do. We have all read the relatively recent newspaper coverage of this particular event. The risks were enough so that the venue for the Conference was not disclosed. Many of us live with constant harassment at college, at the workplace, on the street.

Threatened communities and individuals always build barricades against the threats. Driven into greater invisibility. Making it supremely difficult for empowerment and self-awareness. Making it more difficult for developing positive choices about sexualities, sexual behaviours and sexual health. It is this invisibility and denial that enables HIV and its consequences, AIDS, to become a growing issue of major concern for us all - an issue of life or death.

The challenge needs to be faced now, before it is too late. It is a mutual challenge. As individuals arising from differing historical roots, from differing sexualities and identities, we need to explore our own internalised oppressions. And our societies, as well as ourselves, have to recognise that invisibility and denial are pathways to disaster.

We must all acknowledge that our behaviours and our attitudes, our beliefs and our ignorance, may often carry major risks for the spread of HIV. We all need to develop compassionate, caring and non-judgmental attitudes so that we can be empowered to create compassionate, caring and non-judgmental services for all affected by HIV/AIDS.

This Conference can then demand that as "gay"-identified men, as men who have sex with men, that our human rights for choice, for privacy, for dignity as human beings, are respected and adhered to. From the discussions which I have been privileged to be a party of, from the thoughts that we have all expressed, this is the demand that is being clearly voiced.

Both The Humsafar Trust and The Naz Project would like to thank you all for your courage and determination, in coming together and working so hard together. In being "out" to each other, and in being honest and expressing the dignity of our lives.

What you have worked so hard towards will be written in a report which will be circulated to those agencies that affect our lives.



We hope that we will all continue working together for the betterment of all our lives, of those of our friends, our families, our partners and lovers, of our society and our countries of residence. It is a challenge, an adventure, and like any adventure there will be high points and low points. But in supporting each other let us take this high point, this solidarity expressed at this Conference, back to our homes, to our daily lives, and act upon, in our daily lives all that we have struggled to learn together.

This then is our personal and community commitment, our declaration of intent.

Thank you



## THE WORKING GROUP PROCESS

All conference delegates were allocated to Working Groups, with each group holding 10 delegates. Delegates were expected to stay within their particular Working Group for the three days. Each day there were a series of issues discussed within a specific framework which was entitled the Working Group Process.

In this Process we were wanting the delegates to explore the psycho-social-cultural dimensions of sexuality in reference to their personal experience and within the specific context of South Asian cultures. The Process used was felt to be the most effective in achieving the goals of the Conference which were:

- to enable a sharing of experience and expertise
- to learn
- to discover
- to formulate ideas and agendas that can be utilised
- to network

In this Process, participants were encouraged to give vent to and express their subjective views, criticisms, fears, hopes, fantasies and visions. A highly energetic and emotional process resulted in the preparation of a set of very concrete projects, which aimed to develop and/or improve the performance of sexual health services targeted to gay-identified men and men who have sex with men, and to empower them to meet the challenges of developing "gay" identities and the spread of HIV infection within these communities. There are three phases to the Process:

### 1. Critique Phase

in which the participants used their knowledge and experience of the present with its shortcomings and formulate problem areas or themes within the context of the discussion topics

#### 1.1 Critical Keywords

In a brain-storming exercise, explored issues identified and listed critical words/themes

#### 1.2 Critical Themes

Keywords or consensus were obtained and then prioritized.

### 2. The Utopian Phase

A process fantasy games and discussions mainge the participants express visions and utopian solutions to the problems, aiming to stimulate innovative and creative thinking and problem solutions

#### 2.1 Utopian Models

The task was to imagine how people could respond to the needs identified in the Critique Phase under unlimited financial, political and social conditions and what the ideal situation could be like under such circumstances

### 3. The Realisation Phase

in which participants were helped to extract practical solutions from the Utopian ones. This was done by a process of evaluation, strategy development and action planning.

#### *Recommendations*

The Working Group then identified a series of Actions and Reccomendations which were noted for reporting back to the Plenary Sessions



The Process is used within the context of each day.

**Day One**

**The Context**

Discussions focused on:

- cultural frameworks
- gender constructions
- sexuality and sexual behaviours
- identities within a South Asian context
- homosexuality - what is it in South Asia?
- denial and invisibility
- shame cultures

**Day Two**

**Developing The Agenda**

discussions will focused on:

- compulsory marriage within South Asia
- developing identities
- what is a "gay" identity within a South Asian context
- safe, social spaces for gay-identified men
- men who have sex with men and sexual networks
- legal reform
- empowerment - "I am what I am..."
- alternate families

**Day Three**

**Our Response - The Way Forward**

discussions will focused on

- what we need/what we want/what we can get
- developing appropriate HIV/STD prevention models for our sexual networks
- emotional and practical support for "gay" men
- living with HIV/AIDS
- local, regional and national agendas

Within each Working Group there was a:

**1. Facilitator**

This person's job was to take the group members through the Working Group Process within the subject areas identified. There should be an equal opportunity for each person in the group to have their say, to make their point and to challenge others within the rules of conduct identified.

The facilitator's role was not to teach but to enable others to state their ideas, concepts and feelings. The facilitator acts as a guide, not a leader.

At the end of the Working Group's day, the facilitator attempted to summarise the day's activities and come up with a series of bullet points with a range of recommendations.

**2. Reporter**

The reporter's role was to take notes of the day's proceedings, and to minute the summary as well as the recommendations. These were handed in to the Conference Secretariat after the Working Group Process Day.

The reporter also presented the summary at the next day's plenary session. Each Working Group Reporter had five minutes for this presentation.



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## WORKING GROUP REPORTS

*The following represent summaries of the range of discussions held during the Working Group process.*

### Working Group 1

Facilitator: Sunil Ganu  
Reporter: Suneel M

Critical Theme: marriage  
Issues: family pressure  
conformity  
denial and invisibility  
suspicions which may be confirmed but not addressed verbally  
is silent acceptance, tolerance or apathy?  
we play games - because family must remain intact

Need to develop family dynamic which accept and can nurture "gay" relationships and partnerships. Social and legal changes so that children can be adopted by single persons.

Family structures, traditions, customs, society do not address "gay" issues! This needs to be addressed as a priority basis. Fear of marriage must be removed. For a variety of social, cultural, psychological and sentimental reasons, marriage is often seen as the only option for many "gay" men.

#### Options

1. Educate ourselves about sexuality and desire before we educate our families.
2. To be done through increased communication of issues and exposure to gay images and literature.

#### Marriage

Definition of marriage: union of two minds and bodies with legal sanction.

Marriage is also a politicised act for coordination of power. For some, defined as trap for social control of individual behaviour. It can also represent commitment, symbiosis, partnership. Marriage can also be seen as "heterosexual".

"Gay" relationship - utilise "heterosexual" model. "Gay" marriage ceremony a framework for celebration and public recognition and status. However in this context, there would need to be changes. Gender roles and equitable responsibilities.

"Gay" identity: self-definition and expression of desire. Being "gay" defines every aspect of personality, a sensibility - empowered through self-acceptance and sense of pride in one's self. " 'Gay' identity is me!"

Safe spaces = self-created internally and externally

Unsafe spaces = harassment, physical violence - safe social spaces can easily become unsafe spaces.

Defence mechanisms = sometimes adopting mannerisms and behaviour of hijra's, flamboyant behaviour - an effective escape route during embarrassing incidents.

Caution in "cruising"

education in self-defence and crisis management

increased solidarity among "gays"

form support networks and emergency helplines

HIV/AIDS - unsafe sex practices prevail because "homosex" is not considered as sex. Use of condoms associated with family planning and there is mental block against using condoms in anal sex.

Personal Action: personal safer sex practices - this needs more concrete and explicit information  
continuing on-going sensitisation activity on sexuality and sexual health  
Work for repeal of Indian Penal Code Section 377  
Derive strength from empowered identity of self and promote support groups.



## Working Group 2

Facilitators: Ashwini & Parvez  
Reporter: Manoj

### Cultural impact upon self-identities

social, religious and cultural frameworks  
repressed desires  
religious conditioning  
minority against majority  
no discussions about sex and desire  
name calling  
abuse, both physical and psychological  
gender roles  
gays have their own abusive/rigid "norms" of behaviours  
double problem: a) sex is bad  
b) my sex is worse

### All this causes:

suicidal tendencies  
being hard upon ourselves  
gender confusion - am I a woman?  
"gays" with no options and role models may believe that they are hijras  
shame and guilt  
friends cannot handle it and leave you  
families cannot accept you and can throw you out  
feelings of guilt because one cannot come out  
shame because of family - knowledge will make family unhappy

### Concerns

What is a man?/What is a woman? - gender constructions, religious, social, family roles and duties need to be questioned and deconstructed.  
Hijra community must be involved in these debates

### Positive feelings

coming out can produce happiness and relief  
in coming to terms with one's sexuality

### Problems of denial

Statements like "there are no homosexuals in India"  
"My child cannot be gay; my brother cannot be gay" which disempowers individuals  
Not being recognised and validated

### Solution

Since our history and culture have distorted our position we must deconstruct and reconstruct our histories. We need research into oral and cultural histories.

### Utopia

"gay" constituency  
total acceptance  
no "homophobia"  
no "heterophobia"  
sexuality as a non-issue  
social spaces available  
not to be viewed as sex objects  
strong emotional bonding within the "gay" community  
equality, fraternity and acceptance in society



social sanction  
 "gay" families  
 No STD and HIV threat  
 absolute privacy  
 no sexual abuse  
 flourishing Indian "gay" culture  
 Indian gay histories taught  
 "gay" monuments  
 streets named after "gay" heroes

Where do we want to go? What is a gay identity?  
 Does only our sexuality unite us?

A "gay" identity is a state of being: My thoughts, my sensibilities, are "gay".

The typical Indian "gay" can be a very unhappy person. The pressure is that in India, we cannot presume "heterosexuality" - so we end up dealing with a larger framework of sexual behaviours. The Indian "gay" can be seen as "lucky" in how he can camouflage himself in a very visible homoerotic culture.

Women play an important role in our lives. Most of us end up marrying them.

We are sexist and judgemental. We love variety in our sex lives. On the brighter side we are survivors. We are sensitive and warm and we can laugh at ourselves. We look after our parents when "heterosexual" siblings leave.

#### Problems

nauseating "heterosexist" environment while growing up  
 exposed to a lot of ridicule  
 if you have male genitalia, you are supposed to get married  
 "gay" men often believe that they have no options but to get themselves castrated and join hijras  
 shame - not being able to come out  
 denial - to ourselves and others  
 invisibility

furtiveness, invisibility, confusion, no time to discover self, pressure to marry, lack of space, cultural constraints, work environment, pretence, double lives, ignorance about STDs/sexual health, isolation, strong family ties, families as social/economic welfare, lack of intimate relationships, guilt and shame, sexism, different cultures outside cities, not self-identified (as gay men)

#### Way Forward

There is no one way forward.  
 As individuals/groups, HIV programmes; work with families.  
 Communities- common unities  
 Channelise our emotions into action plans  
 We should make very small groups; leading to a community  
 We have to be more motivated - level of commitment is very low

#### Stage to be followed

Vision - Obstacle - Strategy - Implementation  
 an ongoing process constantly evolving

#### Vision

formation of "gay" groups  
 distribute information to institutions  
 educating "heterosexuals"  
 working with families  
 working with recognised "gay" activists  
 working with non "gay" activists /groups



## Working Group Reports

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### Obstacles

low level of information - especially in village/semi-urban/rural/working class areas  
language problems (cannot communicate easily with other regions)  
no positive terms  
economic constraints  
"homophobia"/"sexphobia"  
lack of political and social will  
social injustice  
class barriers

### Strategy

chain letters  
personal correspondence  
working with non "gay" groups  
friends of "gays" to help  
organise "gay" plays  
input into Bombay Dost, and other groups which are "gay"  
pamphlets/posters distributed  
send information to other groups  
speak/meet/lobby with media  
peer group training  
workshops  
work with students/slums/street children  
collaborate with NGOs  
use culture specific methods  
awareness/training programmes  
work with women's groups  
formation of family networks

### Implementation

have a centralised resource centre in Bombay (or elsewhere) to which information could be sent.

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## Working Group 3

Facilitators: Suhail & Owais  
Reporter: Pawan

In what way does our culture affect our sense of identity and desire?

Key concept: family systems which reflect social/cultural systems

1. An individual's identity is defined essentially by his or her family - definition of family as an all encompassing one. It includes immediate parents and siblings, extended family, relatives, friends sometimes, even clan. Joint and extended family is basic social unit in our culture. Consequently, individuality has to be sacrificed. Decision making generally rests with the oldest male person in the family, who is himself tradition bound and cannot exercise his individuality fully
2. Marriage is considered the most important medium to sustain the family. Marriage is not a personal affair. It is one's duty towards the family, the society. Without marriage, a person is considered irresponsible, incomplete and "unsettled".
3. Procreation within marriage is considered necessary for the sake of promoting continuity to the family. Marriage is taken as guarantee for old age/social/emotional/financial security essentially through children (particularly sons)



4. While marriage is a certificate of one's integrity, for many people, including "gay" people, it does not provide a opportunity for satisfying sex within itself. But it does provide a cover for sex outside as long as the person performs the duties a married person is expected to.
5. For "gay" people the dilemma is : if not marriage, then what? No alternate social support system has been established - yet.
6. Language: no positive terminology is available in Indian languages to speak about homosexuality and homosexual behaviours.
7. There are few positive role models around to help demolish stereotypes about "gay" people
8. There is no recognition for "gay" relationships. No possibility of legally adopting children by "gay" single people  
Little understanding of alternate families.

#### **Need to develop:**

The right to choose with social/legal acceptance (this covers adoption, inheritance and relationship issues)  
Greater universal understanding and acceptance of all forms of sexualities

#### **Strategy**

1. Through legal reform (removal of discriminatory laws/introduction of anti-discriminatory laws)
2. Enshrine fundamental right to sexual orientation in the Constitution
3. Creating greater awareness through educating people in general
4. Educating the media
5. Better distribution of gay literature
6. Projecting positive role models, encouraging celebrities to "come out"
7. Platforms for expressions, seminars, etc. should be more in number.
8. Taking a personal stand
9. Education on sex and sexuality in schools and colleges

#### **Who**

Individuals ("gay" people and "gay"-positive people); "gay" groups which would provide support to individuals; government organisations; NGOs; supportive progressive groups; trained professionals such as lawyers, doctors, and other influential people. These should be initiated immediately

#### **What does "gay" mean?**

It means having sexual and emotional alliances with another person of the same sex.

Another : deep/intimate sexual friendship between two men/women.

"Being true to yourself" and "being comfortable with other men" and "sharing feelings of love and desire with them"

A strong stress on the "emotional bonding" as part of a "gay" identity, a clear distinction between "gay" persons and men who have sex with men. Difference between homosexual behaviour and homosexual identity. Identity implies "value-addition" to the sexual act. In other words while "behaviour is down there", "identity is up here".

A way of life. Understanding one's own sexuality. Coming to terms with it. Realising its implications. Being able to live by the convictions drawn from them.

#### **Key words**

pride, self-respect, dignity

Is there a "gay" construct of identity in India? Is there a lack of it in our society?

Shiv had stated "there are no heterosexuals in India, just people who are married or are going to get married". The point made sense.

Homosexual behaviours is very much in India, but giving it a "name" is not. The process of introspection about such behaviours and an evolution of a specific Indian "gay" identity is only just starting in our society.



### Language

Since in the past the sensibility about a "gay" identity was missing, there was never any need for words which would explain homosexual identity. Now trying to explain our feelings and identity to our families and society, the words available are quite inadequate.

Three sort of words

1. totally derisive words such as 'gandu', or totally inappropriate ones such as 'hijra'.
2. traditional ones which are power based such as Amurru Parast (older men having sex with young boys)
3. Literal translations of English words such as Samalaingik or Khush, Samakami, Swaling Sampark, Snehi, Dost. Humdurd, Lumdum, HumjinsPparast and even Humsafar, though inadequate are somewhat better.

There is a lack of identity construct. It is needed. How to bring about such a construct?

Key word: empowerment

Achieved through

1. using the media to spread awareness about "gay" identities
2. distributing "gay" literary works through bookshops and libraries
3. emphasising more on films, radio, and TV. More useful than print media, because of print's limited availability
4. sex and sexuality education in schools and colleges
5. personal effort to empower others through motivational support
6. a strong "gay" press
7. networking - strengthening present structures
8. "gay" groups already existing could help in a big way - organising gatherings, parties, publishing newsletters, recording oral histories, creating safe, social spaces where people could meet and talk about identity or just socialise.
9. "gay" groups could also help set up "refugees" for crisis times and "communes" for a lifetime. They could help provide employment opportunities; help set up helplines and "gay" drop-in centres, counselling centres.
10. "gay" groups should also become more visible and step up the pace of activities already started.
11. through social reforms and legal reforms as well, which in spite of their limitations, can help trigger off a debate on the issues. This could lead to social change inevitably.
12. interacting with "gay" groups abroad to access films and literature.

In creating safe social spaces, "gay" groups could be opening the doors to the formation of alternate family systems. People meeting in such spaces could develop bonds going beyond socialising.

Various alternate systems could be:

1. living single
2. several "gay" people living single but depending on close network
3. two "gays" sharing a flat/staying together without being lovers/as lovers
4. communes of many types

Such systems could be very empowering for others struggling with their identity as they could provide safe social spaces or role models.

Quote from Richard Bach - "Illusions"

*The bond that links your true family is not one of blood, but of respect and joy in each other's life. Rarely do members of one family grow up under the same roof.*

How do we use our gay identity to develop better physical, emotional and sexual health for our brothers? Can we develop appropriate HIV/AIDS and STD prevention models for our sexual networks?

Prejudice: we as "gay" people know what it is like to be discriminated against. So we should possibly show the way in being non-judgemental. This way we can communicate with everyone with whom we have sex with, with whom we are friends with. Sexual health messages need to be continuous

There was a debate on differences within the "gay" community (perhaps it should be called communities), and the differences between "gay" men and men who have sex with men.

For example, many "gay" men look down on effeminate "gay" men or those who dress as women. The Working Group felt they also were a part of the community and very often take the lead in fighting homophobia and harassment. So they



must receive unbiased sexual health information and support.

*Comment made: a "camp queen" said that he could attract 10 men in one hour dressed in a saree, compared to his friend dressed in male clothing, who could only get one man in 10 hours.*

If positive self-images are developed, this enables the person to address his sexual behaviours and relationships with sexual partners.

Health was discussed under several headings

### Emotional Health

counselling, "buddy" scheme - one to one/peer group counselling for people living with HIV/AIDS. Meditation programmes, creating a sense of community through better networking.

### Physical Health

addressing issues around substance abuse, prevention programme for drugs, alcohol, tobacco), yoga systems.

### Sexual Health

1. data collection of patterns of sexual behaviours
2. sex education in schools and colleges (formal models of awareness)
3. informal models of spreading awareness such as outreach, intervention and advertising campaigns
4. all awareness programmes must be targeted at: ourselves, society, government, medical fraternity
5. **condom distribution:** limitations of condom distribution - might increase anal sex at the cost of other non-penetrative modes of sex, which can also be satisfying and fulfilling. Need to promote non-penetrative sex.
6. spreading information on proper condom usage. Increase quality of condoms and choices
7. innovative promotion of condom usage - developing a range of condoms for recreational sex - shifting away from condom usage as a family planning device
8. focusing on high risk behaviours rather than high risk groups. Many men have anal sex with women.
9. demolish myth that homosexuality = AIDS, while making Government and medical professionals aware that homosexuality and homosexual behaviours exist. Making this visible. Such behaviours will make its contribution to the HIV epidemic and needs to be dealt with appropriately.
10. genital hygiene issues addressed
11. awareness of STDs
12. developing culturally appropriate and explicit safer sex literature
13. dealing with risk perceptions, i.e. clean water versus HIV infection
14. personal responsibility to practice safer sex at all times
15. anonymous HIV testing facilities with provision of appropriate pre-test and post-test counselling
16. creation of support structures for those affected by HIV/AIDS
17. supporting other "gay" men who are affected by HIV/AIDS
18. ONLY voluntary testing
19. helplines
20. issues would be taken up by "gay" groups/individuals which include visiting AIDS patients in hospitals/clinics and acting as advocates for them, challenging human rights abuses by medical profession.
21. acting as pressure groups for reform.
22. working with NGOs, professional counsellors, medical fraternity, religious organisations
23. promoting media education
24. in rural areas individual volunteers from cities or rural areas themselves. Need study/investigation as who could take up awareness work in rural areas amongst men who have sex with men.
25. such awareness could occur at "gay" parties, bars, cruising sites, where condoms and safer-sex literature would be distributed.

All participants agreed to utilise their own networks/groups to develop such work



## Working Group 4

Facilitator: Dalip Daswani

Reporter: Muralee

### What shapes our lives?

**Key words:** family friends, environment, school  
generally seen in positive, but also includes fear, silence, reserve, teasing and distance

culture/religion/tradition, body/sex  
was seen in a less positive lights - words like shame, guilt, confusion, tendency to hide, unacceptable, duty, demands, linked to these words

**Key theme:** the external shapes our lives and how we feel about ourselves : social constructions

Two negative statements emerged:

1. silence - not being able to talk about feelings, desires, especially about sexual feelings
2. fear of speaking : having nobody to speak to, not knowing how to speak, afraid of receiving negative responses to something you feel good about.

Utopian visions were imagined wherein these negative states of silence and control were removed. What emerged was a growing focus on the person, the self, the feelings. In such a vision there would be a greater understanding of one's own feelings. One would be able to express and share the self more fully with less inhibitions. There would be no restrictions and therefore there would be more possibilities and choices along with a state of allowing or permitting oneself to exercise these choices. Thus a fuller expression of self and a greater sense of love.

How to develop this vision?

1. start by giving positive messages to oneself
2. trying to be accepting and friendly to everyone and maintain state of friendliness
3. work on one's inhibitions of the body, of emotions, of feelings

### What am I?

Defining identities = son, brother, professional, Hindu, Muslim, Sikh, Christian Indian, human being, male, "gay" person. A person identified with more than just being "gay" but also in terms of relationship to family, his profession, culture, nationality, religion. In listing these identities according to priority, sexual orientation was ranked amongst the first five.

Further discussions on how members of the group lived developed, and the professional, familial and cultural identities emerged much more strongly, and sexual identity appeared less important. It seems from how this discussion progressed that for Indian men, sexual identity seemed less important than other social categories.

However, this was not seen as a positive attribute but rather the reality of people's lives. Sexuality is very important, but invisible because of the social reality. There needs to be the development or construction of identities framed by sexuality to enable the validation of sexual choice.

Developing such identities requires a framework to support them. This included developing alternate family systems, caring same-sex partnerships which are socially sanctioned, social acceptance, social justice, acceptance of human rights for all, safe social spaces, privacy.

Personal discussions of

1. **safe spaces**  
absence of safe spaces leads to quick and risky sexual behaviours. When safe spaces were lost there was nobody to protest. Further the concept of safe space is not always external but one's personal psychology plays a prominent role in defining it.



2. **alternate families**  
participants demonstrated the necessity for the formation of alternate support systems. The biological/extended family often did not provide the comfort, the psychological support or the emotional wellbeing for a gay person. Forming alternate structures would enable this to happen
3. **creating trust**  
developing trusting relationships in the sexual networks require the development of safe spaces to meet and socialise, to have the opportunities to build friendships.
4. **HIV/AIDS and safer sex**  
stories of sexually risky behaviours were told, and how personal awareness of AIDS had changed some participants lives. This clearly demonstrated that personal awareness is relevant so that the person can change behaviour.

#### Pathways to achieve

It is essential to develop organised community activity in dealing with the range of issues. For this to occur effectively would require governmental support, legal changes, funding support, volunteering, awareness of issues around sexualities, sexual behaviours, HIV/AIDS and sexual health, which requires more effective and appropriate education and resources. "Coming out" and having the support to achieve this was deemed as an important process to develop this. To make visible the invisible.

## Working Group 5

Facilitator: Mahesh  
Reporter: Debanuj

Discussions on ridicule, coming out, self-respect.

Issues around gender construction, "gay" men emulating women, perceptions of self as a man, heterosexist conditioning in terms of male and female, masculine and feminine, roles, duties based on gender.

Cultural conditioning creates families where we are socialised into our gender and cultural roles. Within this, desire is also constructed. "Gay" men and men who have sex with men, challenge this cultural construction. As such "gay" men are attempting to redefine concepts of masculinity and thus femininity and their social constructions.

#### Cultural determination

Collective existence and self sacrifice. No concept of individuality and personal choice.

In developing self awareness of desire there will be attempts to assert or redefine spaces and roles which would create tensions between personal choices and collective decisions. Such tensions can be explosive.

For change to occur, for this tension to be marginalised:

exploration of histories, local and regional folklore dealing with issues around sexualities  
becoming part of existing networks such as Bombay Dost  
developing spaces and asserting various "gay" identities  
This requires having to deal with denial and invisibility

#### Denial

1. internal conflict and denial  
shame, guilt, fear, isolation
2. External conflict  
with parents, friends, colleagues, social expectations



## Working Group Reports

Need to process conflict resolutions that are appropriate. Marriage is seen sometimes as such a conflict resolution but at a cost to the potential wife and children.

### Invisibility

stigmatization, hence sex and emotions "under the blanket"  
fitting into given social spaces of dosti, masti, bonding

Developing appropriate spaces means looking at ourselves as much as at society. Creating caring and accepting frameworks, both for ourselves and for others, developing non-discrimination.

### To achieve these goals requires

1. making ourselves visible, such as "coming out", using the media, talking about sex and sexuality, respond to articles, radio and TV programmes, opening out spaces
2. networking
3. sex education and awareness of sexual health issues
4. sharing this knowledge within our friendship and sexual networks
5. crossing language, class and caste barriers
6. projecting positive role models
7. developing support systems within our networks, groups, organisations
8. exposing myths
9. understanding self-responsibility
10. developing resources and support systems for families and friends of "gay" people.
11. developing appropriate peer counselling
12. visiting families of "gay" friends
13. creating networks for family support
14. educating ourselves on sexual health, sexuality and legal, ethical issues.

### Sexual Health

1. need to develop specific sexual health and sexuality resource materials as well as working strategies for our communities that would be specific for socio-economic groups and targets behaviours

student communities  
business  
factory workers  
office workers  
male sex workers  
migrant workers  
truck drivers  
Khalasis & Octroi agents  
malish wallahs  
shoeshine boys  
tea boys  
room service boys  
hotel boys  
shop workers  
sex networks

2. look for potential peer educators and provide training and support
3. mobile clinic and video van
4. develop relevant language specific and group specific resources
5. develop education and training for the range of health professionals
6. reorientate doctors, psychiatrists
7. have participatory and experiential training
8. intergrate sexual health with primary health care and family planning



## WORKSHOPS

*Wednesday, 28th December, 1994*

**Session 1.0      5.00pm - 6.30pm**

- 1.1 MEN WHO HAVE SEX WITH MEN**  
Homosexual? Gay? Bisexual? Or....?  
Facilitator: Ashok Row Kavi
- 1.2 CREATIVE THINKING**  
Looking for the right words to speak about ourselves  
Facilitator: Mahesh
- 1.3 MARRIAGE**  
Is there a choice? Do we challenge our families?  
What are the alternatives?  
Facilitator: Suhail
- 1.4 ESCAPE TO FREEDOM**  
Can we break through our mental barriers?  
Facilitator: Dalip Daswani
- 1.5 SEXUAL HEALTH**  
Safer sex, STD and HIV Prevention  
Facilitator: Shivananda Khan

**Session 2.0      7.00pm - 8.00pm**

- 2.1 SPEAKING OUT**  
Dealing with the media  
Facilitator: Ashok Row Kavi
- 2.2 GENDER IDENTITIES**  
What is masculine? What is feminine? What are we as 'gay' men?  
Facilitator: Murali
- 2.3 COUNSELLING MODELS**  
Developing appropriate counselling.  
Facilitator: Dalip Daswani & C. Subramaniam
- 2.4 ALTERNATE FAMILY SYSTEMS**  
Evolution and sustenance  
Facilitator: Sridhar & Niranjan
- 2.5 FORMING COALITIONS**  
Working with lesbians  
Facilitator: Ameeta R.

*Thursday, 29th December, 1994*

**Session 3.0      5.00pm - 6.30pm**

- 3.1 GROWING UP GAY**  
Strategies for coping  
Facilitator: Sunil Ganu
- 3.2 LIVING WITH HIV/AIDS**  
What are the issues? What are the needs?  
Facilitator: Shivananda Khan
- 3.3 FEMINISM**  
Our agenda too!  
Facilitator: T. Kotecha
- 3.4 DEVELOPING POSITIVE SELF-IMAGES**  
Feeling Good! Being Good!  
Facilitator: Murali
- 3.5 LOOKING BACK**  
Reclaiming our histories and heritage. Recording oral and other histories  
Facilitator: Ashok Row Kavi

**Session 4.0      7.00pm - 8.00pm**

- 4.1 DATA COLLECTION**  
Surveys of sexual behaviours  
Facilitator: M. Savara
- 4.2 GOVERNMENT POLICY ON HIV/AIDS**  
What is it? What should it be?  
Facilitator: Ashok Row Kavi
- 4.3 ALCOHOL AND DRUG USE**  
Why? How does it affect our behaviours and choices?  
Facilitator: Ashwini
- 4.4 HARASSMENT, HOMOPHOBIA AND THE LEGAL SYSTEM**  
What are our rights? What can we do? How can we challenge the system?  
Facilitator: A. Grover
- 4.5 FUNDING PROPOSALS**  
How to write a grant application  
Facilitator: Shivananda Khan

**Session 5.0      6.00pm - 7.00pm**

- 5.1 POSITIVE IMAGES**  
the use of the narrative aspect of Indian dance to explore gender roles, sexual identities and issues around HIV/AIDS  
Facilitator: Subodh



## WORKSHOP REPORTS

### 1.1 MEN WHO HAVE SEX WITH MEN

Homosexual? Gay? Or...?

Facilitator : Ashok Row Kavi  
Reporter: Vishwas W.

The discussion explored the issues of behaviours versus identities. What were homosexual behaviours?

It was felt that homosexual sexual behaviours can be expressed as any sexual act between two men/boys. Such sexual behaviours may not lead to orgasm. The behaviours include masturbation, mutual or otherwise, oral sex, anal sex, body rubbing, thigh sex, etc.

The term men who have sex with men covers all forms of sexual behaviours between men/boys.

Sexual behaviours between men/boys can be based upon:

- desire for same gender sex
- situational opportunities for sex where another male may be the only availability
- experimentation
- single gender environments, such as prisons, army, hostels, boarding schools, etc.
- homosocial environments and situations which can cross over to sexual encounters, i.e. two boys/men sharing a bed.

The word homosexual is a clinical definition, which was only recently invented, in the 19th century. The word "gay" is also a new word which has begun to be used in the last few decades. Both terms derive from the English language. Indian languages do not have such words. Words do exist to describe behaviours and certain sexual roles. For example it is the sexual insertee which is described by derogatory terms, such as 'hijra', gandu, etc.

Social expectations towards marriage and procreation are extremely intense. The unmarried person is treated with suspicion.

In the range of homosexual behaviours, the word "gay" can only really be employed towards those persons who have a strong sexual and emotional desire towards others of the same gender.

For others, we can only use homosexual behaviours. "Homosex" or "gaysex".

For those who do not speak English, other terms may be evolving.

Because of the cultural constraints in India which include

- compulsory marriage and procreation
- gender segregation
- more males than females
- stronger policing of women's sexual behaviours
- female virginity
- cost of sex workers
- mass male migration to urban areas
- lack of privacy
- delayed marriage
- homosocial environment

it is strongly possible that India may well have very high levels of male to male sex. Anecdotal evidence appears to support this.



In the U.S.A. it has been discovered that 30% of men practised homosexuality for 5 years; 5% of these men continued for more than 5 years.

In Kerala there are 9% of permanent practising homosexuals. Mobility of men often increases the practise of homosexuality. Single men become mobile due to shortage of employment, etc., and end up in all-male surroundings which gives rise to homosexual behaviour.

Many men have had sex, at least once, with another man in their lifetime. This could mostly be playing with genitals as actual intercourse is about 35%

For homosexual behaviour to occur some space is required. This means a 'safe space'. The behaviour may be active or passive. Many men are willing to have sex when some safe space is available, e.g., parties, friend's-home, etc. There are also men who desire to have sex with other men but cannot do so as there is no available 'safe space'. Where this may happen sexual contacts will occur in a wide variety of "public spaces", i.e. beaches, parks, toilets, back alleys, etc.

The discussion then moved onto a debate about whether homosexuality as a condition was innate or socially constructed.

The group came up with the following:

A gay person is "born as a gay" while a homosexual is not necessarily a "gay" person. A homosexual is a person who has sex with men occasionally. A gay is a person who has sex with other men and has a strong emotional desire towards this and doesn't give up this desire, even if married. Other married men who have sex with men, but whose primary desire is towards women, can be called "bisexual".

The group found it extremely difficult to relate issues around sexual orientation within Indian cultural frameworks and social expectations. The group recognised that there was some form of emerging "gay" identities within India which has influences from the West as well as influences from Indian social conditions. What these identities will evolve to no one was sure. But there was a strong sense that these discussions should continue, because they enable people to explore their sense of self, individuality and their relationships to family and community, and allow individuals to develop personal responsibility in terms of their own behaviours.

## Recommendations

1. Research into sexual behaviour patterns amongst different social and economic groups
2. Research into languages used by different sexual networks
3. Historical analysis of sexual behaviours and identities of different social and economic groups as well as other sexual minorities, i.e. "lesbians", women who have sex with women, hijras
4. More support groups to develop for men (and women) to discuss these issues.

## 1.2 CREATIVE THINKING

Looking for the right words to speak about ourselves

Facilitator: Mahesh.

Reporter: Parvez S

The phrase 'creative thinking' leads us to 'creative expression'. It is important that "gay" voices find expression in the arts. There is a need for our voices to be heard.

There are four types of conflict : Man vs. Destiny; Man vs. Society; Man vs. Man; Man vs. Himself

Participants talked about oppression and personal conflicts. Participants meditated about how to resolve individual conflicts and then immediately wrote on paper their personal feelings. These were mostly expressed creatively in poetry and prose. The exercise was therapeutic but it brought home the fact that gay voices should be expressed.



The following points emerged

- Human nature tends to assume generally.
  - We build up stereotypical images.
  - We all want freedom. But do we feel free?
  - What is stopping us from being free?
  - We create barriers by our words and actions even if it may not be intentional.
  - A lack of understanding, bringing up the past into our minds, lives and imaginations, and the feeling that our expectations are not being fulfilled, cause mental barriers.
  - Freedom is also a responsibility.
  - Can we break out of our fixations? Why don't we? By doing so we can take responsibility for our actions.
- 

### 1.3 MARRIAGE

Is there a choice? Do we challenge our families?  
What are the alternatives?

Facilitator : Suhail.  
Reporter : Sukirat.

Within India, the cultural framework is centred around

- a. compulsory marriage and procreation
- b. arranged marriages
- c. lack of individual choice
- d. extremely strong family and social pressures to conform
- e. family duty versus personal choice
- f. extended and joint families
- g. legal issues
- h. lack of privacy
- i. social stigmatisation
- j. gender roles

The workshop revolved around the question of how to deal with the constant parental and societal pressures, which successfully forces some of us to succumb and get married. This led to the question of "coming out", and how, to parents.

The group felt that for those whose sense of self was centred in terms of a "gay" identity, that it would be very difficult to sustain a marriage and would be unjust to the wife and potential children. At the same time members of the group did not want to alienate their families.

The consensus was to confront parents only after one has resolved one's own doubts about being "gay" and feeling positive about it. Confidence helps one to project a positive self-image and this helps one to deal with parents effectively. One should not forget that families need us as much as we need them.

### Recommendations

- The experiences of persons who "came out" to their parents within the Indian context, should be documented. Some examples are : in book form, or in gay newsletters
- Literature, already available on these questions in the West, can be cheaply reproduced here in appropriate languages
- Audio-visual documentaries can be made interviewing persons who have come out to their parents, and especially of parents who have accepted their "gay" offspring
- Support groups for people personally dealing with these questions which can provide strict confidentiality and be linguistically appropriate
- helplines available for counselling and advice
- education for young people around sexual behaviours, sexualities and identities
- legal changes



## 1.4 ESCAPE TO FREEDOM

Can we break through our mental barriers?

Facilitator : Dalip Daswani.  
Reporter Sanjay V.

1. A participant walking into the workshop room at the beginning of the session greeted the Facilitator with "Hello Teacher". This incident was used to initiate a group discussion to demonstrate how past events with no relevance to the immediate situation come into play.
2. A simple game was played. Each participant was given a square piece of paper - the same size - with the instruction: "Divide this piece of paper into four".

One participant folded the square of paper into four unequal shapes. One tore the paper into four irregular parts. All the others folded the square into half, and half again, making four equal quarters. There followed a discussion on this 'game'.

3. The following observations emerged:
  - a. one read more into the instructions (event) - making independent assumptions/conclusions totally unconnected with the actual instruction (event).
  - b. most "take the easy way out" without putting any "creative insight" in fulfilling/understanding the instruction.
  - c. that though there was total freedom to divide the paper into four any which way, one's own "mental barriers" - or 'baggage' - did not "sanction" or "give permission" to actually exercise that freedom.
  - d. that often external circumstances which appear restricting may actually be constrictions in our own minds.
4. The one participant who was made the 'example' expressed feeling 'freer' by the end of the workshop though a little earlier he had wondered why he was being 'cornered'.

## 1.5 SEXUAL HEALTH

Facilitator: Shivananda Khan  
Reporter: Dev A.

The workshop explored the following issues

What is sexual health? This led to a discussion about the physical, emotional, psychological aspects of sexual health, understanding that sexual activity can be pro-creative and/or recreational. Sexual health is much more than just preventing HIV/STD's. It included psychological well being as well. In the context of this Conference, it meant that sexual health also involved dealing with shame/guilt feelings, dealing with stigmatisation, finding avenues to become self-accepting and self-empowered.

In terms of issues around the psychological well-being aspects of sexual health, the other workshops and working groups were exploring this, so this particular workshop looked at the sexual aspects of sexual health.

In that context, the group looked at HIV and STD transmission, in particular sexual transmission.

What was noticeable was the low level of knowledge around STDs and HIV modalities of sexual transmission. For example why is anal sex more risky than vaginal sex?

Further the assumption that only men have anal sex with men was challenged. Many men have anal sex with women also. Therefore in the context of sexual health promotion, discussions should not focus on "heterosexual" or "homosexual" but rather on behaviours themselves, i.e. discuss anal sex.



The group then went on to discuss the differences between "safer sex" and "safe-sex". It explored the various types of sexual activities, and also included the choice of "no sex". Sexual health was also about exploring options for different types of sex. Being empowered to make choices. Saying "no". Saying "yes".

A brief discussion followed about condom usage, the correct method of putting on a condom. Again, significantly, there was a low level of knowledge about condom usage by several members of the group.

The group went on to discuss the difference between education and prevention. Public education MAY raise the level of awareness in terms of HIV and STD infection, and MAY change behaviours, but very often this behaviour change is not maintained. Prevention can be seen as direct intervention amongst sexually active people, through role modelling, personal persuasion, fear, respect for others, and so on with the aim of maintaining behaviour change.

Then the discussion moved on in terms of "gay"-identified men and men who have sex with men, and what techniques of prevention were available, appropriate and achievable to encourage behaviour change in terms of preventing HIV/STD transmission. The main conclusion from this was that participatory intervention techniques and informal peer education were the most appropriate with these groups of sexually active men.

This was followed by looking at how prevention processes are monitored and evaluated, and the group realised that such methodologies as discussed would be very difficult to monitor and evaluate in the short term, whilst in the long term there was the potential lowering of STD/HIV infection rates.

Other issues discussed were the wide range and numbers of differing sexual networks for men who have sex with men, including "gay" cruising sites, hotel boys, rickshaw/taxi drivers, truck-drivers, domestic servants, parties, contact magazines and how possible intervention strategies could work in these arenas. The group looked at two frameworks - condom promotion and non-penetrative sex.

Finally, the group looked at sexually active men who are married and the resultant responsibilities for the sexual health of their wives.

## Recommendations

1. Because of the low levels of knowledge it is necessary to make more readily available explicit sex education and sexual health brochures, booklets, etc. including how to use a condom.
2. An urgent priority is more training on sex education, sexual health and intervention strategies.
3. A great deal of risky sex is practised because of a lack of privacy and space. It is an economic issue. Poor people cannot afford privacy. There should be discussion and development on these issues
4. Harassment by police at areas where men meet men must stop. Such harassment leads to higher levels of risky sex behaviours.
5. To enable more effective intervention strategies for sexual health amongst men who have sex with men, it is important to develop a sense of safety and personal worth. As a first step in this direction, Section 377 of the Indian Penal Code must be repealed.
6. "Gay" organisations, and agencies working with men who have sex with men, must have governmental support, politically as well as financially.
7. City and town authorities should provide facilities, such as meeting rooms, office space, resources, in order that such organisations can develop intervention and counselling programmes.
8. "Homophobia" must be challenged.
9. Sexual choices must be guaranteed under human rights legislation.
10. The "right to be unmarried" as a social framework must be developed.



11. Organisations must be empowered, socially, politically and financially to develop a range of support services for men who have sex with men, such as counselling, befriending, education and training.
12. The right to confidentiality must be enforced.
13. Specific training programmes must be targeted at men who have sex with men, and more research should be appropriately done around sexual behaviour patterns in different urban/rural settings and with different socio-economic groups that include caste, religion, class.
14. Training must be provided for the medical, social work professionals as well as NGOs.

## 2.1 SPEAKING OUT

Dealing with the media.

Facilitator : Ashok Row Kavi.

Reporter : Vishwas W.

Dealing with the media can be very problematic. Reporters can take things out of context, add comments, can give unbalanced reporting, juxtaposing oppositional statements, and so on. Very often confidentiality can be ignored, which can increase stigmatisation and vulnerability.

How the media deal with the issues of sexuality is very much up to the professionalism of the media and reporters, and whether they are trying to sensationalise the issues.

At the same time, how one speaks to the media is also important. There are so few public voices from "gay"-identified people, that each person talking to the media must also recognise that while they are speaking on their own behalf, the public is also reading, listening, viewing. They are also speaking for the silent and disempowered. This carries a responsibility that can be very heavy.

One has the choice to speak or not to speak.

Sometimes silence is better than speaking out. What you say and how you say it is important.

Use words with responsibility. It is important to cultivate the press.

When a leaflet, brochure, or press release is sent out, various media will just use these. However, reporting from a pamphlet is bad reporting. Generally newspapers do not have specific 'gay positive' or 'gay negative' policies.

Discussion focused on how does one control information? What are the risks? One must remember that there is no control over what is finally reported.

"Gay" newsletters now receive a lot of mail. This means that more and more people are coming out and speaking out. Given the opportunities more people will speak out.

### Points

- Speaking out means coming out.
- Speaking out should be based on your experiences.
- A support system encourages people to speak out.
- The risks involved in speaking out should be noted.
- training given for dealing with the media
- Sensitivity by the media to the issues
- training the media



## 2.2 GENDER IDENTITIES

What is masculine? What is feminine?

What are we as 'gay' men?

Facilitator : Murlee

Reporter : Ravi S.

The group discussed definitions and understandings around the terms masculinity and femininity

### Masculinity/Femininity

- Man : Not being afraid of the 'soft' and 'feminine' side of oneself.
- It's a way of thought. A way of behaviour and attitude.
- There are entrenched models/stereotypes.
- Masculinity : courage to admit one's own sexuality. 'Femininity' is often a form taken while cruising or within a safe space.
- There is a dynamic continuum - behaviour moves back and forth depending upon the space.
- Duality/role play - again depends upon space and the situation.
- All follow established stereotypes.
- Established stereotypes are believed. However this may not be the reality.

Are all men masculine/are all women feminine?

How do these established stereotypes affect "gay" men?

- To safeguard oneself sometimes one takes on a feminine language.
- A tactic to attract sex partners. Men with 'feminine' qualities are equated with hijras. Hijras are attributed with certain powers and so using female attributes can be powerful.
- "Femininity" cannot be safely assumed in rural areas. But in safe spaces it is possible.
- Can often be necessary to assume duality to survive even in 'gay' groups or settings.
- It can be used positively also.

But there is a feeling amongst "gay" men that we are men within a male/female continuum. This duality can be considered to be a privilege. Femininity may cause loss of friends so masculinity often needs to be asserted.

The difficulty is when masculinity and femininity is linked with gender, i.e. men must be masculine, women must be feminine. Also different cultures have different concepts of what is masculine and what is feminine. In Indian cultures, maleness and femaleness, masculinity and femininity is not only bound by individual behaviours, sex roles and gender roles, but is also defined by specific duties that are gender bound.

More work must be done in exploring these concepts and challenging such ideas. Different concepts of masculinity and femininity must be made visible. Historically Indian cultures in different parts of the country have had different concepts of masculinity and femininity, which created different frameworks of experience for men and women. What is now deemed as feminine was considered masculine in certain historical cultures, i.e. Kerala matrilineal societies.

Males who are deemed to be feminine are so labelled because

- a. certain behaviours are labelled as feminine, i.e. sexually being penetrated,
- b. certain styles of dress
- c. certain behaviours, styles of walking
- d. certain emotional attributes.

These are not fixed attributes, but are often ways of challenging cultural beliefs and norms.

Summary : Masculinity and femininity mean different things in different cultural settings. As "gay" men it is easy for us to switch back and forth. This is a privilege and a powerful tool.



## Recommendations

1. Groups should be established to challenge fixed ideas around masculinity and femininity.
2. Sexualities and gender construction should be part of student studies
3. Patriarchy as a fixed social/cultural institution should be challenged.
4. Concepts around male roles and female roles should be challenged. This is particularly important in terms of marriage, sexual behaviours and choice.
5. Stigmatisation of individuals because of sexual behaviour choice must also be challenged.

## 2.3 COUNSELLING MODELS

Developing appropriate counselling.

Facilitator : Chitra Subramaniam, Counsellor.  
Reporter : Manoj P.

There is a lack of identity and presence of guilt among "gays". Few have identified themselves as "gay" and many feel shameful. There is a fear of other people's reactions. There is a social compulsion to get married.

There is a need for a step by step scientific process in counselling, even amongst peers. Counselling should be therapeutic and the methods adopted cannot be generalised. Counselling does not mean to say what is right or wrong, it's not giving advice. It's a helping and an enabling process. The situation should be analysed in totality.

### Steps

- Ask questions.
- Lying can jeopardise the process. Listen carefully to identify problems. Probe.
- Establish a relationship.
- Be non-judgmental.
- Societal norms of right or wrong shouldn't restrict the counsellor's attitude.
- Counsellor should be himself and not pretend to be something he is not.
- Empathise. Look at the problem from the other person's angle

A counsellor should not jump to conclusions or rush in with suggestions. If suggestions are not accepted one should immediately back off. Different areas like marriage and sexuality should be seen within the larger "gay" context. There are advantages if the counsellor is also "gay". But a straight person with an open mind can be equally effective. "Gay" groups play a vital role as they are structured, meet regularly and possess group dynamics. Groups could evolve proper guidelines and rules. Groups can be a powerful counselling method. But a common pace must be maintained. A change in sexual behaviour must only be tried if the person is totally determined.

The counsellor's suggestions should not be glorified. All the pros and cons must be listed and let the person visualise these. Solutions only work when the person himself feels comfortable with them. Multiple identities like being a friend and counsellor might create problems. One has to draw a line between the two. Once a week is often enough for counselling and the time spent may be 15 minutes to 1 hour. Increased frequency is needed in serious cases like suicidal tendencies.

The counsellor should have faith in the person's own strength which is more powerful than the counselling. Counselling skills are easy to learn and a fairly experienced person could prove to be a good counsellor except when dealing with grave crises.



## Recommendations

1. Training programmes should be made available for "gay" support groups to enable peer group counselling systems to be established.
  2. Professional counsellors should be trained in the issues of sexualities and identities.
  3. Of particular concern is where men who have sex with men are labelled by the counselling profession as "sick" and are "counselled" to stop their choice.
  4. The psychiatric profession also needs to be challenged on this issue. Being "gay" is not sickness, but a "life choice", an "orientation". It seems to be strange that while Western techniques of psychiatry and counselling are adopted, the changes in regard to sexuality that these professions have undergone in the West have not been incorporated in our own country to a large extent.
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## 2.4 ALTERNATE FAMILY SYSTEMS

Evolution and sustenance.

Facilitators : Sridhar & Niranjan.

Reporter : Aalok.

So many "gay" men are frightened to "come out", to challenge the family pressure on marriage, to form their own lives because there is a belief that the "gay" man would not be able to develop his own systems of support, care and mutuality.

There is the fear of being alone, of not having any companionship, of growing old alone, of living alone. Loneliness seems to be the great fear.

One way of dealing with this loneliness is to build up a series of relationships with lovers and friends into an alternate family system.

The idea was to explore possible alternate family systems for "gay" men. The discussion started with defining 'family'

- It should provide emotional support.
- It should provide care and affection.
- It should look after us when we are in trouble.
- It should provide economic and social security.
- It should have social and legal sanction.
- There should be co-habitation.

One man narrated his experience of a live-in lover and how they distributed responsibilities. The neighbours thought they were just friends.

"Gay" marriages/partnerships in other countries were discussed and a special mention was made of the Norwegian law which permits such marriages.

The most prominent model discussed was the one based on a "heterosexual" monogamous family. This particular model is a very Western framework, and does not look at the joint and extended family systems of India. The Indian family is rather like a community, and another form of an alternative family could also be a sort of community - a commune life

Some problems with alternate systems

- How to provide financial security if a partner dies or the family breaks up.
- Gay couples can make a registered will. However ancestral property cannot be so willed.
- Single persons cannot legally adopt children.
- The unadopted person cannot be willed ancestral property.



## Recommendations

1. "Gay" groups and organisations should work towards building social support systems for members.
2. Friendship networks should be encouraged.
3. More "gay" groups should be established in every city
4. Specific venues should be made available for "gay" people so that they can develop socialising in spaces where they can be unafraid
5. Legal issues should be addressed in terms of property rights, wills, ownership, etc.
6. Same gender partnerships should be legalised.

## 2.5 FORMING COALITIONS.

Working with lesbians.

Facilitator : Ameeta.

Reporter : Dev A.

"Gay" identified men by discussing and developing issues of sexual choice, marriage, family, concepts around masculinity and femininity, are involved in challenging social systems that demean, stigmatise, isolate and harass those wanting same-sex partners.

Lesbians, women who love women, are also involved in issues around sexual choice, marriage, family, concepts around masculinity and femininity and stigmatisation.

Both gay men and lesbians are then to some extent in the same fight for rights. The right not to be married. The right to choose one's sexual partner. The right to be with a partner of the same sex.

Both are in that sense fighting patriarchy.

The difficulty is that for women, the challenge includes issues around sexism. Gay men are men who are brought up in the present cultural climate to validate the relationship between men and women, with men as superior to women.

Just because a man is "gay", does not mean that they cannot be sexist. Just because a "gay" man is involved in developing a sense of "gay" identity, does not mean that they do not behave in sexist ways and have attitudes that are sexist.

So while on the surface it seems that lesbians and gay men should work together to challenge the social norms around marriage, sexual choice and family, the issues of sexist and lesbophobic attitudes acts as a major divide.

Unless "gay" men are willing to challenge their assumptions about women in general and lesbians in particular, forming a coalition with lesbians presently appears to have inherent difficulties. It will take some time. A lesbian newsletter has been in the planning stage for the last two years. It will help in empowerment as, right now, many lesbians are afraid to come out, much less form coalitions. At a recent conference for women the right to one's sexuality was recognised but there were dissident voices. It does seem easier, however, for two women to live together as women's sexuality is still an invisible factor.

## Recommendations

1. "Gay" organisations and groups should develop anti-sexist approaches to their work.
2. There should be gender deconstruction workshops available for "gay" men.



## Workshop Reports

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3. "Gay" men should be constantly challenged about their attitudes and behaviours towards women in general and lesbians in particular. This challenge should come from the men themselves.
  4. "Gay" men must stop seeing women as providers and carers, as wives and mothers. Too often "gay" men has asked "gay" newsletters for help in finding a "lesbian" wife to satisfy their families need for marriage without thinking through the effect this would have on a "lesbian". This should be challenged by all "gay" organisations.
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### 3.1 GROWING UP GAY

Strategies for coping.

Facilitators : Sunil Ganu & Rakesh.

Reporter: Sunil

Members were first asked to describe their longest-standing mental images of

1. Family
2. Friends
3. A pair of lovers
4. Old people.

Of the 40-odd images, only 2 were "gay" positive.

Members then shared the most difficult part of their experience of being "gay". These were

- being different and hating it.
- not being able to play with boys as youngsters.
- pressure from peers and family.

Sharing experiences of growing up revealed similarities in trying to cope with sexuality

- withdrawal
- pretence of being 'masculine' in a peer group
- preferring company of women. Being seen by peers as a 'stud'.
- denial
- attempts at finding information and subterfuges devised to obtain information
- fear of being a hijra.

Coming out to one's family was the paramount issue that caused pain. Fear of rejection, fear of causing hurt and pain led us to resort to lies, vague answers and pretence.

Strategies of coping with 'coming out' included

- talking about AIDS as a preamble
- dropping hints.

In the end members shared where they would be in a few years' time. It was clear that while no precise strategy can be formulated, we each have to cope as best as we can.

### Recommendations

1. There should be support groups developed for young people dealing with issues of sexuality and growing up.
  2. Appropriate counselling must be promoted and made available for young people. Such counselling must not be derogatory but must provide a compassionate and accepting space.
  3. Educational information for parents on issues of sexuality should be made available in appropriate languages.
  4. School education should includes issues around sexuality and sex education.
  5. "Gay" organisation should make available accurate information for young people.
  6. Media should advertise support groups/appropriate counsellors.
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### 3.2 LIVING WITH HIV/AIDS

Facilitator: Shivananda Khan

Reporter: Dev A

The group discussed what were the issues and needs for people living with HIV/AIDS generally and for "gay"-identified men and men who have sex with men specifically.

There are so many issues and needs in a country like India, where so many of the medical and nursing profession lack basic HIV/AIDS information, where there is no access to welfare and social benefits, where people often are living with their families, where general income is low, and where medical benefits are non-existent, where there is constant human rights abuse, and where there is generally poor information available for the public.

#### Some of the issues

1. confidentiality
2. isolation
3. discrimination
4. family
5. employment
6. housing
7. medical treatment
8. psychological support
9. grief
10. death and dying
11. testing
12. knowledge

#### Some of the needs

1. Ensuring confidentiality as a matter of course, whether it is in testing, access to medical care, employment, etc.
2. Provision of support networks. Because the group focused on "gay"-identified men and men who have sex with men, such support groups should be formed by such men themselves.
3. Because so many men from these sexual networks would be married, the issue of married men living with HIV/AIDS is very important with regard to possible impact upon wives and any children.
4. HIV/AIDS infected/affected men may well have partners, lovers, wives and support should be provided.
5. It was felt that support should be given through an advocacy and befriending service
6. More education and training about symptoms of HIV related illnesses.
7. More training around the specific medical and psychological needs of people living with HIV/AIDS
8. appropriate counselling models must be developed
9. Access to good quality medical care and treatment
10. Financial support where the individual is the "bread-winner" for the family or for himself.



## Recommendations

1. All medical personnel must be trained around HIV/AIDS, sexuality and issues of confidentiality
2. Where medical personnel refuse to provide treatment for people living with HIV/AIDS, or they break the rules of confidentiality, they should be disciplined.
3. Organisations should be developed and empowered to provide support frameworks for people living with HIV/AIDS. Where such people are "gay"-identified or men who have sex with men, peer groups should be empowered to develop and provide these support services.
4. "Gay" organisation should develop support and befriending services for their clients who may be living with HIV/AIDS and their families. This means that such organisations should provide good quality training on HIV/AIDS issues. Funding should be provided to these organisations to enable them to do this.
5. Self help groups for "gay" men/men who have sex with men who are infected/living with HIV/AIDS must be established and given the appropriate support to sustain them.
6. It is recognised that the Indian Medical Services, whether public or private will be incapable of dealing with the vast numbers of people who will be living with AIDS in the near future. This means that the only real alternative will be some form of home care and the support systems to enable that to be effective, taking into consideration issues around the already over-burdened role of women, gender issues and such like. Funding should be made available to provide such home care systems and training should be given to develop peer support and advocacy systems to empower these systems.
7. The costs of medical care can be beyond the reach of many people living with HIV/AIDS. This issue must be addressed.
8. Many of those living with HIV/AIDS will be the income generators of families. Loss of income will have a dramatic impact upon family welfare and may lead to other issues, such as low-level nutrition, lack of medical care, psychological stress, not only upon the individual(s) concerned, but also on the rest of the family. Funds should be made available where this occurs.
9. There is very often no pre-test counselling or post-test counselling, and even when such counselling exists this very often it is inappropriate. Appropriate counselling frameworks must be developed, and in such situations, peer-counselling is more effective than others. HIV/AIDS support groups must be empowered to form to deliver such services. However, such support groups must recognise the issues of sexuality within themselves.
10. Human rights abuses for people living with HIV/AIDS, and those of a different sexual "orientation" must be challenged and made illegal.

## Summary

1. More information is needed about the impact of HIV/AIDS upon a person's health
2. Training for medical staff must be given
3. Confidentiality must be assured
4. "Gay" organisations must be empowered to develop and build befriending networks that can provide material, emotional and psychological support, as well as play an advocacy role.
5. Counselling for those affected by HIV/AIDS must be appropriate. Peer Counselling must be encouraged.
6. In an Indian context HIV/AIDS is a family issue. Support should be available as a family model.

It must be noted that not enough time was given to develop a comprehensive list of issues, needs and recommendations. There needs to be much more work done by "gay" organisations and networks on these as more and more "gay" men and men who have sex with men become infected with HIV and begin to live with AIDS.



### 3.3 FEMINISM

Our agenda too

Facilitator: Trupti Kotecha, Editor, SAVVY magazine.  
Reporter: Vishwas W.

One of the central issues of feminism is to challenge patriarchal social and sexual systems that place women as inferior to men, that create hierarchical social and sexual systems between men and women, that see women and men as oppositional, and that women are subordinate to men.

Similarly, men in developing emerging "gay" identities are having to confront issues of patriarchy, sexual dimorphism and sexual hierarchies, in being to formulate "gay" identities.

In a culture of compulsory marriage, most "gay" men will feel obliged to marry because of family, social and cultural pressures. Such a marriage will have a major impact upon the wife and any children.

Such issues need to be explored. There is an urgent need for "gay" men to look at the issues of feminism and understand that feminism is challenging social structures and concepts in relationship to women, their sexual, emotional, psychological, economic and social frameworks. "Gay" agendas often reflect similar concerns.

Communication is the key in every relationship : between mother and son, between teacher and student, etc.

How do we change Indian society? How long do we succumb to the pressure of marriage? This is one common area for women and "gay" men.

Sometimes it is effective to adopt a confrontational attitude at the family/educational/institutional level to provide the courage to "come out".

"Gay" men must come to terms with themselves first. After all, no one is holding a gun to anyone's head to force a marriage. In any case there is no need to reveal one's sexuality : one can simply claim that one does not want to marry. It is not fair to hurt another person simply due to a lack of courage. "Gay" men can help women by not marrying them.

In what way do "gay" men claim that feminism is their agenda too? In what way are they helping the women's cause? If they're not, why should women take up the homosexual cause?

Educate society what homosexuality is. Press for sex education in classrooms. Protest against stereotypical portrayals of "gay" men in Indian cinema. Protest against the horrible depiction of women.

#### Points

Communication : better communication results in trust and acceptance. Parents can deal with the situation if there is good communication.

- "Gay" men must not marry women.
- There must be recognition, acceptance and protection from society. Fight to make homosexuality legal. Demand your rights which are available to every citizen.
- Women, "gays" and "lesbians" are oppressed minorities. They can come together to confront society.



### 3.4 DEVELOPING POSITIVE SELF-IMAGES

Feeling good about ourselves.

Facilitator : Murlee  
Reporter : Ashok J.

What do I feel about myself? How much do I love myself? We often deprecate ourselves. Appreciating oneself is important before you can appreciate others.

"If I am afraid to tell people that I am gay then I feel negatively about my sexuality. I get my self-esteem from others. People making fun of me makes me feel bad about myself."

"When I was not in a relationship I had a negative self-image. My self-esteem got a boost when I was in a relationship. Later when the relationship ended my self-esteem remained. I realised I was letting my environment control my happiness."

"Support from other gay friends has helped my self-image gradually. Do not tolerate abuse from others, anti-gay jokes or harassment."

One often compensates for one's "gayness" by becoming 'good'. This is due to a sense of shame/guilt about one's sexuality. "A fear of negative reaction made me change my mannerisms, fearing them to effeminate."

As a "gay" person what can you do for yourself

- Find support from other "gay" friends or groups.
- Claim responsibility.
- Self-empowerment.
- Don't feel isolated. Meet others in a non-sexual situations.
- Read "gay" literature.
- Stay physically healthy and fit.
- Do things you like.
- Talk to someone when you are not feeling good.
- Get satisfaction from your profession.
- Engage in some social service.

Change the framework or ground rules by which we judge ourselves.

Is there a need for a new framework? Is it going to evolve on its own? There should be a constant process of change.

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### 3.5 LOOKING BACK

Reclaiming our histories and heritage. Recording oral and other histories.

Facilitator : Ashok Row Kavi.  
Reporter : Manoj P.

In India today, many people have come to believe that homosexuality is a Western construct, and that if there are any Indian homosexuals, they must have been "infected" by Western culture.

Yet India has a rich history of homoerotic, both female and male, since Vedic times. These histories are invisible. In various periods there have been attempts to destroy the visible elements of these histories, especially by the British during the Raj. It is ironic that those that decry homosexuality is a Western phenomena, have aped the British in decrying it and destroying the evidence of "homosexuality" in Indian histories long before the British arrived in India.

Homoerotic (both male and female) sculptures in India have been damaged by destroying the genitals. Our mythologies

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do depict "homosexual and lesbian" images. Contemporary media like cinema also have "gay" characters nowadays. The original Kama Sutra covered grooming of males like chewing betel nuts, application of kajal to eyes, etc as well as discussed sexual behaviours between men.

By and large homosexuality is generally denied and it is often associated with foreign cultures, claiming it is an imported behaviour. We should evolve our own base and discover a sense of belonging from our histories. Although idols at Khajarahho depict homosexuality they are dismissed by archaeologists as symbols of fertility. In the Hindu mythology Shiva as Bhairav (a sperm dispersal avatar of Shiva) is never worshipped. Instead the linga, symbolising conservation of energy, is worshipped.

In medieval society many Urdu poets documented their sexual desires for males in their poems. A poet like Mir dealt with homosexuality in 70% of his work.

By retrieving our history we traditionalise our roots. Within books lie the world. Either you look at the world or you find it in books.

Another example is of Arjun having a relationship with Krishna who changes his form to that of a female.

History is a common heritage. All "gay" history is our history. Recovery provides a sense of belonging and empowerment. Homosexual traces can be found in paintings, books, sculpture, poetry, oral history. Even contemporary events eventually become history.

To do research

- a group can be formed
- a centre of research can be set up
- identify people working on the subject and co-relate their efforts. Persons can contribute themselves by exchanging information. The responsibility can be shared by persons from different regions.

### Recommendations

1. Research into the histories of sexualities in India should be supported by Archaeological and Cultural Anthropologist institutions in India.
2. All destruction of sculptures because they show homoerotic imagery must be stopped by law.
3. Support should be given to the recording of oral histories in different segments of Indian cultures as they relate to gender construction, sexualities and behaviours so as to not lose these rich traditions. These are part of the rich tapestries of Indian cultural histories.
4. The constructions, deconstructions, and reconstructions of Indian histories as they relate to gender, sexualities and social lives must be carefully reviewed, and other histories must be made available.

## 4.1 DATA COLLECTION

Surveys of Sexual Behaviours

Facilitator: Meera Savara, researcher

- Sexuality is discussed very differently in India
- Questions on homosexuality are generally incorrect, eliciting incorrect data
- The objective of surveys is to carry out Projects within the community. A proper methodology needs to be developed

A survey done asked questions regarding:

1. Sex with wife
2. Other sexual behaviours



- a. pre-marital sex
- b. post-marital sex
- c. paid sex
- d. homosexual behaviours

A striking finding was that with the increase of marriage age, other sexual behaviours, especially paid sex, has increased substantially. Statistics could be misleading and there could be other related phenomena, besides marriage age, to cause this increase.

Studies have shown two other significant findings:

- a. sex with relatives 20%
- b. sex for persons below 14

Studies have shown that a number of men go in for every sort of sex and that HIV/AIDS is increasing for women.

Do we need data on "homosexuals" and homosexual behaviours? If yes, what sort?

Methodology of questionnaires can be used only for 10% of "homosexuals"/behaviours (the amount of sex, type of sexual behaviour, etc.). For the remaining 90% other methodologies will have to be used. Collection of anecdotes and experiences can serve as a useful beginning. Asking a group to maintain a sexual diary could serve as an informative survey.

The danger of tabulating data based only on educated, urban, "gay" -identified men is that it is not true of the national community.

The authenticity of data collected within the community can be questioned. Myths can solidify and this can be harmful to the "gay" community. Research findings can remain within the community and need not be available to outsiders.

Data is surely required vis-a-vis HIV/AIDS, penetrative sex, STDs, etc. Researchers should have a research background or work with researchers.

Observations at "cruising" areas can be helpful.

Regional dialect sex manuals are being studied to know about rural and working class sex practices.

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## 4.2 GOVERNMENT POLICY ON HIV/AIDS

What is it? What should it be?

Facilitator: Ashok Row Kavi

Reporter: Aalok

In the beginning of the awareness of HIV existing in India, the Government's response was to isolate HIV infected persons. It concentrated on testing people and isolating them. It was soon discovered however, that there were not enough testing kits for a larger scale testing programme; nor were there enough isolation wards to accommodate the increasing numbers of HIV infected people and those living with AIDS. Further there were very few pre-test/post-test counsellors who could offer culturally specific counselling.

With the formation of NACO, the focus shifted to integration (at least theoretically) and it was decided to keep the HIV/AIDS patient in her/his social support system and provide treatment at home or in hospital.

The epidemic was seen as a heterosexual one, even though the terminology of heterosexual/homosexual was a Western construct. And therefore there was almost no attempt to either do research or look at homosexual behaviours in India and how this impacts upon HIV transmission.

The law on homosexual behaviours is closely related to the spread of HIV because an HIV infected person will never



admit that he was infected through anal intercourse. This means that anal transmission of HIV will have almost no visibility in any data. It is vital that a more supportive environment is created in order for such behaviours to be admitted and this requires that the threat of legal sanctions must be removed. It would therefore be necessary, for any effective HIV prevention strategy to repeal Section 377 of the Indian Penal Code, which classifies "carnal intercourse against nature", i.e. anal intercourse, as a crime.

#### Police Harassment

- because of shame and stigmatisation, many men who practice homosexual behaviours will quietly submit to police harassment which often includes physical violence, bribery, and sexual abuse. The police who practice these behaviours use Section 377 and various city ordinances to harass men who have sex with men.

#### Recommendation

1. Section 377 of the Indian Penal Code must be repealed.
2. Homosexuality must be decriminalised
3. Community solidarity must be encouraged
4. Provision of legal support
5. Groups must be encouraged in helping formulate more sensible policies of the Government on health issues.
6. Where coercive sex is encountered, these can be dealt with in terms of other laws.

### 4.3. ALCOHOL AND DRUG USE

Why? How does it affect our behaviour and choices?

Facilitator: Ashwini

Reporter: Dev A.

The workshop focused on personal discussions on what is alcohol and drug use in terms of misuse, intravenous drug use, and what lies behind such behaviours.

Substance abuse often results in loss of control and bad decision-making, increasing likelihood of risky sexual behaviours, as well as increasing levels of violence, sexual or otherwise.

There are a number of groups available to provide support for those wishing to control alcohol and drug use. Groups such as Alcohol Anonymous and Narcotics Anonymous should be encouraged. "Gay" organisations should consider forming such self-help groups for men who have sex with men.

### 4.4 HARASSMENT, HOMOPHOBIA AND THE LEGAL SYSTEM

What are our rights? What can we do? How do we challenge the system?

Facilitator: A. Grover

This was cancelled as the facilitator was unable to attend.



## 4.5 FUNDING PROPOSALS

An approach to writing grant applications

Facilitator: Shivananda Khan

In this workshop we explored what sort of information a funder would require with any grant application, and developed a broad outline of how such information could be set. The following outline was a model discussed

1. Title of project
2. Introduction to the organisation
  - a. aims
  - b. history
  - c. track record
  - d. key supporters/patrons
3. Project Rationale
  - a. why it is needed
  - b. proof of the need/demonstrate gaps in services
  - c. needs of communities affected
  - d. why your method/service is the right one
4. Aims of Project
5. Project Plan  
step by step describe how you are going to achieve your aims. Include:
  - a. time scale
  - b. consultation
  - c. people/organisations involved
  - d. resources used
  - e. outputs - concrete results
  - f. methodology
  - g. dissemination of results
  - h. monitoring and evaluation of results
6. Resources/Budget
  - a. give real costs
  - b. all the resources the organisation has
  - c. detailed breakdown of all extra project costs - include:
    - staff
    - accommodation
    - equipment
    - overhead/running
    - research/consultation
    - administration/travel/legal
  - d. other people
  - e. % of the budget needed/technical support

Each item on the above list was worked through by the group.

It was recognised that each donor agency would have their own specific process of grant aid and application form.

### Funding resources

Local/City authorities  
National Government  
Private sources  
Charities  
International Donor Agencies  
Public subscription



## Recommendations

Donor agencies and funders demand applications in specific ways and in English. This means that those service organisations where English is not readily accessible will have a lot of difficulties in making such applications.

Further donor agencies are often only interested in very specific issues. Often service agencies cannot apply for funding because their service brief falls outside these issues.

1. Donor agencies to simplify grant applications, and to have them available in Indian languages
2. Government should make the process for applying for funding support much easier, whether the funding is Governmental, private, or international.
3. Service agencies require certain certification before they can receive funding from international donor agencies. This certification should be done away with.
4. There should be training programmes offered by donor agencies to service agencies in
  - a. writing grant applications
  - b. infrastructure development
  - c. monitoring and evaluation processes
  - d. programme management
  - f. budgeting
  - h. accountability

## 5.1 POSITIVE IDENTITIES

A workshop in the use of the narrative aspect of Indian dance to explore gender roles, sexual identities and issues around HIV/AIDS

Workshop Facilitator: Subodh

This workshop was an exercise in gender role construction, an exploration of sexual identities within an Indian context. It aimed to explore issues of diverse sexualities and HIV/AIDS, through the use of movement and mime.

Faced initially with a degree of uncertainty, the participants quickly realised that the workshop did not require them to have any prior knowledge/experience of dance.

Starting with basic warm-up, the group went on to develop, through a series of exercises, the use of narratives in dance to explore specific issues. Initiating a discussion of ourselves, the first exercise was to identify a particular part of one's own body that interests one the most. What was it? And why that particular part? Participants were encouraged to illustrate their stories through the use of gestures and mime.

The aim of this particular exercise was to introduce participants to the use of narratives in dance to communicate messages. By creating the narrative/movements themselves, participants felt greater at ease with the subsequent development of the use of stylised movement and mime.

The second exercise developed the issue of gender roles using a set text and a specific context. The purpose here was to identify and explore the construction of gender identities/roles with a cultural specific context, examining sociological and psychological constructions.

Participants were encouraged to visually depict the text drawing upon different genders and sexual identities. Each person was asked to draw upon a movement vocabulary they were familiar with or which they had created.

Problems encountered during this exercise were shared with the group. This also served the purpose of encouraging



## Workshop Reports

people to work as a group and to share information.

The workshop then aimed to develop issues of protection and methods of preventing HIV infection.

As the session progressed participants became more vocal/visual about their personal experiences, problems and aims. Knowing that it was safe space, with observers being fellow delegates at the Conference, enabled some to share personal experiences without feeling a sense of ridicule, shame or guilt.

Due to limitations of time the group felt it was unable to explore fully the issues being raised. However a sense of self-empowerment was felt by all in being able to talk about their own experiences through an alternate medium of communication which they had not though possible to use.



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## CONFERENCE STATEMENT

This Conference was the first attempt to bring together individuals and community-based organisations who are "gay"-identified and who are developing services for men who have sex with men, whether these services are political, social, educational, HIV prevention, support or empowerment.

It was decided to focus on those who are beginning to develop some sense of self-identity based upon their emotional and sexual desire, because it was felt that these men would find it easier to attend such a meeting. Many of these men were already involved in developing some form of organisational frameworks to deliver appropriate services to their colleagues.

Further, because of the nature of the sexual behaviours of men who have sex with men, the social and cultural frameworks in which such behaviours exist, the level of sexual transmitted diseases in India generally and amongst men who have sex with men specifically, and that STDs can act as precursors to HIV transmission, Sexual Health was seen as a central issue, as much as HIV itself and living with AIDS.

Globally it has always been recognised that peer support systems are the most effective in providing HIV prevention frameworks that can sustain behaviour change as well as treatment and care for those affected by HIV/AIDS.

The Conference arose after many discussions between The Naz Project and Humsafar Trust representatives over the course of two years, and the recognition that the issue of men who have sex with men in India is a major concern, both in term of developing identities AND HIV prevention, a concern that has not as yet been readily recognised by Government, funding institutions and AIDS service agencies.

It was recognised that The Naz Project had the skills and the knowledge in framing questions, developing strategies, and designing appropriate models, and so it was asked to provide the Conference model and support its development and the actual process of the Conference, working with The Humsafar Trust in Bombay.

There were two questions that were felt to be centrally important. The first was to ask "What is a 'gay' identity in an Indian context?" The second was "How can this emerging identity in India be used as a prevention tool to halt the spread of HIV amongst men who have sex with men?"

This required challenging the assumption in both WHO and NACO, that the homosexual transmission of HIV is extremely low, if non-existent, in India, and that within the vectors of sexual transmission of HIV, heterosexual behaviours is the main cause.

The issue of homosexual behaviour and HIV transmission in India was also felt to be a double-edged sword, in that the more the issue was profiled, the more the "homophobic" response could be. And yet, what research both The Naz Project and Humsafar Trust has done on the level of homosexual behaviours in India and the possible impact upon HIV transmission, indicated that what HIV data existed did not give an accurate picture of the situation. Men would never admit that their HIV status arrived from anal sex with other men (particularly if penetrated) remembering that receptive anal intercourse is the most risky form of sexual behaviour in terms of HIV transmission.

At the same time, it was also recognised by these two agencies that the level of homosexual behaviours in India was very high and significantly such behaviours were not identity based, while a majority of such behaviours were conducted by men who were married or going to be married. The issue of transmission to women by these men, therefore, was significant.

The Conference brought together men who were exploring these issues, who were part of larger networks, who had some experience and knowledge of sexuality and of HIV/AIDS, and see whether it could be possible to develop strategies for the future. Since the Government AIDS service agencies and donors did not deem this as a priority, it would seem that empowerment of such "gay" individuals and organisation, who had taken the agendas on board themselves, must therefore develop their own framework for HIV prevention and support for others living with HIV/AIDS. In other words, men who have sex with men, whether "gay"-identified or not, taking responsibility for their own actions and developing their own peer services.

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With some very rare exceptions, what services already exist are totally inadequate, not resourced and are imposed from "heterosexual" frameworks. They are ineffective, and to a large extent, increase the sense of marginalisation and invisibility. Publicly, men who have sex with men and "gay"-identified men, are vilified, a result of "Western" corruption and at the same time, homosexual behaviour as an HIV vector, blamed for HIV transmission. Section 377 of IPC is used as a source of harassment and victimisation. All these issues and concepts effectively block HIV/AIDS education and prevention which further marginalise treatment and care for those affected by HIV/AIDS.

This bringing together of a group of men who were willing to face the issues, men whose sense of self-identity had developed enough to begin to use the label "gay", was a tremendous success, a high point in a new initiative in terms of addressing the challenges of HIV/AIDS generally and specifically. A time was given to learn, to share, to mutually support each other. A process of empowerment.

The Conference recognised the tremendous challenges that lie before us to ensure that the momentum generated during the Conference does not become lost in disempowerment and cynicism. It was essential that delegates remained in contact with each other, develop individual and group work programmes, action plans, strategies, exchanging skills and expertise and join together for mutual solidarity and concern.

The delegates stated clearly that all have the RIGHT to be treated equally, fairly and equitably as citizens of India. That respect should be given to who we are, what we are, the right to choose, the right to be unmarried, the right to our own "sexual orientation" whatever the label used. This should show itself clearly in community, social, institutional and legal frameworks, and resources available for community action generally and specifically with reference to HIV/AIDS and sexual health.

Homosexuality and homosexual behaviours exists in India, have always existed in India. Denial and invisibility does not mean non-existence. As men who desire men, who have sex with men, through which we form our sense of self and lifestyle, does not take away our citizenship and our rights as citizens, our sense of personal and public responsibility.

There are many of us throughout India. In cities, towns, villages, from different walks of life, of differing religious beliefs and practices, marital status, different classes, castes, and socio-economic groups. From the richest to the poorest. In any policy and strategic development on sexual health and HIV/AIDS, we must be consulted and listened to.

Our organisations and networks must be empowered and resourced so that we can develop our own educational, prevention and peer support strategies. Both in terms of emerging identities as well as in terms of STD/HIV and AIDS. Our skills and knowledge must be effectively utilised and promoted in such developments. And where specific skills may be lacking, training must be provided to develop them.

India, the whole of South Asia for that matter, is facing a major social, medical and economic threat because of HIV and related concerns. The only way that these issues can be effectively addressed is if we all work together in mutual support and encouragement.

All we ask for is that we are treated with dignity and respect as any other citizen, that we have a just and fair access to services and resources, whether local, regional, national or international, whether governmental or non-governmental. We ask that our human rights are respected and adhered to.



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## RECOMMENDATIONS

From the various discussions, Working Groups, Workshops and other forums within the Conference, a series of specific recommendations emerged directed at the Government of India, Ministry of Health and Family Welfare, the National AIDS Control Organisation, WHO Global Programme on AIDS, State Governments, State AIDS Organisations, City authorities, non-governmental organisations, funders, local, governmental and international, and our own community-based organisations and networks.

### Recommendations for "Gay" Community-Based Organisations and Networks Declaration

1. Our organisations and networks must recognise that HIV/AIDS, and sexual health itself, affects all people including men who have sex with men, whatever the socio-economic group, class, caste, and religious affiliation.
2. That in such recognition we must all develop a sense of responsibility to educate ourselves those within our networks to prevent the spread of HIV.
3. And further we must also develop systems of care and support for those within our networks affected by HIV/AIDS.
4. Whilst we recognise that our "communities" face a host of issues which may well get prioritised above HIV/AIDS, such as basic human rights issues, repeal of Section 377, developing identities, support groups, counselling around sexuality, and so on, these must not be used as a means of denial that HIV/AIDS should also be placed centrally on our agendas.
5. While we recognise that in the pursuit of personal, familial and community affirmation, sometimes "community" members may avidly deny specific issues around sexuality, sexual behaviours and marriage, in the need to be socially accepted, or to conform to cultural norms, or to submit to social and family pressures This particular stance ensures that people in need become fearful of rejection, isolation, if not actual violence, and thus do not utilise the services that are already there or are developing, such as testing, medical treatment, counselling or support. Such an approach actually increases the level of risky behaviours.
6. We must all accept that we have a duty to ensure effective education and prevention strategies appropriate to our situations and networks, and that these must be developed so that members of our communities are empowered, and given a sense of dignity, rather than one of judgement and punishment.
7. We should organise ourselves in developing support systems for men who have sex with men in order that they can be empowered to access information about HIV/AIDS relevant to their behaviours, provide counselling services appropriate to their needs, and develop befriending and support services for those in our "communities" affected by HIV/AIDS.
8. We must develop advocacy systems to challenge human right abuses generally and specifically whether they relate to sexuality and sexual behaviours or HIV/AIDS and sexual health issues.
9. We must encourage other members of our sexual networks and communities to begin the process of development and participation in these issues so as to encourage behaviour change and its maintenance.
10. We must become more aware of our histories, and the affirmations of self and community that lie within them. We must make our sexualities and HIV status more visible without the fear and threats that most of us feel.
11. The political and social agendas of "gay" networks/organisations involve issues around identities, the right to choose, the right not to marry, gender constructions and others that relate to patriarchal frameworks of society. These agendas are very similar to some extent with other organisations such as women's groups, lesbians networks, feminist agendas. It is important that in challenging cultural and social institutions on these issues that coalitions be formed with these other networks.

The following actions arise from these recommendations



## Recommendations

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### Local Recommendations

1. "Gay" organisations/individuals should develop prevention work amongst men who have sex with men on HIV and STDs
2. Local institutions, both government and non-government, should be informed on sexualities, sexual behaviours and sexual health issues as they relate to men who have sex with men.
3. Such organisations should explore and develop appropriate family support systems for the families of "gay" men and men who have sex with men, and those affected by HIV/AIDS.
4. Support systems should be developed for people living with HIV/AIDS.
5. Support and counselling systems should be developed for "gay men" and lesbians".
6. "Gay" organisations should begin development of "drop-in" centres to provide counselling, emotional support and safe meeting places for socialising. Such centres could also offer free anonymous testing for STDs and HIV.
7. "Gay" organisations should offer appropriate training programmes on HIV/AIDS, sexual health, identities, human rights, etc. to local "gay" men and men who have sex with men.
8. Such organisations should interact more with local government and police.
9. Training programmes should be offered by "gay" organisations for the business communities, medical profession and other professional groups.
10. Each city should develop a Training and Resource Centre in order for "gay" individuals, groups and others to access appropriate training, information and resources on issues relevant to "gay men" and "lesbians".

### Regional/State Recommendations

1. Local groups should network and establish regional affiliations/groups.
2. Such regional networks should reach out to those who have no access to the media.
3. These regional groups should work to establish regional archives on sexualities and sexual behaviours and their local histories and understandings.
4. Groups should establish networking principles between groups, organisations and individuals. Networking with networks.
5. Organisations and groups should link in with primary health centres in the specific region/state.
6. Regional networks should become involved in both historical and contemporary research in terms of sexual behaviours, language terms, and identities.
7. Regional groups can often be effective in speaking out, establishing links with the media, and publicly addressing the issues of "homophobia", harassment, legal issues, HIV/AIDS, and so on.
8. These regional networks of "gay" organisations, through the research that they can do, should utilise regional folk lore for the development of appropriate safer sex messages for "gay" men and men who have sex with men.
9. Appropriate sex education that adequately addresses issues of sexualities, sexual behaviours and sexual health at regional/state level that deal with "lesbians" and "gay" men must be developed.
10. There should be adequate liaison by "lesbian"/"gay" networks with local and state institutions in addressing the broad range of issues that affect "lesbians", and "gay" men.



### National Recommendations

1. There must be a concerted effort to initiate legal reforms around Section 377 of the Indian Penal Code. This can be in the form of co-ordinated strategies with different groups/organisations, forming alliances, challenging the constitutionality of this particular Section, lobbying Parliament, etc.
2. Efforts should be made by different groups to work together in developing multi-media framework of promoting awareness of all issues as they affect "lesbians and "gay" men.
3. Lobbying should be conducted to ensure that sex education and sexuality will be included in school education and also within higher education.
4. Universities should be encouraged to enable sexualities studies to be incorporated into their curriculums.
5. The Government should be urged to ensure that the constitutional rights and the full range of human rights for sexual "minorities" will be made law.
6. "Gay" organisations should work together towards ensuring that the national media will provide a positive presentation of "lesbians" and "gay" men. They should be constantly challenged where they present "homophobic" statements.
7. "Lesbian" and "Gay" organisations/networks/individuals should work towards building a National Archive for literature on sexualities, sexual behaviours, "lesbian" and "gay" issues, histories and other concerns.
8. A National "Lesbian" and "Gay" Forum should be formed out of the building of national networks from regional networks.
9. "Gay" organisations should urge regular seminars, meetings, training workshops, discussions forums on "lesbian" and "gay" issues.
10. The establishment of Charitable Trusts are to be encouraged which would act as funding agencies towards the above objectives.

### The Diaspora Recommendations

1. South Asian lesbian and gay groups/organisations abroad should utilise their greater financial capacity to provide information sharing and literature to local groups.
2. There are times when South Asian organisations abroad will have access to appropriate training skills on a range of "lesbian" and "gay" issues. These should be made available to local groups in South Asia.
3. There must be a regular dialogue between South Asian groups abroad and those in South Asia.
4. Communication networks must be developed between local groups and South Asian groups abroad. These could be through mail, newsletters, circulars, e-mail, and so on.
5. All South Asian lesbian and/or gay groups/organisations internationally should work together to form an International South Asian "Lesbian" and "Gay" Network.
6. South Asian "lesbian"/"gay" groups/organisations/individuals abroad should help fund-raise for local groups/organisations in South Asia itself.
7. These organisations/group abroad should facilitate South Asia representatives in South Asia to go abroad for training. Perhaps these organisations abroad should establish a special Trust Fund for this.
8. South Asian "lesbian"/"gay" groups abroad should establish a Twinning/Exchange Programme with local groups in South Asia.



## Recommendations

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9. Scholarship programmes on Sexual Health should be established by South Asian lesbian/gay organisations abroad.
10. There must be a mutual acknowledgement and recognition from both South Asians lesbians/gay men abroad and South Asian "lesbians" and "gay men" in South Asia, of a mutuality of concerns, interest, and to some extent of issues. Non-resident South Asians are not necessarily alien to South Asia itself and can provide a great deal of expertise, knowledge, resources. Just because they are non-resident South Asians does not necessarily invalidate all their experience and expertise.

## Implications

1. "Lesbian/Gay" organisations **MUST** be willing to work together, exchange ideas freely, respect each other's different aspirations, objectives, frameworks of working, and perhaps different agendas and levels of skills.
2. The cost implications for the different areas of work are enormous. Government, local, regional and national must recognise the issues and needs as part of their agendas of addressing social justice. This means that governmental and non-governmental financial agencies must be willing to invest in these issues and empower their development.
3. Similarly international financial and social development institutions must also recognise these issues as issues to do with social justice. They therefore must be willing to educate themselves and invest in their development.
4. There must be a willingness to listen and learn from each other.

## Recommendations for Local AIDS Service Organisations and Institutions

1. Local institutions and service agencies must recognise that homosexuality and homosexual behaviours are part and parcel of a range of sexual options adopted by human beings, that such choices do not indicate something psychologically abnormal, that homosexual behaviours are not alien to Indian cultures, and that those practising homosexual behaviours and/or are developing homosexual identities have the same basic human rights as any other citizen.
2. That these basic human rights reflect issues of social justice and freedom to choose, the right of confidentiality, the right to choose not to be married, the right for privacy, and that the institutions must empower their policy makers, staff and volunteers, as well as the general citizenry, to acknowledge these rights.
3. That in such a recognition, such institutions must be able to respond to the sexual health needs of those men who have sex with men, and women who have sex with women, with a sense of responsibility and acceptance, without judgement or prejudice. This requires such institutions to be educated on these issues, to ensure that their programmes include these issues, and that they provide empowering processes to ensure that these issues are appropriately addressed.
4. That these institutions must consult and empower any "gay/lesbian" organisations being developed, or encouraged to develop, in the fight against HIV and AIDS.
5. That representation of individuals from these networks/organisations should be on any forum, planning group, or policy making body.
6. That these institutions must also challenge denial and invisibility as part of their agendas for the development of sexual health and human rights.
7. There must be a recognition by these agencies that homosexual behaviours exist and are often wide-spread through a range of socio-economic groups, religious affiliations, castes, class, etc., and that they have a moral duty to ensure that any education and prevention strategy must include issues affecting men who have sex with men and that approaches to such issues must be done with a sense of personal dignity and empowerment, rather than one of judgement and punishment.



8. Community leaders, institutional directors, and others must recognise that very often they do not represent their community or service group, but only their own particular prejudice and mythologies. Communities must also recognise that often people who speak on their behalf do not necessarily address their own needs and concerns.
9. These institutions must challenge all forms of "homophobia", sexphobia, denial, and other forms of repression.

### Recommendations for State and National Institutions

1. Section 377 of the Indian Penal Code must be repealed. This specific section is used for blackmail, harassment, abuse of human rights and victimisation. Such repeal can possibly be achieved on the basis of human rights violations as adopted by the Government. Section 377 violates the Right to Privacy.
2. Funding support must be given to develop HIV prevention strategies for men who have sex with men. These prevention strategies should be implemented by those involved in such sexual activities/identities and not imposed by others.
3. Funding support should also be forthcoming to encourage the development of community-based organisations developing support services for "gay"-identified men and men who have sex with men, such as counselling, advice and information, safer-sex information, health education and so on.
4. For any effective education and prevention strategy to work it has always been recognised that they should arise from the community itself and not be imposed. This can only be achieved if communities are empowered and resourced to deliver. There should be support for such organisations.
5. Training must be given to the range of medical, psychiatric, legal, police and social professionals in regard to sexualities and sexual health, including homosexualities and homosexual behaviours.
6. Where prejudice, victimisation, and homophobia exists within institutions these should be challenged. Penalties must exist for any professional who abuses human rights.
7. Policy making agencies must consult with the homosexual communities and networks in developing appropriate services.
8. Funding must be made available to produce appropriate resource materials for homosexual behavioural communities. Care must be taken to ensure that terminology, style and content is not prejudicial or insulting, and deals with the reality of the existence of homosexual behaviours.
9. Appropriate imagery and text must be developed. For example, in the vast majority of HIV information literature there is no mention of anal sex (irrespective of the gender of the partners). Such information must reflect actual behaviours.
10. As far as possible such resource development must be given to appropriate community based organisations themselves to produce.
11. Funding must be made available for effective research into actual sexual behaviour patterns, condom usage, drug use, HIV status, and so on in different social networks. There must be care that the models of such research are not based solely on statistical analysis using questionnaire frameworks, but must also include anecdotal material, interviews and other alternative frameworks. It is suggested that in developing research into homosexual behaviours, current "gay" organisations be used for such research.
12. Research into histories of sexualities and sexual behaviours in South Asian must also be supported. Such research is important in developing a contextual approach to the issues and can be extremely useful in developing appropriate strategies for education and prevention.
13. There must be a recognition that Western terminology around sexuality, in the main, is not appropriate to the actual sexual behaviour patterns that exist in South Asia. Constructions around sexual behaviours are perceived in different ways and arise from different histories and world view.



## Recommendations

14. There must be determined efforts by national, regional and local Governments and institutions, whether governmental or non-governmental, to tackle denial of the existence of homosexual behaviours and homophobia, both overt and institutional. Proper legal penalties must be available to deter such forms of abuse. Men who have sex with men are often doubly marginalised because of their sexual behaviours and HIV status. Effective monitoring of services can ensure that homophobia and AIDS phobia within service delivery is challenged and penalties given. Human rights for all peoples must have full legal status.
15. Recognition must be given to the fact that many men who have sex with men will feel unable to utilise the "mainstream" services, whether it is counselling, testing, support, because of the fear of a lack of confidentiality stigmatisation, distrust of the medical and social professions, fear of the police, and so on. Specialised services must be developed in order to effectively cater for these fears.
16. The Indian Government is one of the signatories to the Paris Declaration for World AIDS Day, December 1994. It should ensure that it abides by the conditions of this Declaration, and that it not just rhetoric.

## Recommendation for International Institutions, Funding Bodies and Networks

1. These agencies must recognise that Western constructions of sexuality are not necessarily the same as those that exist in South Asia. Different frameworks exist arising from different histories and world views.
2. Pressure should be exerted by Diasporan South Asian "lesbian/gay" organisations and others on these international institutions to incorporate in their decision making to ensure that their support for sexual health programmes in South Asian must include issues of sexualities, sex education, men who have sex with men, sexual choice.
3. Similarly, these international agencies should ensure that those community-based agencies in South Asia which they support financially or otherwise should also include the issues in their work programmes. If not, then funding support should be seriously questioned.
4. International Institutions should also pressurise the South Asian governments to abide by human rights codes to which they are a signatories to and amend their legal codes in regard to sexual behaviours and choice. This include decriminalising homosexual behaviours.
5. Appropriate research into sexualities, their histories and constructions should be funded and supported within South Asia.
6. International institutions, such as WHO, The World Bank, Overseas Development Administration, and those others that provide technical/financial assistance to National, Regional, State, Local agencies, including community-based AIDS Service Organisations, will often provide a consultant, who more often than not, does not have the knowledge of sexualities and sexual behaviour patterns within cultural contexts relevant to South Asia. This then means that these agencies/consultants will see the situation very much from a Eurocentric viewpoint, which are often shared by these South Asian institutions themselves. Such international institutions/consultants should educate themselves on the cultural constructions of sexualities and sexual behaviours before they are sent to South Asia at the minimum, or much more appropriately, these institution should explore South Asians abroad who are already working in these arenas for the migrant communities, and utilise their skills.
7. There must be a recognition that sexual behaviours and sexual health do not occur in isolation from other social factors.
8. There must be a recognition that in terms of addressing women's reproductive health, this cannot be isolated from male sexual behaviour patterns within cultural contexts. That in order to effectively address women's sexual and reproductive health, male sexual behaviours and sexual health MUST ALSO be addressed. In this, there should be a focus on gender constructions.
9. Eurocentric notions of heterosexuality and homosexuality as diametrically opposed identities from which sexual behaviours arise is NOT relevant in a South Asian contexts. The situation is much more complex than this, and this complexity and difference must be recognised and acted upon. For WHO to state that the HIV epidemic is a heterosexual one in India is nonsense when one explores the actual sexual and cultural dynamics that exist in India.



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## RECOMMENDATIONS FROM THE NAZ PROJECT

This Conference, the first of its kind in India, has developed a certain momentum for action, both in terms of emerging "gay" identities, as well as in terms of HIV/AIDS in regard to men who have sex with men.

While individuals were able to develop Action Plans that they will take back to their own organisations, it is extremely important not to lose the momentum that now exists towards developing local, regional and national strategies.

The Naz Project, in consultation with a range of individuals and organisations is developing a possible support strategy to maintain the momentum. This includes:

1. Establishing a central clearing house and resource base which would require an Administrator and some sort of national executive.

It is recommended that each region of India elect a regional representative to sit on such an Executive, that a national resource centre be established, and an Administrator be appointed when appropriate funding is secured.

2. Developing and localising training in terms of:

infrastructure and organisational development  
strategies for HIV prevention amongst men who have sex with men  
development of programme models  
resource material development

It is recommended that initially 4 regional training workshops, North, South, East, West be developed and hosted by regional groups.

3. Enabling local groups/individuals to conduct specific research in their locality in terms of sexual behaviour patterns amongst men who have sex with men, both quantitative and qualitative.

It is recommended that these regional groups/networks initially conduct this research, with models developed in partnership with The Naz Project and other organisations.

4. A second Conference be held in December 1996 to evaluate developments and work accomplished in the previous two years.

### Recommendations:

1. A Steering Group be selected via the Resource Centre to take on the responsibility for developing the 1996 Conference.
2. There should be more extensive networking to include more participants
3. Broadening the context to include different male sexualities, socio-economic groups, classes, and castes.
4. Holding the next Conference in a different region of India.
5. A higher profile on class and socio-economic groups
6. Organisation should seek to secure funding from National and International funding bodies to secure the above Actions.



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## CONFERENCE SPEAKERS

### Ashok Row Kavi

47, Bombay, is the founder member and editor/publisher of Bombay Dost. He is a journalist and an HIV/AIDS activist. He is also Chairman of the Board of Directors of Pride Publications Pvt. Ltd, and the Chief Trustee of The Humsafar Trust. He is a media expert on HIV/AIDS. His articles on sexuality and HIV/AIDS have been published internationally.

### Shivananda Khan

founder and organiser of SHAKTI, the South Asian lesbian and gay network, as well as founder and now Chief Executive of The Naz Project, an HIV/AIDS organisation formed to develop services for the South Asian, Turkish, Arab and Irani communities in the UK. Also founder member of The Naz Project (India) Trust. He has worked on issues of sexuality and HIV/AIDS for the last 6 years. He has published several articles on sexuality and culture, HIV/AIDS and the South Asian communities and South Asian lesbians and gay men. Reports published: HIV/AIDS and the South Asian communities; KHUSH, a report on South Asian lesbians and gay men in the UK; and Contexts, an exploration of race, culture and sexuality in terms of the South Asian communities. He is also an international consultant and trainer on culture, sexuality, HIV/AIDS and sexual health.

### Dalip Daswani

39, Pune, is a Board Member of Pride Publications Pvt. Ltd. and is a Trustee of The Naz Project (India) Trust. He is an independent 'gay' activist and a freelance consultant/designer and potter. He has written for Shakti Khabar, Bombay Dost and others.

### Shridhar

32, Bombay, is a member of the Bombay Dost Editorial Collective. He is a Board Member of Pride Publications, Pvt. Ltd., and, The Humsafar Trust. He is a graphic designer and film maker.

### Yusuf B.

37, Bombay, was the Executive Editor of Bombay Dost from 1990 to 1994. He writes articles, short stories and poetry. In collaboration with other community members he had participated in an HIV/AIDS outreach programme for a year in Bombay. He was the administrator for this Conference.

### Owais

31 Bhopal, has done his B.Tech with 'distinction' and is a Computer Hardware Engineer. His interests are poetry, photography, cooking, and gay/human rights.

### Suhail

35 Bombay, is a founder member of Bombay Dost. He is a Board Member of Pride Publications Pvt. Ltd., and, The Humsafar Trust. He is a graphic designer, writer and a director of television programmes and films.



## DELEGATES LETTER

Emerging Gay Identities

Bombay

27th - 31st December, 1994

Dear Delegate,

Please find enclosed a copy of our Conference brochure which gives details of our Conference, location, the structure, and working time table.

Please remember that REGISTRATION will be on Tuesday, 27th December between 2.30pm-8.00pm at the Conference Venue. You will be told your hotel accommodation when you are given your Conference Pack.

Please note the following points:

1. Ensure that you have booked a return journey. The Conference will only provide travel bursaries for 2nd class train journeys and on receipt of a copy of your ticket.
2. The Conference will only provide double room/shared accommodation at selected locations between mid-day Tuesday 27th December to mid-day Saturday 31st December.
3. The Conference is providing all meals (breakfast, lunch, dinner) between the evening of Tuesday 27th December and the morning of Saturday 31st December.
4. All other incidental costs (extra meals, laundry, telephone calls, travel to and from the Conference Site) will be your own responsibility.
5. If you wish to arrive in Bombay earlier than the 27th December and stay on after the Conference closes at mid-day Saturday 31st December, the Conference Organising Committee will try to help you find appropriate accommodation. However, the costs incurred will be your own responsibility.
6. There will be a Conference Volunteer Staff person at your hotel to help you settle in and will deal with any queries during your stay.
7. All delegates are expected to attend all dinner sessions provided by the Conference.
8. All delegates are expected to attend the Conference on all days.
9. Please ensure that you are able to register between the given hours. Registration after these hours will not be possible. Only registered delegates will be allowed to participate in the Conference.
10. All Delegates will be given a Conference Identity Card. Only on the presentation of this Identity Card will delegates be allowed entry into the Conference and meals.
11. Please ensure that you will be on time for all Conference sessions. Late arrivals without a valid excuse will not be tolerated.
12. This Conference is being provided for all Delegates to share with each other. Costs are being borne by the Organising Committee. You are expected to respond likewise in terms of responsibly to this important initiative.

As you will see it is a very busy schedule, and we have tried to ensure that all of us will gain from the Conference, and also allow us to develop a future orientated agenda for action.

We look forward to your active participation in this Conference and hope that you will enjoy yourselves.

See you on Tuesday, 27th December

Yours sincerely

Yusuf

Conference Administrator



## **Conference Code of Conduct**

1. There will be no discrimination based on caste, colour, class, religious affiliation, political affiliation, language, region, or age.
2. Confidentiality will be respected at all times .
3. No delegate will speak to any form of media without the express permission of the Conference Organising Committee.
4. Each delegate is an individual person. All delegates are asked to respect individual choices and opinions. We are not coming together to force personal opinions upon each other.
5. Personal issues and inter-personal differences must not be brought into the Conference.
6. All delegates are asked to behave with basic courtesy and consideration towards each other.
7. Physical and/or verbal abuse will not be tolerated.
8. No alcohol and/or illegal drugs are allowed on the Conference Site.
9. All delegates are requested to remain at the Conference Site during Conference hours and attend all sessions . Permission to leave the Conference site will only be given for valid reasons from the Conference Administrator.
10. Attendance to all Conference Sessions (Workshop choice is personal) is compulsory. Your presence at the Conference has been subsidised.
11. All delegates are asked to cooperate with and respect members of the Conference Organising Committee and the Conference Volunteer Staff. It is because of them that we can hold this Conference.
12. No photography will be allowed by delegates at the Conference Site. The Organising Committee will be taking official photographs. If you do not wish to be in any photograph, please inform the official photographer.

### **Code of Conduct Within Working Groups, Workshops and Plenary Sessions**

1. No smoking during working groups, workshops, and plenary sessions. Smoking is only permitted during the breaks provided.
2. Please listen to each other. Do not interrupt, but await your turn. The Facilitator will endeavour to ensure that all Working Group and Workshop participants will have the opportunity to speak.
3. Do not talk at the same time. Doing so disturbs the ability to hear, to listen and to understand.
4. Do not walk out of any session that you are participating in. To do so is to disrespect other participants.
5. Discussions can get heated and overwhelming. If an apology is warranted, then it should be given.



### Code of Conduct At Your Hotel

Please remember that your behaviour will reflect upon the Conference, other delegates and the Conference Organising Committee.

1. All delegates are asked to remember this and act accordingly with due consideration and responsibility.
2. Please remember that the Conference Volunteer Staff Person at your hotel is not being paid for his services. He is there to help you, not to serve you.
3. All incidental expenses apart for the actual accommodation specific meals (breakfast, lunch, dinner) are YOUR responsibility.



## Emerging Gay Identities In South Asia Implications for HIV/AIDS & Sexual Health

27th - 31st December, 1994

### PARTICIPANTS QUESTIONNAIRE

Dear Conference Delegate,

For future planning of activities that arise from this Conference we would be interested to know how you feel about this Conference. We kindly ask you to fill in this questionnaire and return it to the Registration Desk before the close of the Conference. Please note that this questionnaire is anonymous.

#### GENERAL IMPRESSION:

Positive:

Negative:

Please score the following points by encircling the value you find applicable  
(0= lowest score 5 = highest score)

#### PRE-CONFERENCE:

General:	0	1	2	3	4	5
Application Form	0	1	2	3	4	5
Pre-Conference Information	0	1	2	3	4	5
Conference Pack	0	1	2	3	4	5

Any comments?



**DURING THE CONFERENCE:****Conference Venue**

Site (general)	0	1	2	3	4	5
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Amenities (general)	0	1	2	3	4	5
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Accessibility (general)	0	1	2	3	4	5
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Provision of display space	0	1	2	3	4	5
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**Registration**  
Comments

0	1	2	3	4	5
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**Accommodation**  
Comments

0	1	2	3	4	5
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**Meals**  
Comments

0	1	2	3	4	5
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**Programme**  
Comments

0	1	2	3	4	5
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**Events**  
Comments

0	1	2	3	4	5
---	---	---	---	---	---

**Helpfulness of Volunteer Staff**  
Comments

0	1	2	3	4	5
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## EVALUATION OF WORKING GROUPS

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**Working Group Number/Name:**

Score:

0   1   2   3   4   5

Comments

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## EVALUATION OF WORKSHOPS

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Please write in the Workshop No. that you attended

**Workshop No:**

Title:

Score:

0   1   2   3   4   5

Comments

**Workshop No:**

Title:

Score:

0   1   2   3   4   5

Comments

**Workshop No:**

Title:

Score:

0   1   2   3   4   5

Comments

**Workshop No:**

Title:

Score:

0   1   2   3   4   5

Comments



What was the best thing that happened to you during the Conference:

Working Group Number Name:  
Score:  
Comments:

EVALUATION OF WORKSHOPS  
Please write in the Workshop No. that you attended:

What was the worst thing that happened to you during the Conference:

Workshop No.  
Title:  
Score:  
Comments:

Workshop No.  
Title:  
Score:  
Comments:

If you have any suggestions or comments, please write them below:

Workshop No.  
Title:  
Score:  
Comments:

Workshop No.  
Title:  
Score:  
Comments:



## Sexuality and Sexual Health in India

by Shivananda Khan

The debate concerning the development of effective prevention programmes in regard to STDs and HIV/AIDS in South Asia, has become an issue of deep urgency for these countries. But unless these programmes are specifically appropriate to the cultural frameworks of South Asia in which sexual behaviours occur then they will be ineffective, and may actually lead to the opposite effect.

To begin to consider developing appropriate strategies and programmes, we must explore the dynamics of gender constructions, sexuality, sexual behaviours and sexual health within these cultures. For if we do not construct the debate effectively, if we cannot clearly define the parameters of what we mean by the term "sexuality", if we do not understand the cultural frameworks within which sexual behaviours arise and operate, then we will not be able to develop effective prevention methods.

India already has an STD, Hepatitis B and HIV/AIDS epidemic. The ability of South Asian governments to cope with the health care needs of people living with AIDS is already compromised by the strains placed upon health delivery systems that currently exist. Primary, secondary and tertiary care are stretched beyond their capacity to deliver effective sexual health promotion and care because of funding shortages, other priorities, denial, invisibility of issues, economic pressures, fear, sexism, sexophobia, homophobia, and ignorance.

It is currently estimated by the World Health Organisation that there are some 1.5 - 2 million people living with HIV infection in South Asia. Further, within the next decade, this figure is likely to reach up to 20 million such infections. The Harvard AIDS Institute's estimates are even higher, some 40 million infections. South Asia has the fastest rate of increase of HIV infection in the world, and by 2020 will have more people living with HIV/AIDS than the combined numbers of the rest of the world (if not before). While currently, it is estimated that one in four reported STD infections in the world is given by an Indian.

The main route of transmission in South Asia appears to be penetrative sexual behaviour. Whilst WHO estimates are defined within heterosexual/homosexual dichotomies, stating that 70% of all transmission is through heterosexual intercourse, such use of this terminology can be challenged in the context of sexual dynamics and behaviours within South Asia.

Within the context of South Asian cultures, the terminological use of heterosexual and homosexual frameworks do not exist in the sense they are understood in the West. The diametric oppositional frameworks of this terminology creates an artificial understanding that has no specific relevance to the actuality of people's lives. Therefore, we cannot realistically say that there is a heterosexual or homosexual transmission. All we can say is that there is sexual transmission within a specific behavioural basis, i.e. vaginal or anal intercourse. What this means is that while sexual behaviours exist across the range of human sexual behaviours, they cannot be fitted into an identity based structure which the terminology of "heterosexual" and "homosexual" implies.

The fluidity of South Asian male's sexual experience, the framework of sexual invisibility, gender segregation, South Asian homosociability, male ownership of public space, South Asian shame cultures, sexual invisibility, community "izzat", compulsory marriage and procreation, the current lack of personal identity-based sexual behaviours, South Asian gender constructions, male and female roles as frameworks of adulthood, and so on have a central impact on actual sexual behaviours that are not clearly defined within the terms "heterosexual" or "homosexual". Similarly actual sexual practices and with which gender they are practised, are not clearly defined either by these terms.

***The impact on women's sexual and reproductive health HAS to be seen within this context.***

In other words, determining male sexual practices in the larger context as well as the personal is an essential component of any women's reproductive and sexual health strategy.

To develop appropriate strategies for addressing these issues, we therefore need to understand the dynamics of sexuality, the constructions of gender, the psycho-social frameworks of sexual behaviours and the contexts in which they exist. And these must be developed and understood within appropriate cultural frameworks. Unfortunately, in the development of HIV and STD prevention and outreach programmes within South Asia, sexuality, identities, and sexual behaviours have



been conceptualised within Western understandings and constructions. In the context of these programmes, we can almost say that our gender constructions, sexual behaviours and identities have once again been colonised through the casual adoption of a specific understandings and conceptualisations of human behaviour that have arisen through Western cultures. Not that these Western constructions are invalid, but they are inappropriate within the South Asian cultures.

The whole discourse of sexuality and sexual behaviours, and thus prevention strategies, arises from Western constructions of individuality, personal identities and sexualities. Gender identities, sexual roles and thus personal identities, arise within the context of a psycho-social and historical dynamic. Perceptions of who we are, what we are and what we do will therefore have different meanings within different cultures.

The urgent necessities that have arisen from the rapid spread of HIV infection and the lack of any specific "cure" for AIDS, has meant that the only strategy available to governments is prevention. There are really only two specific methods of prevention:

- a. "Don't do it!"
- b. "Do it safely!"

The first approach regarding sexual behaviours is often the one most favoured because of its tone of high morality. Both governmental and non-governmental agencies, particularly in developing countries in utilising this approach have stated recourse to a perceived historical dynamic and corrupt Western influences. In other words, risky sexual practices have arisen in our cultures because of the influence of the West. The other part of this strategy is to utilise specific religious and scriptural texts to support the "don't do it" strategy.

Neither of these approaches will work. Firstly because there is a denial of sexual histories within our countries, and in a perverse way, this denial, and often suppression of such histories, arise within a Western context as part of their "guilt" cultural frameworks. Thus Indian officials can say that there is no homosexual behaviours, or there is no extra-marital sex, or pre-marital sex, or if they do exist it is at very small levels. The actual evidence states dramatically otherwise. While the use of religious and scriptural texts as the mechanism of prevention denies actual human behaviour, and the histories of these religions and their social interactions in the cultures which sustain them. After all professing to be a Hindu, Muslim, Christian, Sikh, Buddhist, etc. has not stopped behaviours which have been deemed against the specific tenants of these religions. And, of course what about those who have no specific religious faith? The truth of the matter is that South Asian cultures, based on the dramatic differences between public and private spaces and framed within concepts of shame and honour, lead to risky behaviours and particularly sexual behaviours to be psycho-socially invisible. Public messages around culture, religion, anti-West, etc. will not have the desired effect because they ignore the constructions of sexual behaviours. Or why do people do what they do? How? When? Where? With whom?

Sexual behaviours do not arise into practice out of nowhere. They have a context, a history based both on time and place, they arise from frameworks of desire which also have a construction based upon cultural and social dynamics.

For example, in a culture where girls and women are "policed" in terms of their behaviour, particularly sexual, where female virginity is prized, where family and community duty and honour is centrally important, where males own the social spaces, where marriage and procreation is seen as compulsory, where adulthood is defined by these parameters, a culture which is particularly homosocial, where income levels are low, where sexual access to women is therefore marginalised, limited, and sometimes costly, where sexual behaviours are not so much constructed around personal identities but rather around penetrator and penetrated, a culture where non-penetrative sex is not seen as sex but as "masti" - "play", who is the most sexually available object?

The denial of histories of gender constructions, sexualities and sexual behaviours by various discourses of both Western and South Asian origin have had a central impact in understanding the conceptualisation of gender identities and sexuality in South Asia. No Indian research institution has dealt with this denial. Instead they have only perpetuated the invisibility of these histories. Further, the current construction of sexuality arising from Western discourses is often ahistoric and the only sexuality that is seen as relevant is that of penetrative heterosexuality. Perversely, any other form is categorised as *deviant and Western*.

This reduces the rich histories of sexualities to an oppositional dichotomy between concepts of heterosexuality and homosexuality which are a consequence of certain Western historical frameworks and understandings of sexuality.



Further, the construction of patriarchal social systems, the enforcement of compulsory marriage, procreative necessity of boy children, and the frameworks through which sexual behaviour and desire manifest themselves over the centuries, has created a pattern of destruction, marginalisation and denial concerning alternate sexualities and their histories. A dominant sexuality has historically emerged which has claimed precedence over all others as a system of social control which enables male power to take on a singular social role.

Alternate histories which often existed as traditions of the periphery are being lost at various levels due to the dominance of procreative ideologies at the rural level and the overwhelming construction of any tradition from solely a procreative heterosexual basis. Older alternate mythologies and histories are manipulated, deformed, and mutilated to suit rural male patriarchal ideologies which leads to women being the repository of tradition but not its interpreters. This creates rural economies where there is a gender segregation of labour, boy children as rural capital, and control of land, economic and cultural resources by men which are recreated within urban spaces. This also leads to the construction of desire and sexuality only from the standpoint of the rural patrilineal male which is then romanticised by various urban discourses as traditional authenticity. In other words denial of alternate sexualities and matrilineal traditions are perpetuated both from within and without.

Further with the impact of various forms of colonialism, dating from Vedic times, monotheism, orientalism, various forms of nationalism, fundamentalism, orthodoxy, etc., have all contributed to the destruction of much localised alternate traditions, whether of dance, theatre, literature, visual art, songs and lifestyles. This has meant an almost complete invisibility of alternate sexualities. Rather than a pluralistic vision emerging, only procreative and penetrative sexuality is seen as socially acceptable. Traditions expressive of sexual diversity are seen as *dirty, deviant and perverted, and the work of evil, over sexual, devouring women*.

This overwhelming denial and silencing of histories and cultures of sexualities means that the only framework available is that which has emerged in the Western countries. Though these can be useful as comparative tools, they cannot be the main basis of understanding the complex psycho-sexual social matrix of South Asia.

The world view as expressed in South Asia, has been formed by the central concepts of Vedic Brahmanism, Islam, Christianity and also of Ayurvedic and Western medicalisation of the body and sexuality. Male and female roles have been strictly defined, and any public transgressions of these roles is severely punished through stigmatisation, social exclusion, exile, physical abuse and even death.

The resultant psycho-social constructions of sexualities, the denial of different expressions of sexualities, the socio-political control of sexualities, has resulted in a cultural development that demands compulsory marriage and procreation, that gives no validity and social space for autonomous women, that demeans unmarried individuals, particularly single women and that only confers adulthood and thus social status and responsibility to married people.

Sexual behaviour takes the place of sexuality. Women's sexual behaviour becomes controlled and marginalised, if not denied. Male sexual behaviour becomes self-absorbed, and is reduced to one of discharge rather than based upon a desire for the other person. Sex behaviour becomes depersonalised. Sexuality has no construction. The sex act becomes brutalised whether it is between male and female or male and male. For women who desire other women, there is no social space for such a development. Concepts of personal choice, of privacy, become lost. There can be no development of individuality.

Desires have a history, both personal and social, as well as political, in the way they are expressed and manifested. They do not cease to exist as these histories are changed and reformulated. Nor do they cease to exist if such histories are denied or made invisible. But desires are constructed to fit in with the social constructions.

As a consequence, the contemporary South Asian situation with regard to sexualities and their physical expression, indicate a brutalised sexual behaviour, shown by the significant levels of vaginal and anal tearing; of an almost indiscriminate sexual activity by men without regard to the gender of the sexual partner which is not defined by any form of identity, but rather by the concept of availability and discharge; by the levels of severe sexual repressions which leads towards moments of brutalised sexual release.

But because of this terrible silencing and denial of these histories from various ideologies, an almost total exile situation has emerged. In trying to resist this exile a closeted and schizophrenic state of being has emerged where the person tries to assimilate into society through marriage and having children, yet expressing alternate sexual desires in purdah, in darkness, shame and in silence.



Within the context of the current concerns (if not panic) about sexual health in South Asia, in particular, rape, cervical cancer, STDs, Hepatitis B and C and HIV infection, as well as the alarming increases in sexual dysfunctions amongst women and men, it becomes an urgent necessity to explore the issues outlined above, to formulate strategies that make visible these alternate histories, that deconstruct the frameworks of contemporary sexuality, and to reconstruct them in the light of the historical discoveries being made.

If we are to move towards societies that enable all people to express their best, that gives people the opportunity to develop personhood, that enables people to make choices about their sexuality and sexual/emotional desires, that empowers people to make positive decisions about their own sexual health and others, then this whole voyage of discovery becomes a social imperative. It is only through such positive choices that any effective prevention programmes can be developed, that women's sexual health be addressed appropriately.

### Summary

Within South Asian cultures, personal identities are not based upon the sense of self, but rather of an extended family. This consists of our siblings, our biological parents, uncles, aunts, brother and sister-in-laws, all their resultant children, and so on. In other words, who we are arises from where we are in the extended family network. The person has a family and a community identity in which the sense of personal identity is subsumed. The focus of the self is not upon individuality but upon kinship. Our languages clearly express this, in that we have terminologies for all these relationships.

Within our cultures there are specific understanding of malehood and femalehood. These are defined by duties and obligations to the marriage partner, family and community. The man is not a man until he is married. The woman is not a woman until she is married and with her first child (often this could mean a boy-child). To be a single person after a certain age is seen as shameful, a dishonour to the family, often an aberration or sickness. Marriage is often seen as a "cure" for loneliness.

South Asian languages do not have specific expressions for homosexuality, heterosexuality, bisexuality as nouns or as adjectives. What exist are terms that express differing forms of sexual behaviours but these terms are often abusive and male dominated and refer to specific acts of penetration. In the context of these terms, the viewpoint is very much imbedded within what is malehood and femalehood. Sexual behaviours are within constructions of what is deemed appropriate behaviour for men and women. In these constructions, who does the penetrating in a sexual act becomes important for self-definition.

Sexual behaviour therefore is not an expression of a personal identity. Rather it often becomes one of opportunity, accessibility and personal desire for sexual discharge. The phrase "body tension" is an expression of this discharge.

In terms of the cultural frameworks that construct South Asian sexual behaviours, the following points need to be remembered:

1. Marriage is considered a duty and family obligation, not one based upon personal desire and choice.
2. Marriage is also seen as compulsory.
3. To be single is seen as an aberration. Cultural beliefs dictate that a person is not an adult until married.
4. The central objective of marriage is the production of children, specifically male children.
5. Sexual pleasure based upon desire, or lust, for one's wife is sometimes considered shameful. The Wife holds a special place in this regard. She is the Mother. A place of honour, for it is she who is charged with the responsibility of upholding family tradition, and the rearing of children. Sex with one's wife is often seen as a duty.
6. This leads to a concept of sexual pleasure being permissible outside of the marriage context.
7. Since there is no identity structure around the gender choice for sexual pleasure, what matters is more to do with the sense of malehood and concepts of masculinity.



8. Thus, concepts of identity revolve around ideas of penetration. The penetrator is still "manly", the penetrated is "not a man".
9. Further what matters is not the pleasure of the partner, but the pleasure of the self. Sexual behaviour becomes one of sexual discharge.
10. Gender segregation, female virginity, loss of honour, and so on often make it easier to access other males for sex than females.
11. Such accessibility is also made easier because of the extended family systems, and the homosociability of South Asian cultures.
12. The sense of shame and dishonour arises from a public (community) perception about personal behaviour and the need to fulfil one's (public) duty.
13. Since the concept of sexuality and sexual behaviours is bound up within concepts of sexual discharge, this often leads to frequent sexual partners, rather than forming continuous sexual liaisons with a single person.
14. Often the gender of the sexual partner is irrelevant.
15. This can be expressed by the statement "The person has a relationship with his wife, but has sex with others".
16. Women are much more supervised and policed by family and community, than men.
17. This makes it somewhat difficult for women to carry out socially illicit sexual encounters/relationships.
18. The penalties for women are of a much greater intensity.
19. It is easier for women to access other women than men.
20. Within these contexts, women's sexual and reproductive health is to a large extent dependent upon male sexual behaviours and the methodologies of their practice. Their constructions are framed by space, time, availability, gender roles, personal desires, opportunity and so on.



## Living with HIV/AIDS

Jack Jugjit Singh

I will never forget that year 1987, the year that I was diagnosed HIV positive during my visit to Australia. I was losing weight and had persistent diarrhea. My ex-lover, being a male nurse suggested that I should get an AIDS test. I was angry at him for suggesting it to me, and I remember saying to him: "Look I am an Asian - we don't get AIDS, it's not an Asian disease, it's a Western disease". Taking that as a challenge I went ahead with the test. One week later I was told that I was HIV positive. I couldn't believe it. I was shattered, scared, confused. At that moment, I felt that this is the end of my life. I am going to die soon. I was totally ignorant about AIDS. I knew nothing about it.

Being in a confused state of mind, I took the next available flight back home. All the way back, one thought ran through my mind. Should I let my family know about it? What would their reaction be? Will I be thrown out of the home or will they accept me for what I have and what I am? I came to a decision that if anyone should know about it, it should be my family. If they can accept me then I would be able to face others. When I arrived home, my whole family was there. Initially it was very difficult to open up to them. The first thing that I told them was that I am gay - I have sex with men and I have contracted this disease that's called AIDS. First they were shocked. Later my Mom came to me and said "it does not matter what your sexual preferences are and it does not matter that you have AIDS. What matters is that you are back home, you are my son and part of this family". This was followed by hugs and kisses from all the others. All this made me feel very secure and accepted. Most people who are HIV positive do not get the support from their families and friends.

The need of family support is very important. Personally for me, a family is the beginning of everything. It's a place where support, understanding and love is readily available. If anyone should accept us for what we are, it will be the woman who gave birth to us, it is the man that brought us up and its our brothers and sisters. A supportive environment at home is extremely important for us to build a positive mental outlook to fight AIDS within ourselves.

A lot of friends kept away from me after I told them about me being gay and being HIV positive. To me it is no big loss. If anyone is at a losing end they are. The society back home didn't make it easier, especially the Indian community. They gossip about us and kept away from my family. Accusing us with all kinds of nasty remarks. The reality was that they couldn't accept the fact that a person from their community was gay and had the AIDS virus. They knew nothing about AIDS. They chose to be ignorant. They want to believe that homosexuality and AIDS does not affect the Indian community.

Most people that I know who are HIV positive do not get any kind of support, the support that is extremely important for us to fight the virus, to cultivate the will to live and most importantly the need to feel that we are part and parcel of our family, friends and society. You can change that by talking to your family and friends about AIDS and the needs of People living with HIV and AIDS. Make them understand that there is no need to reject us from the society. We are not infectious, we are capable of doing everything that others can. What we need is empathy and not sympathy. Some of us cannot turn to family and friends because ignorance has made them fear us. This makes the will to live with the virus extremely difficult. Not only are we fighting AIDS but we are also fighting discrimination, ignorance, superstition, fear and loneliness.

For us who are newly diagnosed, counselling plays a vital role in helping us come to terms with our new identities as people living with HIV and AIDS. The counsellors must be sensitive to our vulnerability, especially as many of us are young and not accustomed to think about our mortality. To think about dying. We need someone to talk to, someone who will accept us no matter what our cultural, religious or sexual backgrounds are. Be it pre-test or post-test counselling, it's important to make us understand what the AIDS test is about, what are the consequences that we will face if the HIV anti-body test is positive. When we are newly diagnosed we are faced with a lot of unanswered questions, frustration, depression and uncertainty about our future. To us this is the initial stage of accepting our status as HIV positive and it's important to us to be clear on what is HIV and what is AIDS. How does it progress? How can we manage ourselves to keep healthy, and a range of other issues. In recognizing the needs and experiences of people with HIV and AIDS for social support, it is important to maintain deep sensitivity. Those of you working in this field should ensure that you are familiar with the particular demands of HIV and AIDS. At the same time you must be sensitive to different cultures. There is a deep need to recognize cultural differences as well as similarities in responding to HIV and AIDS.

In recent years, people with HIV and AIDS have increasingly encountered prejudice and discrimination. We have been subjected to such violations of human rights as loss of employment, loss of housing, loss of education, separation from



family, interferences with privacy, restriction to travel and free movement, even imprisonment. Dr. Jonathon Mann once described this as "a danger to public health". If HIV infection leads to stigmatization and discrimination those affected will actively avoid detection and contact with health and social services. The results will be that those who need information, education and counselling will be "driven underground". Mandatory blood-testing for the so-called "high-risk" groups are baseless. Instead of doing any good it has done more harm. Everyone is in the high risk group. As long as you are alive you belong there. Many of us have been denied free medical treatment. For example in Malaysia, free treatment will be denied if you have contracted the AIDS virus through gay sex or if you are an IV (intravenous) drug user. But if you have contracted it through blood transfusion you will be given free treatment all the way. What about us? How can we pay our medical bills that costs thousands a year? What makes people with cancer or leukemia special to receive free treatment and not us. Last year a couple who were HIV positive was told to consider abortion on the grounds that being HIV positive they will be unable to take care of their children and there is a risk of the child being infected. But who's right is it to choose to have children or not? We are capable of providing love, care and everything else that a normal couple can give their children. We too have the right to have children.

What about sex? Can people who are HIV positive have sex? I was asked recently "How can you have sex if you are HIV positive?" Why not? was my reply. It doesn't mean that if I am HIV positive I cannot have sex. We have the urge and the desires to have sex just like others. Is there a need to tell your partner that you are HIV positive? Personally no - as long as I practice safe sex. It's not only the responsibility of people living with HIV and AIDS to protect their partners. It is also the responsibility of their partners to protect us. In fact we are more likely to catch a disease from the others than they will from us. Why all this discrimination? We are all human beings. Nobody wants the AIDS virus. Who's fault is it that we got the virus? It's the fault of the society who are ignorant and the fault of the Government's policies that do not speak about AIDS, safer sex and condoms. The Government's policy that does not allow it to implement needle exchange programmes, and most of all Governments that do not acknowledge the existence of AIDS in their country.

The high cost of medical treatment is another factor interfering with the right to health protection. AZT, the only approved drug in Malaysia is so costly that many AIDS patients cannot afford it. A year's supply will cost us between 6,000 to 10,000 Malaysian dollars. Many of us die without even the basic treatments. It is sad when you see millions of dollars pumped into sports by big companies and none for treatment. It is sad when you see billions of dollars pumped into armaments and none for treatment. In the developing countries, we leave all decisions on treatment issues in our doctor's hands. For a simple reason that we do not have access to the latest treatment updates. These treatment updates comes from the States and the European countries. To get access to them we are required to subscribe to them. How many of us in the developing countries can afford that? The results of these are that the doctors concerned will provide treatment on their own judgement and decision, without us knowing what kind of treatment we are on. We need to be informed on the latest and the various kinds of treatment that are currently available in the market. It's important to us to make decisions affecting our lives. It's important for us to know the side affects of each treatment and drug. Recently the need for AZT has increased alarmingly in Malaysia and we have made requests to the community based organisations in developing countries to help us out. What did we get? AZT that has expired. Are we the dumping ground for expired drugs? It is sad to see that drugs that could have been used while they haven't expired, kept and wasted away. For me it's a crime against humanity.

I have reached a stage where being positive doesn't bother me any more. Thanks to the counsellors and the support from my family, lover and newly found friends. I have achieved far more in the last four years that I would have been able to achieve if I was not HIV positive. To me it's not a curse and I don't blame anyone for it. To me it's a gift of God. No doubt being positive I have had to face and fight discrimination and challenges but they are all worth fighting for. For the past four years I have been actively involved in the fight against AIDS through educating prisoners and ex-injecting drug users in rehabilitation centres, giving statements in the media about being positive and the general population at large. Five months ago I started a support group for People Living With HIV and AIDS called Positive Living. I am also a member of the International Steering Group of the Global Network for People living with HIV and AIDS and a core member for International Committee of AIDS Service Organisations Asia and the Pacific Region as a person living with HIV. All these exposures that I have gained through AIDS work that I do has helped me tremendously in accepting my status and most importantly being comfortable with it. We believe that People Living with HIV and AIDS can play an important role in preventing the spread of the virus and create a bigger impact on society by being open about our status. Society might reject us for being HIV positive. Let it be so. It is not our loss. It is their loss. All of you are involved directly or indirectly in the fight against AIDS. But how can you fight AIDS when you cannot accept people living with HIV and AIDS. I wonder how many of you have seen a person living with HIV and AIDS and asked him or her how they feel? You have to accept us, understand us and understand our needs first before you can educate the others on the dangers of AIDS. The later Dietmar Bolle, the former Conference Chair of the International Conferences for People Living With HIV and AIDS, once said that: "Openness, visibility of People Living with HIV and AIDS and the acceptance of us as



equal partners in the fight to combat AIDS are necessary if treatment and prevention campaigns are not to fail. Only with the respect to our right to freedom from discrimination will we be able to come closer to people and not shy away. Only then we will not treat AIDS as a taboo we cannot talk about. If you do not talk about it you will not know about it. And if you do not know about, how are you going to prevent it? Let us try a small exercise. I want everyone to follow the exact words that I say:

I have AIDS and I am going to die soon.

I would like to end my speech by quoting a dear friend of mine Dominic, who passed away a couple of months ago. Some of you might have known him personally or would have read about him. He once said: "I never knew what life was. Living is a treasure, it's beautiful. But you have to live it in the right way. Value everything around you. Not only people, everything, every moment."

Thank you.



## PARIS DECLARATION

December 1st, 1994

We, the Heads of Government or the Representatives of the 42 States assembled in Paris on 1 December 1994:

### I. Mindful

- that the AIDS pandemic, by virtue of its magnitude, constitutes a threat to humanity,
- that its spread is affecting all societies,
- that it is hindering the social and economic development, in particular of the worst affected countries, and increasing the disparities within and between the countries,
- that poverty and discrimination are contributing factors in the spread of the pandemic,
- that HIV/AIDS inflicts irreparable damage on families and communities,
- that the pandemic concerns all people without distinction but that woman, children and youth are becoming infected at an increasing rate,
- that it not only causes physical and emotional suffering but is often used as justification for grave violation of human rights,

#### Mindful also

- that obstacles of all kinds - cultural, legal, economic and political - are hampering information, prevention, care and support efforts,
- that HIV/AIDS prevention and care and support strategies are inseparable, and hence must be an integral component of an effective and comprehensive approach to combating the pandemic,
- that new local, national and international forms of solidarity are emerging, involving in particular people living with HIV/AIDS and community based organisations,

### II. Solemnly declare

- our obligation as political leaders to make the fight against HIV/AIDS a priority,
- our obligation to act with compassion for and in solidarity with those with HIV or at risk of becoming infected, both within our societies and internationally,
- our determination to ensure that all persons living with HIV/AIDS are able to realise the full and equal enjoyment of their fundamental rights and freedoms without distinction and under all circumstances,
- our determination to fight against poverty, stigmatisation and discrimination,
- our determination to mobilise all of society - the public and private sectors, community based organisations and people living with HIV/AIDS - in a spirit of true partnership,
- our appreciation and support for the activities and work carried out by multilateral, intergovernmental, non-governmental and community-based organisations, and our recognition of their important role in combating the pandemic,



- our conviction that only more vigorous and better co-ordinated action world-wide, sustained over the long term - such as that to be undertaken by the joint co-sponsored United Nations programme on HIV/AIDS - can halt the pandemic

### **III. Undertake in our national policies to**

- protect and promote the rights of individuals, in particular those living with or most vulnerable to HIV/AIDS, through the legal and social environment,
- Fully involve non-governmental and community-based organisations as well as people living with HIV/AIDS in the formulation and implementation of public policies,
- ensure equal protection under the law for persons living with HIV/AIDS with regard to access to health care, employment, education, travel, housing and social welfare,
- intensify the following range of essential approaches for the prevention of HIV/AIDS:
  - \* promotion of and access to various culturally acceptable prevention strategies and products, including condoms and treatment of sexually transmitted diseases,
  - \* promotion of appropriate prevention education, including sex and gender education, for youth school in and out of school,
  - \* improvement of woman's status, education and living conditions,
  - \* specific risk-reduction activities for and in collaboration with the vulnerable populations, such as groups at high risk of sexual transmission and migrant populations,
  - \* the safety of blood and blood products,
- Strengthen primary health care systems as a basis for prevention and care, and integrate HIV/AIDS activities into these systems, so as to ensure equitable access to comprehensive care,
- make available necessary resources to better combat the pandemic, including adequate support for people infected with HIV/AIDS, non-governmental organisations and community-based organisations working with vulnerable populations,

### **IV. Are resolved to**

**step up international co-operation through the following measures and initiatives. We shall do so by providing our commitment and support to the development of the joint and co-sponsored United Nations programme on HIV/AIDS, as the appropriate framework to reinforce partnerships between all involved and give guidance and world-wide leadership in the fight against HIV/AIDS. The scope of each initiative should be further defined and developed in the context of joint and co-sponsored programme and other appropriate fora:**

1. Support a greater involvement of people living with HIV/AIDS through an initiative to strengthen the capacity and co-ordination of networks of people living with HIV/AIDS and community based organisation. By ensuring their full involvement in our common response to the pandemic at all - national regional and global - levels, this initiative will, in particular, stimulate the creation of supportive political, legal and social environments.
2. Promote global collaboration for HIV/AIDS research by supporting national and international partnerships between the public and private sectors, in order to accelerate the development of prevention and treatment technologies, including vaccines and microbicides, and to provide for the measures needed to ensure their accessibility in developing countries. This collaborative effort should include related social and behavioural research.



3. Strengthen international collaboration for blood safety with a view to co-ordinating technical information, proposing standards for good manufacturing practices for all blood products, and fostering the establishment and implementation of co-operative partnerships to ensure blood safety in all countries.
4. Encourage a global care initiative so as to reinforce the national capability of countries, especially those in greatest need, to ensure access to comprehensive care and social support services, essential drugs and existing preventive methods.
5. Mobilise local, national and international organisations assisting as part of their regular activities children and youth, including orphans, at risk of infection or affected by HIV/AIDS, in order to encourage a global partnership to reduce the impact of the HIV/AIDS pandemic upon the world's children and youth.
6. Support initiatives to reduce the vulnerability of woman to HIV/AIDS by encouraging national and international efforts, aimed at the empowerment of woman: by raising their status and eliminating adverse social, economic and cultural factors; by ensuring their participation in all decision-making and implementation processes which concern them; and by establishing linkages and strengthening networks that promote woman's rights.
7. Strengthen national and international mechanisms that are concerned with HIV/AIDS related human rights and ethics, including the use of an advisory council and national and regional networks to provide leadership, advocacy and guidance in order to ensure that non-discrimination, human rights and ethical principles form an integral part to the pandemic.

We urge all countries and the international community to provide the resources necessary for the measure and initiatives mentioned above.

We call upon all countries, the future joint co-sponsored United Nations programme on HIV/AIDS and its six member organisations and programmes to take all steps possible to implement this Declaration in co-ordination with multilateral and bilateral aid programmes and intergovernmental and non-governmental organisations.

*Signatories: Argentina, Australia, Bahamas, Belgium, Brazil, Burundi, Cambodia, Cameroon, Canada, China, Cote d'Ivoire, Denmark, Djibouti, Finland, France, Germany, India, Indonesia, Italy, Japan, Mexico, Morocco, Mozambique, Netherlands, Norway, Philippines, Portugal, Romania, Russian Federation, Senegal, Spain, Sweden, Switzerland, Tanzania, Thailand, Tunisia, Uganda, United Kingdom, United States, Vietnam, Zambia, Zimbabwe*



### A comment from a friend

While the conference is about people in South Asia who are developing gay identities, my concern is the opposite - I am concerned about the implications of HIV/AIDS and Sexual Health education for those who can be defined as men who have sex with men. Perhaps the simplest way to explain one of the main target groups that I am concerned for would be to tell this short true story.

Ten years ago I took up a job that meant living in what I call an old traditional type city.... This city is quite different to what I call the nearby city of V... which is what I call a 'new' or non-traditional city.

Because of the high cost of rent and lack of suitable houses to rent, I went 45 miles from..... to a very small town. It has a railway station but only two passenger trains stop there daily and rarely ever a goods train. There is a telephone exchange, but you could only get calls within the District. There are two cinema halls showing strictly regional language (non Hindi) films. One high school and no junior college.

There I rented a house on the edge of town, surrounded on three sides by rice fields. I rented two portions of a triplex. The third portion had long been occupied by a family, whose head has an income from what can be described as 'curing sickness and problems by mantras'. He has a large family. He was open only for two days a week, and on those two days had one or two hundred people coming singularly and in groups to consult him. The crowds that came to see him would regularly flow over and sit themselves while waiting, on the verandas of the two portions we rented. Coming out, and locking the door of one I felt someone brush me below the waist. I thought that it was just a 'crowd' movement. On going to the other door I felt the same 'brush', and in turning saw a face that had been at the first door also. With his finger and mouth he made an oral sex gesture.

The man is forty, married with three children, and lives in a village in the hills five miles away from the town. He cuts bamboo from the forest and sells it in the local market. He has been the 45 miles to the nearest city 5 or 6 times in his life, and each time for religious festival reasons. Monsoon downpour and blistering summer heat never stops him from going to the cinema on Sunday afternoon. He laughed loudly when shown a condom in relation to anal intercourse - explaining that there was no way he could become pregnant. He is literacy illiterate.

I specifically use the words literacy illiterate because the drive to literacy has unfortunately given many people the feeling that to be illiterate is to be uneducated. With or without literacy, millions of illiterate people manage their economic affairs with micro amounts of cash and credit. Millions of illiterate Indians, and other South Asians in similar situations ARE however, CINEMA LITERATE.

Our experience is that literate regional language men request male to male sex information from brochures and newspaper adverts, through coupons or inquiry type postcards.

Therefore if I asked the question of how best to communicate a health and safe sex HIV/AIDS prevention to illiterate persons who have a same sex preference - it would be by short, pre-cinema, commercial type feature films - that presented the whole gambit and combination of sexual preferences in India. It is essential to understand however in accepting this, that the film does not stereotype 'gay' Indians as hijra/chamma chackas - that would be a disaster for the target group that is referred to.

I do acknowledge that our cities are undergoing major cultural changes both at surface day to day life and in changes of aged accepted traditions. The newer the city, the less traditional and it appears more open to changes in cultural traditions. In the newer cities economically poor migrants don't always have a choice as to who will be their neighbour in the slum/street. Those who migrate for already secured employment don't often have an option as to who is in the next flat. Maybe it could be said that the newer the city, or the more industrialised the city (harder to divide), are far more nuclear than extended family in structure.

In the non nuclear family it is easier to make a variety of independent choices without conflict to the family. The traditional older smaller cities are in many ways simply largest places in a given historical area. In these cities we see the influence of 'modern' living. A poor Brahmin home does have a priority to have a TV. The affluent Scheduled caste youth gives the youth from the poorer Brahmin family a lift home from College on a Honda - but the driver is rarely offered a limbu pani. The changes are not cultural but materialistic.

The question is asked : How does one have a meeting for uneducated or people not conscious of their identity or high risk behaviour? And how we would develop prevention tools for such people?



## The Press

THE  
ASIAN  
AGE 3

25 DECEMBER 1994

## International meet on gays from December 27

By MINI PANT ZACHARIAH

Bombay, Dec 24: A few years ago, a gay meet in the city would have been talked about in hushed tones and even scoffed at. But with the growing number of AIDS cases, many transmitted through homosexual contact, India as well as South Asia can ill afford the luxury of ignoring this aspect of sexuality.

With 3.8 million suspected HIV positive cases in India, and the number expected to multiply tenfold by the turn of the century, two to five per cent of this group belong to the homosexual subset, according to the Indian Health Organisation, which is active in the prevention of the spread of cases of AIDS in India.

A five-day international conference, called "Emerging Gay Identities in South Asia," to be held

in Bombay from December 27 to 31 will address issues related to homosexuality to develop appropriate strategies to contain the spread of AIDS and the HIV virus in the country.

Among the many myths that the conference seeks to explode is that homosexuality is a Western "disease." So strong has been the opposition to the meet that Ms. Vinita Farooqui of the National Federation of Women had demanded a ban on the conference.

Shiv Sena leader Pramod Navalkar had made a similar demand terming it as a perversion fit to be crushed. Says Mr. Ashok Row Kavi, editor of *Bombay Dost*, who is also one of the organisers, "All the 70 participants, selected out of 200 applicants, are of Asian origin. There is not a single White person attending this conference. Those who dub homosexuality as a Western disease, have no knowledge of the traditions in the subcontinent."

Mr. Kavi says that the homosexual tradition has been ignored by chroniclers. Referring to the tradition of devadasi, Mr. Kavi says that young girls as well as young boys were dedicated to Yellamma.

The present-day concept of sexuality in India relies on Western perceptions of individuality and personal identity. The organisers are questioning whether Western parameters are valid for countries like India, Pakistan, Bangladesh, Nepal, Sri Lanka, says Mr. Kavi.

The dynamics of homosexuality, psychosocial frameworks of sexual behaviour and the context in which they exist need to be studied in order to develop appropriate strategies for containing HIV infection, he felt. The issue of homosexuality is complicated further because most men who have sex with men also have heterosexual relationships. There will be other sessions where a lawyer, a civic

health worker and sex educationist will speak on aspects related to homosexuality.

The meet is sponsored by The Naz Project of UK and Humasfar Trust in Bombay. The Naz Project was set up in August 1991 in the UK to respond to all aspects of HIV and AIDS and its impact upon the South Asian communities.

During one of its surveys with the Asian homosexuals in London, The Naz Project found that 80 per cent of the Asian homosexuals were married men.

The modules of the conference are developed with assistance from the Naz Project. The idea is to discuss and formulate strategies for enabling and empowering localised "gay" organisations to develop and create safe spaces for identified gay men. Networking and challenging this "homophobia" are some of the items on the agenda, it was declared by the organisers.

THE SUNDAY OBSERVER JANUARY 8-14, 1995

## NEWS

## Gay conference seeks legal sanction for homosexuality

ARCHANA MASIH

BOMBAY, JANUARY 7: "We are not promoting homosexuality, all we are asking is to leave us alone," says Ashok Row Kavi, editor of the gay journal *Bombay Dost* and one of the organisers of last week's gay conference, the first ever in India. The conference for gay men and men who have sex with men focussed on the "Emerging Gay Identities in South Asia" and implications of HIV/AIDS and sexual health.

Although gay men and men who have sex with men mean one and the same thing, Kavi points out, "It is a value added by the World Health Organisation. Moreover, many gays are married and do not like to be called gays."

The conference, which required a year's planning, was attended by 63 delegates, including a few from New Zealand, England, America and Sri Lanka. There were 250 applicants for the conference, and the selection was made on the basis of certain requirements. Each delegate had to have a background in community work, provide an estimate of the time he could devote to working in the gay community, disclose what he expected from the conference and whether he knew two or more gays.

The conference primarily aimed to explore the issues of sexual health, sexuality and sexual behaviour. Among other issues discussed at the convention were homophobia, marriage and gay counselling. Awareness of AIDS and other sexually transmitted diseases formed the major issue as homosexuals were at greater risk. "Though 60 to 70 per cent of sex practised by gays is safe, the male anatomy is such that it is easier for a man to pass the virus to another man," reveals Kavi. "In order to generate awareness among the gay community we distribute condoms, safe sex literature and have started holding workshops to propagate safe sex."

There are an estimated 12.5 million gays in India. Though homosexual behaviour is prevalent more in the north, homosexual

identity is found much more in the south. "The gay community has to educate itself to accept their homosexual identity. This way the individual is much more secure," says Kavi.

Not only is homosexuality regarded as a religious and social evil in India, it is also a crime under the law. Apart from personal dilemma, homosexuals constantly counter harassment by the police and ridicule by society.

Gays feel the only way this stigma can be removed is by decriminalising homosexuality. "It is then that the government can get the exact number of gays and those infected with AIDS," adds Kavi. "Society's outlook also has to change. We are stuck with gender stereotypes. People think homosexuals are not macho which is wrong."

Kavi claims the major reason for homosexuality in India is the disharmony in the male-female ratio. The 1991 census records 929 females per 1,000 males which, he claims, has created a homosexual environment. This environment has given rise to alternate families, where older gay couples are allowing younger gays to stay with them. This practice is becoming increasingly popular in Bombay, Calcutta, Madras and Delhi. Interestingly, the conference's organisers do not identify with the concept of marriage because it is considered a heterosexual phenomenon.

Lesbians were excluded from the conference. The reason being that this was necessarily a gay conference. Some kind of schism between lesbians and gays also appears to exist because the former feel gays have greater access to resources. "Another reason being that lesbianism is very marginalised in India. Women themselves don't want to talk about their sexuality," says Kavi.

Homosexuality in India is still in the closet and it will take some time before gays can integrate with the mainstream of national life. Till then what? "We would," says Kavi, "like to be valued for our skills rather than our sexual preference."

TIMES OF INDIA, BOMBAY, NOVEMBER 11-94

## Covert preparations on for gay conference

By S. Balakrishnan

The Times of India News Service  
BOMBAY, Nov. 10.

Despite criticism from the women's wing of the Communist Party of India (CPI) and a warning issued by the Shiv Sena legislator, Mr. Pramod Navalkar, the Humsafar Trust is making quiet preparations for the first-ever south Asian conference of gay men, to be held here next month.

The trust chairman, Mr. Ashok Row Kavi, told the TOINS that at least 75 gay men will be taking part in the three-day conference, to be held at a secret venue in the western suburbs here. It will begin on December 27.

Delegates are expected from Pakistan, Bangladesh, Nepal and Sri Lanka, apart from some non-resident Indians (NRIs) from U.K., Australia and Indonesia.

The theme will be "Emerging gay identities in South Asia." The deliberations will not be open to the press.

Interestingly, a couple of representatives of feminist groups have been invited to take part in some of the workshops which will be held as part of the conference.

The National Federation of Indian Women (NFIW), which is the

women's wing of the CPI has urged the Central government to ban the proposed conference which, it alleges, seeks to spread "decadent" western values in India.

It has alleged that the conference is a direct outcome of the policies of globalisation and liberalisation being pursued by the Narasimha Rao government.

However, the NFIW representative in Bombay, Ms. Tara Reddy, said she neither opposed the conference nor supported it.

Mr. Navalkar told the TOINS that he had no objection "so long as the homosexuals' conference is confined to a closed-door discussion." However, he warned that he would not tolerate any effort to propagate "perverted sexual values."

Mr. Kavi denied the charge that the conference sought to propagate homosexuality. He said there were already a significant number of homosexuals in India, but these had no access to guidance on the danger of AIDS and other diseases.

Mr. Kavi added that "if we cannot define the parameters of what we mean by sexuality, then we will be unable to develop culturally appropriate models for intervention and prevention."



CITY 2

SUNDAY MID-DAY, JANUARY

# A TIME TO HEAL

By MANJULA NARAYAN

IT was an emotional three days for the 60 'gay men and men who have sex with men' who participated in the conference entitled "Emerging Identities in South Asia, implications for HIV/AIDS and sexual health," held at the SNDT University, from December 28-31.

For the delegates who came from places as far as Ichalkaranji, Dibrugarh, San Francisco and Colombo, the meet was a cathartic experience that helped them exorcise the demons that an acutely homophobic society has thrust upon them. Most of them had harrowing tales to tell.

"Soon after I participated in a demonstration and my pictures appeared in the newspapers, I found myself out of a job; nothing was said, but I knew that it was because I was gay," says Ashwini, a mental health worker from North India.

A homosexual Delhiite revealed how he was hounded for a week by Communist Party of India workers who held him responsible for the disappearance of a young boy.

"I was interrogated by the DIG, New Delhi, who insinuated that I was the dirty old man who had kidnapped the boy," he says.

Though Suhail "from Bombay" does not parade his sexual preference, he is the constant butt of derogatory comments and

calls from people in his neighbourhood.

"If I come right out, what guarantee do I have that these forces will not intensify their attacks," he asks. "Also why should my family suffer because of me?" he adds.

Most of the delegates feared rejection by relatives if their

sexual orientation were made public. Many were wary of being photographed and did not want to reveal last names or where they lived. But Pallavi, a student at a Bombay college, is thankful that the conference gave him the courage "to come out to my mother".

"Homosexuality is never talked about in the open; we grow trying to adapt to a heterosexual society

and this causes a lot of bitterness," says the young man who has resolved to "set up a network of people in the same age group".

"We have now promised each other to go back and continue to work," said a sexual health worker from Calcutta who lamented that there was no sensitivity towards homosexual issues in the country.

But the conference was not merely a feel-good exercise for homosexuals. Many of the issues discussed and the suggested solutions are relevant to the national scenario.

"This country should encourage prevention. The health ministry is in bad shape, the bureaucrats are scared and there is a shortage of resources. In five years a million people will be dying of AIDS but there aren't that many hospital beds. With so many people dying, the transport infrastructure will collapse. It is a corporate and economic problem as well," says Shivananada Khan, of the Nar Project, UK sponsors of the meet.

The conference threw up useful suggestions take the setting up of support groups, creating awareness among those with no access to the media through folk forms, conducting surveys on sexual behaviour, building a national archive of lesbian and gay literature and the setting up of funding agencies, all of which are to be implemented at the local, national and international levels.

Considering that the average Indian male is sexually active at 14, that many men who have sexual relations with men are married and that sex education in the country is non-existent, it is high time that the government listened to what Bombay Dost editor and organiser of the conference, Ashok Row Kavi, and his friends have to say.

MAHARASHTRA HERALD, PUNE, 29.12.94

## Defend gay rights

**B**ASHERS have let themselves loose against a new target: Gays. India's first conference "for gay men and men who have sex with men" has been forced to meet at a secret venue in Bombay because BJP vice-president K.R. Malkani would reportedly like "to do to the gay conference what his friends did to the Babel Masjid two years ago". When the date and venue of the conference was announced a month ago, Shiv Sena leader Pramod Navalkar had threatened "to disrupt the immoral gathering if it was not conducted quietly." Sadly, it is not only "reactionary right-wing" bigwigs of the BJP or Shiv Sena who oppose gays meeting in public. But also the "progressive left-wing" Vimal Farooqui, vice-president of the National Federation of Indian Women, who wants "the whole thing called off". Such is the strength of prejudice against homosexuals, that it makes strange bed-fellows of the left and right. Their reasons for disapproval may be as different from each other as homosexuals are different from heterosexuals. But as Mr. Vir Sanghvi points out, "The issue is not whether we approve of homosexuality; the point is that our approval or disapproval are both as irrelevant. Homosexuals are citizens of India and any liberal society should grant them the right to lead their lives as they see fit, provided that they do not harm anybody else in the process". What is it about homosexuals that brings out the worst not just in Indians like Mr. Malkani, Mr. Navalkar or Ms. Farooqui, but also Republicans like Mr. Bush? Some in the USA may accept homosexuals protesting on the streets or appearing live on the screen. But when a Democrat President Bill Clinton proposes to allow homosexuals into the armed forces, that's going too far and a row erupts. It is a long road from opposing the entry of homosexuals into the US armed forces and merely allowing gays to meet publicly in Bombay "to discuss their rights, identities and health issues, including AIDS".

## The right attitude to difference

THE Director of Health Services in Maharashtra, Dr. Suhas Salunkhe, is attending the gay meet "purely from a health point of view". In his capacity as the state's AIDS programme manager and a member of the Government of India's Technical Committee on AIDS, homosexuals constitute an AIDS risk group and Dr. Salunkhe said "I am interested in them as much as I would be in other risk groups such as prostitutes and truck drivers." This is the right and correct attitude to difference. One does not have to agree with, describe to, practice or profess openly the sexual preferences of gay men or women in order to respect and defend their fundamental rights as Indian citizens under the Constitution to assemble in public. What gays do in privacy is as much their own affair as what non-gays do. No one, not even the State, has the right to deny them their rights. The issue must be taken up as a test case by the National Human Rights Commission to examine the deprivation of rights suffered by the gay community. Some delegates from India and 10 from abroad will discuss "Emerging gay identities -- HIV, AIDS and Sexual Health" through interactive workshops. But the organisers are worried about how the media perceives the gay community and how this biased perception influences reporting as well as lack or absence of news. These fears about the dominant attitude of the Press have been vividly voiced by Kavi, who is himself an eminent gay rights activists Ashok Row Kavi, who is himself an eminent gay rights activists. Explaining why the gays "do not want outsiders at their conference", he says, "the Press tends to sensationalise and trivialise our issues. They will talk of cross-dressing and eunuchs." The fears are justified if one goes by the record of gay portrayal.

## Learning to respect the views we hate

THE majority of us -- belonging to any religious, sexual or ideological identity -- are learning how to accept, tolerate and respect the rights of the minority of us. The worst crime the majority of us commit, ironically in the fair and just name of democratic rule by the majority, is when we deny the rights of individuals from minority communities like gays, gypsies, the disabled, Bolsheviks and Jews. The specific grouping of these minorities is deliberate because the Nazis targeted these very communities with extermination. Today, the same groups are being singled out around the world, not just India. The BJP ideologue who wants to "demolish" the gays like a masjid is related to the RSS fanatic who believes "women should not learn the Vedas". The Ku Klux Klan is tied to the British National Party who "get rid of Pakis" in Britain. Fascism is also a global phenomenon. But the freedom of speech and the right to assembly is for all individual persons not just the majority. It is worthwhile recalling, writes the dissident Noam Chomsky, the Andrei Sakharov of the USA in *Detering Democracy* (1991), "that victories for freedom of speech are often won in defence of the most depraved and horrendous views. The 1969 US Supreme Court decision (in protection of free speech) was in defence of the Ku Klux Klan (KKK) from prosecution after a meeting with hooded figures; guns and a burning cross calling for 'burying the nigger' and 'sending the Jews back to Israel'. Even if you hate the views of gays as 'depraved and horrendous' as the outlook of the KKK or RSS, of Hitler or Stalin, the Constitution gives them the right to meet, express, discuss and propagate their views. We must learn to respect the views we hate. If Mr. Malkani believes the Organiser, he edits, should be allowed to mouth the views of the RSS, which in turn produces the BJP cadre that asks for the vote to rule Bharat, then he must first learn to respect the human rights of all persons, even Hindu gays, to meet freely in public.



## CONFERENCE THANK YOU LIST

### Collabrative Partners

Humsafar Trust  
The Naz Project, UK

### Sponsorship

The Naz Project, UK  
The Mercury Phoenix Trust, Switzerland  
HIVOS, Netherland  
The Naz Project (India) Trust  
Private Sponsors

### Consultancy and Technical Assistance

Shivananda Khan,  
Chief Executive, The Naz Project

### Conference Organising Committee

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Suhail  
Shridar  
Rakesh  
Niranjan  
Ramesh

### Conference Administrator

Yusuf

### The Naz Project representative on the Organising Committee

Dalip Daswani, Trustee,  
The Naz Project (India) Trust

### Conference Volunteer Staff

Pallav  
Nitin  
Mahesh

### Working Group Facilitators

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Aswini  
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Dalip Daswani  
Mahesh  
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### Working Group Reporters

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Shivananda Khan  
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### Workshop Reporters

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Parvez  
Sukirat  
Sanjay  
Dev  
Ravi  
Maoj  
Aalok  
Ashok

### SNDT Women's University



## CONFERENCE THANK YOU LIST

"It was really very surprising to attain such a Conference which gave me strength to grow and fight for our rights."

"It was very much beneficial to me. It gave me some more confidence to work among the people."

"The learning experience - the sharing. Finding out that so many men share my hopes. Finding a reconfirmation of our will to prevail."

"Great interaction, moral boosting, spreading creative networks, sense of belonging and being one."

"The best thing that happened here is people are trying to come forward to work for the community in their respective areas."

"Very empowering. A dream realised. Shows the way ahead."

"A very significant learning experience"

"It was one of the most novel and exciting experiences of my life. It was a festival of sharing, knowledge and understanding. I have never seen so many images of myself in a mirror."

"Extremely well organised"



