

**Rapid Ethnography of Male to
Male Sexuality and
Sexual Health**

FAMILY HEALTH INTERNATIONAL



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Executive Summary

This report presents findings of rapid ethnographic research on male-to-male sexuality and sexual health in Kathmandu, Nepal. This was the first research project of its kind in Nepal. The research was conducted from 18th November to the 17th December 2001 and was supported by Family Health International (FHI) HRN-A-00-97-00017-00. The field research was carried out by The Blue Diamond Society, a nascent community support group for men who have sex with men in Kathmandu. Logistic research support was provided by CREHPA, a health and population research agency in Kathmandu.

A participatory community based research strategy was adopted. Men from amongst the nascent communities and networks of men who have sex with men in Kathmandu were recruited and trained in research skills. These men conducted the field research, consisting of participant observation, interviews and group discussions. Given the time frame of the research the capacity for extended training of community researchers was curtailed. This affected the data. Thus for example the findings on HIV/AIDS in the research were limited because the fieldworkers were not confident in asking detailed questions on this subject. However the advantage of employing community based researchers was that this allowed for a more subtle and nuanced understanding of the cultural and personal characteristics of male-to-male sexual life in Kathmandu. More importantly the research strategy initiated a process of men who have sex with men in Kathmandu working together to identifying their own problems and needs whilst contributing towards the research process. It was notable during the research that a number of men who have sex with men in Kathmandu started to get involved in The Blue Diamond Society, instigating regular meetings and developing their own community based support and health promotion strategies.

Findings

The principal findings of the research are:

- Men who have sex with men in Nepal, as elsewhere, should not be thought of as a distinct and contained target population. Men who have sex with men in Kathmandu come from across the social economic spectrum, represent all ethnic groups and are of all ages.
- Male to male sex in Nepal does not exist in isolation. Rather sex between men takes place within social and sexual networks and sexual activity patterns that are intimately integrated into the sexual lives of the so-called ‘general population,’ of which men who have sex with men are themselves, a part.
- There is no firm or conventional division in Nepal between men who have sex with men and men who have sex with women. Many men who have sex with men in Kathmandu reported that they also have sex with women, with a high percentage of men being married.
- The research has documented that there are approximately twelve core cruising areas where men who have sex with men meet in Kathmandu, although this finding is preliminary. Whilst knowing about the cruising areas in the city where men who have sex with men meet and have sex is vital it is also imperative to recognize that in a city such as Kathmandu male to male sexual life thrives amidst the anonymity of urban space. Men who have sex with men can and do meet anywhere in Kathmandu.
- There are a broad variety of local vernacular terms used within the networks of men who have sex with men in Kathmandu to talk about sex, sexuality and sex role. Popular classifications of male-to-male sex are largely oriented around perceptions of gendered sex roles amongst *masculine* and *feminine* identified men. It is imperative to understand these terms as a basis for culturally appropriate health education strategies. However it is also important to explore popular language and sexual stereotypes critically. People’s actual sexual lives often disrupt the norm. Findings from the research suggest that male-to-male sexual life in Kathmandu is far more fluid and variable than initially suggested by popular conventions.

- There is little knowledge of HIV or AIDS amongst men who have sex with men in Kathmandu. Even those men who had heard of HIV and/or AIDS had poor understandings of the health issues involved. It was notable that a number of men who participated in the research were anxious about HIV/AIDS. However there are no social and emotional support services in Nepal addressing male-to-male sexuality, HIV and sexual health.
- There is a limited knowledge of safer sex amongst men who have sex with men in Kathmandu. Many men who participated in the research had had unprotected anal sex. Some men talked about using condoms for anal sex but few men used condoms consistently. It was also notable that the condoms available in Nepal do not appear to be of a tensile strength adequate to prevent their tearing during anal sex. This problem is compounded by the fact that water based lubricants which can be used with condoms are generally not available in Nepal.
- Most of the men who have sex with men who participated in the research were able to identify specific incidents of harassment in their lives coupled with a more ubiquitous presence of social discrimination experienced on a daily basis. This prejudice was most prevalently experienced by men with an overtly feminine demeanor. Many men talked about feelings of low self worth and periods of depression related to their feelings about their sexual orientation.
- Men selling sex is a prevalent activity in various locations in Kathmandu. Commercial sex between men takes places in a variety of ways. Street based sex work appears to be the most prevalent form of commercial male to male sex and occurs in many different locations. Men report earning between Rs 10 – Rs 50 for this kind of work. Other sex work takes place in restaurants and massages parlours and can involve payment of up to several thousand rupees.

Recommendations

- The research findings presented in this report are preliminary. It is recommended that an extended research project on male-to-male sexuality and sexual health in Nepal be developed. This should involve an initial research project over approximately 6 months and ought to incorporate research beyond the Kathmandu valley.
- It is recommended that the community based participatory research model initiated for this project be built upon in future research with men who have sex with men. This will necessitate training men who have sex with men in research, outreach work and counselling skills.
- It will be necessary to establish appropriate infrastructures offering support to men who have sex with men in Nepal. This should include counselling services, support groups and legal advocacy. Capacity building of The Blue Diamond Society in order that it may play a role in service provision of this kind is recommended.
- Training of clinical personnel in male to male sexuality and sexual health issues will also be vital in order to develop sexual health services that men who have sex with men can access without fear of prejudice. Training should include instruction in syndromic management of STI's in the anus.
- To date men who have sex with men have been remarkably absent from the HIV/AIDS prevention and sexual health promotion policies of both the government and NGO's in Nepal. The initiatives taken by FHI, USAID and UNAIDS in beginning to address this concern are welcome and should be taken further. The inclusion of men who have sex with men as a target population within AIDSCAP II directives would add considerably to awareness raising on this issue. It may also be advisable to approach the ministry for health to discuss placing male-to-male sexual health issues on the agenda within current governmental HIV/AIDS policy initiatives.

Introduction

This report presents findings from a rapid ethnographic study of male-to-male sexual life and related sexual health issues in Kathmandu, Nepal. The research was commissioned by Family Health International (FHI) and was carried out from 18th November to 7th December 2001. The principal aims of the research were to:

- gather ethnographic data on male to male sexual life in Kathmandu
- establish a preliminary knowledge base on the social, cultural, behavioral and emotional characteristics of male to male sexual life in Kathmandu
- explore sexual health issues relevant to male to male sexual life in Kathmandu
- make recommendations for future policy, research and health promotion intervention with men who have sex with men in Kathmandu and elsewhere in Nepal

This paper begins by briefly outlining some of the background information on male-to-male sexual life in Kathmandu and Nepal that informed both the design and implementation of this research project. This is followed by an overview of the theoretical perspective framing the analysis of the core data presented in this report. Male to male sexual health issues in Nepal are contextualized in reference to research findings on male-to-male sexuality and sexual health from elsewhere in South Asia. In the next section the rationale for the research methodology is discussed followed by a presentation of the methods used. Themes pertaining to participatory research, rapid ethnography and research with hidden populations are considered in reference to issues encountered in researching male-to-male sexual life in Kathmandu. Following on from this the findings of the research are presented and analyzed. The research data is presented under the following thematic headings:

- classifications and sexual roles of men who have sex with men
- cruising areas and sexual networks
- prejudice, harassment and vulnerability
- sexual debut
- safer sex
- condoms
- lubricant
- HIV/AIDS
- sexual health and treatment seeking
- commercial sex

Analysis of the data under each of these headings is oriented around practical concerns. The aim is to extend a perspective which both contributes toward a subtle understanding of male to male sexual life in Kathmandu whilst also considering how the viewpoints advanced may best be applied to research, sexual health promotion and policy development for men who have sex with men. In conclusion recommendations are made for future research and health intervention programs for men who have sex with men in Nepal.

It should be noted that the time period of this research project coincided with the declaration of a 'state of emergency' by the government of Nepal, in response to terrorist activities in the country. This affected the fieldwork. A plan to conduct a week of fieldwork in Pokhara (a town in West Nepal) had to be abandoned

midway through the fieldwork period. Whilst restricting the geographic scope of the research this allowed for more extended and detailed fieldwork in Kathmandu than had initially been envisaged. However given the increased police presence in the city during the period of emergency and out of concern for the safety of researchers it was decided that during the later part of the research the field-workers should not conduct fieldwork late at night. Harassment of men who have sex with men by local gangs and police is a common occurrence in Kathmandu at the best of times. In the uncertain circumstances of the emergency it was necessary to exercise a high degree of caution in respect to such potential threats. We also decided at this time that the field-workers ought to concentrate their research within social networks with which they were more familiar. This would better enable them to judge their own personal safety. Indeed it was noticeable during the state of emergency that there was a considerable reduction in the number of men visiting cruising areas in Kathmandu, particularly after dusk. Utilizing the personal contacts of field-workers as the basis for a snowball sample enabled us to maintain and develop respondent relationships with men who have sex with men in what might otherwise have been a difficult time to make informant contacts.

Background to male to male sex in Nepal

Men who have sex with men are generally a hidden population in Nepal and there is little understanding of the social, cultural and behavioral dynamics of their lives as they may relate to HIV transmission and other aspects of sexual health. Whilst community based research elsewhere in South Asia has begun to shed some light on hitherto hidden aspects of male-to-male sexuality, Nepal remains largely unexplored in respect to these concerns. A recent review of current knowledge on HIV epidemiology in Nepal was able to find only one reference to male-to-male sex (Furber, Newell, and Lubben – forthcoming).

In large part, as elsewhere in South Asia, male to male sexuality is invisible within mainstream Nepali culture because there is no prevalent socially recognized category such as ‘gay’ around which men who have sex with men frame their sexuality. Although the word ‘gay’ is used by some men this is often utilized in conjunction with other terms. Certainly the number of gay identified men in Nepal appear to make up a small percentage of men who have sex with men. In this social situation men who have sex with men form a heterogeneous population, marked by a diversity of sexual self-perception and sexual activities. This multiplicity of fragmented, socially imperceptible lifestyles compounds the prevalent impression that men who have sex with men are a marginal minority population in Nepal.

Recent preliminary outreach and health promotion work for men who have sex with men conducted by The Blue Diamond Society in cruising areas where men who have sex with men meet in Kathmandu has allowed the opportunity for some initial exploration of male to male sexual health issues. This work has been carried out by one activist who estimates that he has had discussions with approximately 1000 men who have sex with men in Kathmandu over the last seven months¹. Indications are that there is a high prevalence of unprotected anal sex amongst men who have sex with men, coupled with a high incidence of sexual partner change. There is little knowledge about HIV/AIDS, safer sex or other sexual health issues. Due to social stigma many men who have sex with are not open about their sexual orientation with friends, family and colleagues and as such they often suffer from low self-esteem. These feelings of disempowerment and low self-worth affect the sexual lives and sexual health of men who have sex with men. A diminished sense of self-confidence reduces the capacity for sexual decision making or for even perceiving sexual life as something that may offer sustaining emotional comfort. Discussions with men who have sex with men in Nepal indicate that this social situation contributes to the high incidence of coerced sexual experiences reported by many men who have sex with men in Kathmandu. These experiences often occur in cruising areas or within the home, perpetrated by relatives such as brothers, cousins and uncles or family friends. Whilst many men have talked about such experiences these are rarely accounted as abuse. Rather they are commonly discussed as a normative initiation into male-to-male sexual activity. This suggests that for many men who have sex with men such occurrences are unremarkable, perhaps indicating a significant prevalence of male-to-male sex amongst many men in Nepal.

¹ This figure is an estimate of the number of men one person has spoken to over approximately 7 months. It would be premature to draw any correlation from this figure as a basis for estimating the number of men who have sex with men in Kathmandu.

Blackmail, extortion, the threat of exposure and coerced sex is a common experience for many men who have sex with men and sex in Kathmandu. For some men forced sex often occurs in the context of their work. Due to a lack of other employment options many men who have sex with men sell sex on the street or in nightclubs and dance bars. All of these circumstances put men who have sex with men in vulnerable sexual situations, increasing their risk of exposure to HIV and other STI's.

Preliminary indications are that a considerable number of men who have sex with men in Kathmandu are married and/or have female sexual partners other than their wives, including in some instances women who sell sex. This suggests that the pattern of HIV transmission associated with sex between men in Nepal should not be thought of as contained amongst a discrete population of men who have sex with men. Rather it appears that sex between men may be a significant route of HIV transmission within a generalized HIV epidemic in Nepal. Indeed it is misleading to conceptualize men who have sex with men as a distinct and contained target population. Male to male sex does not exist in isolation. Rather sex between men takes place within socio-sexual networks and sexual activity patterns that are intimately integrated into the sexual lives of the so-called 'general population,' of which men who have sex with men are themselves a part. This is particularly so in a country such as Nepal where sexual culture is such that there is no firm or predictable division between men who have sex with men and men who have sex with women.

In this social context the development of outreach and sexual health promotion work with men who have sex with men is a priority. There is also an urgent need for HIV/AIDS policy in Nepal to include directives and guidelines for interventions with men who have sex with men. It was with these concerns in mind that the research presented in this report was carried out.

Theoretical perspective: sexuality, sexual health and men who have sex with men

The core findings from the fieldwork presented in this report are analyzed in reference to contemporary theoretical perspectives on human sexuality. The aim is to explore the lifestyles of men who have sex with men in Kathmandu both in respect to both culturally contingent characteristics and personal diversity. This means studying the cultural influences which influence and frame how men who have sex with men in Nepal understand their sexuality whilst also recognizing the personal and individual quality of sexual life.

Theories of sexuality have increasingly served to disrupt notions that human sexual life may be classified according to binary homosexual and heterosexual categories. Of particular relevance here are theories and research which have sought to demonstrate that in non-western countries the sexual cultures framing same sex sexuality cannot be neatly categorized according to 'western' notions of homosexuality (Tan 1996). Derived from such perspectives some researchers have increasingly emphasized the importance of understanding indigenous cultural framings of male-to-male and female-to-female sexuality for the purposes of cultural sensitive HIV control and sexual health promotion (Patton 1999).

Such perspectives have informed research and interventions on male-to-male sexual health in South Asia. In particular this has influenced the documentation of patterns of male-to-male sexual life oriented around gendered identities and related sexual behaviours, framings of male-to-male sexuality which are quite different from the norms of contemporary 'western' gay life. Thus it has become increasingly common in public health for a to hear about 'feminine identified' men who have sex with men in South Asia (called *kothis*), who have sex with their masculine, nominally heterosexual male counterparts (called *parikh*). Culturally designated sexual roles are seen to apply to this sexual framing, with feminine identified men taking receptive roles in anal and oral sex and masculine identified men taking the role of penetrator. Amidst the polarities of this gendered paradigm are men who have sex with men but who do not identify with either of these gendered extremes or with such ascriptive sex role stereotypes. These men are commonly categorized as *duplis*, *double deckers* or *doparata* (Khan 1996).

Cultural knowledge on popular sexual classifications of this kind is important in understanding male to male sexual life in South Asian cultures. This research project has allowed for exploration of popular elaborations used to categorize male-to-male sexual life amongst men who have sex with men in Nepal. These are similar to those used in other South Asian countries and are discussed in the *findings* sections below.

However, whilst it is imperative to understand the language and classifications of local sexual cultural it behooves social researchers to explore popular culture rather than simply elaborate popular cultural stereotypes as social scientific knowledge. Thus the point of view taken for this research is that the systems of classification of male-to-male sex used in South Asia are often personally more fluid and variable than popular stereotypes convey. Similarly whilst the sex role categorizations associated with different classifications of men who have sex with men are a considerable influence on sexual behaviour, they are nonetheless far from firm framings of sexual activity. People think and feel about their sexuality in complex ways which often resist linguistic categorization and the use of the body for sexual communication often disrupts social stereotypes as to who is supposed to adopt which sexual role.

These issues are important since if we aim to communicate safer sex guidelines and promote sexual behavior change we should address those aspects of sexual life which dislocate conventional stereotypes and emphasize the capacity for malleable sexual expression (Vance 1995). This is particularly significant when approaching cultural categorizations of male-to-male sexuality which prioritize stereotypical gender roles and exert a considerable social pressure to conform, (or appear to conform) to the associated sexual behavioral roles, largely oriented around anal sex. In order to promote culturally sensitive and effective sexual behavior change in this context it is important to work within local vernacular and to address popular sexual classifications and sex roles. Yet it should also be a priority to explore the understandings of sexual self and sexual activity that are marginal to this popular discourse. Emphasizing these fringe areas of sexual life may present the strongest potential for encouraging men who have sex with men to begin thinking about how they may be able to change their sexual behaviors; to make them safer.

With these concerns in mind the approach adopted for this research project stresses both the cultural parameters which frame male to male sexual life in Kathmandu as well as placing importance on an exploration of personal agency and variant ways of being sexual. The aim is to develop understanding of the cultural context of male-to-male sexual life in Nepal but to recognize the limitations of such knowledge in extrapolating comprehensive explanations of sexual behavior. Supplementary knowledge on feelings and interior life is required in order to expand understanding of male-to-male sexuality and to develop sensitive and effective health promotion intervention.

The time frame and scope of this research project was limited and findings in regard to these complex issues were necessarily circumspect. However by approaching the fieldwork and data analysis with these concerns in mind the aim has been to develop some preliminary insights into these concerns and to explore their consequences for sexual health. It is hoped that this perspective may lay the foundation for an innovative and effective approach to male-to-male sexual health promotion in Nepal. The methodology of the research was also informed by these concerns.

Methodology

It had initially been envisaged that the fieldwork for this research project would be carried out in collaboration with CREHPA, an agency based in Kathmandu specializing in health research. Men who have sex with men from the local networks in Kathmandu were to be recruited as research assistants and guides. It soon became apparent at the beginning of the research project that this arrangement was problematic. Preliminary discussion with men from the networks and nascent communities of men who have sex with men in Kathmandu indicated that many men were unhappy about the prospect of speaking to researchers who were not men who have sex with men themselves. Such anxiety perhaps reflects the prejudice that many men who have sex with men in Nepal experience in their lives, meaning that for them the idea of speaking to a stranger or a person not of their sexual orientation about their sexual lives was an unfamiliar, indeed worrying prospect. Research work with in such circumstances, if conducted by 'outside' research agencies, generally requires a considerable amount of time spent in rapport and trust building. The time frame of this research project did not allow for this.

After some discussion between the various parties involved it was decided that in the circumstances it would be more appropriate to recruit men who have sex with men as field researchers. Such a participatory approach presented a number of opportunities and challenges.

The greatest advantage of the participatory approach was that it involved men who have sex with men directly in the research process. This is in keeping with FHI policy directives to include men who have sex with men as active agents within male-to-male sexual health research and intervention. In terms of the research project undertaken, the participation of men who have sex with men as researchers allowed for direct access to the target population. The need to spend an extended period of time in rapport building was reduced, as the researchers were already familiar with the social world under investigation. Given the apprehension about speaking to researchers amongst many men who have sex with men in Kathmandu employing researchers who could relate personally to the social problems of their interviewees assuaged some of this anxiety and allowed for more relaxed and intimate interviews.

This was especially important given that we were conducting a rapid ethnography. Such a research process, because it is speedy, necessarily prioritizes respondent's initial spoken accounts over and above more extensive observation and in-depth interviewing over a long period of time (Lambert 1998). Whilst a lot can be learnt from rapid research it can be particularly problematic when the social world under investigation is characterized by secrecy and an unwillingness to discuss issues. Reticence to speak is likely to make initial verbal accounts unreliable indicators of respondent's feelings, experiences and activities.

The anxiety about the research amongst men who have sex with men in Kathmandu is a telling reflection of how men who have sex with men maintain secrecy in their lives and is perhaps the most compelling reason for adopting a participatory research method. If men who have sex with men say that they do not want to talk to 'outside' researcher, why should they? Research methodology should be sensitive to the broader social prejudices that such a stipulation signifies. It would be unreasonable to expect attitudes of this kind to alter easily without significant changes in the broader social attitude towards men who have sex with men in Nepal.

Social prejudice, ignorance that sex between men exists and the accompanying fear, low self-esteem and secrecy that such attitudes engender amongst men who have sex with men all serve to compound the invisibility of male to male sexuality in Nepal. As discussed above, this invisibility has augmented the impression that sex between men is insignificant to HIV transmission in Nepal. This research project is not able to offer quantitative evidence to counter such a notion. Nonetheless the participatory ethnography has at least been able to disrupt the perception that male-to-male sex is peripheral to Nepalese society. By employing researchers for whom sexual attraction towards men is a significant aspect of their worldview the research was framed in reference to the life experiences of men for whom sexual orientation to men is essential to their being. The men who conducted the research did not see male-to-male sex as peripheral in Kathmandu and elsewhere in Nepal but as central, at least to their lives. The experiences of many of these men is such that they have observed first hand how many men from across the social spectrum in Nepal have sex with other men but do so in secrecy, hence maintaining the impression that male to male sex is a socially marginal activity. It is clearly beyond the scope of this research project to document in detail all the hidden multifarious hidden aspects of male-to-male sexual life in Nepal and to use this as a basis to offer definitive estimates of the role of male-to-male sex in HIV transmission. However the methodology adopted at least challenges preconceived notions that sex between men is of marginal significance to HIV/AIDS and sexual health in Nepal.

Whilst the above components of the research methodology presented opportunities there were nevertheless a number of more exigent aspects. The insistence that men who have sex with men conduct the interviews presented a number of challenges. On one hand this stipulation was an indication that there is a vocal and healthily opinionated group of men who have sex with men in Kathmandu, who took an active interest in the research and had clear ideas as to how it ought to proceed. This could be an asset in future work with this population. However, from another point of view the stipulations of these men may be interpreted as somewhat tyrannical. This was initially manifest in the first days of the research project as it became apparent that the proposed collaboration with CREHPA would not be viable, since many men who have sex with men said that they would not participate in the research under such circumstances. As discussed this stipulation was eventually accommodated into the research design and may be perceived as an egalitarian component of a participatory research process, allowing the community under investigation to prioritize their own needs and expectations (Nelson & Wright 1995).

However as the research progressed it also became apparent to me that the most vocal people making such methodological stipulations comprised a small, socially powerful component of the population of men who have sex with men in Nepal. In some ways it appeared that The Blue Diamond Society and the field-workers employed for the research had to seek approval from these community leaders, through fear that they might otherwise disrupt the research. This was a revealing insight into aspects of the power dynamics amongst men who have sex with men in Kathmandu. It also suggested that components of the participatory research process were to some extent being controlled by community elites, who purported to speak for the majority of men who have sex with men in Kathmandu. I am not in a position to draw definitive conclusions about these power dynamics. My observations in this regard are circumspect. It is likely that the stipulation that men who have sex with men be employed as researchers was based on an accurate assessment of how many men who have sex with men in Kathmandu would feel about being interviewed. I myself felt the same thing, although I was not explicitly exposed to the attitudes of these community opinion shapers. Nevertheless it should be noted that it is problematic to allow a powerful minority to determine the parameters of participation for the majority. This is especially so given the heterogeneity of men who have sex with men in Nepal. Many, perhaps the majority of these men do not belong to communities and have no forum to share their opinions. For a research process to be truly participatory the opinions of this constituency of men will need to be sought and the attitudes of community leaders debated. This would most likely be an extended process.

The employment of men who have sex with men as researchers meant recruiting men with no previous research experience. This meant that the researchers were quite unsure about their abilities and required a considerable amount of guidance. The time frame of the research precluded an extended period of training and the researchers were required in large part to develop their skills on the job. The researchers were given interview and participant observation guidelines, which they themselves were involved in developing. The researchers were also asked to record their personal reflections on the research process, as an aid to developing their understanding of their work. Regular meetings were held during the research process in order to give time for the researchers to talk about what they were doing. I also accompanied the researchers to the field on a frequent basis. The direct assistance I could offer here was restricted. Most interviews were conducted in Nepali, a language I do not speak. Thus the interviewers had to interpret their interviews for me. This reduced spontaneity, which made it difficult to give guidance on the interviewer's research technique. Nevertheless I was able to observe that the researchers achieved an easy and relaxed rapport with most of the people who they interviewed or interacted with more informally.

The outcome of the interviews was that they tended to concentrate on some issues at the expense of others. There was generally a more in-depth focus on the themes of feelings, the characteristics of cruising areas, harassment and sexual life whilst there was less detailed discussion of sexual health and HIV/AIDS, although important and interesting insights on these issues were documented. This was to some extent a reflection of the priorities in respondent's lives. It was also most likely a consequence of the researchers' lack of familiarity with talking about HIV and sexual health, meaning that they felt less able to direct discussion on these issues, despite the interview protocols containing guiding questions on these themes. This concern was addressed to some extent by holding a weekend workshop of HIV/AIDS and fieldwork training for men who have sex with men. However it was only possible to schedule this midway through the fieldwork period. A more extended period of training on these issues and their relation to research of this kind would give community researchers the skills to ask more detailed and exploratory questions about HIV and sexual health in future research.

Perhaps the most challenging aspect of the participatory research concerned variant perceptions concerning whom the research was for. Many of the men who have sex with men in Kathmandu who participated in the research appropriated the project as their own. This has been a rewarding outcome and has contributed towards the development of The Blue Diamond Society as an increased number of men have become involved in the organization via this research process. However the popular enthusiasm for the research also engendered suspicion of the other agencies involved. Many men who have sex with men in Kathmandu have little or no understanding of the public health sector and were skeptical of the motives of FHI and CREHPA. It may be fruitful for a future participatory research project of this kind to include a consultation between the parties involved, including men who have sex with men from the networks and communities of Nepal, as a means to foster further collaboration.

Sampling

A snowball sampling method was used. Initial contacts were made in cruising areas and through the social networks of the men recruited to carry out the research. Initial informants were asked to nominate others who they felt would be willing to participate in the research. The number of contacts made expanded quite rapidly using this method. The fieldworkers were also asked to try to access a social cross section of men in terms of age, marital status, sexual self-perception, ethnicity and social economic background.

Ethics

Much recent literature in the social sciences has discussed the ethics of sex research, especially in regard to the sexual participation of researchers (Warren & Hackney 2000). These issues are especially pertinent to community research of the kind discussed here, as the people conducting the research are themselves members of the sexual milieu under investigation. It can be awkward for researchers to manage the different roles involved, especially when the imperatives of professional emotional boundaries within community work are engaged.

The position adopted for this project was that whilst conducting research the fieldworkers were required to abstain from sexual activity and to clarify this stance with the men who they spoke to. This could be problematic because some of the situations the researchers were required to investigate were inevitably compromising. Standing around in public toilets where men who have sex with men gather whilst maintaining a celibate stance requires a delicate positioning of self, especially as such a stance is likely to engender confusion and even mistrust amongst the men congregating there, given anxiety about harassment and arrest. The researcher's familiarity with the social world of men who have sex with men was such that they were aware of the difficulties the research was likely to generate and were in large part well able to negotiate the ambiguities of their role.

Methods

The specific methods employed in the research were as follows:

Participant observation in cruising areas

Participant Observation in cruising areas was used as a means via which to meet men who have sex with men from the networks and nascent communities in Kathmandu. Some preliminary contacts and rapport building had already taken place, via the work of The Blue Diamond Society. The researchers also used their familiarity with some cruising areas in Kathmandu as a foundation for observation work.

Informal one to one and group discussions held during the course of participant observation were used as a means to explore the research questions with men attending cruising areas. The researchers used interview and informal discussion guidelines for this work. These guidelines were developed during consultations between the researchers, CREHPA and myself.

Participant Observation was also used to explore the social dynamics of cruising areas. This included:

- investigating how cruising activities between men take place in different localities
- exploring the different times of day when different cruising areas are busy
- finding out about where actual sexual activity occurs
- considering the lack of safe sexual space in cruising areas and the consequences of this for safer sexual activity and sexual health

- examining the nature of any violence or harassment affecting men who have sex with men in different cruising areas

The fieldworkers recorded field notes about cruising areas in their research diaries and these notes were used as a basis for reflexive participant observation reports submitted by fieldworkers. Guidelines for these reports were also developed.

Mapping of cruising areas and other locations where men who have sex with men meet

Much socio-sexual activity between men who have sex with men appears to take place within cruising areas. The research was used to develop a map of cruising sites in Kathmandu. However it is misleading to conceptualize male-to-male social sexual activity as being contained within these areas alone. Whilst cruising areas may be social hubs it has been found elsewhere (e.g. in many Indian cities) that a lot of social sexual contact between men may take place almost anywhere. Discussions during the course of participant observation were used to explore this issue.

We explored all the cruising areas we were able to identify during the first week of the study. During the second week of fieldwork we concentrated on some of the cruising areas which appeared to have the highest density of men who have sex with men. However decisions as to where to focus work were shaped by security concerns. Harassment is common in cruising areas at the best of times and the uncertainty surrounding the state of emergency was such that some cruising areas seemed particularly unsafe. Thus for instance whilst Pashupati was seen to be a popular and busy cruising area during the first week of the study, this cruising area's proximity to an army barracks is such that it was felt unwise to conduct fieldwork there during the state of emergency.

Participant Observation in 'other locations'

Whilst the ethnographic research was principally located in cruising areas, additional participant observation was conducted in some areas which are not popularly designated as cruising areas as such but which are purportedly locations in which male to male social and sexual activities occur. Participant observation conducted in such locations was more difficult than participant observation carried out in cruising areas due to the common invisibility of male-to-male social sexual activity in such places. Nonetheless some preliminary investigations were possible during the time frame of the field research.

Interviews with key informants

One to one interviews were conducted with key informants. Interviews were based on the interview guidelines and generally focused on detailed personal accounts, exploring issues concerning sexual feelings, self-esteem, sexual activity, relationships, HIV and sexual health. We aimed to interview men representing a cross section in terms of the sampling criteria.

The interviews also explored the needs for community work and health service provision identified by men who have sex with men. Training needs in this regard were discussed with men who expressed an active interest in participating in future work of this kind.

Group work

A workshop on the sexual health issues and outreach training needs of men who have sex with men was organized during the research period. This was funded by UNAIDS/Nepal in collaboration with The Blue Diamond Society, who organized the workshop. I acted as consultant on this workshop as a component of this research project and was able to incorporate many of the concerns of the research within the discussion groups and activities carried out

The aim of the workshop was to gather together men from amongst the nascent communities and networks of men who have sex with men in Kathmandu and to begin a process of outreach training and self-exploration. Issues covered in the first workshop included knowledge of HIV/AIDS and sexual health, sexuality, fieldwork skills and social and legal issues. It is envisaged that a series of trainings of this kind will ultimately enable the participants to develop skills such that they may eventually work as community outreach workers for men who

have sex with men in Kathmandu and elsewhere Nepal. The workshop was attended by 25 men who have sex with men. The activities were as follows:

Understanding HIV

A true or false game was employed. Participants were divided into two groups, each with a facilitator. They were given a list of statements about HIV, AIDS, safer sex and sexual health. Each statement was read out and discussed in the group and the group members had to decide whether each statement was true or false, or whether they were unsure. Once a consensus was reached each statement was affixed to a piece of chart paper under the appropriate true or false heading. The aim of the game was to explore participants understandings of HIV/AIDS whilst also generating discussion, especially concerning some of the ambiguities in knowledge around HIV, for instance in regard to the safety of oral sex.

After the first group discussions each group then presented their true and false chart to the other group for a discussion concerning the issues raised. Any obvious errors in understanding were explored and clarified by the participants and facilitators whilst opinions on issues were shared and any anxieties generated by the information presented were discussed.

Current difficulties, social and legal problems facing men who have sex with men

Each of two groups was given a marker and newsprint. They were asked to discuss the social and legal problems faced by men who have sex with men. Group members were encouraged to share their personal experiences to the extent that they felt comfortable with. Issues raised by the discussion were written on newsprint and the ideas were then presented to the larger group as a basis for discussion. The aim of this activity was to explore social problems experienced by men who have sex with men within a conversational environment where the participants could reflect on their personal issues within a broader thematic context.

Safer Sex

A discussion with all participants was held in order to clarify issues discussed earlier in the workshop concerning safer sex. Question used to structure the discussion were:

- What is safer sex?
- What sorts of sex can people have that do not require a condom?
- How safe is oral sex?
- Where can people have sex in privacy?
- How does a lack of private space for sex affect the capacity to have safer sex?
- How do issues relating to self-esteem in relation to ones sexuality affect the capacity to have safer sex?

We also looked at some different examples of safer sex information leaflets and participants were asked to comment on the information contained and the style of presentation.

How to put on a Condom

Condoms and lubricant were distributed amongst participants. Facilitators from amongst the group used a dildo to demonstrate the appropriate way to put on a condom and use lubricant. Participants were then asked whether they wanted to try this activity. Those who wanted to did so.

Problems in using condoms

A facilitated group discussion was used to explore problems in using condoms. The issues around using condoms of appropriate tensile strength for anal sex in conjunction with lubricants were discussed, especially in relation to the general lack of such products being commercially available in Nepal. The aim was to generate

awareness of the issues and to consider barriers to implementing safer sex strategies in our own sex lives. This introduced the theme of personal sexual well being whilst generating discussion concerning how to address these issues with other men in the course of both outreach work and ones own sex experiences.

Condom use activity and discussion

The larger group again divided in two. This activity was a race. A condom was placed at the front with a banana. The groups were asked to stand in a line. Each member of the group had to run from the starting point to the banana put on the condom and then roll it off. Then he had to run back and tag the next member of his group to do the same. If the condom breaks then a new one had to be used. This game was followed by further discussion about issues involved in condom use.

Sexuality and Sexual Language

This was a group exercise covering attitudes towards sex and sexuality and exploring the relationship between sexual talk and sexual activity. The activity involved a brainstorming exercise on the different terms used by men who have sex with men to talk about sexual identity, sexual feelings and sexual activity. Initially the emphasis was on the different terms popularly used to classify different 'types' of men who have sex with men in Kathmandu/Nepal. Once the core vocabulary was identified the group was divided into two and each group had to draw cards with a different column for each category of men. Groups were then given character and sexual behavioural profiles of different men. They were requested to discuss amongst themselves which category each character belongs too. As in real life each character had a variety of characteristics such that he could not be easily classified. The aim of the exercise was to encourage the participants to explore the fluidity of sexual experience and feeling within their own social world. This is a key issue in considering sexual behavior change and the promotion of safer sex, which entails encouraging people to think about their sexual lives in new and creative ways. This issue is discussed more fully in the sections 'classifications and sexual roles of men who have sex with men' in the findings section below.

Community needs and capacity

This discussion exercise focused on the needs that men who have sex with men identify for themselves and the solutions proposed. Discussion of needs explored issues concerning support from the government and NGO's as well as broader social issues such as family, friends, social attitudes and the structural issues which impact upon the lives of men who have sex with men.

Findings

Classifications and sexual roles of men who have sex with men

The popular discourses framing male-to-male sexual life in Kathmandu bear a marked similarity to those documented elsewhere in South Asia. The most visible population of men who have sex with men (and the most strongly represented in this research) are the *meti*, these being akin to the *kothis* who have been described in literature on male-to-male sexuality in India and Bangladesh (Khan 1996, Dowsett 1999). The popular cultural archetype for *meti* is that they orient their sexual subjectivity around a feminine sensibility and an attraction towards masculine, nominally 'heterosexual' men, who are termed *ta* within *meti* argot. In certain social contexts such as cruising areas *metis* often adopt female names and refer to each other using feminine pronouns, although these are used interchangeably with *meti*'s given male names. On certain occasions (such as parties or whilst working as dancers) some *meti* wear female attire, often in an exaggerated form involving heavy facial make up and brightly colored clothing. However this attribute is not common to all *meti*. At other times *metis* wear conventionally masculine clothes and may appear as more 'conventional' men, at least to those who are uninitiated into their sexual culture.

As mentioned many *metis* use a distinctive argot based on Nepali but involving a significant number of linguistic variations and alterations in the meanings of common words. This vernacular is most commonly used in cruising areas and functions as an important conduit of group cohesion as well as facilitating coded communication. This language allows for discreet but often ribald discussion about sex, loves and desire and could be well utilized in developing health promotion materials targeted at *metis*. The Blue Diamond Society is currently producing a glossary of terms for this purpose.

The word *meti* derives from a term meaning ‘a person who quenches a thirst,’ in reference to the idea that the role of *meti* is to satiate men’s desires. The term *meta* has the same meaning but implies a male who quenches someone’s thirst. *Meti* has more feminine overtones and thus the use of the term signifies the conflation of ideas about feminine subjectivity and sexual role. Noting the reification of these attributes is important in regard to culturally sensitive behavior change communication since the *meti* sexual/gender archetype actually carries prescriptive ideas about sexual activity. Many *meti* describe that their sexual role as the person who satiates means being penetrated in the anus and giving oral sex. At the same time many *meti* try to avoid having men touch their genitalia as they do not want physical attributes which designated their masculine sexuality to be involved in sexual activity, as one *meti* interviewee accounts:

I get aroused if I have sex with a really handsome man. I usually have sex with my wife on these days. This is also because I want to ejaculate but I am not able to when I have sex with men. I don't usually ejaculate. This is a typical characteristic of Meti, not to have their male partners touch their penis or bring them to ejaculation. To ejaculate and have an orgasm I masturbate or have sex with my wife.

The scenario outlined here presents a number of sexual behavior and health issues. The limited sexual range *meti* stereotypically ascribe for themselves places a heightened emphasis on penetration in the anus. This increases the risk of infection with HIV and other STI’s, whilst the prescriptive cultural emphasis on *metis* being penetrated in the anus apparently reduces the scope for sexual behavior change and safer sex promotion. To some extent this archetype breaks down on closer examination, as I discuss below. Firstly though it is also noteworthy in the above anecdote that the interviewee is married and has sex with his wife as a means to achieve orgasm, as opposed to having this with men. This may be a common pattern of sexual behavior. Certainly it is a notable finding of this research project that a high percentage of *meti* identified men in Kathmandu are married and have children. This indicates that the HIV and sexual health issues associated with male-to-male sex ought not to be thought of as contained within a sub-population of men who have sex with men. Many men who have sex with men have sex with women too and this is not only true of the nominally ‘heterosexual’ *ta* but also of *meti*. The suggestion is that the cultural norms associated with marriage and men’s sex outside marriage in Nepalese culture are able to accommodate a range of sexual activities, including sex with men. This bears a striking resemblance to findings from elsewhere in South Asia. As regards *metis* it is significant that whilst many *metis* attribute emotional tension and unhappiness to their marriage they are able to accommodate marriage within a sexual life which involves a feminine sexual subjectivity in relation to other men. Exploration of these issues should be a key theme for future research. This should not only address the emotional consequences and sexual health issues for women, but also explore the scope offered for discussion about sexuality with *metis* which resists stereotypical classifications and addresses aspects of sexual life which disrupt the archetypal paradigms prescribing their male-to-male sexual roles. As noted above this may be a key feature to an effective safer sex promotion program.

Publicly most *meti* purport that they do not have sexual relationships with other *meti*, as this would be incompatible within the gendered framework around which they construct their sexuality. Such sexual activity is referred to in *meti* patois as *jhyamta bajaune*, translated into English (somewhat ridiculously) as a ‘clash of thin dangly things²’ in reference to the idea of two *meti*’s pubic hair and penises meeting incompatibly. The phrase signifies that such a sexual union is perceived as distasteful. The metaphor of the ‘dangly thing’ is used in allusion to the archetypal perception amongst *metis* that their own penises are (or ought to be) smaller than those of *ta*, whose masculine (‘heterosexual’) virility is popularly perceived to be signified by the large size of their penis. Thus the phrase *jhyamta bajane* implies that if two *metis* have sex their two small penises are

² *Jhyamta* is Nepali word used to refer to anything thin that dangles or moves around, such as weeds in a pond, noodles in soup, pieces of spinach in soup, wires, or ratted hair. There is no ready translation for this term in English and although ‘dangly thing’ is somewhat crass it conveys well the character of the Nepali term.

meeting, or that their penises are so small that they merge into their pubic hair. (This characterisation of *meti* is also signified by the use of the term *jhyamti* amongst *metis* as another term to describe themselves. *Jhyamti* means ‘person with a small dangly thing’).

The distaste for sexual contact between *metis* and the popular term used to describe this again signifies the aversion to the idea of *meti*'s genitalia being involved in sex. However the existence of a cultural term to designate such sexual taboos suggests that in fact *metis* do have sex with one another and that their genitalia are a part of their sexual activities, and indeed the research supports such suppositions.

Many *meti* talk about having had sex with other *meti* who were new to the ‘scene.’ At this time a new man is an unknown quantity and as such he is not readily designated by any popular sexual category. As a man becomes more habituated to the male-to-male sexual scene his behavioural and physical attributes are likely to be identified by other men who designate him according to popular terminology. Thus a man who becomes more socially involved with *metis* may be designated or come to call himself *meti*, even if he was previously perceived to be more masculine. This is a source of humour and tension amongst *metis* who often find themselves in the position of having had sex with a *meti* before that man had ‘become’ *meti*, so to speak. A man may also be popularly called *meti* if he is known to enjoy anal penetration, even if he is not a part of the social networks of other *metis*. A man perceived to have a small penis might be similarly popularly designated. In these later examples *meti* is less likely to be a term of sexual self-identification but more likely a term used to refer to other men by self identified *metis*. (The use of the term *meti* in this way is somewhat derogatory and signifies how many *metis* and other men who have sex with men have quite negative ideas about their own sexual orientation, an issue discussed further below). It is notable then that there is considerable slippage in the use of the word *meti*. In such circumstances, where the boundaries of popular sexual categorization and sexual role are far from definitive, it is not uncommon in Kathmandu for *meti* to have sex with one another. This applies to self-identified *metis* too. Older (in this sample aged over 40) self identified *metis* in particular spoke about having sex with one another as they found it harder to find sexual partners. However anecdotal evidence suggests that younger self-identified *metis* also have sex with one another. Exploring this aspect of *meti*'s sexual behaviour further will present another opportunity for addressing safer sex issues.

Given that the sexual subjectivities of *metis* appear as more fluid than conveyed by popular stereotypes it is perhaps hardly surprising to find that their sexual roles are also more variable. This is not to say that the norm of being penetrated in the anus does not exert a considerable influence on *meti*'s sexual activities. Many *metis* who were interviewed identified this as their preferred sexual role. Given the prevalence of inconsistent condom use and poor knowledge about lubricants, anal sex is likely to present the biggest HIV and sexual health risk to *metis*, as illustrated by one account:

We had anal sex for more than one hour. I also had bleeding. I also had feeling of itching. I take medicine when I have such problem nowadays. After that I had anal sex with a lot of people, not less than 500 times.

Nevertheless it is also a notable finding of the research that many *metis* talked about sexual decision making in regard to anal sex, with some *meti* choosing to have anal sex only with men whom they found particularly attractive. In these circumstances other sexual activities such as oral sex and mutual masturbation were more likely to enter *meti*'s sexual repertoire. Exploring sexual decision making and emphasising those aspects of sexual life where *metis* take pleasure from acts other than anal penetration ought to be a key component of any sexual health intervention with this population.

The popular archetype of *ta* refers to the stereotypical sexual partners of *metis*. *Ta* are akin to the *parikh* or *panthi* documented elsewhere in South Asia and are conceptualized as conventionally masculine men, either because they do not display feminine characteristics and do socialise with *meti* or because of their perceived preference to take the penetrative role in anal sex. *Ta* are popularly conceptualized by *meti* as heterosexual, because of their apparent sexual preference for femininized male sex partners.

It is notable in Kathmandu that some men designated as *ta* do spend social time with *metis*. This has not commonly been found in other parts of South Asia and the development of sexual health promotion work with

this population has suffered as a result. The more common social mixing between *ta* and *meti* in Kathmandu will be a considerable asset to the development of male-to-male sexual health interventions in Nepal.

It is also notable from talking to *ta* that many of these men feel restricted by the sex role typecasting designated to them, usually by *meti*. They pointed out that they do not only enjoy penetrating their male sexual partners but often felt compelled to live up to popular stereotypes. Again exploring this issue and the potential for sexual malleability it signifies should be a key feature of future safer sex promotion work with *ta*. It will be important to emphasise the sexual health risks associated with adopting the role of anal penetrator (often not discussed in health promotion literature) as well as considering that *ta* may experience sexual health risks related to other, less readily acknowledged aspects of their sexual lives.

The category of *dohori* is a Nepali equivalent to the *duplis* or *double deckers* found elsewhere in South Asia. The term, translated as 'both ways,' is used to refer to men who are perceived to or identify themselves as enjoying both insertive and receptive anal sex. Other phrases in English such as, 'top bottom person' or 'both sex performer' are also sometimes used amongst men who have sex with men in Kathmandu to describe this sexual modality. Such phrases provide a discursive framing for some of the fluidity of sexual experience described above. *Dohori* is not commonly used to dignify a particular category of men who have sex with men in the way that *meti* and *ta* are popularly utilized. Some men may employ the phrase in this way but *dohori* is more commonly used to designate someone who is seen to enjoy insertive and penetrative anal sex but who on other occasions, because of particular personality traits, is identified as *meti* or *ta*.

Finally it should be noted that the word *gay* is used by some men who have sex with men in Kathmandu. The number of *gay identified* men in Kathmandu, who use this term as their primary signifier of sexual subjectivity, is a minority, generally comprising those men who have had exposure to western education. These men are rarely found in cruising areas and are often not part of the social networks of *metis*. Indeed some of the *gay identified* respondents in this research found being with *metis* embarrassing, as they find *meti's* overtly sexualised and feminine behaviour to be embarrassing:

I do not go to Ratna Park (a cruising area) very often because I do not like the men who go there. I find the atmosphere 'bitchy'.

The word *gay* is sometimes used by other men who have sex with men in Kathmandu, including *metis*, as a means of self identification, usually in the noun form 'I am a gay' as opposed to the common western verb form 'I am gay.' My own interpretation is that this usage signifies common South Asian concepts of self as somatically entwined within the social, the bodily and the emotional. Thus ones sexual feelings and sexual activities signify who one is in a way that has some distinctions from 'western' understandings of self. In this way, for example, a person can be identified as a *meti* because of a preference for a particular type of sexual behaviour. The inference is different from the inflection of western sexual terminology. The western use of *gay* for instance, although more indicative of social and political affiliations is more popularly perceived to describe a sexual sensibility. Prolonged analysis of these issues is beyond the scope of this report and ought to be fully explored in further research. My aim here is to indicate that the use of the word *gay* in Kathmandu should not simply be taken as an aspect of western acculturation. Rather the uptake of the term may in fact reveal subtle, locally specific understandings of sexual self.

To summarise, indications are that whilst popular classifications and associated sex roles exert a considerable influencing in shaping male-to-male sexual life in Kathmandu, evidence also suggests that there is significant slippage in the way these archetypes frame male-to-male sexual life. It will be important to explore this issue further in future research. It may also prove fruitful to consider other aspects of the life world's of men who have sex with men through which they understand their sexuality. My own research with men who have sex with men in Calcutta for example has focused on popular understandings of sexual self in reference to popular Hinduism, folk-beliefs and contemporary narratives. Discussion of similar themes with men who have sex with men in Nepal may well yield findings that will assist in the development of culturally sensitive and effective health promotion strategies.

Cruising areas and sexual networks

The research has documented that there are approximately twelve core cruising areas where men who have sex with men meet within Kathmandu, although this finding is preliminary. In addition to these focal points of cruising activity it is important to recognize that any public space may be a place where men who have sex with men meet, either as friends or as potential sexual partners.

The core cruising areas in Kathmandu identified by this research are:

- Ratna Park
- Pashupati
- Bishal Bazar super market
- The new bus station
- The old bus station
- Durbar square
- Durbar square Patan
- Durbar square Bhaktapur
- Tribhuvan university gardens
- Naag Pokkheri
- Thamel
- Sundhara

Some of these cruising areas appear to be busier than others. Ratna Park, being located in the centre of the city and next to a main bus station appears to be one of the most frequented cruising areas in Kathmandu. A field observation by one of the researchers neatly summarizes something of the social dynamics of the park:

We headed towards Ratna Park around 3'0 clock in the afternoon. From 3'0 clock till 7'0 clock in the evening, we came across around 21 gays inside the park and in the public toilet nearby. Two of them were foreigners, one was an Indian and the other one was French. Most of the gays were from outside the valley. We talked to many of them. Around 50 to 60 gays come to Ratna Park and the public toilet every day from morning till night. Five to ten partners also come here to search for gays for sex. When they meet then they go to a place where both of them feel secure to have sex.

Ratna Park is visited by men who have sex with men throughout the day. It is a place where men who have sex with men socialize as well as have sex. Social activities are in many ways indistinguishable from the social activities of other men in the park. However for those men familiar with the male-to-male sexual 'scene' in the park it becomes relatively easy to recognize other men who have sex with men. Ratna Park was identified by some men as a place where they could find solace and a sense of belonging. As one respondent put it:

This is a place I come to when I want to make a connection, when I am feeling down.

Sexual activity in Ratna Park generally takes place in the public toilet, located on one side of the park. It was common for many men to describe having had sex there. Outreach workers made observations in this toilet, although it was difficult to talk with men there. Such venues are not characterized by conversation:

We reached the public toilet of Ratna Park exactly at 4 p.m. I went inside the toilet to observe the activities there. I saw three old gays and one new one who were in search of partners. They were pretending to piss and were in search of partners. They went outside after a while. There were four to five gays loitering outside but we were unable to talk to any of them.

There is also another public toilet, outside Ratna Park, located nearby to the park's back wall. This is another popular sex venue for men visiting Ratna park and outreach workers made similar observations in this toilet. However sexual activities also take place elsewhere in the park, under cover of darkness, as one interviewee accounts:

I was sitting in Ratna Park. One guy aged around 25 years came towards me and sat next to me. He smiled at me and asked me about where I lived and what I was doing. I answered him in a straight way. Then he placed his hands on my thighs. I was not aware of anything until then. After around four to five minutes, he took his hands to my penis and I did not react. He started stroking my penis, took it out and stroked it again. My penis was erect by then. Then he took my penis inside his mouth while stroking it. He sucked it and I too enjoyed that. It was already dark by then and we were in a safe place so we did not fear about being seen by people.

The interviewee continues:

That was the first experience of my life so I was shocked. I told you earlier that I had heard about these gays before also. But that was the first time I had seen and experienced something like that. I enjoyed that day. It was a new kind of experience and I was a little shocked also. After four months, I met two more gays and had sex with them. I enjoyed with them also. I think I have got habituated now and go to look out for them around Ratna Park area.

The account given here also typifies how many men appear to be introduced to the male-to-male sex scene of the park, often unknowingly, through a chance encounter. Ratna Park is centrally located next to a transport hub. It is a place where many people spend time. It is also place where many men know they can look for sex with other men. Amidst the crowd some men stumble into sexual encounters with other men. This may account for the seemingly high number of men from outside the Kathmandu valley who visit Ratna Park, a reflection of the general diversity of people found in the area. As such Ratna Park is a key health promotion intervention site for work with men who have sex with men. The intersection of male to male social and sexual activities which converge in this part of Kathmandu involve men who come from across Nepal and indeed some men from outside the country. The following account conveys something of this:

I came here for the first time five years ago. I did not know that we could meet gays and partners here. I knew about this from the day I came here. I have had sex with one or two of them back in my village. I thought that I was the only one (gay) in this whole world [...] it was only after coming to this park that I came to know there were other people like me. I got relieved then. After coming to this park, I have met around fifteen to twenty partners and had sex with them.

Developing research and health intervention via the male-to-male sexual networks which traverse Ratna Park may facilitate access to the social and sexual milieu of male-to-male sexuality in other parts of the country. This will also facilitate exploration of the male-to-male sexual health issues related to the rapid escalation in the rate of men migrating to the Kathmandu valley from outlying areas of Nepal.

The fields and wooded areas around Pashupati are another popular cruising site in Kathmandu. The site appears to be a popular and crowded cruising area; it's location next to a temple making it another point of social convergence for many people. Men socialize in this locality as well as have sex, often within the denser wooded areas or in the public toilet located in one of the fields. One respondent who spent most of his time cruising in Pashupati reported that he had sex with an average of three men there a day. Reportedly soldiers from the barracks in Pashupati are regularly involved in male-to-male sex, but given the caution about investigating this more thoroughly during the research period findings in this regard remain circumspect.

Another transport nucleus, the new Bus Park, is also a popular cruising area, although seemingly less active than Ratna Park and Pashupati. It was more difficult for field-workers to locate men who have sex with men in this locality:

We were in the New Bus Park of Balaju, Kathmandu on 22nd November. We reached there around 2'0 clock as per our plan. We directly went inside the booking counter and began to observe the people there. It was very difficult to find out and take an interview because every one was rushing and searching for their buses. We looked at every corner but it was in vain. One of my friends went inside the public toilet but did not find anyone inside. We again roamed around in different ways. People in the booking counter began inquiring about whether we were traveling to Pokhara, Dharan etc. At last

around 4:30 p.m., we went to the left side of the bus park near river Bishnu-mati. There, we saw a boy peeing and his penis was in a fully erected form. He was looking at others' penis and behaved like masturbating to attract other guys' attention. I stood near him and peed. He was constantly staring at my penis. I knew about him then and tried to talk to him. But he got worried and did not talk to me. I thought he was a gay and was in search of a partner at that moment.

The observation continues:

There is an open place on the left side of the Bus Park where buses are parked in a queue. There is the Bishnumati River just behind that place. I think there isn't any chance of looking at people's penises inside the public toilet because a big wall/block has been erected. So a suitable place to look and select their partners was outside. We saw more than 5 gays roaming here and there sometimes giving some lifts to us also. When we tried to talk, they ignored and ran away smiling.

Indications are that the new Bus Park may well be an important outreach site but an extended period of time will need to be spent building rapport with men who have sex with men in this area.

The other cruising areas explored during this research share similar characteristics to those discussed in detail above. Bishal Bazar super market is a space where people in general socialize. However the men's toilet on the second floor is well known as a sex site. Similarly Durbar Square (Kathmandu) is a busy environment with many people passing through. Some hotels near this area are known to rent out rooms to men on an hourly basis, implicitly for the purpose of sexual liaisons. Additionally one key respondent identified Durbar Square as a location where some tourist meet boys (aged 6 upwards) living on the street and pay them to have sex. Thamel is similarly an area with a high density of tourists and many respondents identified this as a location where they have meet and had sex with foreign men. Some bars in Thamel are particularly popular with men who have sex with men. Also many of the massage parlours operating in this area are known to offer commercial male-to-male sex. The gardens of Tribhuvan University are known as a popular cruising area, especially with students.

Indications are then that there are a number of active cruising areas dispersed around Kathmandu, all of which warrant further investigation. However it should also be recognized that men who have sex with men socialize and meet lovers in places other than cruising areas, as one respondent pointed out:

This is not the only place where we meet partners. We meet them on the road sometimes.

Whilst cruising areas are significant focal points of male-to-male social sexual life an effective health promotion and outreach work strategy ought to be mindful of male-to-male sexual activity throughout Kathmandu and beyond. This is especially important given the population flow in and out of the city. This not only involves movement around the country but patterns of migration beyond the national borders of Nepal. Many men participating in the research had been to India at one time or another, either for work or holidays, common destinations being neighboring Indian states such as West Bengal and Bihar as well as cities such as Delhi, Mumbai and Calcutta and pilgrimage sites such as Benares. Many men reported having had male sexual partners in these localities.

Other men had worked abroad in the Gulf States and it was common for men to talk about having had a high number of male sexual partners whilst living overseas. Additionally the popularity of Kathmandu as a tourist venue is significant. Many Nepali men who have sex with men in Kathmandu have talked about having sex with foreigners, sometimes in cruising areas but more commonly after meeting men on the street or in bars and then going to their hotel rooms.

It is evident that the sexual networks traversing Kathmandu cannot simply be charted onto a geographical map. Whilst knowing about the places in the city where men who have sex with men meet and have sex is vital it is also imperative to recognize that the sexual topography of the city eludes any definitive schematic. In a city such as Kathmandu male-to-male sexual life thrives amidst the anonymity of urban space whilst the connecting landscapes of sexual activity extend beyond the perimeters of the city and indeed the country.

Prejudice, harassment and vulnerability

Most of the men who have sex with men who participated in the research were able to identify specific incidents of harassment in their lives coupled with a more ubiquitous presence of social discrimination experienced on a daily basis. This prejudice was most prevalently experienced by men with an overtly feminine demeanor, many of whom reported that they are often called names, such as ‘chhakas’ or ‘hijras’³ whilst walking in the street, as one respondent recounted:

Since I am somewhat like a girl, some people tease me. Some of them tease me in an affectionate way while some tease me in an offensive manner. I get hurt when they tease me like that and I even fight with them sometimes. This is the reason why I feel miserable about my fate. 'Either I should have been a proper girl or a boy, why have I been born this way?' I feel like crying when I think of this. I am very sad being born as a gay.

The men who participated in the research felt these social prejudices acutely and it was evident that for many these social stigmas served to compound negative self-perceptions. Thus for instance a number of men talked about themselves as being in some way afflicted, diseased and as the ‘lowest of the low’ in society. It is also notable in the above account that respondent identifies himself as ‘like a girl,’ and that this is a source of self-loathing. As discussed, this is a common self-perception of many men who have sex with men in Kathmandu, especially amongst those who classify themselves as *meti*. The lack of a prevalent social framework for locating same sex sexual attraction in Nepal and the sense of gender dissonance this begets is a significant contributor toward low self-esteem for many men who have sex with men in Nepal.

Social and family pressure leads to many men who have sex with men in Nepal getting married against their desire. Many men talked about this being one of the most difficult and unhappy aspects of their lives, meaning that they have to deceive their wives, children, family and friends. Even if men are able to resist marriage family pressure to do so is a considerable emotional burden:

My family has told me several times to get married but I have tried to neglect them so far. Getting married to a girl is just impossible. Firstly I don't like girls. I like them as good friends but not in terms of marriage and sex. No! I can't even think of this, leave alone doing it. I don't know what to do. I can't reveal about myself with my family members. The consequences will not be good if I tell them the truth about myself. That is why I feel very miserable over my life.

The social problems that men who have sex with men experience, and the pressure to maintain an image of conventional ‘heterosexuality’ mean that they are vulnerable to harassment and exploitation. Many men reported incidents of blackmail, violence and forced sex. This often occurred in cruising areas:

I have met different types of partners like bandits and loafers. Eight months back, I met a partner in a toilet. He had showed me his penis in the toilet. He signaled me to go outside and both of us had gone outside. We talked outside, fixed the deal and went to a dark place to have sex. Once we reached there, he blackmailed me by saying, 'Now I know everything about you. Give me four thousand rupees or else I will take you to police.' He threatened me this way and took all the money that I had with me then and also my watch. He also showed me a police's card. I don't know if that was a real one or a fake one. I was so worried and wanted to just run away from the place then. So I did not see his card. I did not stay there even for a minute and just ran away. Later I came to know that my friends had also encountered such incidents. It is tough for us. We have the fear of police, boys, family and the society. What can we do?

As suggested by this anecdote, the main perpetrators of violence towards men who have sex with men are local hoodlums and the police. A number of men talked about how they had been arrested and abused by police:

³ Hijras are the ‘eunuchs,’ often castrated male who lives in communities and dress as women commonly found in South Asia. There is no hijra culture in Nepal, but people commonly know about hijras. The term ‘chakka’ is popular term of offence directed at hijras.

One day, on Ashad 10 2058, we were on our way back from Sundhara when some police caught us. We told them that we work in a restaurant as dancers and had not taken off our dress because it was already dark by then. They did not listen to us and took us inside their van. We were three of us at that time and all of us were in ladies' dress. The van took us to Jan Sewa and kept us there for one night. The police asked us to put on make up and took our snaps in the morning. Around 3'0 clock, two reporters from 'Space Time' arrived there. One was a guy and another one was a lady. The lady reporter got annoyed seeing us and said, "If you can trap the sons of rich people then do that and take away their money." She scolded us saying this and glared at us. We remained quiet. They took us outside and made us seat in the Jana Sewa's bench. They asked us to add some more make up and took more snaps. After that, an officer in a civil dress took us walking till Hanuman Dhoka around 4'0 clock in the afternoon. I had worn 4 inches heel shoes, black ladies pant, T-shirt and fake silky hair. When they took us to the inquiry room in Hanuman Dhoka, we were in handcuffs and still in the ladies' dress.

The account continues:

They again took us for inquiry around 8'0 clock in the morning. We were in men's dress at that time. When they took us to the inquiry room, we were in handcuffs. The sub-inspector again asked us if we were boys or eunuchs. We replied to him politely that we are boys. He asked us to take off all our clothes. We took off all our clothes and showed him. After taking our inquiry, they took us inside the lock up with the handcuffs.

The social circumstances that permit such abuses augment the social and emotional vulnerabilities of men who have sex with men. This compounds the likelihood that they will engage in risky sexual behaviors. It will be vital for any effective health promotion strategy for men who have sex to address these issues. This must be in terms of strategies which allow men to explore their feelings and build self esteem as well as interventions which address the broader structural issues, such as the institutional prejudice which permits sexual violence towards men who have sex with men by the police. The perpetrators of such sexual violence are themselves men who have sex with men and although the motives and sensibilities of these men have been little explored in this research project this ought to be a priority area for future work of this kind.

Sexual debut

A recent survey in Kathmandu found that the age of first sexual intercourse for males is 21 years and 20 years for females (UNAIDS & UNICEF 2001). Indications are that the average age of first male-to-male sex is likely to be much lower than this. The majority of respondents said that their first sexual experiences with other men occurred in their teenage years. In a high number of cases first sex with another man or boy occurred before puberty. One respondent describes a seemingly common scenario:

My first sexual encounter was at school when I was forced to have sex by an elder boy. I was 11 years old then. The elder boy forced me to have anal sex, penetrating into me roughly. This was the first time I realized that boys could have sex with one another.

Another respondent told of how he had sex with his cousins and elder brother's friends from the age of eleven. Again this is a typical account, as many respondents talked of having sexual encounters with relatives and family friends at a young age. It was notable that many of those men who described such sexual experiences depicted them as unremarkable, suggesting that to some extent they may be a common experience for many men in Nepal.

Again this pattern of behaviour signifies the vulnerability of many men who have sex with men, suggesting that many men have sex with other men at a young age, in circumstances where they have little choice over the sexual activities they engage in.

Another striking finding was that many men found their first sexual experiences with men to be confusing and emotionally traumatizing:

When I came to Kathmandu from my village, I used to stay in the old Bus Park. I met an Indian there who was affectionate towards me and would bring me foodstuffs. We would usually meet since his room was a little away from mine. He would usually say that I have a very sweet voice just like that of a girl. So we got well acquainted with each other this way. One day, he asked me to go out with him. When I asked him as to where we were going, he said that we would go to Swayambhu. I got on his bicycle and both of us went there riding it. We reached Swayambhu around 3'0 clock and went in the jungle. I was ignorant about everything till that moment. After we reached there, he kissed me on my cheeks and started caressing my whole body. Then he took my hands to his penis. His penis was erect at that time. I got very scared at that time. Seeing my condition, he persuaded me saying that nothing will happen and it will instead be pleasurable. He asked me to take off my pants. I took off my pants and so did he. Then he asked me to lie upside down and inserted his penis into my anus. It pained a lot so I withdrew but he again persuaded me saying that he would do it slowly. He did it again this way and it lasted for few minutes. I got very scared after that. I wondered why I had done that and felt like I had committed a crime. After this incident, I did not have the guts to even look at his face again and talk to him. So this was the first experience of my life. He left me back to my room in his cycle after that. We stopped talking to each other after that day and I never met him again. After having sex that day, I got different kind of feelings. I wondered what kind of a person he was and got amazed that this kind of a relation existed between boys. I did not feel any pleasure that day but got very scared.

Even amongst those men who identify some kind of nascent attraction towards men from a young age the absence of any public discussion about such feelings in Nepali society is such that they have no frame of reference within which to interpret their emotions. This confusion amplifies their vulnerability, as illustrated in the above account. Addressing vulnerability of this kind must be a key strategy in health and community support interventions for men who have sex with men in Nepal.

Safer sex

There was limited knowledge of safer sex amongst the men who participated in the research and few men reported that they used condoms for anal sex with other men on a consistent basis. The weekend workshop held during this research project was utilized as a space to explore sexual desires and to consider the potentiality for extending sexual repertoire to include safer sexual activities. Many men were able to talk about sexual activities other than anal sex that they enjoy, such as mutual masturbation, oral sex, kissing nipples, interfemoral penetration, licking the body, licking nipples and kissing. Discussion of sexual range of this kind enabled exploration of safer sex issues and consideration of how creative sexual activity can be safer. This theme ought to be explored further in future research and group work of this kind.

It is also notable that the circumstances of many men who have sex with men's sexual activities are such that they are unable to practice safer sex easily. In commercial or coerced sex men have little choice about what sexual activities take place and whether condoms are used. Even in consensual sexual activities most men who have sex with men do not have any private space to have sex and thus use public toilets, parks and fields as places to have sex. The lack of privacy and fear of discovery in such settings means that sex is often hurried and lacks any intimacy. These circumstances militate against condom use and the negotiation of safer sex. The workshop offered a space in which participants were able to discuss these issues and to share tips on how to encourage sexual partners to use condoms, such as putting condoms on partners by using ones mouth or by talking about the risks of unprotected sex. However strategies of this kind will only be effective if men who have sex with men are aware of safer sex. Given the accounts of many respondents it seems reasonable to estimate that most men who have sex with men in Kathmandu are unaware of the sexual health risks associated with sex between men. This, coupled with the preeminence placed on anal sex by many men who have sex with men suggests that many men who have sex with men in Kathmandu may be vulnerable to infection with HIV or other STI's.

An effective safer sex promotion strategy must address the sexual subjectivity and sex role stereotypes which frame male-to-male sexual life in Kathmandu (and elsewhere in Nepal) and which emphasize the practice of anal sex. As discussed above, there is a need to explore how the stereotypes may compound unsafe sexual activity as well as exploring those sexual feelings and behaviours that disrupt these sexual norms.

Condoms

A number of the research participants were able to talk about condoms as something that they ought to use for anal sex, but had little detailed understanding as to why. Some men attributed their knowledge concerning condom (and lubricant) use to their exposure to outreach and health promotion activities for men who have sex with men carried out by The Blue Diamond Society (there has been little other work on male to male sexual health in Nepal). Whilst reaching a considerable number of men Blue Diamond's activities have been limited by lack of relevant health education resources and available personnel to carry out such work. These issues suggest that the development of HIV/AIDS and sexual health promotion resources for men who have sex with men is an urgent priority in Nepal. This is especially so as it was notable outcome of the research that a significant number of the men who have sex with men who had used condoms for anal sex did not do so consistently:

I know very well about condom. I know that it prevents the transmission of STIs. I also know how to put this on. I don't use condom with my regular partners but I always use condom with my new partners.

Sexual decision making of this kind will need to be addressed by behaviour change (BCC) communication strategies which emphasize the importance of consistent condom use. However as discussed above, the circumstances in which men have little or no choice about the sexual activities they engage in and whether condoms are used will also need to be addressed. Thus BCC strategies must also address the broader structural issues, such as social prejudice and stigma, which affect the emotional well-being and sexual autonomy of men who have sex with men and which militate against condom use.

In addition it is vital to note that condom promotion addressing the needs of men who have sex with men must be augmented by a strategy to promote the supply and distribution of condoms appropriate for anal sex. This is problematic because preliminary investigation carried out by The Blue Diamond Society indicates that condoms with a tensile strength suitable for use during anal sex are not readily commercially available in Nepal. This is based on some informal discussions with men who have sex with men and on some basic testing of the strength of condoms. This issue will require further study but initial indications in this regard appear to be consistent with findings from elsewhere in South Asia which have demonstrated that the condoms on the market are not suitable for anal sex (Chopra 1998). The Blue Diamond Society has arranged a supply of condoms suitable for anal sex from overseas. However this supply is limited. Most men who have sex with men who by condoms said that they buy them in conventional commercial outlets such as street stalls and pharmacies. A substantial improvement in the provision of appropriate condoms will be vital to the success of sexual health promotion with men who have sex with men in Nepal.

Lubricants

In addition to condom use, the promotion of the use of appropriate water based lubricants for anal sex must also be a key component of health promotion for men who have sex with men in Nepal. Recent research has found that use of water-based lubricants during anal sex is a more important factor in minimizing condom fissure than the tensile strength of the condom. (High tensile strength condoms used in conjunction with water-based lubricant is nonetheless judged to be the safest way to practice anal sex).

It is particularly important to promote the use of appropriate lubricant in Nepal since so few people are aware of the issues relating to condom use and water based lubricants. If people use lubricants with condoms at all they are likely to use oil-based substances which cause atrophy to the condom and can lead to breakage. The men who have sex with men in this research project had little or no knowledge of the potential risks this presents, as illustrated by a brief excerpt from one interview:

*Interview: Oil damages condoms, isn't it?
Respondent: Yes but we have not felt such things so far.*

As regards anal sex the use of lubricants needs to be promoted because given the types of condoms currently available in Nepal the reality is that promoting condoms for anal sex will for the immediate future entail promoting the use on condoms with an inappropriate tensile strength. This is undesirable but in order to make

the use of such condoms safer it is essential to simultaneously promote the use of suitable water based lubricants.

The Blue Diamond Society has been promoting and distributing water-based lubricants amongst men who have sex with men in Kathmandu, using a supply donated by a gay men's health project in the USA. However it has been observed that a number of men who have sex with men have been using the water based lubricants but without condoms. This is because the men enjoy the feeling of being anally penetrated when lubricant is used but they are generally unfamiliar with using condoms for anal sex. The popularity of lubricants presents an opportunity for the promotion of water based lubricant, however this must be supplemented by a concerted effort to raise awareness of the need to use lubricant and condoms together. Also as with condoms, BCC activities of this kind must be complimented by the augmentation of the supply sachets of suitable water based lubricants in Nepal.

HIV/AIDS

There was a low level of detailed knowledge about HIV and AIDS amongst the research respondents. However given that to some extent the field researchers also lacked a thorough understanding of HIV/AIDS the interviews tended not to explore popular perceptions of HIV/AIDS in great detail. The tendency in interviews was for interviewees to state that they knew about AIDS and for the interviewees to take this at face value and not ask supplementary questions. This may be read as symptomatic of the superficial understanding of HIV/AIDS amongst many men who have sex with men and indeed people more generally in Nepal.

The research strategy adopted for this component of the research focused on popular understandings and how people had learnt about HIV/AIDS. Most respondents who had heard of HIV and or AIDS had heard via the media, from radio or television. The research period coincided with World AIDS Day 2001. This received a considerable amount of publicity in Nepal and it was notable that many men who participated in the research mentioned having heard or read recent reports on HIV/AIDS. Nevertheless even amongst those respondents who were most informed about HIV/AIDS there was a considerable lack of accurate knowledge. For instance one informant had read a considerable amount of literature on HIV/AIDS produced by UNICEF. However he was unable to identify the difference between HIV and AIDS.

The most revealing insights in this area emerged from the weekend workshop. Whilst a high number of workshop participants had heard of AIDS very few were able to talk with any confidence or accuracy about issues such as how HIV is transmitted, the difference between HIV and AIDS and how HIV and AIDS affect the body. In one of the workshop groups for example there was considerable discussion as to whether kissing transmitted HIV, with a number of participants asserting that this was possible. A related area of anxiety concerned whether oral sex transmits HIV. The workshop facilitators clarified these issues, presenting information outlining oral sex as a safer sex practice and emphasized aspects of oral hygiene, which make oral sex safer. The possibility of STI transmission orally was discussed and this was new information to many of the participants.

Five of the men spoken with during the research reported having had HIV tests. In four of these cases these test were carried out as a component of health checks required when applying to work in Dubai. Nobody reported testing HIV positive. Some men knew about HIV tests but were reluctant to have one:

As regards the test for HIV/AIDS and other sexual diseases, I have not tested myself for all these. I am very scared but I know that I have not contracted any such diseases. I am very cautious in that way.

Such findings indicate that it is not only important to raise awareness of HIV and AIDS amongst men who have sex with men but also to address the anxieties and fears that education on these issues generate. This may be especially so amongst men who have sex with men who may be learning for the first time that many of the sexual activities they have engaged in are considered to be amongst the most efficient means to sexual transmit HIV.

Drawing from the preliminary findings of the research it seems reasonable to conclude that HIV/AIDS awareness raising strategies aimed at men who have sex with men are a priority in Nepal. Future research ought to further explore popular understandings of HIV/AIDS amongst men who have sex with men as a foundation for the development of culturally sensitive health education resources. It must be a priority to train outreach workers and researchers more thoroughly both on medical aspects of HIV/AIDS as well as equipping them to deal with the emotional consequences that effective HIV/AIDS awareness raising may generate amongst men who have sex with men. It will be important to establish infrastructures such as counselling services and support groups for men who have sex with men, which allow men the space and time to talk about HIV/AIDS and to explore the impact on their lives.

Sexual health and treatment seeking

As with HIV/AIDS, discussion about STI's during the research was hampered by the fieldworker's lack of knowledge on these issues. It was a notable outcome of the research that few men identified as ever having had an STI. However it was also remarkable that many men described symptoms such as sores or itching on their penis or in the anus. Indications are that STI's may well be prevalent amongst men who have sex with men in Kathmandu, without being recognized as such.

As well as not reporting STI symptoms many men said that they had not visited hospital for sexual health checks:

As regards the test for HIV/AIDS and other sexual diseases, I have not tested myself for all these. I am very scared but I know that I have not contracted any such diseases. I am very cautious in that way.

Decisions to have sexual health checks may be due to lack of knowledge of STI symptoms, perceptions of sexual safety or fear of testing HIV positive. However it is also likely that many men who have sex with men would be unwilling to visit clinical sexual health facilities, as they would feel uncomfortable discussing their sexual lives with doctors. This was indicated by the weekend workshop where in discussion of community needs and capacity many participants asserted that a sexual health clinic for men who have sex with men would be desirable. Anxiety about attending mainstream sexual health services is well illustrated by the harrowing account of one respondent who did visit a sexual health clinic:

Once around two years back, I got a wound in my anus. I went alone to Bir Hospital for treatment. The doctor looked at my wound and called other doctors and nurses also to look at it. Then he asked me if I was a homo. I pretended of being ignorant and asked him what that meant. He told me that homo are the guys who have sex with guys. I told them that one guy had sex with me from behind once and I got the wound from that day. The doctor prescribed a medicine for me and asked me to come again after a week. I searched for that medicine all over but could not get it. I felt ashamed to visit the doctor again. One of my gay friends gave a name of an ointment and asked me to apply it in the wound. The wound got healed with that.

The doctor's attitude in this anecdote is hardly sympathetic or discreet and other research participants describe having had similar reactions from doctors.

Given his off putting treatment at the hospital it is hardly surprising that this respondent who visited Bir Hospital decided to treat his symptoms with an ointment given by a friend. There is a need to further explore popular therapeutics of this kind amongst men who have sex with men in Nepal. There is also a need for the development of clinical services where men who have sex with men will feel comfortable about talking about their sexual histories and presenting rectal tearing and STI symptoms in the anus. Training on male-to-male sexuality and sexual health issues will be important for any doctors and nurses undertaking work of this kind in Nepal. This should include instruction in syndromic management algorithm guidelines for STI's in the anus.

Commercial sex

Men selling sex is a prevalent activity in various locations in Kathmandu. Commercial sex between men takes places in a variety of ways. Street based sex work appears to be the most prevalent form of commercial male to male sex and occurs in many different locations, often in cruising areas (especially Ratna Park) but also from contacts made in any public location. Men report earning between Rs 10 – Rs 50 for this kind of work, often involving hurried sex in a public toilet. Commercial sexual activities engaged in include masturbation, oral sex and anal sex. Stereotypically the partner who is paid, most commonly those men designated *meti*, is the partner who is penetrated. However this is not always so and a number of respondents reported penetrating the men who pay them for sex. As with most other sexual activities amongst men who have sex with men in Kathmandu, condom use is rare.

For some men there is no firm boundary between commercial and non-commercial sex. In the absence of a prevalent culture of male-to-male sexual relationships sex for many men who have sex with men in Kathmandu involves transient sexual activity, often accompanied by some form of financial exchange:

I take money for sex. I take what ever they give like Rs.25, Rs.50 etc. I like big person with moustache and long hair, hair on the body and big penis. I don't like Pahadhe (people from hilly area), I only like Madeshe (people from terai area). Pahadhe people do not have moustache and their penis is also small as compared to Madeshe.

No, I never have sex for commercial purposes because I work in an office. But once, I was forced to have Rs50. One partner gave me Rs50. He said, 'you are so cute and lovely. Have some taxi fair.' I denied but he forcefully handed it over to me.

Sexual encounters with foreigners, either tourists or ex-patriots were also reported by many men who have sex with men in Kathmandu, again often characterized a blurring between commercial and non-commercial activity, but typically involving more money than sex with 'locals':

A guy from the Netherlands had been staying in Nepal for the last ten years and he worked in an office in Kupondole. He used to stay in Kupondole. He took the three of us to his house in Kupondole and gave us tea and snacks. Then he asked us if we were interested to watch a movie. We said that we would like to watch it. He showed us a gay's movie at that time. I felt it very surprising because I had only heard about male to male sex through my gay friends and this was the first time I had actually seen something like that. He caught my hand and took me to his another room. He took off all his clothes and asked me also to take it off. Then he asked me to suck his penis. I felt very dirty at that time so I did not suck his penis. Then he slowly inserted his penis into my anus. It pained a lot so I denied him. But he pulled me towards him saying that he would do it slowly. I was ready then because I was also scared that he would beat me if I did not agree. Besides this, I was at his home and he could have done anything to me. So I took that at my back. Later, I got to know that he was a nice person. I had never done such a thing ever before in my life so it was obvious to get scared. He did that slowly at my back. It pained a lot but I tolerated. It got over after few minutes. We went to the TV room after that. There we saw my other friend and that guy from Thailand having sex in the room. After it got over, we said that we would be leaving. They also agreed, gave us Rs300 and asked us to come the next Saturday. We agreed to come on Saturday.

It is notable in this account that the interviewee had never had sex with a man before and had no idea as to his intentions. However this induction into male-to-male sexual activity initiated an ongoing relationship which involved the exchange of increasing amounts of money.

Some of the massage parlours in Thamel are also known as location where men sell sex, tourists generally being the most common customers. Also some of the male tour guides operating in this area known to sell sex, although as with the above account there can be a blurring between commercial sex and the kind of patronage relationship which sometimes occur in relationships between Nepalis and foreigners in such contexts.

Dance bars and restaurants in Kathmandu are also another common location of commercial male to male sex, the customers in these places seemingly including both foreigners and Nepalis. A number of the research respondents worked in such dance bars, where they dress as women and either work as dancers or 'waitresses.' There is some ambiguity involved in this kind of work, as some of the customers are seemingly unaware that the dancers are male, not female. Respondents' spoke of how they negotiated this and that many men were often quite willing to have sex with them even when they found out their actual sex. This suggests that there may in fact be a considerable overlap between the customers of both male and female sex workers in Kathmandu.

Some respondents spoke of how they were often not paid whilst working in bars and restaurants. The bar and restaurant owners expected them to procure sex from male customers and to make money this way. Other respondents who worked in restaurants reported that they were paid Rs 3000 per month but that the expectation was that they earn the bulk of their income came from selling sex:

Since we work in a hotel and restaurant, we get money from our manager. Our intention is not to blackmail our customers but it is our duty. We are doing this for our livelihood. Our manager gives us Rs3000 per month but we earn more than this through tips. Some people give us money if they like us and love us. One person took me to Nagarkot for three days. I told him in the hotel that I am a boy and not a girl. Still, he requested me to go with him. He said that he wanted to experience male-to-male sex. We had sex in different positions. We enjoyed a lot and returned after three days. Presently, I work as a dancer in a hotel. My aim is only to allure people with my dance.

It is unclear at this stage to what extent restaurant and dance bar owners actually organize commercial sex. This will be an issue for further investigation.

Recommendations

Research

The research presented in this report has gathered preliminary ethnographic data on male-to-male sexual life and sexual health issues in Kathmandu. The research has been rapidly conducted and the findings and conclusions are of necessity exploratory. However the investigation has shed light on a range of pertinent issues and has delineated a framework of themes and perspectives that may be used to guide future research with men who have sex with men in Kathmandu and elsewhere in Nepal. That such research be funded and carried out and over an extended period of time is a principal recommendation of this report.

An initial research project may be conducted over a period of 6 months. This ought to include exploration of male-to-male sex both inside and outside of Kathmandu. This research project has already given some indications of male-to-male sexual sex life beyond the Kathmandu valley. These leads ought to be followed and explored by further investigation.

An effective way to implement further research would be to build upon the participatory community based model employed during this project. Developing this type of research would contribute towards the capacity of men who have sex with men in Nepal to develop solutions to their own social and sexual health needs. Given that many men who have sex with men in Kathmandu have expressed enthusiasm about working on research of this kind it would seem to make sense to capitalize on this expressed commitment. However for such research to be effectual and to contribute towards the broader social and health development profile of men who have sex with men in Nepal a considerable investment in the training of men who have sex with men as researchers, trainers and outreach workers will be necessary.

One option in this regard would be the involvement of the Naz Foundation International (NFI), an NGO specializing in male-to-male sexual health issues in South Asia. NFI has expressed an interest in working with men who have sex with men in Nepal and has already approached The Blue Diamond Society in this regard. The director of The Blue Diamond Society attended a recent workshop on male-to-male sexual health conducted by NFI in Bangladesh in November 2001. NFI has also invited six men who have sex with men from

Nepal to participate in a training of trainers' workshop for men who have sex with men to be held in Lucknow in February 2002. This training will cover a range of relevant issues regarding male-to-male sexuality and sexual health. It will contribute significantly to the capacity of the participants to reflect on and conceptualize issues relating to their own sexual culture and to conduct participatory research and community work derived from this understanding.

There are some differences between the research approach taken by NFI and the perspective I have advanced in this report, particularly in regard to the classification and malleability of male-to-male sexuality. However these aspects can be negotiated as the male-to-male sexual health research process evolves in Nepal. I will be discussing these issues with NFI over the coming months. NFI has experience in training nascent support groups of men who have sex with men in South Asia and has assisted many of these groups in implementing needs assessment research projects. NFI coordinates a network of male-to-male sexual health projects operating around South Asia. It would be advantageous for men who have sex with men in Nepal to build linkages with this network and to learn from the research experiences of male-to-male sexual health projects elsewhere in the continent.

Another option for extending this research process would be to develop the collaboration between The Blue Diamond Society, FHI and CREHPA, as has already been established during this research project. Admittedly this partnership has been somewhat problematical, but to some extent this is attributable to misunderstandings and anxiety. A consultation process between all these organizations, along with a group of men who have sex with men from Nepal may foster an easier alliance. This could be fruitful since FHI and CREHPA could contribute to the research training of men who have sex with men in Nepal. CREHPA has expertise in health research in Nepal whilst The Blue Diamond Society could also contribute toward the training of CREHPA research staff on male-to-male sexuality and sexual health issues. Collaboration of this kind would contribute towards the contextualization of male-to-male sexual health issues within research on other aspects of sexual health in Nepal. Partnership of this kind need not exclude collaboration with NFI but could add considerably to male-to-male sexual health research in Nepal.

My own role as a consultant could contribute towards all aspects of this process, involving the links already established with the relevant parties in Nepal as well as my relationship with NFI. I have already discussed aspects of NFI's proposed involvement in Nepal with the organization's director and I will do so further once I return to the UK (the NFI head office is based in London). My aim is to facilitate NFI's and FHI's possible collaboration with The Blue Diamond Society according to aspects of the research and intervention agenda I have outlined in this report.

It will also be important for research to take account of the heterogeneity of men who have sex with men. The community based approach will perhaps be most effective in developing work with men who identify in one way or another with terms designating their sexuality and who belong to nascent networks and communities of men who have sex with men. It is likely that this population constitutes a minority of men who have sex with men in Nepal. In order to address the broader constituency of men who have sex with men it will be vital to work with other men and to develop sensitive ways of talking with these men about their male to male sexual experiences. This is problematic given the social taboos regarding talking about male-to-male sexuality in Nepal. One way forward could be to incorporate exploratory questions about male-to-male sexuality into research with other male target populations in Nepal, such as intravenous drug users, prisoners and migrant laborers. Indeed some preliminary findings by CREHPA in their work with drug users have suggested that some of the men they are working with sell sex to other men. Findings in this regard are preliminary but could be further investigated in future research. It will also be necessary to develop collaborations with other organizations working on male sexual health. This issue is discussed more fully below.

Program development

Capacity building of The Blue Diamond Society

Before any research on male-to-male sexual health can be established in collaboration with The Blue Diamond Society it will be necessary to augment the organizational competence of the project. The Blue Diamond Society is very much a nascent organization. It has been running for the last seven months, largely consisting of the voluntary outreach work of one person. The participatory research project has facilitated the growth of The Blue Diamond Society as many men who have sex with men have begun to perceive the organization as taking an active interest in their health and well-being. Many men have also started to see the society as a forum within which they can organize for their own benefit. During the research period we began to implement regular fortnightly meetings of The Blue Diamond Society and a core group of approximately twelve men have taken on organizational roles within the project. Activities in this regard are embryonic. However funding from NFI or another donor agency would contribute greatly to the development of this process.

The Blue Diamond Society is now a registered organization, which will make the transfer of funds from International NGO's easier. However the project will need to implement organizational structures and appoint directors, a treasurer and a board of advisors or steering committee if it is to become a viable partner project for potential donors. Implementing procedures of this kind will be difficult whilst the project continues to run on an informal basis without funding. Any potential donor agencies ought to work closely with The Blue Diamond Society to help the organization to establish infrastructures as an initial component of any proposed collaboration. FHI could be extremely helpful in offering The Blue Diamond Society expertise in augmenting these procedures.

NFI has expressed an interest in contributing towards the development of the infrastructure capacity of The Blue Diamond Society, specifically in terms of funding office space, a drop-in facility, outreach work and staff component. This would be a considerable asset, adding greatly to the development of the project. I am unsure in what ways it may be feasible for FHI to invest in infrastructure of this kind. It would be fruitful to discuss this issue further, outlining the various program components in detail and considering FHI's potential role in regard to each of these.

The capacity of The Blue Diamond Society will also be increased by ongoing partnership with UNAIDS/Nepal. As discussed UNAIDS/Nepal funded the weekend workshop that was incorporated into this research project and it is planned that this will be the first of a regular series of meetings of this kind. The aim is to raise awareness about HIV/AIDS amongst the participants as well as to offer training on outreach and health promotion skills. The expansion of these workshops will add considerably to The Blue Diamond Society's ability to coordinate effective social support and health interventions for men who have sex with men. However The Blue Diamond Society will need assistance in developing and implementing workshops of this kind.

Another option will be to fund members of The Blue Diamond Society to attend 'Network East' an up coming meeting of community support groups for men who have sex with men in the East India region to be held in Calcutta in January 2001. This will be hosted by 'Counsel Club' a social support group for men who have sex with men in West Bengal. I have already discussed the possibility of men who have sex with men from Nepal attending this forum and this has been welcomed by Counsel Club, who are happy to expand their East India network to include Nepal. Involvement in a network of this kind would give men who have sex with men from Nepal exposure to a style of community work, which although influenced by public health concerns originates from the starting point of community based support. This could be valuable as it will enable participants to explore the own community needs in consultation with other men who have established support groups for men who have sex with men, often in outlying districts, in resource poor settings and with little infrastructure. This would be a particularly relevant to the development of work for men who have sex with men beyond the Kathmandu valley. I will further explore the agenda for the forthcoming Network East and pass on information in this regard.

It will also be necessary to invest in the personal development of men who have sex with men who will conduct health promotion and community-work in Nepal. As discussed self-esteem is a key factor underlying many of the social vulnerabilities and sexual health risks of men who have sex with men. This is as true for any prospective outreach workers as it is for other men. If fieldworkers are to be expected to impart self-development skills and BCC information to men who have sex with men it would be advisable for them to undergo a process of emotional exploration in order that they are better emotionally equipped to undertake work of this kind. There are various options in this regard. I have incorporated some exploration of these concerns

within this research project and I will do so in any future consultancy and training work with men who have sex with men in Nepal. This type of work could be facilitated in collaboration with other agencies. One possibility would be to work with IFSHA, an emotional and spiritual self-development group that has been conducting workshops with *kothi* identified men in India over the last year. I have worked with people who have received training from IFSHA and have co-facilitated workshops for men who have sex with men in Calcutta based on IFSHA's and my own methods. IFSHA offer funding to enable participants to attend their workshops. I will discuss with IFSHA the viability of their working with men who have sex with men in Nepal.

Alternatively it may be more appropriate to develop partnership with one of the self-development projects operating in Kathmandu. Again I would be happy to contribute to any such collaboration.

Training in counseling skills for outreach and community workers would also be a beneficial exercise. This can be incorporated into the UNAIDS/Nepal funded workshops but it may also be helpful for distinct counseling training workshops to be organized, perhaps in collaboration with a local counseling training project. As a component of this research I had a preliminary discussion with the counseling training coordinator of Sakriya, an NGO specializing in counseling training, and she expressed an interest in holding training workshops for men who have sex with men, in association with The Blue Diamond Society.

It will also be important for The Blue Diamond Society to begin developing BCC resources targeting men who have sex with men. A basic sexual health awareness leaflet has already been printed. Future BCC materials ought to focus in detail on issues such as lubricant use with condoms, stereotypical sex roles and the disruption of these in safer sexual activities.

Work with the broader population of men who have sex with men

It will also be vital for a male-to-male sexual health program to address men who have sex with men but who do not self-identify with any of the rubrics denoting male-to-male sexuality. If The Blue Diamond Society is to take a leading role in developing this kind of work the organization will have to balance its work oriented around emerging male to male sexual identities in Nepal with more generic male sexual health work. This has been an issue in a number of male-to-male sexual health projects in South Asia most of which have been successful in developing work with *kothi* or *gay* identified men but which have been less successful in targeting other men. Indications in Kathmandu are that there are a number of 'other' men, popularly designated as *parikh*, who are willing to take an active involvement in the development of The Blue Diamond Society and in any future community based research. This is something to be encouraged, as it will be a considerable asset in the development of work with the broader constituency of men who have sex with men.

It would also be beneficial to develop programs addressing male-to-male sexuality and sexual health as components of work with other male target populations. As discussed above, these issues should be incorporated into future research. In order to facilitate such work it would be advisable for The Blue Diamond Society to begin building collaborations with other organizations working on male sexual health, men's groups such as local boys clubs and institutions such as hospitals and prisons. This could help to establish for a in which work addressing male-to-male sexuality and sexual health could be incorporated into more generic male sexual health work. This will require sensitivity, given the social taboos on talking about such issues. It would be helpful to develop generic male sexual health BCC materials that incorporate discussion on male-to-male sexuality. This will allow for the distribution of BCC materials in such a manner that does not suggest that those men reading the literature are themselves men who have sex with men.

Advocacy

In order to develop an effective male to male sexual health program advocacy work will be necessary, in order to engage with the broader structural issues affecting work of this kind. Collaborations with lawyers will be necessary in order to address the legal and human rights issues affecting men who have sex with men, including men who may be employed to carry out interventions and research for this population. One option in this regard may be to develop collaboration with the Asia foundation of lawyers, based in Kathmandu. The Blue Diamond Society is also currently discussing the possibility of developing a legal advice strategy in collaboration with lawyers from amongst the networks of men who have sex with men in Kathmandu. Another

avenue will be to discuss some of the legal issues affecting men who have sex with men in consultation with the lawyers collective in India, who have some experience in this regard. Also the lawyer who defended the men who have sex with men who were arrested whilst conducting outreach work in Lucknow, India, has already expressed a willingness to assist The Blue Diamond Society in developing a legal strategy.

Given the prevalence of police harassment of men who have sex with men it would be beneficial to develop a strategy to address this. This could involve discussing the issue with senior police officers, if sympathetic relationships can be developed in this regard. Alternatively it may be possible to incorporate male-to-male sexual health issues as a component of a generic sexual health and HIV/AIDS training for police in Nepal. Further investigation will be necessary in order to ascertain the best tactic in this regard.

Clinical services

The research has indicated that there is a lack of appropriate clinical provision addressing the sexual health needs of men who have sex with men in Kathmandu and elsewhere in Nepal. Training of medical practitioners must therefore be a priority for a male-to-male sexual health intervention. FHI has a training strategy for raising awareness of male-to-male sexual health issues and has developed syndromic algorithms for the diagnosis and treatment of STI's in the anus. It would be advisable for training of this kind to be implemented in sexual health clinics in Nepal.

Some men who participated in the research identified that they would like a specific male-to-male sexual health clinic in Kathmandu. This could be incorporated into any drop-in centre facilities developed by The Blue Diamond Society, with a doctor holding a regular surgery. It would be advisable to seek out a doctor who would be willing and able to undertake such work in an appropriately sensitive manner.

As suggested by the men participating in the weekend workshop, hepatitis B vaccinations would also be a worthwhile investment in the health of men who have sex with men in Nepal.

Policy

To date men who have sex with men have been remarkably absent from the HIV/AIDS prevention and sexual health promotion policies of both the government and NGO's in Nepal. The initiatives taken by FHI, USAID and UNAIDS in beginning to address this concern are welcome and should be taken further. The inclusion of men who have sex with men as a target population within AIDSCAP II directives would add considerably to awareness raising on this issue.

It may also be advisable to approach the ministry for health to discuss placing men who have sex with men on the agenda within current governmental HIV/AIDS policy initiatives. Discussions on these issues should be sensitive to the cultural values involved. Men who have sex with men are a stigmatized population in Nepal and it may be politically difficult to highlight the needs of this population at government level. However discussions in this regard would allow for exploration of this concern and may mark the first step in an important process.

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