Linkages between masculinity and HIV/AIDS in North India

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Danny de Vries
Department of Anthropology and Carolina Population Center
University of North Carolina at Chapel Hill

Shelah S. Bloom
Department of Maternal and Child Health and Carolina Population Center
University of North Carolina at Chapel Hill

Kaushalendra K. Singh
Department of Statistics
Banaras Hindu University
Varanasi, Uttar Pradesh, India

C.M. Suchindran
Department of Biostatistics and Carolina Population Center
Department of Maternal and Child Health and Carolina Population Center
University of North Carolina at Chapel Hill

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Abstract

Little empirical evidence exists that shows how the desire to demonstrate masculinity influences risk behavior. This paper focuses on a qualitative dataset among a high-risk population in the Indian states of Uttar Pradesh and Uttaranchal. Purposive sampling strategies were used to select 75 respondents from five Indian cities for in-depth interviews exploring men's life history and current situations. Men were eligible if they had any non-marital sex in the past year. The paper thematically presents life histories which illustrate the influence of chronic alcoholism, forcefulness, the circle of friends, social conventions, money, cleanliness, virgins, sexual security, trust, bisexual openness, and uniqueness on sexual risk behaviors such as the (non-)use of condoms, knowing which women are risky and which are not, entitlement to uncomplicated sex, and high frequencies of sexual encounters. The stories reflect ways in which masculinities have adapted to their particular situations, needs, and life events.

Introduction

Does the need to prove themselves masculine propels some men towards risky behavior? Although the linkages between masculinity and sexual risk are increasingly acknowledged to be of importance in the prevention of HIV/AIDS (Barker 2000; Greig and Kimmel 2000), relatively few studies have addressed how the desire to demonstrate masculinity influences risk behavior (NAME). This lack of information is particularly pertinent to the highly gender-segregated society of India. Since HIV was first detected in India in 1986, the AIDS epidemic has spread very rapidly (Bollinger et al. 1995) and today India has the largest number of people infected with HIV. Although the epidemic has been most severe in South India, the incidence of HIV has been increasing in the North. The northern states of Uttar Pradesh—the most populous state in India—and Uttaranchal are characterized by conditions that have exacerbated the epidemic in other places: economic development is lagging, levels of education and female autonomy are low, health outcomes are poor, and prostitution takes place in urban and rural areas throughout the state. Based on the notion that the life-history development of young men into manhood coincides with an adherence to certain masculine identities, this paper provides qualitative examples from an Indian at-risk male population in the Indian States of Uttar Pradesh and Uttaranchal. We will review how masculine identities influence risk behaviors using life-histories of a sample of men in five cities (Varanasi, Lucknow, Dehradun, Agra, and Jhansi). Based on qualitative data, the paper provides a conceptual discussion of how masculine identities are organized in these northern Indian states, and which themes can be used to talk with young men about the meaning of manhood.

Masculinity

One of the pressing problems facing this line of research is the conceptual challenge of defining what masculinity actually is, and how it could be measured or surveyed in a manner useful to sexual health intervention programs. Since the 1970s, masculinity has increasingly been defined with an emphasis on social factors and less with an emphasis on essentialist (often biological) understandings of men. Yet, clarity on how masculine identities can be socially conceptualized remains ambiguous. The sociologist Connell has criticized popular literature in which psychological theories emphasize archetypical

notions of "manhood" as lacking social dimensions such as class and inducing ethnocentrism. Similarly, he has criticized male sex-role theory, in which men are supposed to take on certain "roles," as reifying expectations and self-descriptions, exaggerating consensus, and bypassing historical change (1987[1], 1992, 1994). Instead, he has suggested that masculinities are relational: different masculinities are constituted in relation to other masculinities and to femininities through the structure of gender relations and other social structures such as class and colonialism. According to Connell, masculinities come in four categories: dominant, complicit, submissive, and oppositional or protest. He argues that contestation between these masculinities occurs and that these analytical categories are themselves fluid:

> Any one masculinity, as a configuration of practice, is simultaneously positioned in a number of structures of relationship, which may be following different historical trajectories. Accordingly, masculinity… is always liable to internal contradictions and historical disruptions (Connell 1994:73).

To help makes sense of this conceptual arrangement, Connell argues that certain constructions of masculinity are hegemonic in that they reflect and reproduce a social dynamic, while others are subordinated or marginalized. He argues that this hegemonic masculinity not only oppresses women, but also silences or subordinates other masculinities. Other researchers have put more emphasis on fluidity and multiple identities of masculine identities, suggesting that there can never be a totally comprehensive dominant masculinity that ever completely controls subordinates (Cornwall & Lindisfarne 1994). From this comparative cultural perspective, less agreement appears to exist on what masculinity means.

Masculinities and risk in India

In India, many males and females grow up in gender segregated environments. In addition, there is little or no sex education available to challenge stereotypical masculine and feminine norms. Many males and females perceive sexuality to be a taboo issue and

[1] Connell (1987) Gender and power: Society, the person, and sexual politics. Palo Alto, CA: Stanford University Press.

often associate premarital sexual behavior, including self-stimulation, with guilt and anxiety (Verma et al. 2004). The anthropologist Ramasubban (1992) argues that for many men visiting prostitutes is the most common way of gaining sexual experience, since patriarchal family norms place very strict controls on the participation of adolescent girls in sexual experimentation. Among more affluent families in northern India, a traditional institution is to invite prostitutes to perform songs and dances at the engagement ceremony for the son of the family. This institution reinforces the notion of the wife as mother and ritual partner, and the prostitute as sexual mate (see also Chandiramani 1998).

As a patriarchical institution, marriage in India is defined and controlled by men who negotiate the taking and giving of women in marriage between families. Through their reproductive capacities women can secure continuity of the family by producing sons and thereby maintain social identity. According to the anthropologist Ramasubban (1992), this male hegemony leads to alienation of women from access to power; women neither inherit nor own property, while men define the purity of their blood, the symbol of both her sexuality and her reproductive role. In major Indian classical texts and local proverbs, female sexuality is depicted as primeval and therefore potentially more powerful then social sanctions. Sexuality is considered dangerous and all devouring of women, and destructive to others, if it is not controlled and subordinated to the reproductive role. Arranged marriage at an early age possibly evolved as an institutional solution to this problem.

Few studies exists which explicitly attempt to link masculinity with sexual risk behavior in India, while only one such study exists for the Indian state of Uttar Pradesh (and Uttaranchal, now a separate state). Of those who have investigated this topic most of the attention (for good reasons) has focused on sexual violence and male forcefulness. In the case of Uttar Pradesh, Khan et al. (1996) reported that in rural areas many men presume that manhood means being able to force a wife to have sex at the time of marriage. Khan et al. reported similar findings for Gujarat in 1998, where a few men equated masculinity with forced sex with their wives, in case they failed to oblige their husband's sexual desire, and that pregnancy soon after marriage is an important indicator for establishing manhood.

Outside of Uttar Pradesh, Khandekar et al. (2004) engaged in a study on the link between masculinity and domestic violence by interviewing 45 men living in Mumbai slums. They identified teasing, coercion, sexual dominance and aggression to be related to various masculine notions such as the ideal woman as being shy and not responding to sexual advances. Those who do are identified as having a loose character ("chalu girls') and deserve to be teased and sexually harassed. Khandekar et al. reported that most of the men perceive sex workers as high risk for which condoms need to be used, but rarely are condoms deemed necessary with girlfriends, wives, other men, and hijra (eunuch) partners. The researchers note the important role of alcohol and drugs in influencing men to not use condoms, and the important, reinforcing role of peers in the justification of their risky and violent behaviors. Kumar et al. (2002) surveyed men in the Indian province Rajasthan and found that having children and sexual prowess emerged as critical aspects of masculinity. Any sexual weaknesses are glaring signs of unmanliness for all groups. Men in rural areas especially believe that a strong man is understood in terms of his capacity to satisfy his wife sexually. Women are seen as sexually voracious, unable to be satisfied even by four or five men. The man who is able to satisfy and control a woman from going to other men is considered masculine. This notion of male power and control seems widely prevalent in Indian popular culture, including Bollywood's images of manhood that celebrate an aggressive sexuality and violence wherein men have power and women do not (Alter 2001).

What is striking in all these studies is the assumption that manhood" can be defined under one masculine identity, kin to the idea of the dominant, hegemonic masculinity. Considering the vastness and diversity of Indian culture, this assumption seems premature. According to the historiographer Sinha (1999), Indian "masculinity" as it has been conceptualized has historical roots in the feminization of the colonized Hindu male in relation to a colonizing, militaristic British masculinity. Derived from such a historical power relation, Sinha argues that in fact there is no specific domain where masculinity necessarily or naturally belongs. Similarly, Shivananda Khan (2001) argues that when it concerns men having sex with men, misunderstanding among many health practitioners about the diversity of gendered sexualities in India is likely caused by lingering sentiments of 19th century colonial reductionism in which heterosexuality and

homosexuality were conceptualized as separate and removed. If masculinity is seen as a relational construct, a focus on the dominant masculine ideal might only worsen our understanding of risk behaviors. To what extent does this assumption hold true for the (bridging) population of males engaged in extra- and premarital sexual relations? What seems needed are perspectives on the relationship between masculinity and risk that are informed by localized knowledge, including ethnographic and qualitative research methodologies. This paper attempts to do this by using interview information to describe life-histories through which linkages between masculinity and risk behavior are contextualized. The study uses a unique qualitative dataset gathered among a high risk population in one of the emerging HIV/AIDS epidemic centers of the world, Northern India, in particular the Indian states of Uttar Pradesh and Uttaranchal.

Method

In this paper we use qualitative examples to describe linkages between sexual activity and risk perception from the male informants' point of view, or ethno-theory (see for an example Ramos et al. 1995). This method has the advantage of illuminating common sense knowledge through which an individual understand and views his world. Such knowledge is embedded in ongoing activities and not immediately visible by the informant, because it is taken for granted. Purposive sampling strategies were used to select approximately 20-30, shown in Table 1, men engaging in risky sex in each of the largest city in the four regions of Uttar Pradesh (Varanasi, Lucknow, Agra, and Jhansi) and the state of Uttaranchal (Dehradun,).

Insert Table 1 here.

Men were eligible if they had any non-marital sex in the past year and were recruited in two ways: 1) Willing participants among at STD clinics were identified by physicians, introduced to the project and referred to an interviewer if they agreed to participate; 2) Key informants in the communities where interviews took place contacted men they knew who may have had non-marital sex during the past year. A short screening interview was used to identify eligible men from both sources for the longer

interview. The in-depth interview explored men's life history and current situations with regard to socio-demographic and psycho-social factors, focusing on sexual behavior and networking. From the total sample of 127 men, interviews for 15 were selected from each of five cities for more detailed analyses, (n= 75). Selection took place by selecting for an equal distribution of respondents on key demographic variables (age, education, and religion).

The sample of 75 interviews were coded for general behavioral patterns using the qualitative software program *Atlas.ti* and analyzed for risk and masculine patterns. The coded answers were explored for potential patterns and associations within the sample using *Excel* spreadsheets. From this analysis, different strategies in which men cognitively reduced the stress resulting from their perceived sexual risk were classified. In addition to this, descriptive interview summaries and codes were used to cluster men in groups based on the extent to which their life histories had similarities or appeared to have taken similar paths. Criteria used include: how men generally presented their sexual self throughout the interview; how the interviewers physically and psychologically described them; their social and life histories including the form of initial sexual experiences; their general discourse in particular with regard to stereotypical notions about femininity and masculinity; and their stated position regarding women's rights issues. Additional criteria included general demographic and socioeconomic variables. Although not all men could clearly be clustered in one category or the other, in general a classification system was developed that allowed grouping based on certain masculine pathways encountered in the particular dataset.

Results

Population characteristics

Population characteristics for the sample of 75 interviews show that the average age of first sexual encounters (defined as coitus) was 16, with a minimum of 9, a maximum of 24, and a standard deviation of 3.5. When coded by type of sexual encounter, shown in Table 2, it appears that only a small minority of males, less then 10%, had their first sexual encounter with their wife.

Insert Table 2 here.

Instead, 2/3rd of the males (n=48) had casual sex with either a village girl (n=18), a schoolmate or on the way to school (n=13), an older married woman (n=10), or another relation such as at a wedding or with a sister-in-law. 64% of the sample indicates to be married, and the rest unmarried (except for one widowed male). In terms of their living situation, the sample is almost equally distributed in four categories: males who live with their wives, males who (still) live with their family, males who live with their wives and family, and males who live alone. About 30% of the males indicates to never really leave the house, 10% says they do it for days, 25% for weeks, and 36% for months on end. 72% says he is Hindu, 23% Muslim, 4% Buddhist, and 1% Christian. 43% earns less then 5000 rupees a month, 40% between 5,000 and 15,000 rupees, and the other 17% more then 15,000.

The interviews were clustered in mutually exclusive categories based on the informants descriptive opinion of condoms and how they said they used them. Doing this, all the Atlas.ti software codes that related to "condoms," "aids," "STD" and "risk perception" were recoded. Four separate clusters were found which seemed to organize condom use.

Insert Figure 1 here.

It is striking to note that in this sample less then one quarter always uses condoms. The majority apparently takes "risk", or presents themselves as taking risk. However, this risk taking is not uniform: 32% mentions to never use a condom, 33% only with risky partners, and 11% when pressured, including birth spacing. The total diversity and frequency of strategies men mentioned to reduce stress associated with perceived risk is shown in Figure 2.

Insert Figure 2 here.

Masculine risk identities

We will thematically present one case study from the 8 different clusters of masculine behaviors identified in the interview sample. Although each of the stories is unique, since each person is unique, and while we do not claim to be comprehensive nor mutually exclusive, we believe that together these stories represent a set of sociocultural influences on masculinity which are dominant in the larger universe of interviews. The themes are summarized in a model shown in Figure 3. In this model, each of the sociocultural themes can be seen as a proximate determinant of masculine risk identities since all larger contextual variables are filtered through these more immediate influences. Each of the sociocultural factors has a different impact on a man's risk identity depending on his personal life trajectory and socioeconomic and demographic variables, such as housing situation, age, education, migratory status, income, and caste.

Insert Figure 3 here.

Chronic alcoholism

He works as a warden in a hospital at the STD clinic and lives with his wife and family in Dehradun. He has been drinking since he was 12 years old. Together with his friends, they stole alcohol and drank daily in the evening in the orchards. His alcohol habit caused him to drop out of school and just hang out in the park. The group of 15 boys found ways to dominate the dating scene in a park and make friends with the girls. In his descriptions of the women he meets, reference to alcohol is often made.

> I have a habit of drinking so I need money for that, so she has been providing me with the money. And her husband has left her and she was even herself was bringing liquor for me and after drinking.

He explains that he found a place to have sex with her and other girlfriends by inviting a caretaker of a piece of property to drink with him, "and once if you provide him with liquor than whatever you do he is not at all concerned, that what you are doing." The

women he meets are not professional sex workers, but poor women who collect dry leaves from the forest. Unable to survive from their income they exchanged sex for his money, and his liquor. The intrusion of alcohol in his life has also influenced his belief in his sexual potency: "And when I am drunk and doing things than these ladies ask me that if I am using some kind of drugs because then I can stand for forty, forty-five minutes." He does not use condoms. When drunk, condoms are easily forgotten. According to him, the women he has made relation with always discouraged him from using condoms, because they say they don't enjoy it with condoms. Neither does he. Being associated with the hospital, his risk-reducing strategy is instead one of getting himself regularly tested on STDs and HIV. In addition, he says that he has tests done with women with whom he has sex, except with teenagers who he assumes had little sexual exposure. He also uses "Savalon," an antiseptic lotion, to clean himself once he is finished while stressing to the interviewer his intentions to reduce his interactions with his girlfriends.

Boundary experimentation

When he was a young boy, his curiosity and knowledge about sex came from sensationalist media magazines describing rape cases.

> As people were often reading magazines like *India Today* or *Nutan Kahania* and other magazines so we were picking particularly those, which have exciting sexy covers. We were much interested in reading rape cases, because it was written how the whole act was performed; how they were catching, holding, grabbing, this all was giving a new sensation.

Armed with this knowledge, his first sexual experience was with a 10 year old village, neighbor girl, where he lied on top of her and told her to be quiet, despite her resistance. Although he makes extra efforts to emphasize his moral intentions to not do things forcibly when describing the relationships he had afterwards, in one incidence he and a friend take a woman forcibly into a car, and an attempt to sexually assault her:

> We slowed down and pulled her inside the car. She screamed so loudly that we had to race our vehicle as two of the villagers started chasing us. We were only able to touch her from above the clothes and squeeze a little, later we left her.

He describes his goals as gaining new experiences and to observe how women react to his behavior, including an interest in anal sex. This also includes homosexual experience with some of his friends masturbating each other and having oral sex while watching blue films. He emphasizes that he only had one single encounter with a boy, and that his behavior should not be seen as homosexual since he was warned in time that this boy is habitual, and he avoided anal sex: "When he performed orally to me than for a moment I thought I should have anal sex with him; but I don't feel like doing with boys." Not identifying himself as "habitual," he explains that he is really interested in finding a woman who is "not like the usual one you get in brothels or the professional one."

When it concerns his risk attitude, he advises others to not use a condom, particularly with your wife and other regular partners, because it is "much too good." He explains that he evaluates a woman's health status, and if there is no record of contagious diseases he engages sex without using a condom. Generally, he has heard AIDS goes around in brothels and he believes that they should close these places down. It brings him fear: "As I am sitting here right now and if I read an article on AIDS then I will start feeling nervous. That's why I avoid reading anything on this."

The socialized sexual encounter

His use of alcohol is not habitual, but social. He speaks about alcohol as if he is speaking for a group: "…we need it, we definitely need it," and "when other people drink, then I also drink." He first picked up this habit when he ran away from home for seven months to explore the big city of Bombay. There he met friends, and this eventually led to his first sexual experience with a sex worker, "in the name of that friendship. I got the information that by doing this and that you get lots of fun etc so someone took me there. Everyone went inside. I also went inside." The social environment through which this encounter was organized illustrates the importance of friendship circles as places to exchange information about sexual knowledge, including rates, places to go for something special, police, which women are "looses", etc. Yet, the social circle through which such information is shared is not accessible to all. For reasons of privacy, only some friends are trusted. What binds the men is that there is a shared sense of immorality and secrecy which is part of their group identity: "I go with the

friends who go there all the time. Then there is no fear: they are also thieves and so am I." The friendship circle in this case appears to impress the notion that "real fun" lies in adventure, and not in property. This consumerist attitude seems to suggest that once you own something you lose interest.

> My friends used to say that "she is your own property, this is your wife, whenever, you want you can sex with her but you should try outside also." They said that if I tried outside then I would enjoy more and then I would really get heated up and carried away and go out with them.

Further, the justification to engage in sex with for sex workers lies in boundary maintenance, where a man can remain a strict gentlemen with women of the neighborhood and social importance, while getting the apparently needed sexual adventure and enjoyment with sex workers in private. The maintenance of this situation is through the friendship circle which lasts beyond the marriage, and is hard to break. Meat-eating and alcohol are symbolic for the looseness of the situation. By pointing the blame for this behavior to his group of friends, in some ways his negative self-evaluation seems socially distributed and therefore tolerable. Attempts to move away from sex workers and focus on girlfriends appears often unsuccessful because the investments take much more effort and are seen as a "waste of money." What prevails is the habitual interaction with sex workers outside of the wife. Disease prevention does not fit this context since the goal is social pleasure. Risk-taking is motivated because it makes one stand out. Although some male groups have knowledge about STD and help protect each other, this seems to not be the norm. The one time that this man got an STD his friends went to a doctor and got some medicine, which easily cured the problem. His attitude is one of invulnerability because the problems are not seen as serious enough. He says no woman ever asked him to use a condom.

Psychological vulnerability

He was 10 years old and ran away from his home. There was no food in the house. His parents fought all the time, and his mother had physically abused him a lot. His first sexual experience was with a local girl who forced him to have sex; otherwise she would

scream. He was worried about his reputation. He married his wife when he was 16, and she was 10, and they immediately lived together. After the wedding ceremony he appeared shy to initiate sex with his newly wed wife and his friends made fun of him accusing him of being gay. When it did happen after a few days of waiting he explained he wanted to prove to his friends he was "a man" after all. After being married two years he had a relation with another woman from the neighborhood. She would come by and ask for money, which he gave her. One day she came by and said that they should have sex, so he did, after which his second wife caught them and he stayed away from home for a week. In addition to girlfriends, he also visits sex workers. Although these visits are ridden with guilt, he justifies it by pointing at his perception that "so many people do it and that is when they commit mistakes." The prostitutes play more then a sexual role. Some of them he would like to marry, but his second wife would not allow it, nor does he trust entirely that they would be able to take care of his children. In addition to these visits, his sexual energy is channeled through blue films he enjoys with a group of married friends while cooking meat and drinking beer. He is not scared of sexual diseases because he indicated that "he rarely gets fever or colds." When asked if he believes he could ever get AIDS or any other illness, he replied

> I do not believe in all these things. The reason for me to go there is because I think after few months and years I will be not having energy to do so and that is why I want to do it now and have as much fun. I am not scared of AIDS.

Status and money

When asked what life experience greatly influenced him, he mentioned that "if you have money then you have friends, and if you don't have money than you don't have friends." With regard to women he mentioned that "one loves his wife." When asked if he had ever fallen in love with another woman, he mentioned that there were many but he never thought of marriage because caste was always coming in between as a hindrance, "and I can't break the conventions." He recounts his twenty or more sexual experiences as casual, "like you have tea while traveling and dispose the earthen mug after that." He had many types of relationships, and stresses that "any man wants to have relation with a girl of his age or with a girl younger to her not with a woman older to him." His primary

struggle appears to be against the caste and family conventions which he himself is adhering to.

> If it would have been in my hands I would have abolished this marriage thing because there is lot of hassle. Because after marriage you get child and all and then you have look after them and there is lot of social constraints. And with a wife also one does have sexual relations, but they don't earn and feed you. In case of girlfriend there is no such hassle, as I don't have to think about them. The only one thing which you have to think about is that she should not get pregnant.

Yet at the same time, he affirms that "we cannot break the rules of society." Melancholically, he adds that I he did not have a family he would live in Goa and daily indulge in sex with a new girl every day.

> It could be because before marriage I didn't have the way to talk to girls properly and after marriage I come to know things and learn things from my wife. I want to do it in a different way with each of the girls.

His risk attitude is simple: he does not use condoms. He only used them once or twice and only because the girl insisted, because she was afraid to get pregnant. He explains that he checks out if his potential partners have relationships with other men, and if so, he uses condoms. Since he learned about AIDS, he says he has become quite cautious, and stopped indulging in sex with commercial sex workers. This risk attitude was further confirmed when a friend of his experienced a painful STD. He compares AIDS to an incurable cancer and had himself tested when he donated blood.

Cleanliness

He had sex with over twenty women. He describes how the decision to not continue having sex with one married woman, even though she wanted sex with him, was because of the risk of disease: "…and I thought that what if I get AIDS, then what will I do because her husband too had been screwing her!" Similarly, he never went to a brothel because he sees these places as "dirty." Nor did he engage with "such women"—professionals but also girls who flirted with the workers for other reasons—when they

came to the factory he worked during night shifts. He explained he only got carried away a few times at this job, but that these girls were either unmarried or virgins. As such, they did not pose the same risk as the other women he described. In the interview, he similarly describes relationship he had with boys he worked with as a driver as safe.

He agrees that condom are good because they prevent against AIDS, particularly with someone unknown to you. Yet despite this awareness, he explains that after using condoms three times he gave up on them. Four years ago he had an STD which cured itself. He has seen information on posters from which he learned that if one indulges in sex too much then one could get AIDS and that one should use a condom. Yet, he does not know how it spreads. When the interviewer asks him how this knowledge has affected his behavior he responds that he had not since made any sexual relations. As the questions proceed it becomes clear that his sense of invulnerability comes from the notion that he "is fine and healthy." In search of a partner, his risk attitude seems one of conscious repression of sexual risks with the aim of keeping up a sense of normalcy:

> See if I will try to get too much awareness then I will die half like that in tension only because if I even have this infection but as I am not aware of this till now so I am quite happy and living normally. I am doing fine and I am devotee of Lord Hanuman and I have to serve him.

Securing sexual access

His first sexual experience was with a prostitute. His friend asked him if he knew about brothels in Agra and then convinced him to go. This experience turned into a habit. Because of his regular visits he started to fear being seen by someone he knew. He eventually decided to move out of Agra to Delhi to secure his privacy. There he picked up a shoemaking job and became a daily client at one of the local brothels. The relationship with the sex workers appeared to not be all the same. In some instances, prostitutes gave him extra time, and he gave them time in return. In some cases, his relationship would turn romantic, yet he never considered marrying any one of them, nor did he pursue having sex with them without paying.

> At times I have been going to some different girls at the brothel but they all were in a hurry of grabbing new customers so that's why I have been going to that

> one same woman over there because she was talking nicely to me and was giving me proper time. She wanted me to take her along with me from there as she wanted me to pay money for her to her owners, over there in the brothel. And I even gave her false assurance that I will pay her owners the money but for that she will have to wait for some time. And this I have said, so that it should continue in the manner it was going on and that she should not get this feeling that I just came to have sex with her. She should continue to pay the same attention which she had been paying to me.

Most of his encounters with sex workers did not happen with a group of men. In fact, he dislikes going with friends because it always creates chaos and hastiness. More manageable to him appeared to be sharing the experience with only one other man. He is uncertain why he continues to visit all these women, yet explains his believe that his sexual need is too large for his wife to satisfy alone. He emphasizes his need to always be able to have sex when he wants to, and be satisfied. For this reason, older women seem much more reliable, and it is this quality which he seeks.

> And I want one who should never say 'no' to me for sex and I don't want to wander like that today I am going to someone and tomorrow I am going to someone else. I just want to have one who should sexually satisfy me.

He does not really accept a "no" from women, nor does he like women to use condoms. Once a prostitute insisted on the use of a condom and he simply pulled it off while having sex without her noticing. His risk attitude seems to be a combination of selfishness and ignorance. He is not worried about STDs. He did get an STD once, but does not relate it to sex. He mentions that people who have AIDS would get thin and lose their diet, and he has not experienced this; he feels healthy. After learning about AIDS he has started to change his behavior somewhat in that he has sex less with different women, and washes himself: "and if I have sex with someone outside and after that it is not that I directly go and have sex with my wife. I clean myself first then after that I have sex with my wife." He mentioned a test would be good, but the motivation is again lacking because he has not have any problems so far.

Trust

He is forty years old, a Muslim, married and living with his wife. He received a bachelor's degree and works as a pharmacist. During his youth he describes himself as a cute little fat kid women liked to hug, and this is where sexuality started for him. Being the youngest in the family of four brothers he received a lot of love and attention from his family members. His eldest brother had many girlfriends who came to visit them and girls his age were constantly present. It all was a playful way of exploring sexuality: "When a function was taking place in the home and if girls where coming, I used to touch them. But that was a friendly approach." After his first sexual intercourse with a more experienced village girl this habit spread to the girls who had been regularly roaming his large house since his childhood. Their only caution was to avoid pregnancy, for which he withdrew before ejaculation.

When he was 22 he went to Lucknow for studies and mentioned that this "became the cause of his desolation." Working at the registry he met too many women, including those who wanted money for sex, but he was cautious having sex with them. Through befriending women he was able to evaluate their behavior and get a sense of their sexual interactions with others. He behaved properly and this according to him made him an attractive partner for the women. When he trusted a girl, he allowed sex, and this happened many times whenever his wife had gone to the village during their children's vacation period. He never went to a brothel, although he did spend quite a bit of money on his girlfriends as he "never cared for the bill."

> It was basically physical, but at times, I was emotionally touched. And for that matter you can never say that you or any girl doesn't get emotional involved though that's a different thing that ultimately you head for physical only.

Yet, his emotional vulnerability to women led him to fall in love with another, married woman. The relationship continued for about four years and reached a stage where she would spend night and day with him, leaving early in the morning to avoid becoming the gossip of the community. His wife lost trust in him, and even his children knew ("papa is involved with that girl") and turned against him. This made him suffer a lot. They solved

their emotional attachment by hoping they would see each other again in their next "nativity."

He still has various long-term sexual relations with some of his girlfriends. He explains that these relations persisted because his sexual potentiality is much higher than that of his wife, who does not have much interest in these things. He explains that he uses a condom with some of his girlfriends, but at times, particularly when there is no condom available at his house, he does not: "there is no risk of diseases as most of the girls are belonging to families and I don't think that they besides me have relation with someone else. Some of them have tasted sex with only me as I took the initiative." His attitude toward gay sex is strikingly negative.

Statistical association to condom use

Building on the way in which males presented their condom use, we charted the association of condom use with the thematically clustered masculine identities described above. Despite the small sample size and subjectivity inherent to qualitative classifications, the result illustrates the potential link these masculine identities have to risk behaviors. Notable is the risk taking behavior of interviews classified under drug addicted, psychologically vulnerable, and partner seeking males, as opposed to the risk averse behavior of the males who tend to build trusting relationships and engage in boundary experimentation. We believe more rigorous statistical measurement should improve these associations and provide potentially important insights in the link between masculinity and risk behavior.

Insert Figure 3 here.

Discussion

Increasingly, the notion that there is not a single masculinity, but rather multiple masculinities, which vary within and across time, space, and cultures has become more popular (Connell 1994). The concept of masculinity is theorized to be fluid in nature and its expression, with its construction and reconstruction changing with changing contexts (Cornwall & Lindisfarne 1994). This study analyzed a sample of 75 Indian men engaged

in pre- and extramarital sex from the states of Uttar Pradesh and Uttaranchal, The results show how masculine identities and associated risk behaviors are diverse, although some patterns will be described below. Further, among this risk-taking population of men no single, hegemonic masculine risk identity could be identified. Instead, eight general masculine identities were found which in one way or the other influence a men's risk taking behavior. We believe the presented model can be helpful in providing intervention specialists with a toolbox to identify at-risk populations by focusing on masculine behavioral traits. In this discussion, we will summarize some lessons from the cases using key themes.

Alcohol and other drugs are encountered at two levels, an addictive need and a recreational inhibition lowering tool (although the boundary between them at times might be ambiguous). Within the circle of friends, alcohol in particular plays a dominating role in providing the social context for reducing barriers before the socially shared sex worker experience. For men enjoying pre- or extramarital sex by themselves, alcohol also plays a role in lowering inhibitions, although the importance is less emphasized. In the addictive sense, one of the cases demonstrates how alcohol continued to organize his masculine identity from the day he dropped out of high school. Although his use seems to have started within a circle of friends, the relationship between alcohol and sex never left this man's masculine identity: sex is used to receive alcohol, and alcohol is used to receive sex, bribe others to use their place for sex, and even to extend his sexual potency[2]. Although such lowering of inhibitions has a social function, drugs also introduce an element of resistance against condoms and responsible preventive behavior due to the impaired ability to make sound decisions. In the case of the alcoholic, sexual risk is managed opportunistically through the use of job-related access to testing, and trust in a lotion. In his haze, this man seems to take the highest risk of all.

The socialized expression of masculine sexuality both provides opportunities and hindrances. Opportunities to enhance their masculinity are created because of the increased capacity to identify and find women who are "loose," by having a topic and audience to talk and boast about themselves, to reduce inhibitions during the negotiation

[2] Other drugs, in particular *bhaang* (but also marijuana) play a similar role in the enhancement of masculinity to men, since it increases the duration with which men can have sexual intercourse.

for sexual access (paid or not), and share knowledge about risk. Yet it also introduces issues of privacy and trust as well as chaos and hastiness during the sexual encounter. Moreover and depending on the particular group, competitive group dynamics tend to introduce the notion that risk-taking is cool, including a negative attitude toward condom use and high frequency of sexual encounters with sex workers. At the same time, the socially shared experience motivates the notion that outside sex is justifiable, normal, and even more "real" than sex with the always accessible wife at home.

Several of the cases involving status and money, securing sexual access, and trust issues show how men want to confirm the notion that their masculinity means that they are different than other "normal" men. Their goal is to make a woman feel that they are a unique person who is able to engage in sex the way no one has done before. This masculine vibe is particularly apparent among men who have found the hastiness and consumerist attitude of sex workers bothersome. Being unique appears to be a status issue, since it creates emotional dependence of the partner, and thus leads to power. Often, such an attempt to express their uniqueness propels the men to have sex with many different women. In some cases, uniqueness equates to engaging in friendships with women and fostering a responsible attitude. However, this also introduces sexual risk, since trusting relationships often mean reducing condom use based on the idea that the sexual behavior of their partners is known.

Masculinity to many men also appears to be confidence in the ability to straddle the boundary of risk. In particular knowledge about which woman is "dirty" and which one "clean" is often quoted and part of man social interaction, since it helps distinguish when one should worry about sexual risk and when not to worry. In general, a simple continuum is drawn in which having sex with women from brothels is risky, household women and girlfriends are less risky, and virgins and young boys are virtually safe. Strategies to ensure safety include checking the sexual history and status of partners before having sex and monitoring their behavior. Central in this latter case is the issue of trust and the quality of communication between partners, or the permanency of the sexual relationship.

In opposition to those who embrace the fact that STDs and AIDS have changed the playing field of sexual desires, some men intentionally ignore information about these

diseases in order to maintain a sense of normalcy. The motivation for this attitude often seems rooted in a sense of entitlement to uncomplicated and "real" sex, in which there is no place for a condom which breaks the flow of the encounter. Condoms are preferably seen as contraceptive devices, and nothing more. Often men project that females also like it better without condoms and that it is them who do not want to use them, even though few females (sex workers) are in the position to ask without risking losing their partners (clients). In this situation, masculinity means an active repression of risk because of a wish to maintain a normal, stress free ideal. Sometimes reference to inescapable faith or religious destination helps this goal. When STDs are encountered, they are ascribed to something else, or said to have disappeared by themselves.

Many men are under the impression that their sexual needs far exceed that of their wives, and this notion justifies their extramarital relationships. Masculine notions of sexual needs also seem to lead to an active repression of women's rights by maintaining the boundary between sex with their wife as reproductive only and sex with others as experiential. Within this context disease concerns and the right to refuse sex only exists in the non-marital world, and marital forcefulness can be maintained as a masculine right based on the societal ideal of procreation. Still, the emotional relationship which some men have with their wives leads to a sexual experience which far exceeds anything they experienced outside; the reason to go outside is most commonly a lack of accessibility or a "change of taste."

Western notions of strictly separate hetero- and homosexuality do not apply to this group of men. Although in one case gay sex is actively disliked and reacted to with some aggression, most men in this study report a certain openness to bisexuality, and in at least three of the described cases male sex is engaged in with some frequency. The crucial distinction between masculine identities drawn here is based on the idea that some men are "habitual" to all this, as opposed to the men interviewed who all say they are not. While occasional and in particular youthful male sex is seen as normal, habitual gay sex is more often disliked and not fitting "mature" masculine behavior. In most cases, male sex seems to be equated as sex with boys. This situation introduces risk since boys are often perceived as less risky, while condom use is mostly associated with female prostitutes and contraception.

Finally, presenting life histories as opposed to atomized quotes from various anonymous cases illustrates the importance of youth and certain incidents in the developments of masculine identities as they relate to sexual risk. In our alcoholic case, masculine identity was formed after dropping out of school and spending his time in a group of friends drinking in the park with the main goal of finding girls. In the case of the boundary exploring man, sexual information in his childhood came mostly from magazines portraying rape cases which influenced his attempt at rape and his presumed opposite emphasis on making sure his women are satisfied. The case in which a man (then boy) was beaten by his mother and ran away from home is one in which emotional instability has created a shyness and resulting vulnerability with sex workers and girlfriends. The man who is taught to conform to high status societal tensions from an early age by restricting his sexual exposure suddenly finds after marriage an obsessive need for new sexual experiences. The young man who has his first encounter with prostitutes in an isolated environment becomes dependent on their sexual access. The boy who is playfully able to learn about the desires and emotions of girls in his youth finds a way to build trust within his relations, but eventually fails to prevent falling in love with a girlfriend and risks ruining his marital life.

In conclusion, the cases presented illustrate once more that masculine ideals of sexual conquest, experimentation, and entitlement are major contributing factors to risky sexual behaviors. These behaviors include early and unprotected sex, sex with multiple partners, and a repression of women rights. Yet, what these cases also demonstrate is that it is not necessarily so that risk behaviors are an expression of a failure of masculine ideals. In each case, masculinity finds its expression differently, and no single referential image about how a man is "supposed to be" guides any one of these cases. The men presented just are who they are, and their stories reflect ways in which their masculinity has adapted to their particular situations, needs, and life events.

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Addendum I: Maps, Tables and Figures

Map 1: Five study sites in Uttar Pradesh and Uttaranchal, India

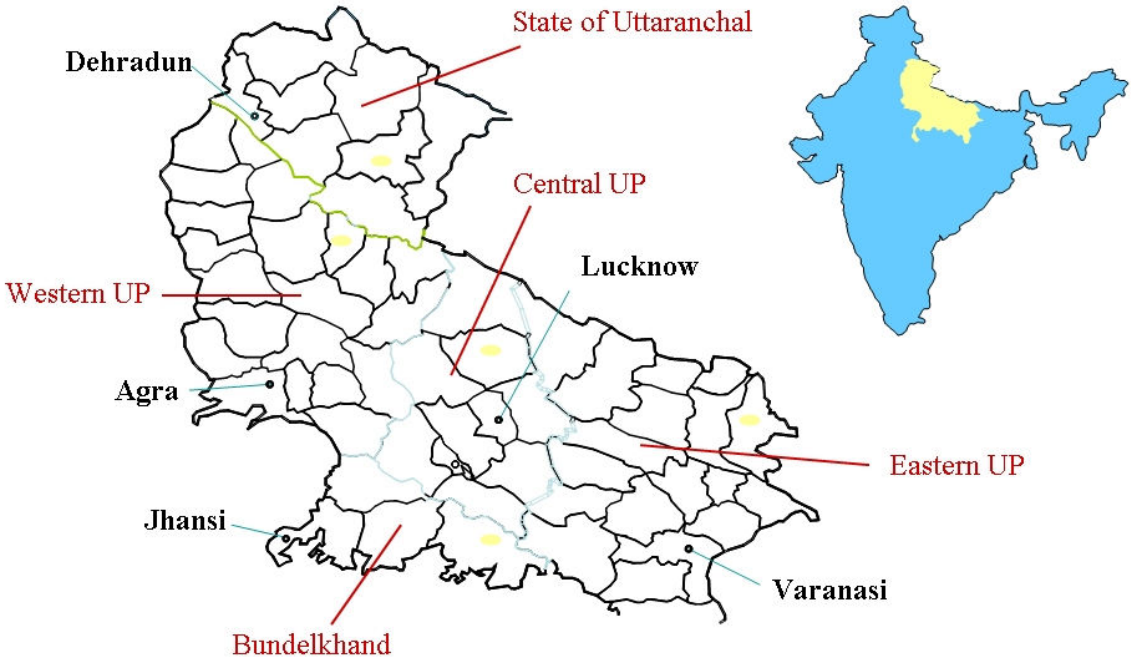

Table 1. Total sample population at five study sites

City	Frequency
Varanasi	25
Lucknow	29
Dehradun	28
Agra	25
Jhansi	22
Total	129

Table 2: Type of sexual encounters

	Frequency	Percent
Casual	48	66.7
Paid	13	18.1
Wife	7	9.7
Boy or male	4	5.6
Total	72	100

Figure 1: How men present their condom use

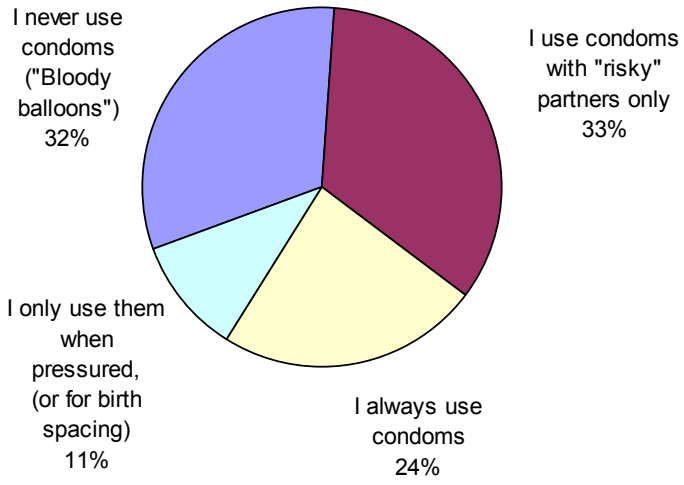

Figure 2: Strategies to reduce stress associated with perceived risk among 75 men.

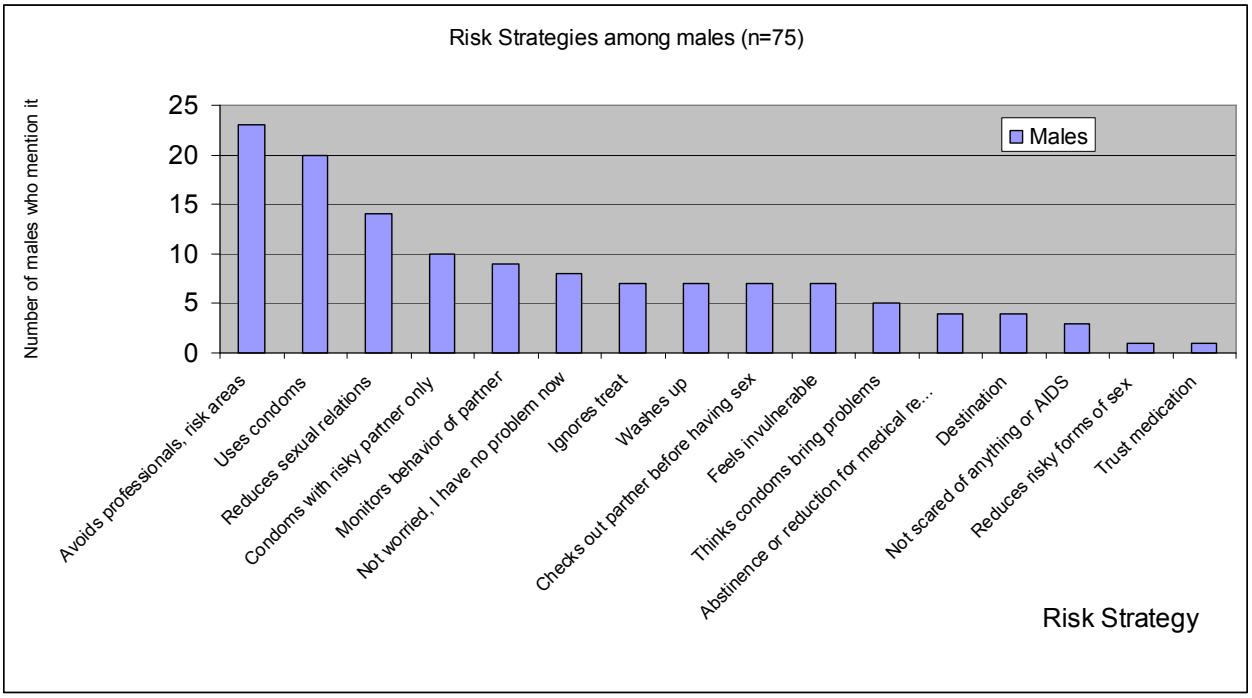

Figure 3: Model

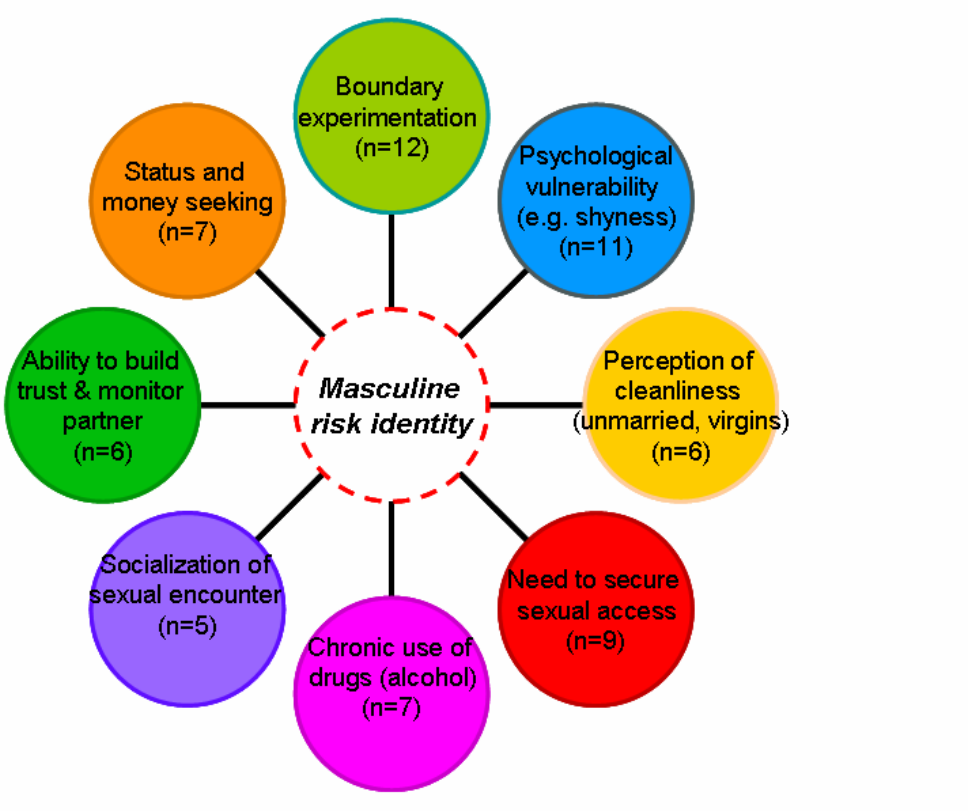

Figure 4: Condom use by masculine classification (n interviews)