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Digital media and the Internet for HIV prevention, capacity building and advocacy among gay, other men who have sex with men (MSM), and transgenders: Perspectives from Kolkata, India

Rohit K Dasgupta

University of the Arts London

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Digital media and the Internet for HIV prevention, capacity building and advocacy among gay, other men who have sex with men (MSM), and transgenders: Perspectives from Kolkata, India

Rohit K. Dasgupta

Abstract

Increasing HIV infections among gay men, other men that have sex with men (MSM) and transgender communities coupled with the low impact of traditional HIV prevention and capacity building approaches in enabling access to health services are a serious problem in India. This paper reports on how an HIV capacity building charity, Solidarity and Action Against the HIV Infection in India (SAATHII), used digital media and the Internet to transform HIV prevention across India. Beginning from Kolkata, India, I describe the design and launch of the SAATHII website and an online resource centre. The project illustrates how through digital media and the Internet, SAATHII was able to widen access, advocacy and information dissemination among multiple audiences to complement traditional community mobilisation HIV prevention approaches. To conclude I reflect on SAATHI's work with digital media and the Internet from a brief overview of postcolonial and queer perspectives on Indian masculinity and sexuality. I provide my reflections as an emerging South Asian digital queer scholar based on my experiences in Kolkata to disrupt dominant approaches to HIV prevention in India so as to better meet the challenges of developing AIDS-resilient communities.

Keywords: advocacy, capacity building, digital media, HIV prevention, India, Internet, Kolkata, *kothi*, MSM, SAATHII.

Introduction

Gay men, other men who have sex with men (MSM) and transgender individuals in India are at higher risk of new HIV infections than other men (NACO, 2008). Due to the broader disempowering national social and legal frameworks that criminalise and 'regulate' their behaviours, they face robust hostility from mainstream health providers (Khan, 2004; World Bank, 2009). The availability of Voluntary Confidential Counselling and Testing (VCCT) services does not appear to have alleviated apprehension among gay men, other MSM and transgender communities in accessing health services. Despite the decriminalisation of same-sex relationships with the reading down of India's Section 377 in 2009 (Misra, 2009), the biggest challenge for HIV prevention and capacity building approaches is the lack of tailored healthcare provision specifically designed to meet their needs. This situation is made worse due to the structural violence experienced by gay men, MSM and transgenders, and the lack of understanding of the complexities of their sexual practices among healthcare providers (Chakrapani, Newman and Shunmugam, 2008). Solidarity and Action Against the HIV Infection in India (SAATHII) is at the forefront of challenging and tackling social stigma, discrimination and violence towards gay men, other MSM and transgenders in India through its innovative use of digital media and the Internet. This paper reports on lessons learned from the experiences of SAATHII's use of digital media and the

Internet to address issues around stigma and discrimination, support expanded access to HIV and AIDS services among gay men, other MSM and transgender communities in Kolkata, India.

HIV stigma and discrimination in India

Despite the decline in adult HIV prevalence in India, new HIV infections among MSM and transgender populations continue to rise (NACO 2009, 2010). National surveillance data (see Figure 1) provides evidence that the MSM populations in West Bengal accounts for 5.61% of the HIV prevalence in India, followed by Orissa (7.37%), Maharashtra (11.80%), Delhi (11.73%), Manipur (16.40%) and Andhra Pradesh (17.04%).

Globally, it has been reported that despite the scale up of targeted HIV prevention to gay men, other MSM and transgenders, entrenched stigma and discrimination impede prevention efforts, resulting in proportionately higher HIV incidence among these vulnerable groups. Although 5-10% of HIV infection worldwide is attributed to MSMs, only 1.2% of the entire funding for HIV prevention is geared towards this group (MSMGF, 2010), making it one of the most underfunded groups among populations at risk.

State/Union Territory	Antenatal clinic HIV prevalence 2007 (%)	STD clinic HIV prevalence 2007 (%)	IDU HIV prevalence 2007 (%)	MSM HIV prevalence 2007 (%)	Female sex worker HIV prevalence 2007 (%)
Maharashtra	0.50	11.62	24.40	11.80	17.91
Manipur	0.75	4.08	17.90	16.40	13.07
Meghalya	0.00	2.21	4.17	...	...
Mizoram	0.75	7.13	7.53	...	7.20
Nagaland	0.60	3.42	1.91	...	8.91
Orissa	0.00	1.60	7.33	7.37	0.80
Pondicherry	0.00	3.22	...	2.00	1.30
Punjab	0.00	1.60	13.79	1.22	0.65
Rajasthan	0.13	2.00	...	...	4.16
Sikkim	0.09	0.00	0.47	...	0.00
Tamil Nadu	0.25	8.00	16.80	6.60	4.68
Tripura	0.25	0.40	0.00	...	...
Uttar Pradesh	0.00	0.48	1.29	0.40	0.78
Uttaranchal	0.00	0.00	...	...	...
West Bengal	0.00	0.80	7.76	5.61	5.92

Figure 1. HIV prevalence within MSM and transgender communities in India, (NACO, 2010)

Violence, stigma and discrimination make it difficult not only to estimate HIV seroprevalence accurately, but also create challenges for effective HIV education and prevention among gay men, other MSM and transgenders in India (Chakrapani, Newman and Shunmugam, 2008). Internationally, evidence of human rights violations against sexual minorities and HIV and AIDS peer outreach workers in community and healthcare contexts continues to exist (Gutierrez et al., 2010). Research further suggests that despite the continued mobilisation of marginalised communities to challenge stigma and discrimination, changing the wider social context requires building more effective and targeted structural change approaches to reduce HIV infections among MSM and transgender communities (Campbell and Cornish, 2010: MSMGF, 2010).

Gay men and other MSM and transgender who do not necessarily identify as 'gay' or 'MSM' remain hidden to HIV prevention and outreach programmes (Boyce, 2007; Dutta, 2009; Deb et al, 2009). This includes *panthis*, who are the masculine partners of

the *kothis* (Dutta, 2009). *Kothis* is a term generally used to describe transgenders in India (Cohen, 2005; Khanna, 2007). Married men who have sex with men also remain 'hidden', often not receiving sexual health and HIV prevention information. This also applies specifically to *kothis*. These groups frequently remain outside targeted HIV prevention because it is hard to identify and reach them (Ramakrishnan, 2007). Despite the targeted interventions provided for visible gay men, other MSM and transgender communities (NACO, 2007) certain groups, due their invisibility, remain at higher risk for HIV infection.

It is also important to note that I view the continued use of the normative categories of 'MSM' and 'transgender' as problematic when the individuals being referred to can find these terms demeaning and irrelevant. While I use them in this paper, my experience suggests it is hard to believe in a singular 'MSM' or 'transgender' with a homogenized experience. Thus, I use these terms only because they are the dominant tropes, recognising they are specific subjectivities indexed by the fields of power of HIV and international development research and policy (Gosine, 2009). In this paper, I draw on the contextual backdrop presented above to consider how the use of digital media and the Internet can reach out to multiple audiences and particular groups of gay men, MSM and transgenders who remain 'hidden' or invisible.

HIV prevention, digital media and the Internet in India

A key challenge to the impact of existing HIV prevention approaches has been the widespread impact of the Internet on gay men, other MSM and transgender communities. This is especially true in Kolkata India. This is due to the ubiquitous access to the Internet at home and in public Internet cafes. Many MSM in Kolkata and across India access the Internet as a major resource in helping them acknowledge and 'gather more information about their sexuality' (Sahani, 2008, p. 85). Popular websites such as [PlanetRomeo](#) and [Guys4Men](#) work to shape sexual expectations, norms and practices of gay men, other MSM and transgenders (Silveira, 2010). These popular sites are used for socialising and 'hooking up' and provide anonymity for users who do not want to disclose their sexuality.

Shaw (1997) points out that whilst heterosexual people have access to participate in conversations outside the chatroom, for example the bar or a store to find a potential sex partner, not as many opportunities and options exist for homosexual or *queer* people. I prefer to use the identity marker queer for the purposes of this paper. The chatroom, and by extension the Internet, provides the means for queer people to meet and socialise instantaneously. Shaw (1997) puts it this way:

> In the gay world, a gay itch is satisfied by going out to a club or a party which requires a certain time commitment, while IRC is literally at my fingertips (at work and home). (p. 138)

Following Shaw's line of enquiry Mowlabocus (2010) points out that this relationship between the online world created by new media technologies and the offline world of an existing gay male sub culture complicates the questions concerning the character of online communities and identities. He says that 'the digital is not separate from other spheres of gay life, but in fact grows out of while remaining rooted in, local, national and international gay male subculture' (p.7).

Mowlabocus's statement about the digital being rooted in the local gay male subculture is important in understanding queer cyberspace. I shall argue whilst anti discrimination laws exist on a national level in the United Kingdom and some countries

in Europe and parts of the United States of America, sodomy laws still exist in most parts of the world and until as recently as 2009, homosexuality was criminalised in India. It is within this hostile atmosphere that I situate queer men using the Internet.

Prior research in India has shown how digital spaces have evolved and changed perceptions of cruising, anonymity and safe sex (Seabrook, 1999). Ten years on, Internet social networking and dating sites have begun to take sexual health information and awareness seriously (Mowlabocus, 2010; Clift, 2010). As Figure 2 below shows, PlanetRomeo regularly hosts discussions on sexual health issues including HIV prevention. Both PlanetRomeo and Gaydar have started making sexual health information prominently available on their website. PlanetRomeo announced in 2009 that they would only offer porn films for download which depict safe sex and have explicitly stated they will not endorse or host bareback porn films for their users.

Little critical analysis exists in the research literature to develop the evidence on the use and impact of these informal digital HIV prevention approaches or the extent to which they prevent/do not prevent new infections. To date, there has not been a serious effort to link these types of intervention with large scale public health and face-to-face community mobilisation efforts in India. Furthermore, these commercial websites lack a sustainable commitment to fighting stigma and discrimination and do not make available critical online educational opportunities. This suggests a need for context-specific community-based and led HIV prevention and education approaches (within the context specifically of India) using digital media and the Internet to develop theoretically-informed structural change approaches for community strengthening towards HIV prevention (Walsh & Singh, 2012).

Figure 2. PlanetRomeo (India) discussion forum

Leveraging social networking sites for HIV prevention and education

In addition to the rise in cybercruising by gay men, other MSM and transgenders in India, exile is a very common motif among these communities (Rani, 2005). In addition, another significant aspect of queer lives in India is their stratified existence based on class dynamics. Gupta (2005) explains the frustration faced by *kothis* in mainstream society, where money and the ability to speak English dictate social boundaries. This

makes it difficult for gay men, other MSM and transgenders who cannot speak English to interact with others.

This is where I believe digital media and the Internet can meet the challenges of HIV prevention for these invisible populations. I believe there is a critical need to address the intersection of HIV prevention with the lived experiences of violence, stigma and discrimination against visible and invisible gay men, other MSM and transgender communities. This is particularly paramount in light of increasing Internet ubiquity across the country. In what follows, I present SAATHII—a pioneer in using digital media and the Internet—to improve access to HIV prevention and capacity building approaches in Kolkata. My intention is to highlight SAATHII's innovative use of technologies in the hopes that other community based and led organisations can design similar HIV and AIDS education and prevention programmes and contextualise them for the diverse needs of gay men, other MSM and transgender communities they serve.

SAATHII as a response

Queer Kolkata
SAATHII's work with the existing gay, MSM and transgender communities draws on a thriving and existing queer scene in Kolkata. Unlike other cities in India, the queer scene in Kolkata, as well as Bombay, was visible by the 1990s. One of the earliest queer initiatives in Kolkata was the Fun Club (Dhall, 2005). The Counsel Club followed this in 1993, which advocated slightly more political and social aims. At the same time, there was a noticeable growth of political and sexual health activism in Kolkata. For example *Pravartak* was a popular newsletter that was typewritten, photocopied and distributed discreetly amongst gay men, other MSM and transgender communities.

With the arrival of the Internet in India in 1995, several gay men in India began to subscribe to an email listserv called Khush, which established one of the first online discussion spaces for lesbian, gay, bisexual and transgender (LGBT) identified South Asians (Sahani, 2008). However sexual health issues, at a time when HIV infections were spreading among gay men, other MSM and transgender communities in India, were largely absent from the early issues of the listserv. In an AIDS seminar in 1991, the key speakers insisted 'that India's culture would prevent AIDS from spreading much' (Dhall, 2005, p. 117). Given the need to interrupt this rather naïve and idealized heteronormative perception of what was happening, SAATHII emerged.

SAATHII
Solidarity and Action Against the HIV Infection in India (SAATHII) was founded in 2000 at the Retrovirus Conference in San Francisco, USA.. A registered charity in India and the USA, SAATHII addresses the sexual health needs of gay men, other MSM and transgender communities in India. SAATHII envisions a concerted response to the HIV/AIDS epidemic in India and strengthening the capacity of organizations working against the HIV/AIDS epidemic in India. SAATHII is currently funded by various national and international funding organisations which include The Elton John Aids Foundation, World Health Organisation (WHO), National AIDS Control Organisation, DFID - Civil Society Challenge Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria, Elizabeth Glaser Pediatric AIDS Foundation, American Jewish World Service and Oxfam Trust. SAATHII currently operates from its main office in Chennai with regional offices in West Bengal (Kolkata), Andhra Pradesh, Rajasthan, Orissa, Manipur and Maharashtra.. It has 60 staff in India and operates through a volunteer model in USA.

SAATHII in Kolkata

The Kolkata Branch Office of SAATHII was started in May 2002 and initially functioned from the home of the director Pawan Dhall. Programmes in the Kolkata office focus on information dissemination, research, networking, advocacy and training on interlinked issues of gender, sexuality, human rights, sexual and reproductive health, and HIV/AIDS prevention, care, support and treatment. Most of the Kolkata programmes involve partnerships with voluntary and government agencies working with sexual minorities, people living with HIV, women, youth and other vulnerable populations in eastern and north-eastern India. Programmes with a national coverage in partnership with civil society, government and multilateral agencies are also undertaken by this office.

SAATHII and the use of digital media and the Internet in HIV and AIDS interventions

SAATHII was among the first non-profit organisations based in India to use digital media and the Internet in HIV and AIDS interventions (Ramakrishnan, n.d). They have been working to bridge information, networking and other capacity gaps through various digital channels including: a website, listserv, a virtual mobile library, an interactive online interface and through films and music videos.

To address the problems of HIV prevention, capacity building and advocacy specifically targeted towards hidden gay, other MSM, and transgender communities, SAATHI strongly believed that it needed to leverage popular digital media and the Internet to be as effective as possible. This was both because of the extent of the penetration of the Internet into the lives of its service users, the numerous difficulties they faced in meeting publicly and their reluctance to meet up physically for fear of disclosure and stigma. Moreover, SAATHII also realised that this work needed to stretch beyond the Eastern region of India, and decided that widening access with digital media and the Internet would allow for national and global knowledge sharing and collaborative learning on the ongoing problems of HIV prevention among diverse MSM and transgender communities across the country.

www.SAATHII.org

SAATHII has its own website: www.SAATHII.org (Figure 3). The website serves as an online repository of its reports, research and educational resources for vulnerable populations. It contains an event list which notifies the general public about events related to HIV and sexual health, educational programs, and training workshops. The website also works as a human resources facility advertising latest job postings, conferences and funding initiatives from around the world.

Figure 3. SAATHII Online Resource Centre

The website boasts a comprehensive directory with information about drop in centres, testing and counselling services within different regions of the country. The directory maintains a constantly updated report on those areas of the sector where urgent intervention is required. Thus it acts as a global communicating tool in getting together various funding and social policy bodies with service providers. The directory also has a print version used by almost 1200 organisations including NGOs, government agencies, hospitals, and educational institutions.

Many SAATHII staff members who are involved in the design and implementation of these initiatives and collating the information together identify as MSM or transgender, thus bringing to the work a reflexive awareness of their own lived realities and social positions. Some of the NGOs and organisations participating include National AIDS Control Organisation (NACO), WHO (India), UNAIDS, UNDP, John Lloyd Foundation, American Jewish World Service, as well as individual hospitals, colleges and businesses such as Hotel Arthi (Pune), Kumarasamy Engineering College, and HDFC bank.

SAATHII Listserv
SAATHII makes use of the yahoo listserv saathii@yahoogroups.com to keep members up to date with information related to news about HIV treatments, funding initiatives and training programs (Figure 4). Staff constantly post news on current research activities on HIV and sexual health initiatives around the world. This listserv provides MSM and transgender activists and educators access to advocacy and research initiatives. It also enables community-based organisations to join in various discussions and network, and acts as a site for e-conferencing between various stakeholders. Some of the recent discussions on the listserv have been about funding and consultancy invitations, and scientific and social updates on HIV relevant to MSM and transgender communities.

Messages: Simplify | Expand (Group by Topic)	Author	Sort by Date ▲
4602 **HIV News from India (February 23 - March 08, 2011)** === SAATHII Electronic Newsletter HIV NEWS FROM INDIA Source: Deccan Herald, Sify.com, The Times...	SAATHII News saathii.news@...	Mar 8, 2011 10:37 am
4603 **GLOBAL FUND OBSERVER (GFO) - Issue 141: 7 March 2011** GLOBAL FUND OBSERVER (GFO), an independent newsletter about the Global Fund provided by Aidspan to over 8,000 subscribers in 170 countries. Issue 141: 7 March...	EMPOWER INDIA ttn_empower@...	Mar 9, 2011 11:03 am
4604 **Inauguration of web portal : stop trafficking** Inauguration of web portal www.stoptrafficking.in To combat human trafficking and for better service delivery in India NGO, Arz (Anyay Rahit Zindagi) in...	Mariette Correa mariettecorrea	Mar 9, 2011 11:04 am
4605 **Swasthya India and Jodhpur School of Public Health Congratulate Dr J** Swasthya India and Jodhpur School Public Health (JSPH) congratulate Dr Joe Thomas on his appointment as Director of Technical Support Facility (TSF) South...	Ishdeep Kohli ikohli@...	Mar 16, 2011 10:46 am
4606 **UNICEF invitation for consultancy: (HIV/AIDS, decentralization, Sout**	L Ramakrishnan l_ramakrishnan	Mar 21, 2011 2:05 am
4607 **HIV News from India (March 08 - 18, 2011)** === SAATHII Electronic Newsletter HIV NEWS FROM INDIA Source: Express Buzz, The Times of India,...	SAATHII News saathii.news@...	Mar 23, 2011 7:25 am
4608 **GLOBAL FUND OBSERVER (GFO) - Issue 142: 17 March 2011** GLOBAL FUND OBSERVER (GFO), an independent newsletter about the Global Fund provided by Aidspan to over 8,000 subscribers in 170 countries. Issue 142: 17 March...	EMPOWER INDIA ttn_empower@...	Mar 23, 2011 7:25 am
4609 **Re: PMTCT_Cases** Dear Sowmya, Greetings from Prayas! Thanks for your answers. However as regards case 1, as far as I know the eveidence presented was a comp[arison was between...	Dr. Vinay Kulkarni prayashealth@...	Mar 23, 2011 4:48 pm
4610 **Scientific Updates On HIV/AIDS** Â SAATHII Electronic Newsletter HIV/AIDS Updates Â Â SOURCE: Web:Â Medscape_HIV@...| Medscape HIV/AIDS â€“ March 23, Â©Â 2011Â Blackwell...	saathii	Mar 26, 2011 9:21 am

Figure 4: SAATHII Yahoo listserv (India) discussion forum

SAATHII mobile and virtual library

A physical mobile library was started in November 2007 as SAATHII expanded projects to cover more states within the Eastern region (See Figure 5). The project, called "Building the Capacity of People Living with HIV and Sexual Minorities in Orissa and West Bengal to Advance their Health and Rights", is a five-year initiative and started in July 2008. It is supported by the UK Department for International Development – Civil Society Challenge Fund, Glasgow and an international NGO, Interact Worldwide, London.

The mobile library works as a reference collection of books, magazines, journals, newsletters, films and magazines along with a range of educational resources. Because of its 'mobile' nature, the library travels to rural and suburban regions of eastern India where people might not have access to these materials. The mobile library visits strategic public venues in Bhubaneswar, which is one of the larger cities outside Kolkata in the Eastern region, and other cities or towns where distribution and display of library material can take place along with interactive activities such as film screenings.

SATHII's virtual library (Figure 5), which is integrated into the main SAATHII website offers users opportunity to browse through recent research and case studies on HIV and related topics. The library also includes resources for funding initiatives.
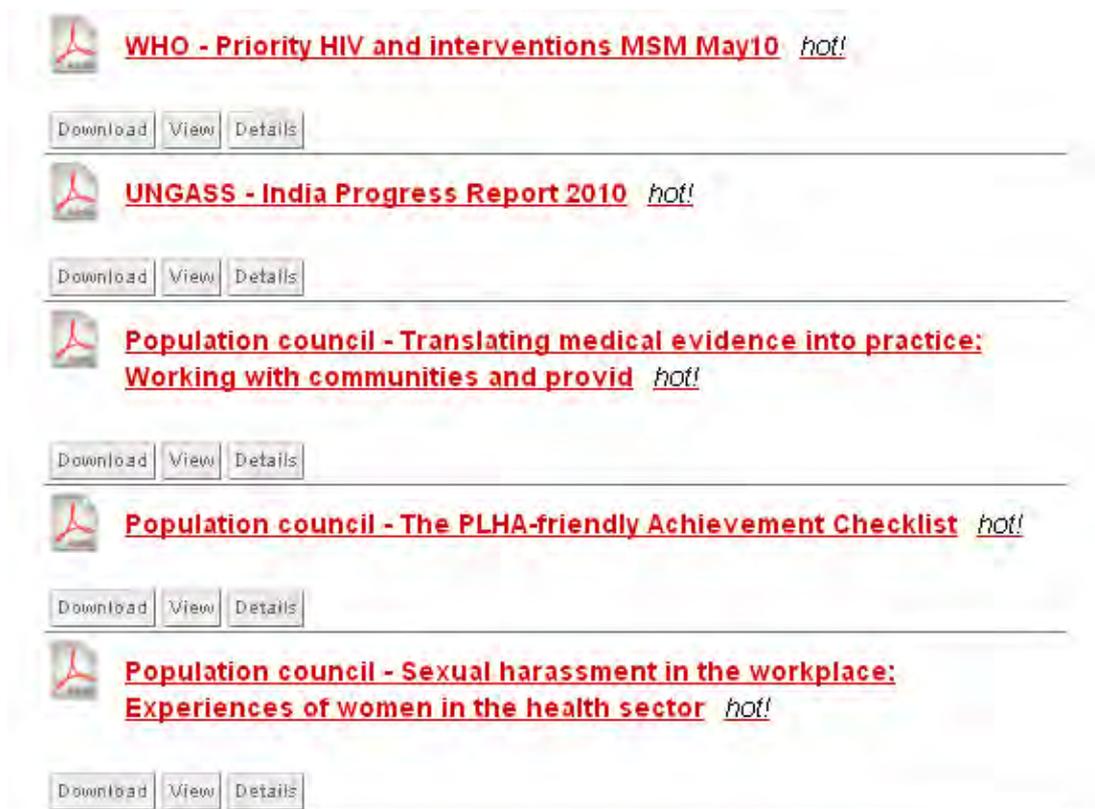
Figure 5: SATHII's E-Library

Mobile counselling
SAATHII, in addition to physical counselling services, also provides counselling services through telephone and email. SAATHII set up a mobile HIV counselling and testing unit, certified by NACO, to provide flexible access with hours that are convenient to clients in hard-to-reach areas. Telephone and email counselling is useful as it provides a preliminary introduction between the service user and the organisation. Counsellors also help to determine what the needs are of the user and advise them, building a level of confidence amongst the service users before they decide to go for a session in person.

E-conferencing and forums
SAATHII is in the process of creating an Eastern India coalition with other groups and organisations working in the HIV and AIDS sector. Apart from regular face-to-face meetings, the coalition also exchanges news and ideas through e-conferencing and forums. An example of the impact of the coalition's use of e-conferencing includes restoring the property ownership of a woman living with HIV in Asansol, Burdwan district of West Bengal. In partnership with the Burdwan Society of People Living with HIV AND AIDS, the legal Unit of SAATHII facilitated the participation of its coalition partner in a unique Christian theological roundtable on human sexuality and the Delhi High Court ruling on Section 377 of the Indian Penal Code. This was a programme jointly organized by the National Council of Churches in India, Sceptre (an extension programme of the Senate of Serampore College located in the Hooghly district of West Bengal), Christian Institute for Study of Religion and Society, and the Student Christian Movement of India.

Music and videos
The initial lack of public discussion around HIV and sexual health, along with the overtly medical language used in health and community settings, has been a deterrent in

connecting the public with HIV prevention and care. SATHII finds music videos and films beneficial tools to spread HIV prevention messages quickly in a medium that is both appealing and easy to understand. Music and video for HIV awareness raising campaigns have also begun to appear on the national level. The success of films such as *Phir Milenge* and *My Brother Nikhil* and Shubha Mudgal's popular *Mati* song (AIDS-INDIA listserv, n.d) in sensitising the public about HIV and AIDS cannot be overstated. Recent approaches using films and music videos have led to widespread public attention and interest on HIV and AIDS and managed to reach out to a wider range of people.

One of SAATHI's partners in the West Bengal state wide sexuality NGO coalition is Elaan. It is a youth group that works with schools and government agencies to develop counselling and sensitisation to sexual health issues for teenagers and urban youth. SAATHI and Elaan collaborated with consultants, and MSM and transgender identified individuals to design and implement a HIV awareness raising campaign using music and videos. This campaign also involved partnering with several music bands, and holding an annual rock concert – White Noise on World AIDS Day.

Figure 6. Elaan White Noise Poster, 2006

Using Facebook to demystify queer lives in India
SATHII uses Facebook to keep in touch with all their service users and the larger gay, other MSM and transgender community in India. Through the innovative Santi Seva Development Project, SAATHII worked with the transgender population in Bhadrak, Orissa to document their histories, share their struggles, write their own stories and share them on Facebook. This empowerment project culminated in a visual collection documenting their lives, which was showcased as a poster in the 2008 International AIDS conference. For the first time, this transgender community decided to leverage the power of the Internet to share their stories. SAATHI supported them by setting up an online exhibition on their Facebook group (Figure 7). By using Facebook, the impact and visibility of the project was further expanded. Such capacity building activities have been effective in raising awareness, increasing solidarity, mobilizing social capital and strengthening clout in a stigmatising context to reduce vulnerability to HIV and AIDS.

A visual journey into the lives of lesbian, gay, bisexual and transgender people in West
Bengal and Orissa: An advocacy initiative of SAATHII, Calcutta Office and Calcutta-based
independent photographer Kallol Nath to "demystify" queer lives

Reproduction of photographs requires permission from SAATHII (saathii@yahoo.com).
Credit: Kallol Nath

Individuals interested in being on either side of the camera are welcome to get in touch to
add to this initiative!

Courtesy Elton John AIDS Foundation, London, May 2008

Figure 7. Photo Feature from SAATHII Facebook Page

Queer Film Festival

India has always had a very 'filmic culture' and is hugely influenced by films. Gokulsing (2004) has argued that "Cinema in India makes available a semioticised space for the articulation of the imaginary and its formation within the phenomenology of the local." (2004, p. 78) Films in India allow imaginations and fantasies to be played out, within appealing specific local contexts. Understanding the potential impact and outreach of films, SAATHII established the *Siddhartha Gautam Film Festival* in Kolkata in 2003. This festival showcases films on queer sexuality, HIV and AIDS issues, and provides a lively space for discussion and debate. Because of its' popularity, the film festival has now been made a mobile travelling festival.

SAATHI engaged a popular Bengali band Cactus to produce a music video, Pokkhiraj (Figure 8). This approach involved adapting a popular cultural product to craft a story and script lyrics for a powerful song. This music video had the intention to change mindsets and express solidarity with lesbian, gay, bisexual and transgendered (LGBT) people. It also urges and empowers people to break the entrenched barriers of prejudice. This music video reached millions of homes within West Bengal and received very favourable feedback.

Figure 8. Pokkhiraj Music Video

SAATHII has also produced three films on transgender issues and the impact of HIV and AIDS on the community (See Figure 9). Funded by the United Nations Development Programme (UNDP), Thoughtshop Foundation and SAATHII, three movies were produced: Amitava Sarkar's *Rupantar* (Transformation) (2008) and *From the Third Eye* (2009), a film that documents the achievements of several "transgender heroes", and Debashis Ray's *Shuru* (Beginnings) (2008). The films build on real life situations from West Bengal and elsewhere to stress the point that HIV prevention, care, support and treatment are not only possible in transgender communities, but a strong antidote to stigma and discrimination surrounding HIV in general. The films also touch on issues of HIV caregivers, sexual and reproductive health, and emphasise the importance of gender empowerment in tackling the HIV epidemic.
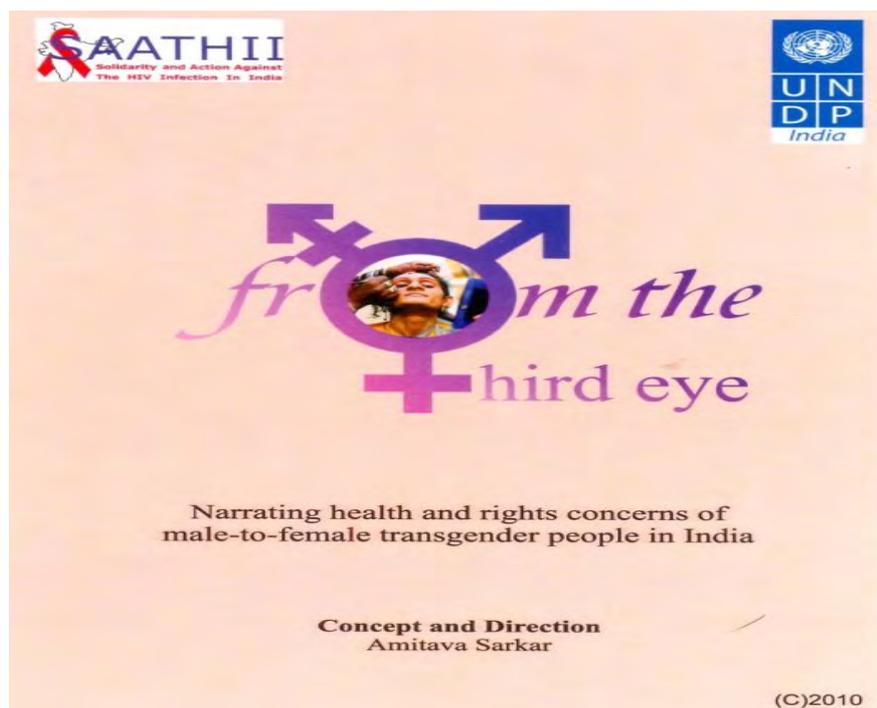
Figure 9. From the Third Eye film poster

SAATHII has also supported two major Bollywood productions which deal with issues related to sexuality and HIV and AIDS: *My Brother Nikhil* (Onir, 2005) and *I Am* (Onir, 2011). These films are revolutionary for India because they take the issues of HIV and AIDS out into mainstream Indian Cinema. By collaborating with mainstream celebrities like Onir to produce films on issues of gay men, other MSM, transgenders and HIV, SAATHI has deployed the existing cultural resources of vulnerable communities to educate a broad and diverse audience all over India and abroad.

Lessons learnt

As SAATHII begins to think about how to move forward from their initial efforts, a few lessons have emerged to ensure the use of digital media and the Internet create sustained connections between gay men, other MSM and transgender communities with valuable knowledge and practices to fight violence, stigma and discrimination.

Language barriers
One of the main limitations of using digital media and the Internet in HIV and AIDS projects has been the language barrier. Because most existing resources available online are in English, significant numbers of gay, other MSM and transgender communities still do not have access to these resources. In contrast, Sappho for Equality, a lesbian support group in Kolkata, produces a bilingual newsletter entitled Swakanthey (Figure 10). This approach has helped them to reach out to individuals in the community who do not speak English.. SAATHII too has begun to translate, publish and disseminate information online in regional languages in addition to English. In fact multilingual skills has become essential for SAATHII in their recruitment. Still more work needs to be done to better understand how to sustain the impact of online HIV prevention, advocacy and capacity building by addressing language barriers.

Addressing privacy and ethics issues
Another emerging problem is the issue of privacy and ethics. Although projects are visually documented for impact analysis and dissemination, many of the MSM and transgender participants I spoke to have felt that visibility threatens both their status and their sexual orientation. Whilst the efficacy of the Internet for communication and outreach is unparalleled, there is a particular need for vigilance around the protection of sensitive personal information stored online (Times of India, 2006; Boyce & Hajra, 2011). To address this issue, SAATHII makes sure that any visual material that is recorded during an event is only used for official purposes and is only available to the public with the consent of the individual who has been photographed or recorded. There is always a need to be careful about representing people in a MSM or transgender context. Boyce and Hajra, who worked on a photographic project with the MSM and transgender community in West Bengal articulate their concern, "We were concerned that people may not wish to be portrayed in a photographic project as a man who has sex with men or as a person of transgender." (2011, p.8)

Building digital literacies and capacities
While SATHII's initial efforts have allowed MSM and transgender communities to increase their access to information, future work needs to build their digital literacies and skills to transition from content consumers to meaningful participants. It is still true that much of India is untouched by the digital revolution and Internet has only reached

a select few in the urban cities and fringes. Even in cases where the Internet has reached rural areas, people may not know how to use a computer. Thus there is an immediate need to implement complementary programs towards reducing this digital divide.

Figure 10: Swakanthey newsletter

Limited Internet access

The limited access to the Internet by gay men, other MSM and transgenders in rural or semi urban areas where there is little or no access to computers can mean that many potential service users do not benefit from perceived benefits in widening access via these digital means. In such cases, print dissemination is the only way. However of late, mobile phones have made an incursion into rural India for e-health and e-learning use, and opportunities exist for SAATHII to leverage these developments in line with its current suite of programmes.

Strategic networks

Sustaining strategic networks through e-forums moderated by facilitators for sharing knowledge and for advocacy has allowed SAATHI to leverage their limited resources to benefit large sections of the MSM and transgender communities across India. Through the sharing of experiences in online spaces, a culture of collaborative learning has emerged that overcomes historical regional separations.

As a result, new and better practices have been identified, collaboratively developed and implemented. The enhanced strategic support from mentors and experts in the e-forums for testing and trying out new ideas has increased the confidence of HIV prevention educators and activists. This approach also implies an opportunity to rethink prevention, advocacy and capacity building to focus on the added value of strategic networking to tackle specific problems in practice, rather than locating such efforts in reified static notions of 'communities' that NGOs can 'intervene' into.

The role of key individuals
What we have also observed in this project is the important role of key individuals in building and sustaining a network with digital media and Internet. The tools and resources we created and implemented were not simply 'put out there' but needed to become naturalised as part of service users' daily practices if they were to have any impact. Over time, these key individuals instigated crucial processes to ensure the success of our project. They created a 'one-stop' legitimate portal for gathering and disseminating valued information on sexual health, prevention, treatment, care and support to disrupt the negative and incorrect information on a variety of websites. They provided opinions and advice to make sharing tacit knowledge in online spaces a valued resource for service users in remote areas lacking information. As these key individuals built trust and resilience, over time, the network began to transition from merely downloading to uploading and exchanging resources with one another. These experiences challenge the traditional 'training-of-trainer' approaches that dominate HIV prevention today. Instead, it suggests a need to understand and design more effective digitally mediated educational approaches to mobilise HIV prevention activists and educators in ways that facilitate their capacities as boundary crossers, knowledge mediators, and network sherpas with digital media and the Internet among gay, other MSM and transgender communities.

Summary of lessons learnt
Overall, SAATHI has produced new ways of communicating with its stakeholders, through the use of websites, online discussion forums, listervs and counselling services. Gradually, a new framework for HIV prevention, capacity building and advocacy has emerged that leverages digital media and the Internet productively. Within this framework, gay, other MSM and transgenders can become collaborators in shaping digital interventions. We have found that these new identities sustain connections over time and distance, shape discourses to challenge persistent stigma and discrimination, and connect advocacy and capacity building with the enactment of positive queer identities.

Such work is open-ended and flexible, rather than a one-off use of technologies. It requires practitioners to rethink positivist notions of 'interventions' reflexively by first having clear understandings of the critical needs of MSM and transgender communities. It can work when digital media and Internet use align with the strategic deployment of advocacy and capacity building resources. It can also become more productive when integrated with organizational and national HIV policies and programmes, donor and stakeholder coordination, and continued deliberation on the lessons from the experiences of users. For instance, as a result of the ongoing nature of its work,

SAATHII has learnt that it made strategic sense to integrate e-learning courses into its overall project design (Figure 11). Through the widespread use of courses such as grant proposal writing and impact evaluation by staff from community-based organisations, the Internet has proven beneficial in dealing with issues of scaling-up capacity building in practical ways. These digital approaches supplemented outreach activities and did not take activists and practitioners away from their communities.

Figure 11: E-learning courses at SAATHI

Conclusion

In this paper I have described SAATHII and shown how its use of digital media and the Internet can make a positive contribution to HIV prevention, advocacy and capacity building approaches among gay, other MSM and transgender communities. I have argued why it is important for community-based and led organisations like SAATHII to leverage multiple platforms to redesign conventional and dominant approaches to HIV prevention in a digital world. To conclude I now briefly reflect on SAATHII's work with digital media and the Internet from a postcolonial and queer perspective. I provide my reflections as an emerging South Asian queer scholar based on my experiences in Kolkata India.

Virtual spaces have the potential for greater deterritorialisation and the performance of productive identities (Wakeford, 1997; Campbell, 2004; Mowlabocus, 2008, 2010). Wakeford (1997) citing Kira Hall and Judith Butler sees identity as fluid and performative and the cyberspace as a place "where you can be whoever you want to be" (Ibid, p. 25). Butler (1999), writing about this performativity says, "practices in both homosexual and heterosexual contexts…open surfaces and orifices to erotic signification or close down others [and] effectively reinscribe the boundaries of the body along new cultural lines" (1999, p.169).

In addition, Mclelland (2002) and Mowlabocus (2010) argue that virtual spaces can break down social and cultural boundaries. As such, virtual spaces can provide a safe space for performance of identities to make new practical knowledge and sensitivity about HIV risk. These approaches have been tried with MSM and transgenders in Thailand (Walsh, 2008; Walsh, Lasky and Morrish, 2011; Chaiyajit and Walsh, this issue). This prior research has potential for use in India, as it implies that digital HIV prevention and education can affect and respect agency, while situated in the sexual and

social practices of gay men, other MSM and transgenders, in ways that traditional decontextualised approaches such as workshops may not.

Unlocking the performance of productive gay, other MSM and transgender identities for HIV prevention is critical when seen against the historical shifts in sexual health policies and practices in India from colonial to contemporary times. Ballhatchet's (1980) pioneering work looked at colonial interventions during eighteenth and nineteenth century India through the building of 'lock hospitals'. These were one of the first specialist hospitals created to treat soldiers and prostitutes suffering from sexual infections. Since these early interventions, India is a country where tradition and modernity in gender, sexuality and sexual health have continued to play against each other (Vanita and Kidwai, 2000; Vanita, 2002). Whilst 'Western' education, knowledge and skills are being encouraged and supported through state mechanisms under the guise of economic progress (Shrivastava, 2005; Vanita, 2002), the state and the international development sectors also check these influences through managing the sexual respectability and impulses of the Indian man (Shrivastava, 2005).

Masculinity has largely been conceptualised as a homogenous and monolithic construct, often identified by what is not feminine, thus creating narratives of a singular way of being masculine, and ultimately creating a hegemonic masculinity (Connell and Messerschmidt, 2005). Against this, Mowlabocus explores the idea of the sociality of the online queer space, arguing "websites such as Gaydar have provided important resources to combat the isolation and marginalisation that growing up gay in a straight world often engenders" (2010, p. 87). The queer space offered by the Internet, and in this example SAATHI, thus affirms gay life by emphasising and centralising participants' sexuality and gender identity. However Alexander (2002) is quick to point out that such affirmation comes with a cost:

> Imposition of boundaries, including some unfortunate bigotries within the gay community itself... "No fats, femmes, fish or trolls please!" – a biting reminder that in-group membership status within the gay male community often comes at a certain price, extracted on the body of those seeking inclusion. (p. 90)

This makes me question, what sorts of Indian masculinities are valorised as objects of desire formation and what remains trapped in a victimised feminity. Cyberspace despite disembodying the physical body, identifies the preoccupation of the queer individual with the 'real' body. Mowlabocus citing Campbell's work says, "Gay men… are not only regulated by such systems, they are also rendered visible via such processes" (2010:78).

Against these changing perceptions of hegemonic Indian masculinities, queer sexuality is still seen as a 'western import' by mainstream institutional, ideological and cultural discourses (Bhan and Narrain, 2005; Bose and Bhattacharya, 2007). Despite the repeal of Section 377, homosexuality remains a hot political issue in India. An example comes from recent comments made by an Indian minister at the Supreme Court hearing on Section 377, where he maintained homosexuality was illegal and not healthy for the cultural fabric of India (Times of India, 2012).

The emergence and significance of a digital queer sexuality in India, despite the rise of gay prides, online spaces, and LGBT associations, thus becomes even more critical in confronting such a constrained approach to rationally managing masculinity, sexual health and HIV risk in an increasingly digital world. Yet, frontline workers, educators and HIV prevention activists who teach about sexual health and human rights face tensions and dilemmas in handling controversial topics about culture and sexuality. Messages in curriculum and media that emphasise family values and heavily check sexuality through stigma and 'hetero-nationalist' rhetoric (Gosine, 2009) condemn and

reframe sexual behaviour and practices in the name of rational behaviour change. Such denial of desire, pleasure and intimacy are unhelpful for young people and marginalised communities struggling with sexuality and gender identity issues. To date, the potential the emerging Indian digital queer culture in disrupting regulatory habits and choices to improve the impact of normative HIV prevention and education has not yet been explored.

Against these changes and complexities, the call now is to build AIDS-resilient and AIDS-competent communities to fight HIV and reduce vulnerability. This has led to researchers calling for structural interventions that consider the cultural, legal and economic aspects of health and human rights (Auerbach et al., 2010), and the critical use of networking and digital technologies for community-base and led HIV prevention and education (Walsh and Singh, 2012).

I suggest that how Indian gay, other MSM, and transgender communities can adequately meet this challenge and address these recommendations is by an analysis of the ways in which the complexities of masculinity and sexuality are being performed by Indian gay, other MSM and transgenders in digital spaces. The potential for true growth lies in navigating and confronting the many difficult tensions of sex and sexuality head-on, whether in digital spaces or in society. Benchmarking the best sexual health and community development practices of international donors and NGOs working in HIV prevention interventions will involve bringing in postcolonial and multicultural forms of inquiry that disrupt technical-rational thinking and programming about norms of targets, indicators and outcomes, and idealised abstractions of behaviour change, solidarity and 'empowerment' for those labelled as 'vulnerable communities'. These approaches will open up practices and spaces to widen creativity and imagination in the negotiation of non-colonising sexual identities to align with the spirit of 'redesigning the AIDS response' (Larson et al., 2011; Gosine, 2009)

It appears that international agencies, national actors, and civil society organisations are serious about fighting HIV in gay, other MSM and transgender communities in India. To move forward, we will now have to decide which taboos on gender, sexuality and masculinity have to be rearticulated with the dynamic use of digital media and the Internet for diffusing power and contesting heteronormativity in policy and programming practices targeted at gay, other MSM and transgender communities in order to recraft the as yet unrealised nirvana of Universal Access to health and human rights.

I conclude that if HIV and AIDS stakeholders want to work critically with gay men, other MSM and transgender communities in social and legal environments that continue to deny human rights and equitable access to healthcare, it is time to deal with the changed sexual behaviours of gay men, other MSM and transgenders precipitated by the use of digital media and the Internet. The kind of interventions SAATHI has kicked-off in India, based on working with communities to leverage digital media and the Internet in ways that are useful and valuable in expanding access and fighting stigma and discrimination, are productive in rethinking existing HIV prevention, advocacy and capacity building approaches. Ultimately, solving the problems of community-based and led HIV prevention with digital media and the Internet by working with the lived realities and multiple identities of gay men, other MSM and transgender is more empowering than idealised abstractions of solidarity and 'empowerment'.

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Acknowledgements

Biographical Statement

Rohit K Dasgupta is a South Asian Queer Activist and video maker. He is working on his PhD on Digital Queer Culture(s) in India at London College of Communication, University of the Arts London. He has a MA from University of Westminster, London, where he is currently a Visiting Lecturer. He can be contacted at r.dasgupta1@arts.ac.uk