



SEXUAL LIFESTYLES OF MEN HAVING SEX WITH MEN (MSM) – A STUDY IN ANDHRA PRADESH (UNDIVIDED)

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KEYWORDS :

Introduction:

Some sex behavior and relationships in India tend to be much more fluid and the associated sexual identities do not always fall into distinctive categories (*i.e.* heterosexual, homosexual or bisexual) as these often do in Western cultures. Sexual roles may vary without regard to one's sexual identity or primary orientation. For some men, terms such as kothi (receptive or effeminate male partner), panthi (stereotypically penetrative or masculine male partner), "double deckers" (men who engage in both penetrative and receptive anal sex) may be invoked to describe their sexual identity, as opposed to thinking of themselves as "gay" (which may be perceived to be a foreign term). However, these identity labels do not always predict specific sexual behaviors as male-to-male sexual practices and are often fluid. Other men who privately self-identify as homosexual or gay (often those more educated), may still be having sex with both men and women because of familial pressures to marry and have children. Additionally, some men simply do not consider same sex behavior (including anal sex) as sex but rather just "masti" or play and thus may reject even being categorized as MSM - despite the fact that the term was initially intended to be a non-judgmental description of sexual behavior and distinct from one's sexual orientation or identity. Regardless of how men view and label their actions, MSM who engage in high-risk sexual behaviors put themselves and/or their partners at risk for HIV and other sexually transmitted infections (STIs). They need to be counseled regarding how to engage in sexual behaviors with reduced risk of acquiring or transmitting STIs or HIV to themselves or to their sexual partners.

Another group often associated with MSM are Hijras or Alis who are also referred to as transgenders. They too are considered a sexual minority and have been a part of Indian society at least since the existence of the first Sanskrit texts. However, Hijras or transgenders are different from MSM. Most Hijras are born biologically as males and may or may not have undergone ritual castration. In India, some have also undergone hormonal therapy and a few, surgical interventions for sex change. Additionally, transgenders form a distinct group, separate from MSM, who have a host of needs that are different as it relates both to identity, behavior, and social factors. Since the focus of this paper is on health care needs of MSM, health issues facing transgenders will not be discussed.

Providing high quality and effective health care to patients requires knowledge about their lives and circumstances. This may require taking into consideration a patient's religious and cultural beliefs, socio-economic status, and behaviors that have direct health implications. Because of stigma and ignorance, the health care issues of men who have sex with men (MSM) have often been overlooked. The lack of attention to the health care of this population has had deleterious outcomes for both individuals as well as the general public health. To assist physicians and other providers in delivering appropriate care to this population, this article provides a brief historical and cultural overview of MSM in India, and outlines some of their medical needs that clinicians can help to address, and finally discusses psycho-social issues impacting the health of this population and what health care providers can do to help address these issues in a clinical setting.

Sexual behavior refers to a great variety of distinct behavioral variables, such as sexual dreams and fantasies, self stimulation and genital masturbation, dating, kissing or sexual intercourse (Allgeier 1995). There are about 25 types of sexual behaviors in practices around the globe.

While recent years have seen increased interest in research on men who have sex with men (MSM) communities, much of this has been deficit based, focusing on the problems these individuals experience, particularly in regard to mental health and substance abuse. My intent with this research study is to provide an alternative view of MSM in research, one that highlights their supports, resources and competencies rather than the ongoing pathologizing that underscores present literature.

An attempt has made in this research to study and find-out the sexual lifestyles of men having sex with men: a study in Andhra Pradesh. The objective here is to describe and explain both sets of factors and their interaction.

The study aimed at exploring the attitudes of sexual behaviors, practice of sexual behavior, stigma, discrimination, social problems and health problems of the men who have sex with men in Andhra Pradesh on nature and patterns of sexual behavior.

Specific Objectives of the Study:

- To study the socio-economic profile of the respondents.
- To analyze types and levels of sexual lifestyles encountered by MSM with different individuals.
- To understand the emotional, in-depth, unshared feeling of MSM.
- To know about the knowledge about the recent legal rights and decriminalizing MSM under section 377 of IPC.
- To know about the activities carried out individually or through CBOs for addressing human rights and legal rights.

Methodology of the Study:

In order to achieve the above aim and objectives, a descriptive research design was chosen to carry out the study.

Total 10 NGOs / CBOs selected for primary survey, from each district, was selected to conduct social work intervention program. To conduct intervention programmes, the researcher with the help of CBO leaders, NGO leaders, and project coordinators selected 20 to 25 MSMs from each CBO / NGO in every district. These MSMs were those who have not included for the primary survey. Along with these MSMs, 10 to 12 MSMs who were identified as having poor knowledge from primary survey in this CBO / NGO were also included for the intervention program. Averagely, 4 sessions were conducted in each district, some districts the researcher conducted 5 sessions, some districts 3 sessions.

The respondents are men who have sex with men / TG in Andhra Pradesh and Telangana. The size of the sample was 602 and they were selected from across using specific inclusion and exclusion criteria. A pilot study was conducted to test the feasibility of the study and the usefulness of the tool developed by the researcher

among 40 respondents. The experience gathered was helpful for the further research study. Data thus gathered was coded, tabulated and statically tested. A variety of statistical tests were applied which included Chi-square test, and ANOVA.

For conducting baseline survey an interview schedule was prepared to assess the knowledge and practices covering some questions on the knowledge aspects on STIs, HIV / AIDS, some questions on different sexual behaviors, some questions on stigma & discrimination and some questions on legal aids.

Salient Findings of the Study:

I. Socio, Economic and Demographic Features: Table-1

S. No.	Main Parameters	Major Respondent Group	% of Respondents
1.	Age Group	36 & Above years	36%
2.	Religion	Hindu	65%
3.	Caste	Backward	47%
4.	Area of living	Urban	54%
5.	Type of Family	Joint Family	55%
6.	Monthly Income	15001 – 20000	45%
7.	Occupation	Sex Work	86%
8.	Frequency of Sex work	Daily	44%
9.	Working Sector	Private	23.08%
10.	Education	Up-to Intermediate	33%
11.	Marital Status	Un married	38%
12.	Type of House	Pucca	52%

II. Attitudinal Behaviour: Table - 2

S. No.	Main Parameters	Sub-Parameters	% of Respondents
1.	Source of Knowledge	Read Magazines.	85%
		Habit of reading porn articles.	66.44%
2.	Exposure to Mass Media	Watch Movies.	93%
		Visit Cyber Cafes	82%
3.	Habits	Habit of Smoking.	62%
		Habit of drinking alcohol.	77%
		Consume alcohol with partner.	88%
		Consume alcohol occasionally.	50%
		Use of drugs & other substances (guthka, panparag etc.,)	77%
		No health problems.	81.89%
4.	Outings	Going to picnics.	89%
		Not interested in going to night parties.	67%

III. Sexual Behaviour: Table - 3

S. No.	Parameters	% of Respondents
1.	No Medical certificate.	85%
2.	Sexuality (Double Deckers)	28%
3.	Family members treat them as a boy.	78%
4.	Family impact on being the reason of MSM - do not know	69%
5.	Associated with girls in their childhood	62%
6.	Sexual preference – by pressure	46%
7.	Do not actively participate in intercourse with spouse.	<55%
8.	Took part in first coitus at the tender age of less than 16 - 20.	<63%
9.	No sexual Consent	<49%
10.	Sex with People Around (Friends)	<20%
11.	Did not face any sexual abuse.	<61%
12.	An inkling of their MSM behavior at the age of less than 10 years.	<61%

13.	They masturbate.	31%
14.	Both active and passive partners.	<54%
15.	Below 10 partners in the last six months.	36%
16.	Casual partner is one-time partner / within family / friends / employees.	30%
17.	Regular partner is known person with emotional attachment.	<51%
18.	Practicing anal sex	21%
19.	Don't know the frequency of anal sex	53%
20.	Not interested in group sex	76%
21.	Don't know the frequency of mouth/oral sex	49%
22.	Partner's ability to perform sex in terms of powerful penetration	37%
23.	Wait for partners at bus stands	21%
24.	Do not follow myths and beliefs	77%
25.	Interest in sex with young boys	69%
26.	Not interested in pressurizing young boys for sex	58%
27.	Interested in cross dressing	52%
28.	Non MSM friends	46%
29.	Do not attend non MSM parties	50%

IV. Social Discrimination: Table - 4

S. No.	...About MSM behaviour	Relationships	% of Respondents		
1.	Suspiciousness	Mother	35.04%		
		Father	35%		
		Sisters	33.55%		
2.	Probably know	Brothers	36.37%		
		Wives	35.58%		
		Sister's spouse	31.22%		
		Brother's spouse	41.86%		
3.	Not aware	Relatives	47.17%		
		Teachers	36.88%		
4.	Know	Male friends	28.23%		
		Female friends	29.23%		
		Employer	30.23%		
5.	Suggested to consult a doctor	Mothers	76%		
		Wives	86.2%		
		Male Friends	85.9%		
		Fathers	74.3%		
6.	Request to change behavior	Sisters	86.2%		
		Brothers	81.3%		
		Sister's Spouse	80.9%		
		Brother's Spouse	88.6%		
		Relatives	86.1%		
		Female Friends	88.4%		
		Teachers	28.4%		
		Employer	78.3%		
		7.	Know about their MSMs and are very accepting	Mothers	78.3%
		8.	Know about their MSMs and are very intolerant	Fathers	33.4%
Sisters	35.4%				
Brothers	26.1%				
Sister's Spouse	27.9%				
Brother's spouse	40%				
Female friends	36.9%				
Teachers	40.1%				
9.	Know about their MSMs and are very understanding	Employer	24.8%		
		Wives	26.1%		
		Relatives	31.9%		
		Male friends	33.4%		

V. Abuse: Table- 5

S. No	Type of Abuse	Relationship	Called	% of Respondents
1.	Verbal Abuse	Mother	Aadangi	18.5%
		Wife		24%
		Relatives		26.8%
		Father	Panikiranoda	17%
		Brother's Spouse		20%
		Female Friends		24.6%
		Neighbors		28.8%
		Sister	Point 5 (.5)	22.1%
		Employers		19.5%
		Uncle	Khojja	18.6%
		Co-Workers		23.6%
		Brother	Other Words	16%
		Sister's Spouse		26.1%
		Aunt		19.1%
		Male Friends		25.6%
Teachers	25.5%			
2.	Non-Verbal Abuse	Mother	No Direct Communication	22.5%
		Aunt		16.6%
		Teachers		22.5%
		Father	Making Faces	20.3%
		Brother's Spouse		20.3%
		co-workers		18.3%
		Sister	Throwing Small Things Mockingly.	17.6%
		Male Friends		20.3%
		Female Friends		24.3%
		Employers		22.8%
		Brother	Not Willing Have Direct Hand Contact	21.6%
		Uncle		23.8%
		Relatives		29%
		Wife	Maintaining Physical Distance	20.5%
		Sister's Spouse		16.8%
Neighbors	25.8%			
3.	Physical Abuse	Mother	Hit with An Object	20.6%
		Father		22%
		Brother		24.1%
		Uncle	Grabbed	23.1%
		Sister		20.8%
		Aunt		19.3%
		Neighbors		18.3%
		co-workers	Tried to Slap	25%
		Wife		16.5%
		Employer	Hit	22%
		Sister's Spouse		20%
		Brother's Spouse		18%
		Female Friends		17.8%
		Employer		22%
		Teachers		19.6%
Male Friends	Pushed	25.8%		
Relatives		23%		
4.	Material Abuse	Mother	Not Providing Vehicle	22.6%
		Wife		25%
		Father	Not Providing Proper Utensils (for food, water etc.)	24%
		Relatives		22.8%
		Employers		21.6%
		Sister	Not Providing Bed Cot etc.	23.1%
		Brother		18.8%
		Sister's Spouse		19.8%
Brother's Spouse	23.1%			
		Co-Workers	18.5%	

	Aunt	Not Providing Proper Cloths	25.3%
	Uncle		18.6%
	Male Friends		23.6%
	Female Friends		24%
	Neighbors		20.1%
	Teachers		20.5%

VI. Experiences of Respondents with People in Authority: Table- 6

	Doctor	Police	Clients
Physical Harassment	29%	29.3%	31.8%
Beating	30.3%	36.9%	37.8%
Slapping	22.5%	27.5%	31.8%
Pushing	39.1%	40.3%	32.1%

Statistical Inferences

Association between study variables and selected demographic variables:

Significance	Variables	Chi-Square test Results
1. Significant Relationship between Age and	Marital Status	χ^2 0.00, P 161.45
	Alcohol Consumption	χ^2 0.000, P 44.633
	Sexual Abuse	χ^2 0.000, P 68.035
	Decline of Regular Partners	χ^2 0.000, P 37.174
	Decline of Casual Partners	χ^2 0.000, P 115.013
	Type of sexual Practice	χ^2 0.000, P 238.051
	Practice of Group Sex	χ^2 0.000, P 40.867
	Practice of Anal Sex	χ^2 0.000, P 199.181
	Partner's ability to penetrate	χ^2 0.000, P 193.138
	Hotspot to look for partners.	χ^2 0.000, P 265.941
	Educational Status	χ^2 0.000, P 124.849
	Initiation of sex with young boys.	χ^2 0.000, P 34.522
2. Significant Relationship between Education and	Knowledge about IPC section 377.	χ^2 0.000, P 277.122
	Becoming members of CBO	χ^2 0.000, P 27.914
	Hotspot to look for partners.	χ^2 0.000, P 256.559
	Places of residence.	χ^2 0.000, P 38.964
3. No Significant Relationship between age &	Knowledge about IPC section 377	χ^2 0.000, P 49.152
	Becoming a member of CBO	χ^2 0.000, P 20.487
	Awareness on human rights	χ^2 0.000, P 25.653
4. No Significant Relationship between Education and	Income	χ^2 0.624, P 13.658
	Continuance of their sexual preference after initiation	χ^2 0.008, P 20.844
5. Significant Relationship between sexual preference later in lives and	Myths / Beliefs	χ^2 0.056 P 9.203
	Seeking certificate on one's sexuality.	χ^2 0.013 P 19.446
	Family member's treatment in childhood which is a direct family	χ^2 0.000 P - 36.078
	impact Cross dressing in childhood which is a direct family impact	χ^2 0.000 P - 24.898

Social work Intervention with Men who have sex with Men

Social Work is a profession which promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance their overall well-being. Utilizing theories of human behavior and social systems, social work intervenes at points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (International Association of Schools of Social Work and the International Federation of Social Workers, 2001, in: BASW, 2002). The field of social work covers the following among others besides aging, child welfare, criminal justice, drugs and alcohol consumption, education, family services, health care, women, youth etc.

Social workers support universal service areas such as health, education, identifying problem areas at early stages so as to control them from going out of hand as well as tackling specific personal or social problems of individuals or communities. There is a strong body of evidence that what happens to children in early childhood influences their future life as adults. Universal support system for all families ensure every child gets a good start in life while targeted interventions for vulnerable young children and their families can prevent the on-set of problems or prevent problems from escalating or becoming entrenched. Early interventions to keep young people in school and encouraging them to have higher aspirations for their future are important measures in improving outcomes, opportunities and future life chances for children. Social workers help young people involved at school and support them to benefit from their education.

The main objective of the intervention program is to create awareness and enhance knowledge levels on STIs, HIV / AIDS, different Sexual behaviors, facing stigma & discrimination and legal aids and myths and misconception of the men who have sex with men.

Percentage Distribution of Respondents by their Knowledge on Various Aspects of Life Pre -Test: Table - 7

S. No	Variable	Knowledge (Percentage)			
		Poor	Average	Good	Total
1	Do you know about STIs	61 (9.8%)	120 (19.4%)	439 (70.8%)	620 (100%)
2	Do you know about HIV/AIDS	90 (14.5%)	105 (16.9%)	425 (68.6%)	620 (100%)
3	Use of condom	294 (47.4%)	249 (40.1%)	77 (12.5%)	620 (100%)
4	Do you Know about section 377	340 (54.8%)	86 (13.8%)	194 (31.4%)	620 (100%)
5	Do you know about Human rights	356 (57.4%)	165 (26.7%)	99 (15.9%)	620 (100%)
6	Do you know about NGOs/CBOs	255 (41.1%)	213 (34.3%)	152 (24.6%)	620 (100%)
7	Do you know about different sexual behavior	305 (49.1%)	162 (26.2%)	153 (24.7%)	620 (100%)
8	Do you follow myths	315 (50.8%)	189 (30.5%)	116 (18.7%)	620 (100%)
9	Relation with family members	325 (52.4%)	193 (31.1%)	102 (16.5%)	620 (100%)
10	Relation with close persons (friends, relatives)	350 (56.5%)	195 (31.5%)	75 (12%)	620 (100%)
11	Relation with employer & co-employs	348 (56.1%)	150 (24.2%)	122 (19.7%)	620 (100%)
12	Employment opportunities	393 (63.3%)	135 (21.8%)	92 (16.9%)	620 (100%)
13	Living with spouse	316 (50.9%)	172 (27.8%)	132 (21.3%)	620 (100%)
14	Do you experience work place discrimination?	65 (10.5%)	164 (26.5%)	391 (63.0%)	620 (100%)
15	Do you know about your sexuality in your adult age?	403 (65.0%)	142 (23.0%)	137 (22.0%)	620 (100%)
16	Do you feel this sexuality will be a barrier for your career?	217 (35.0%)	179 (28.9%)	224 (36.1%)	620 (100%)

Percentage Distribution of Respondents by their Knowledge on Various Aspects of Life Post -Test: Table – 8

S. No	Variable	Knowledge (Percentage)			
		Poor	Average	Good	Total
1	Do you know about STIs	24 (5.6 %)	86 (20.2%)	315 (74.1%)	425 (100%)
2	Do you know about HIV/AIDS	37 (8.7%)	84 (19.8%)	304 (71.5%)	425 (100%)
3	Use of condom	43 (10.1%)	86 (20.2%)	296 (69.6%)	425 (100%)
4	Do you Know about section 377	47 (11.0%)	96 (22.58%)	282 (66.35%)	425 (100%)
5	Do you know about Human rights	60 (14.11%)	85 (20.0%)	280 (65.9%)	425 (100%)
6	Do you know about NGOs/CBOs	38 (8.9%)	92 (21.7%)	295 (69.4)	425 (100%)
7	Do you know about different sexual behavior	31 (7.29%)	95 (22.35%)	299 (70.35%)	425 (100%)
8	Do you follow myths	284 (66.9%)	105 (24.7%)	116 (8.4%)	425 (100%)
9	Relation with family members	43 (10.1%)	122 (28.7%)	260 (61.2%)	425 (100%)
10	Relation with close persons (friends, relatives)	42 (9.9%)	108 (25.4%)	275 (64.7%)	425 (100%)
11	Relation with employer & co-employs	46 (10.9%)	97 (22.8%)	282 (66.35%)	425 (100%)
12	Employment opportunities	82 (19.3%)	93 (21.9%)	250 (58.8%)	425 (100%)
13	Living with spouse	56 (13.17%)	114 (26.82%)	255 (60%)	425 (100%)
14	Do you experience work place discrimination?	284 (66.8%)	98 (23.0%)	43 (10.2%)	425 (100%)
15	Do you know about your sexuality in your adult age?	52 (12.2%)	93 (21.9%)	280 (65.9%)	425 (100%)

Data Analysis & Conclusion:

The percentage of the knowledge on STIs was observed in pre-test (70.8%) and it was increased to 74.1 % at post-test level. The knowledge on HIV/AIDS, also increased to pre-test (68.6%) to 71.5 % at Post-test. It was good indication of the improvement of their knowledge on Sexually Transmitted Infections and HIV/AIDS. The usage of condom was increased at post-test (69.6 %) compared to pre-test (12.5%). Almost all two-thirds (66.35 %) of the respondents was aware about section 377 in the Indian constitution compared to pre-test (31.4%). 65.9 % of the respondents who were aware about their rights to live with dignity in the society at post-test. The knowledge on the role of NGOs and CBOs for the welfare of MSM was increased. (69.4 % at Post-test compared to pre-test 24.6 %). Majority (70.35%) of the respondents were aware of the different types of sexual behaviors. The misconceptions and myths also declined after the intervention program at pre-test (66.9 %) compared to pre-test (50.8 %). It was good to change the behavior of the MSMs life style. The relationship with family member (post-test 61.2 %, pretest 16.5 %) and with friend and relatives (post-test 64.7 %, at pre- test 12 %) and with spouse (post-test 60 % at pre-test 21.3 %) has increased double fold compared to pre-test. More than one-half (58.8 %) of the respondents were able to get the employment opportunities after intervention program compared to pre-test (16.9%), the relationship with co-employers also increased to nearly two-third (66.35 % at post-test). 65.9 % of the respondents have been able to identify their sexual preferences at their early age compared to pre-test (22 %). 61.2 % of the respondents have agreed that their sexuality is not a barrier for their career. The discrimination against them has also decreased to (post-test 66.8 % compared to pre-test 63 %) at work place.

It can be concluded that above table indicates that intervention program has decisive influence on the knowledge of men who have sex with men in the sample respondents.