



EXPLORING THE SOCIO-MEDICAL DIMENSIONS OF HIV/AIDS VULNERABILITY AMONG MALE HOMOSEXUALS IN METROPOLITAN KOLKATA, INDIA

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ABSTRACT

HIV/AIDS poses a significant global health threat, disproportionately affecting vulnerable populations, including male homosexuals. This study examines the interplay between social stigma, vulnerability, and awareness of HIV/AIDS among male homosexuals in metropolitan Kolkata. Findings indicate that social stigma exacerbates vulnerability, with many participants exhibiting reluctance to use condoms, engaging in multiple partnerships, and harbouring misconceptions about HIV/AIDS. Socio-economic status and education level are crucial determinants of awareness and risk behaviour. Notably, interventions by non-governmental organizations (NGOs) have been instrumental in enhancing sexual health consciousness. The study recommends a multifaceted approach, incorporating policy reforms and social environment modifications, to address these issues effectively.

KEYWORDS : HIV/ AIDS, STI, Male Homosexual, Vulnerable.

INTRODUCTION

HIV/AIDS remains a pressing concern in both medical and social science disciplines, with far-reaching implications for global health. As of 2024, an estimated 40.8 million people worldwide are living with the virus (WHO, 2025). Notably, male homosexuals constitute a disproportionately vulnerable population, with heightened susceptibility to HIV/AIDS (NACO, n.d.). Research informed by the Sociology of Medicine and Health perspectives underscores the pivotal role of social stigma and limited awareness in exacerbating this vulnerability (Thomas et al., 2011; WHO, 2025). Within the Indian context, HIV/AIDS is a significant health issue, affecting 24.1 million people, including male homosexuals (NACO & ICMR, 2022). This study focuses on the vulnerability to HIV/AIDS among self-identified homosexual males in metropolitan Kolkata, aiming to shed light on this critical public health concern.

OBJECTIVE

This study aims to investigate the stigma and vulnerability experienced by male homosexuals in metropolitan Kolkata, with a focus on the socio-medical factors influencing their awareness and consciousness levels. Specifically, the research examines the interplay between social interactions, cultural norms, and healthcare access, and their impact on the lived experiences of male homosexuals. The study also explores the nature of interactions between male homosexuals and mainstream society, highlighting instances of discrimination and marginalization. By examining these dynamics, this research seeks to contribute to a nuanced understanding of the complex factors shaping the lives of male homosexuals in metropolitan Kolkata.

METHODOLOGY

This exploratory study employed a mixed-methods approach, grounded in a socio-medical perspective, to investigate the experiences of male homosexuals in metropolitan Kolkata. The audiopedia technique was utilized to gather data from a sample of 200 self-identified homosexual males, aged 18-50, selected through snowball sampling. All participants reported being sexually active. Data collection involved in-depth interviews, guided by an interview schedule comprising both close-ended and open-ended questions, allowing for nuanced insights into the participants' experiences. Relevant observations and insights were documented in a field diary, providing contextual depth to the study's findings.

DISCUSSIONS AND OBSERVATIONS

The main health problem with homosexuals is HIV/AIDS. They are identified as a High-Risk Group (HRG) by the National AIDS Control Organisation (NACO). During the 1990s, as AIDS claimed increasing numbers of the homosexual men's

lives, most practitioners and researchers with health-relevant skills and an investment in the gay community turned their energies toward treating those who were infected with HIV and attempting to arrest the spread of the virus among the uninfected (Gonsiorek and Weinrich, 1991: 8). However, no book written in the 1990s about homosexuality was complete without discussion of the HIV/AIDS epidemic. Yet, in this area, it was hard to decide which topics were most relevant in this respect. Where does scientific research have something to say about public policy and AIDS, specific to male homosexuality? It is observed that HIV infection prevention raised the greatest number of public policy issues specific to male homosexuality control strategies among male homosexuals in the context of what is generally known about health behaviour change (Gonsiorek and Weinrich, 1991: 11). Those respondents who are practicing sex with multiple partners are more vulnerable to HIV infection. This study found that they have little consciousness about the usage of condoms as a protective measure from HIV. This has been shown in a table.

Table 1: Consciousness about Usage of Condom Among Male Homosexuals N=200

Category	Always use	Sometimes use	Never use
(i) Having sex with single Partner	---	14	17
(ii) Having sex with multiple Partners	57	55	57
Total	57 (28.5%)	69 (34.5%)	74 (37%)

From the table, it is observed that about 28.5 per cent having single partners practice sex without a condom. Only 14 respondents who have single partners use condoms, and that too sometimes because sometimes they wish to enjoy sex differently. Those who enjoy sex with multiple partners are very reluctant to use condoms. Most of them never use condoms. Sometimes usage of condoms depends on their partner's choice. One of the respondents, who has been in the multinational company for six months, 'fucks' his superior officer. They do not use condoms because the officer tells him it is safe between men. HIV comes only from vaginal sex. So, sometimes, the usage of condoms depends on situational factors.

The study reveals a concerning lack of awareness about sexually transmitted infections (STIs), including HIV/AIDS, among the respondents. Many participants demonstrated limited understanding of STIs, highlighting a critical knowledge gap. The social stigma surrounding STIs is profound, with severe consequences, as evidenced by a respondent's reported suicide due to STI-related pressure.

STIs are often stigmatized, with men experiencing heightened distress when infected by same-sex partners, underscoring the need for targeted awareness and support initiatives.

In the accounts of their sexual activity, there are many myths and many practices that are dangerous and pose great risks to health. Similarly, some of the remedies often resorted to against STIs are highly unorthodox and unreliable. It is widely believed that HIV occurs generally in the West, especially in the USA. Some respondents asserted this as a matter of literal truth. "I don't think about AIDS, because I have never been with a Westerner," said a respondent. Another thought it was a "disease of the Africans." It is also believed that HIV infection spreads only through vaginal sex. Anal sex is declared to be 'safe.' This conveniently blames women for transmission of the virus. That is why most of the respondents did not have sex with females.

Some men claimed that HIV/AIDS is curable. The belief that sex with the virgin is a cure for venereal disease is of great antiquity and occurs across cultures; it is only a short leap to transfer this to more recent scourges. Some also believe that sex with an animal—a dog or a monkey, for example—'cures' all such evils. Anal sex is believed to be safe. It is reinforced by another belief that to receive the semen of another male strengthens the patients. This is connected with the Hindu belief that the conservation of semen makes men stronger and this vital force is stored in the crown of the head. The high value traditionally accorded to sexual abstinence comes from this belief, as does the assertion that too frequent ejaculation weakens the body. There is also a negative mythology concerning masturbation: it leads to a distortion of the penis; it makes the penis turn black; it will eventually ejaculate blood; it damages brain activity. All of these were spoken as matters of solemn truth. Some of the respondents wash out their anus with 'Dettol' (liquid antiseptic) after having sex. One respondent thought that this would protect him from HIV. Many of them cited the use of lemon, 'masala' (a mixture of spices used in cooking), and even dhupkathi (incense stick) smoke. Some thought there were Ayurvedic or alternative medicines effective against HIV. Piles and bleeding are common afflictions. Cures for warts, gonorrhoea, and other sexually transmitted diseases indicated the power of superstition in relation both to traditional specifics and to Western proprietary medicines and disinfectants. It is clear that many male homosexuals—with their imitative feminized behaviour—have also internalized the low esteem in which women are held in India. Most reliefs are symbolic, the only shelter of the powerless. It is clear that there are many untreated STIs, many unresolved sexual problems, and many confusions in terms of sexual orientation and identity. This reflects an impression of powerlessness and subordination.

The study reveals that homosexual individuals exhibit varied understandings of safer sex practices, often tailoring their approaches to align with personal conceptions. Notably, those engaged in same-sex activism, affiliated with support groups or NGOs, or possessing higher educational attainment tend to demonstrate greater awareness of safer sex norms and adhere to scientifically recommended practices. This suggests a positive correlation between higher social status, education, activism, and adherence to evidence-based safer sex guidelines.

CONCLUSION

The preceding discussion highlights the multifaceted nature of the challenges faced by homosexuals in Kolkata, stemming from their marginalization and sexual minority status. The factors contributing to their vulnerability are diverse and context-specific, yet a common thread is the pervasive lack of awareness and understanding within society. This dearth of consciousness significantly exacerbates their susceptibility to HIV/AIDS and STIs, underscoring the need for targeted interventions to address these issues.

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