

Research Article

A Study on Sexual Behaviour and HIV Awareness among Men who have Sex with Men in Mangalore City, India

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ABSTRACT

This article attempts to study the sexual behaviour and human immune deficiency virus (HIV) vulnerability of men who having sex with men (MSMs) including sexual transmitted disease (STD). The data was generated from 55 MSMs from Mangalore city of the Dakshina Kannada district of Karnataka state. For collection of data, an interview schedule was administered as well informal observation also done. The profile of the MSMs included social demographic variable include at what age they had first time sex with men, It was noted that large number of respondents were (49.09) unmarried. It has been found that around (63.64) of the respondents were having sex with the same sex to get sexual satisfaction. The study revealed that all these respondents (100) were well furnished with HIV awareness. However, 70 percent of them reported about the symptoms of STDs they had over a period. The article advocates to comprehensive medical social work intervention with MSMs and suggests non-government organisations (NGOs) to integrate the non-formal education, create awareness about health problems, condom and gel usage.

Keywords: Sexual behaviour, Vulnerability, HIV/STD, Education

INTRODUCTION

Sex is a basic need and an integral part of human life. Generally, it is being practised between male and female and between men in some cases. Sex between men occurs in most societies. For cultural reasons, it is often stigmatized by society. The MSM is a term coined in 1994 to reduce stigma against gay, bisexual,

transgendered, and self-identified heterosexual men who engage in sex with other men, by describing behaviours rather than social or cultural identities (Young and Meyer, 2005). Sexual activity between male and male is prohibited, perverted and offence in most of the traditional society. Though, male–male sex is widespread and often hidden from view. Stigma and discrimination have made them most marginalized and vulnerable to sexually STDs and HIV/AIDS. Sex between men frequently involves anal intercourse, which carries a very high risk of HIV transmission for the receptive partner, and a significant risk, though a lesser one, for the insertive partner. The unique prevention and treatment needs of these population are largely ignored. Ignorance about the extent of male–male sexual activity results in a lack of MSM programming, which in turn leads to high levels of risk behaviours. The sexual identity of MSM encompasses both specific behaviour and multiple identities (WHO, 2009).

SEXUAL IDENTITY AND VULNERABILITY

Sexual identity is different from sexual behaviour. Men who have sex with men are not a uniform group or an isolated social minority with a single sexual preference. They come from all social classes. They range from men who maintain conventional masculine identities and do not identify themselves as homosexual or gay or even bisexual. Many men who have sex with other men do not regard themselves as homosexual. In a number of societies, the way such men view their own sexual identity is determined by whether they are the insertive or the receptive partner in anal sex. Worldwide, large percentages of MSM are married or have sex with women as well (UNAIDS, 2008). At least 5 to 10 percent of all HIV infections in the world are transmitted through unprotected sex between men (CDC, 2008). The number of men who engage in sex with men is estimated at 2 to 5 percent worldwide (Caceres *et al.*, 2006). The contribution of MSM to the HIV/AIDS epidemic in India was officially set at 1 percent in 2001 (GoI/NACO, 2001). But these estimates may seriously underestimate the significance of MSM behaviours to the epidemic in India, especially since global estimates suggest that 5 percent to 10 percent of HIV prevalence is attributable to sexual transmission between men. In the 1998 data of NACO, it was stated that among the 5204 AIDS cases reported until March 1998, heterosexual transmission constituted 74.15 percent and homosexual transmission constituted 0.58 percent, recipients of blood constituted 7.05 percent, injecting drug users- 7.3 percent and “others”- 10.92 percent (NACO, 1999). Thus according to the NACO, homosexual transmission contributed to only 0.58 percent among the reported AIDS cases until 1998.

OBJECTIVES

The objectives of this study are

1. To understand their sexual behaviour with sexual partners
2. To study the contributing factors to vulnerability
3. To assess the STD and HIV awareness among MSMs

MATERIAL AND METHOD

Mangalore is one of the main city in Dakshina Kannada district that is situated approximately 300 km away from Bangalore, the capital city of Karnataka state. This city is enough popular for port transaction namely in New Mangalore Port Trust (NMPT) and leading industries around the city. The number of industries and rapid urbanization has resulted in many people migrating from adjacent districts in search of employment opportunities include youths without spouse and sex workers, who solicit around the clock in city. Descriptive design was adopted and 55 MSMs were selected from the city by using the simple random sampling method and data were collected with an aid of interview schedule. The collected data was analysed by using simple percentage.

Religion and Education

The above table depicts that, an overwhelming percentage (41.82) of MSMs are Hindus, followed by comparatively less among Muslims (30.91) and Christians (27.27). It is globally considered that education a corner stone of development as well it takes prime role in sexual identity and HIV risk reduction. Among the MSMs under this study, a nearly 30.91 percent of them completed their primary level of education and very less (i.e., 07.27) respondents were illiterate, 29.09 of them cleared their high school, PUC and graduation level of education followed by 10.91 and 16.36 percent of respondents. Surprisingly, 05.54 percent of respondents completed graduation. This data reveals that majority of the respondents are literate and there is no significant relationship between qualification and sexual orientation.

Age and Marital status

Age is one of the main parameters to describe the sex and sexuality issues as well as to determine the physiological growth and sexual orientation. Generally at the age of 14, there will be remarkable change in men's psychological and physiological organs. Large proportion (32.73) of the respondents were between the age group of 30 and above, it is interesting that 30.91 percent of the respondents were at the age group of 20 to 24 years, whereas 25.45 were from the age group of 25 to 29 and rest of them (10.91) were between the age group of 19 and less than that. It is quite important that homosexual orientation is common among all the age groups but there is significant difference in sexual identification. Regarding

Table 1: Socio-Demographic Background of MSMs

Socio-Demographic Characteristics	Frequency	Percent
Religion		
Hindu	23	41.82
Muslim	17	30.91
Christian	15	27.27
Education		
Illiterate	4	07.27
Primary	17	30.91
High school	16	29.09
PUC	6	10.91
Graduation	9	16.36
Above	3	05.45
Age of the Respondents		
19 years	6	10.91
20–24 years	17	30.91
25–29 years	14	25.45
30 + years	18	32.73
Marital Status		
Currently married	19	34.55
Unmarried	27	49.09
Widower	9	16.36
Age at started to have sex with same sex		
15 years	10	18.18
15–19 years	13	23.64
20–24 years	9	16.36
25–29 years	7	12.73
30+ years	16	29.09

their marital status, near to half (49.09) of the respondents were unmarried, 34.55 of them were currently married and widower proportion is very less (16.36). This shows majority of them are having sex with their spouse as well as with same sex partner.

Age at which they started to have sex

Age at when they started to identify themselves as a MSM and at what age they had first sexual experience is the main factor in sexual behaviour assessment. In

this study, 16 (29.09) of the respondents started to have sex with the same sex at the age of 30 and above. Another 23.64 percent of them started at the age of 15–19, just 16.36 of them started at the age of 20–24 years and very less (12.73) among respondents started between 25–29 age group. It has been found that considerable number (18.18) of respondents started to have sex with the same sex at the age of 15 years and less among some cases.

Sexual identity and purpose behind the sexual intercourse

Sexual identity among MSM is very important aspect. During the sexual intercourse, they have been performing certain roles. When they were asked about purpose behind having sex with same sex, majority (63.64) of them were opined that they having such sexual intercourse in-order to get the sexual satisfaction and to mitigate the sexual desire, whereas 29.09 percent of them said that for money purpose and very less (7.07) of them were said that it is a habitual exercise. There are four main sub categories in MSM community which are namely *Kothi* who performs the role of inserter, *Panathi* who will be the receiver, *double ducker* person, who performs both the roles of inserter and receiver, *bisexual* stands for the person who has sexual intercourse with both the sexes, i.e., male and female (Yadav, 2010).

Place of solicitation and sex

The important finding in this study is that, single largest (49.09) proportion of respondents were having sex work in lodge, followed by 20 percent who used toilet, 16.36 percent of them were having sexual activities in hidden places and very less (14.55) were having sex in public parks. When they were asked about their soliciting places, 30.90 percent of respondents said that they soliciting for partner at Public Park, 20 percent of each in public toilets, bus stands and in play ground. By this data we could see that most of the time their place of solicitation and practice will be same which immensely and adversely impact on their health.

Sexual intercourse, partner selection and condom usage

The table depicts that out of the total respondents, half (49.09) of them select adolescents as their sexual partners, less than 15 year old boys will be preferred by 20 percent of the respondents. It is interesting to see that 25.45 percent of them select middle age men as their sexual partners, and very less (05.45) MSMs prefer the men who are above 60 years of age, i.e., old age people. When we see the sexual dimensions of respondents, approximately half (50.90) of them were having *anal* sex, another 29.09 percent of them were having *oral* sex and very less (20) percent of respondents were having *thigh* sex. It has been found that, large numbers of respondents were engaged in oral sex which has a high risk for HIV and AIDS

transmission. When they were questioned about sexual intercourse and condom usage, it has been found that majority (70.90) of them were using condom in each sexual intercourse and 29.09 percent of the respondents were often using condom in sexual intercourse. Surprisingly, 63.64 percent of them were having sexual intercourse once in a day and 12.73 percent of them were having sex more than four times in a day. 12.73 percent and 10.91 percent followed by twice and thrice in a day.

Table 2: Knowledge of STDs and HIV/AIDS

Knowledge	Frequency	Percent
Knowledge of STD	48	87.27
Knowledge of HIV/AIDS	55	100.00
Had the problem of STD	32	58.18
Whether STD can be cured	48	87.27
Symptoms of STDs		
Swelling in the groin	49	89.09
Herpes	51	92.73
Ulcer	38	69.09
Urinal discharge	52	94.55
Modes of HIV Transmission		
Having sex without condom	55	100.00
Blood transmission	46	83.64
Infected injection	27	49.09
Mother to child	37	67.27
HIV/AIDS Prevention		
Abstinence	17	30.91
Use of condom	53	96.36
Use of gel	24	43.64
Avoid sex with unknown men	13	23.64
Avoid blood transmission	54	98.18
Avoiding using common needles	49	89.09

Prevalence of STDs

The present study was tried to investigate the prevalence of STDs among the MSMs. It has been found that, an overwhelming percentage (58.18) of them was reported that, they experienced STDs over a year. It is notable thing that, all (100)

the respondents were highly aware about HIV/AIDS which was known through the intervention. The STD awareness among the respondents was 87.27. Reported symptoms during study are swelling in the groin (89.09), herpes (92.73), ulcer (69.09) and urethral discharge is 94.55.

HIV and AIDS Awareness

In this study, the researchers made an effort to assess the MSMs awareness about HIV, mode of transmission and prevention methods. It was interesting to find that, all (100) the respondents absolutely aware about HIV and AIDS is being transmitted through having sex without condom. They received information through various sources such as from outreach workers of target intervention project, by their friends and peer educators of NGO. Further, through untested blood transmission (83.64), using infected injection is 49.09, and infected mother to child is 67.27 percent. Over all data says that MSMs are having enough awareness about the HIV and NGO intervention as well peer education approach played major role in disseminating the HIV awareness message.

HIV Prevention method

Further, respondents were asked about whether they adopted any pre-caution or change in their sexual practices to control the HIV and AIDS. More than 96.36 percent of MSMs reported that, they insisted on the use of condoms, Followed by 43.63 percent of them stated that they use gel during anal sex, avoiding sex with unknown men is 23.64 percent, and avoiding untested blood transmission and common needles is 98.18 and 89.09 percent, respectively.

IMPLICATION FOR HEALTHY SOCIAL WORK

The results of this study hold excellent scope for social work practice with MSMs. The findings in this study help to confirm various vulnerability factors and psychosocial problems associated with sexual intercourse with same sex. Social work is a value based practice and concerned with prevention and alleviation of health problems. Social work as a profession is concerned with helping and empowering vulnerable populations. Professional social workers working with special groups like MSMs to trace their social identity in social set up, to enhance social functioning and to protect their basic right through advocacy. Social workers have unique, in-depth knowledge of and expertise in working with ethnic, cultural and economic diversity; family and support networks; trauma and disaster relief; inter-disciplinary practice; intervention across the life cycle and systems interventions that address fragmentation, gaps and insufficiency in health care (NASW, 2003).

CONCLUSION

From the above findings, it has been confirmed that the MSMs group highly vulnerable to STDs, HIV and AIDS. Hence, necessary measures should be taken and service should be provided to protect their valuable health through periodic health check up and intervention. Besides that NGOs must put an effort to motivate them to use the condom regularly and to initiate the community based approach to bring them into the mainstream of society, especially through the realization of their sexual rights. It has been observed during the field visit that MSMs are a section of unprivileged and they have been often threatened by the police authority. So intervention agencies must conduct sensitization programmes on a regular basis. Apart from that NGOs can integrate the formal education programmes along with the HIV and AIDS awareness programme.

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