

# Two men Together: Love, Sex and Risk in the wake of HIV/AIDS in India

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## Introduction

In the wake of HIV/AIDS epidemic in India, the sexual behaviour and related risk factors among various vulnerable populations have caught the imagination of the researchers and policy programmers. It is more and more felt that some sections of population are especially vulnerable because of their marginality, lack of social support and other factors. Of all the vulnerable population towards HIV/AIDS, males having sex with male (MSM) occupy a special niche. MSM are a diverse and often hard to reach group. This diversity is explained by the fact that the MSMs incorporate youths experimenting sex with their same sex since male partners perhaps are more available than females and may be not dearer than commercial sex workers. Bisexual men who are married with or without kids but have sex with same sex partners and a closely knit core group of men also identify with MSM (FHI, 2001). In fact, 'MSM' is a general term to encompass wide range of different sexual orientations and not merely refer to homosexuals alone, at least, in Indian context (Kulkarni, 1999). In this study, the term MSM has been used to refer male individuals who are having sexual experience with their same sex irrespective of the fact whether they have any experience of having sex with opposite sex or not, and at times, it has also referred to the particular act of having sex between two men. In fact, the homosexual activity is not a new phenomenon; the presence of such sexual behaviour is age-old as it is found in the old scriptures or in paintings. Ellis first defined the word 'homosexual' in his book '*Studies in psychology of sex*' as far back as in 1897. Homosexuals were defined as those who had a specific sexual attraction towards persons of same sex. Later on also in many studies this special trait of human beings came to light, as it was evident in the work of Kinsey (1947) or in the very recent work of Khan (1994).

In the era of AIDS epidemic, the study of MSM receives higher importance as this community is at a greater risk of contracting HIV/AIDS for more than one reason. But the paucity of data on the socio-psycho behaviors of MSM in India seriously jeopardizes our understanding about the contexts and situation as factors in which MSM sub- population resides and builds up their own network.

MSM activity is tabooed and highly stigmatised. Anti-sodomy law 1861 prohibits sexual relations with same sex partner. Therefore MSM are harassed by police and others (ABVA, 1991; Nag, 1996). As a result of the all round hostility, MSM tend to hide their behaviour from others, even from their families. Owing to this, it can be safely assumed that the number of MSM in this society is larger than meet our eyes. According to one estimate, five percent of the sexually active adult male population of India falls into the category of MSM. Following the estimate, the number of MSM runs into a staggering 13 million if not more (Kavi;1993). This enormity of number itself is a matter of serious concern considering their elevated risk of contracting the infection of HIV as well as their potentiality in spreading the infection to others. Since the pattern of sexual behaviours and relationships of Indian MSM are simply different from their western counterparts because of unique aspects of Indian marital, sexual and family norms, this sub population lags behind in terms of treatment seeking as well as in terms of being communicated about how they can safe-guard themselves from the potential threat of AIDS. The wide spread stigma and taboo complicate their woes.

Of late, due to the relentless effort of some NGOs, this group is contacted and informed about different issues pertaining to their lives and behaviours. They are constantly encouraged to come out from the cocoon. But, these activities are confined mainly into big cities in India .Of all these cities,

Mumbai occupies a pivotal position as it offers amazingly favourable environment for risky sexual behaviours mainly because of its cosmopolitan nature and due to its ability to draw tens of thousands of people from all over the country. It is no wonder that Mumbai is also a home to a large number of MSM people (Kavi, 1993). The vulnerability of this MSM sub-population in Mumbai seems to be quite high considering the dismal AIDS situation of Mumbai. The recent data also shows an alarming figure of the prevalence of HIV in Mumbai. In fact, Mumbai, the financial capital of India, is also reviled as the AIDS capital of India. It seems justified since in Mumbai, prevalence of HIV among STI patients had risen to 56 percent in 1999 from one percent in 1987 (NACO, 2001) and at the same time, HIV infection is rapidly spreading from high-risk group to low risk population. In this context it has become imperative to, study high-risk groups like truckers, commercial sex workers (CSWs), MSM and others especially in Mumbai, which is thought to be one of the most prolific incubator of HIV infections in the country. But since not many studies have been conducted to document the various nuances of the life styles and sexual behaviours of the MSM in Mumbai.

MSM are highly at risk for HIV / AIDS for variety of reasons. They are not only vulnerable to acquire the sexually transmitted diseases but also capable of transmitting these diseases to others. Naturally, they also fall into the category of high-risk groups and considering the overall situation of Mumbai; they stand at an elevated risk of getting infected by this deadly virus. Moreover, the veil that shrouds this community mainly owing to the fear of getting socially ostracised or becoming the butt of fun or criticism poses a serious challenge to the potential researchers. So far not many studies have been undertaken to document their psychosocial behaviours and it is conspicuous by the ‘frustrating absence’ in the socio-behaviour literature on HIV/AIDS. The present study is an effort not only to document their sexual orientation, behaviour and practices for the safe sex but also tries to capture a comprehensive view about the context and situation, which encompasses their lives.

## **Objectives**

The present study strives to understand their sexual orientation, behaviour and practices of the safe sex in Mumbai. To fulfil this broad objective, it has set the following specific objectives:

1. To unearth the process of their entry in to MSM activity.
2. To assess the context, location and network of MSM activity.
3. To examine their sexual behavior and its implication for spread of HIV/AIDS
4. To examine their knowledge of HIV/AIDS and ways of preventing it.
5. To develop strategies to promote safe sex behavior among the MSM.

## **Data and Study Design**

The basic data used for this study have been collected from different parts of Mumbai through a suitably developed research design with a combination of qualitative as well as quantitative research tools. In order to select the study sites, five key informant interviews were conducted at the primary stage for understanding the life style, networking, and cruising places of the MSM in the different parts of Mumbai. It is needless to mention that the selection of key informants was based on their experience of working with such communities. Subsequently, some of the leading NGOs who are working with MSM communities in Mumbai were utilized as windows to enter in the MSM communities located in different parts of Mumbai. With the help of community workers of those NGOs, all the prominent sites were identified and a location map was developed. Selection of the sites was based on the magnitude of the MSM activities on different sites included in the location

map .A total of ten sites were selected for study in order to facilitate comprehensive data collection. Subsequently, a structured questionnaire was canvassed among twenty youths engaged in MSM activities from each of the sites following quota-sampling procedure. Of course, the process of selecting the individual for the study was a complex process evolving tremendous amount of stigma. As a result, different networks of MSM were approached with the help of community workers and one-two persons from each such network were interviewed so that the quota of twenty interviews could be completed from each of the sites. It is worthwhile to mention that the existing procedure may not statistically represent the entire MSM population in the Mumbai but definitely ensured a wider heterogeneity in the coverage. In order to facilitate the data collection process, a former community worker of one of the NGOs working among MSM in Mumbai was appointed as research investigator for one month who worked with the researcher in all the ten sites. Of course, the targeted sample size was two hundred but due to a number of operational constraints only one hundred and sixty interviews were completed within a specified time period.

In addition, 10 in-depth interviews were conducted among those who suffered from any type of STD symptoms in the last three months with an in-depth interview guide covering various issues and concerns relevant with the study objectives. The criterion of selection of MSM for the in-depth interview was their extent of enthusiasms during the interaction at the time of survey and willingness to participate in further discussions. Further a comprehensive insight into problems and prospects of sexual risk reduction among MSM was gained by interacting with a selected group of stakeholders such as Maharashtra AIDS control Society (MSACS), Mumbai District AIDS control society (MDACS), NGO personals and Police personals, with an interview guide. These stakeholders' interviews also provided the researcher an opportunity to understand the nature of support system required for the MSM in Mumbai.

Care was taken to ensure that no questions were remaining unanswered. The interviews were conducted in Hindi and English both. In order to maintained data collection and error check, questionnaire were checked every day and edited. The data was analyzed using Statistical Package for Social Sciences (SPSS).

## **Socio-Demographic Profile**

Looking at the profile of the respondents (Table-1), it is found that majority of the respondents (44 percent) are in the age group 25-34 years, followed by those (38 percent) who are below age 25 years. This shows that most of the MSM who are actively engaged in such activities are at relatively younger age. At the same time, one can not rule out the fact that this activity is not restricted up to certain age as a substantial proportion of respondents (17 percent) were above 35 years of age. More than half of the respondents (54 percent) have studied up to high school, almost every fourth are graduate (24 percent). Though it is not possible to draw any inference but it is important point out that, about 85 percent had their schooling in urban areas. As far as marital status is concerned, the proportion currently married is less that of unmarried. Slightly more then two- fifth of the respondents are the eldest son of their parent, which might have provided them free environment to indulge in such kind of deviant behavior. Majority of respondents are from the general caste (62 percent) followed by OBC (25 percent) and SC/ST (13.4 percent).

Different types of living arrangement are expected to provide a conducive environment for potential indulgence into deviant sexual behavior. Therefore, profiles of the respondents include their variation by current living arrangements. Currently most of the respondents are living with their parents (61 percent) followed by friends (16 percent) and others (13 percent). Only ten percent of them are living alone (Table-2). This pattern of living arrangement is primarily due to the fact that 65 percent of

respondents are born and brought up in Mumbai, while remaining are migrants mainly from Bihar, Uttar Pradesh and Tamil Nadu\*. It can be said that those who are born and brought up in Mumbai might have better networking and more exposure to MSM activities than those who have migrated to Mumbai at the later stage of their life (42 percent). It is important to mention here that while looking at the profiles of MSM and the context in which they might have indulged into such deviant behavior, the first living arrangement can offer a favorable environment for indulgence into such behavior. Among the respondents who were born and brought up outside Mumbai, nearly 45percent migrated singly and stayed with their relatives or parents, 24percent with friends and 7 percent alone, when first came to Mumbai. Most of the respondents are currently employed in private sector (38 percent), while 14 percent are engaged in government jobs. As far as monthly income is concerned, most of them are earning more than Rs.6000/ per month and another 31percent reported to earn somewhere between Rs. 2000- Rs. 4000 per month. Looking at the distribution of the respondents by the extent of alcohol consumption, it is evident that almost half of them (48 percent) have never consumed alcohol. Around 28 percent of the respondents are consuming alcohol regularly and the remaining 24 percent reported to consume occasionally.

So from the above discussions, we can conclude that most of the MSM included in this study belong to low or medium socio-economic status. Of course, it is seldom to prove that this activity is independent of the socio-economic status, caste, religion and educational status.

### **Process of Entry into MSM World**

Sexual orientation differs from sexual behaviour in the way that it cannot be changed easily. In fact, behaviour can be modified or changed, as it is dependent on the situations, emotions, feelings and sharing. On the other hand, the initial sexual activity has a deep-rooted impact on the orientation of a person, which later gets transformed into his behaviour. In the study, most of the MSM had the bisexual experience, 39 percent had the first sexual encounter with a female partner. Looking at the extent of their consent and willingness to participate in their first sexual encounter, it is evident from Table-3 that more than three-fourths of MSM in Mumbai (76 percent) willingly participated in it. While, a substantial proportion of the respondents (28 percent) reported their first sexual encounter as a forced one.

The association between guilt feeling and willingness to participate in the first sexual encounter is a rather unexplored area. Therefore, the distribution of respondents by sex of their first sexual partner and guilt feeling has been depicted in the Table -4. By and large a similar proportion of respondents (70 to 75 percent) irrespective of the sex of their first sexual partner mentioned that their first sexual encounter was a desired one. Of course, a substantial proportion of those who had it with a male partner reported to have guilt feeling (42 percent) as against those who had it with a female partner (31 percent).

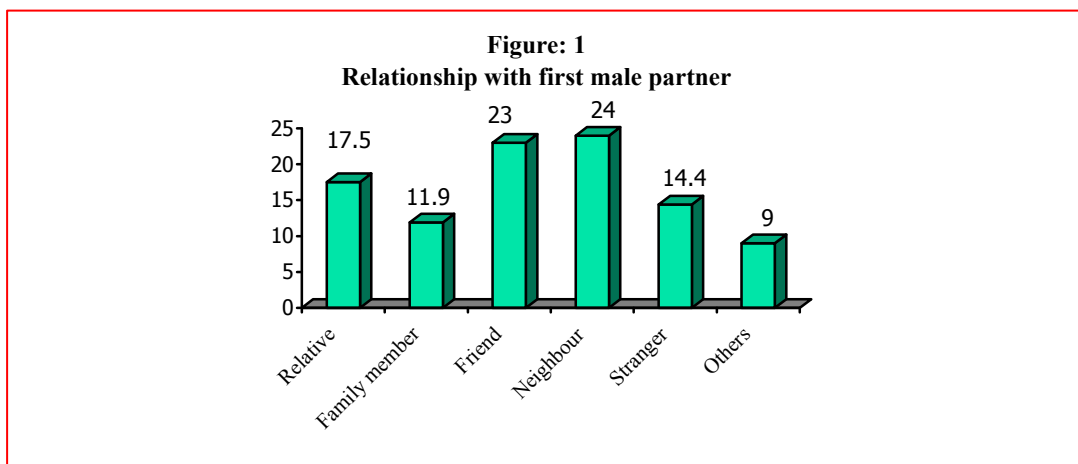
From the above findings one can easily draw an inference that feeling have guilt is being articulated primarily at the initial stages of their bisexual behavior. It may be due to the fact that the adolescents are in the most formative phase of their sexual development and mostly initial sex happens unconsciously. Mature individuals are very much aware of their sexual orientation as compared to the adolescents. One can be easily understand that the effect of social norms on the MSM.

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\*Data is not presented in the tabular form

It is evident from the Table-5 the almost one fourth (24 percent) of the respondents experienced their first sexual encounter with a male partner at the age below 15 years. Of course, in the study sample majority of the respondents reported performing their first sexual encounter with a male partner in the age group 15-19 years. Thus, nearly three- fourths of the respondents who had their first sex with a male partner experienced it during teen age. On the other hand, distribution of those respondents who had their first sexual encounter with female partner reveals that their debut occurred at relatively older ages. Approximately, 15 percent practiced it with females below an age of 15 years, while; majority of them (47 percent) experienced their first sexual encounter with a female partner after attaining 25 years of age.

It is often believed that in traditional as well as transitional societies socialization into sex occurs with in family or in a proximity to the close friends and /or relatives. An attempt has been made in this study to analyze the relationship with first male sexual partner of the respondents. It is evident from Table-6 that 23 and 24 percent of respondents experienced their first sex with male with a friend and neighbour respectively. However, almost one-third respondent, who reported his sexual debut with a male partner, reported that the partner was either a close relative or a family member. Thus, the bar diagram showing relationship with first male partner (Fig: 1) clearly provides a clue to articulate that environment, surroundings and relationships play a vital role in shaping sexual orientation of persons particularly during adolescent stage of life.



At the outset, it is worthwhile to mention that there are different categories among MSM community like 'Kothi' (Passive), 'Panthi' (Active), 'Do -Partha' (active and passive). It is very difficult to differentiate between 'Panthi' and 'Do-Parthas' because they appear like a normal individuals, whereas, 'Kothi' appear more feminine. It is evident from Table-7 that in the study sample 44 percent are 'Kothi', 27 percent are Panthi, 15 percent are 'Do-Partha', and 13 percent are 'Bisexual /others'. Looking at the pattern of sexual debut among the respondents by their categories based on self identification it is found that majority of the 'Kothi' (receptive) have a male as initial sex partner. (80 percent). However, a reverse trend has been reported in case of Panthi where 59 percent of the respondents reported their sexual debut with a female sex partner. However, there is no sex differentials for the sexual debut of those respondents who identified them as 'Do -Parthas'. It is anticipated that the respondents born and brought up in Mumbai may have a different sexual orientation than those migrated from outside due to a number of cultural, traditional and environmental factors operating around individual growth and development process.( \*)

## Context

The qualitative exploration leads to the understanding that the foundations of MSM orientations were laid during their early stages of development. It was learnt that most of them had their first sexual experience with another person of the same sex between their childhood and adolescence, with a man older to him who had immediate access to his socio-cultural milieu. As one of our respondents aged 34 described:

*My neighbour, a 24-year-old guy next door used to take me with him to his house when no body was there. We used to enjoy a lot. I was eight then....*

In words of another respondent:

*He was my tuition teacher. I was only seven and was in class two. One day he removed my pants and caressed my penis. I did not resist...*

For many, it was their first ever-sexual experience, which left lasting impressions on them and shaped their sexual orientation/preferences. One of our respondents reported:

*In my school days we had two paying guests (men) at our residence. I used to enjoy secretly watching them doing 'that'. Once they caught me peeping and invited me in. It was exciting. Later on, it became regular till they left.*

The exploratory nature of the tender age and the excitement from a totally new experience, whether coerced or friendly, moulded the youngster's urge for sexual gratification with the same sex. Negligence of parents coupled with the encouragement/exploitation by those who lured them, though mostly goaded by their own sexual needs, acted as a factor in shaping the boy's sexual preferences. Peers were sources of information to MSM behaviour for many. Gradually they established intimate relationship with a person from the same sex. Some preferred to be 'Kothi', some 'Panthi' and some others both (Do-Partha).

Further, MSM managed to find other people with similar interests and thus established their own networks. From their experience they identified another MSM simply picking up from the cues and body language at potential cruising points. They even go for trial and error methods by rubbing their erection on another's body. Some preferred to satisfy themselves within the limited network while some others preferred to have sex with strangers rather than establishing their own network since they did not want to maintain their identity as MSM. One of our respondents put it:

*Whenever I feel the urge, I go to a particular railway station far from my residence and try to find out my sexual partner and have it.*

Even those who had networks ventured for strangers since it was pleasurable and also fetched them money and at times friends/lovers were not always available. One of the respondents casually put it as follows:

*Lakshmi bhi aajati hay to kya dikkat hai (Obviously it is pleasurable for me, and what's wrong if I get some money also)?*

With a stranger, the MSM, whether received or provided sex, tried not to maintain any emotional attachment and simply adhered to the 'business'. The urban anonymity in a way was a bliss for MSM in Mumbai as it was easier to find someone from the crowd / rush which seldom interfered in others' matters. The adult stereotype in the Indian socio-cultural context demanded individuals to conceal their MSM identity and hence most MSM had to conform to the social norms by yielding to an arranged marriage with a woman while he continued his MSM activities in camera. In fact a fair

proportion of MSM were bisexual and they had sexual relationships with women now and then. As a man 32 reported:

*I am married with two kids, but I always look out for males to have sex with them. My wife does not know about this at all*

The social environment plays a vital role in it. Sometimes, the first sex has long lasting impact on them and hence leads them to continue with such kind of sexual behaviour though it has been treated as a deviant sexual behaviour in nature. We may get a comprehensive insight from the narratives of one of the respondent, currently 32 years of age, who described that

*“He was my neighbor aged 24 years .He used to take me at his place. He used to do sexual acts but due to innocent nature, I could not guess. I thought that he was just making fun. I never resisted but once he removed my pant, caressed my genital and inserted his penis. It was very painful. After that day he used to do ...I felt pleasure. I was eight then...”*

Looking at the process of indulgence in to the MSM activities during the qualitative interaction with the respondents it was learnt that sometimes the initiation begins as an experiment, which later gets converted into a continued behaviour and practice. These issues are further strengthen from the narrative of a respondent, 29 years of age:

*“I was only six years old when I had experienced first sex with male. One day I was taking bath in the pond in my village. Many boys were there. One 19 years boy came and started playing with me. At last he inserted his penis. He was my neighbor. After that day he usually took me to his home...”*

Given below is the story of a respondent which substantiate to our quantitative findings that majority of the respondents have initiated sex with an older person. A respondent, twenty years of age mentioned that...

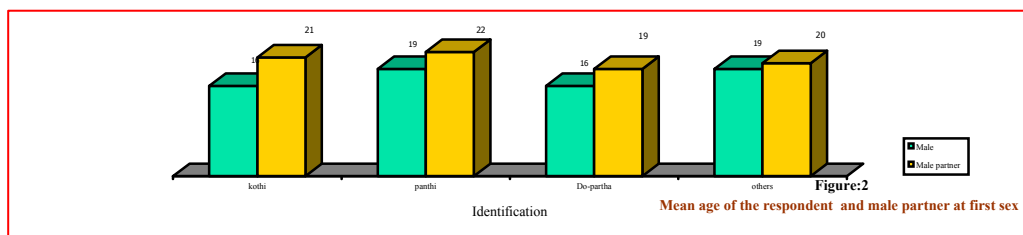
*“He was my maternal uncle. He was very handsome. I had internal desire to have sex with him. Once he was lying on his bed. I started massage of his body. I had touched his genital but he resisted initially. I griped it in my hand. At last he excited and lost control and inserted his penis. It was very painful for me. I got excessive bleeding but it was cured through self-medication. He felt bad. He did not talk me to one month. After one month I again started talking to him and after that day we never hesitated...”*

Another important issue giving a clue to the process of indulgence in the MSM activities has emerged through the narrative of one respondent. According the respondent:

*“I was attracted towards males since birth. I used to see body parts of boys in my school days. I used to watch the thighs of boys while they were playing. I have no desire for having sex with female...”*

The above narratives provide a comprehensive insight in to the context and process of getting indulged in to MSM activities.

The variation in the age of the respondents and their first male sexual partner by self-identification based type of respondents it is visible from Figure-2. It is noticed that the mean age at first sexual encounter with males depicts a wide variation among different categories. Passive partners have experienced their initial sex with males of relatively higher age difference at an early stages of their



life (Mean age-15.7 years) .The age gap between the two partners is as high as 5 years. The age

difference between two partners is very less among the 'Panthis'. The 'Panthi' and their partner experienced it at the mean age of 19 and 22 years respectively. Whereas, 'Do-Parthas' also show similar characteristics like 'Kothi'.

## Location

There are plethora of sites where MSM cruise to spot their partners in Mumbai. As per the recent survey of the FHI (Family Health International) in 2002, there are 129 sites in different parts of Mumbai. MSM activities are mainly concentrated in the crowded places where the offices and business houses are located. Besides this, several platforms such as Andheri, Kurla, Bandra chembur etc. on the railway tracks have also become prominent sites for MSM as also supported by our respondents. But to be precise, location can be divided into two broad categories, cruising locations and locations where sex takes place. MSM say that they have the knack of spotting another amid the crowd and observation at busy places makes their task easy. One 24-year-old respondent said:

*I easily find out my partners from crowded places just by looking at them. Sometimes I, intentionally rub my body against others to see their reaction. If he is also a MSM, he nods positively and we go to a secluded place for sex.*

Again, sometimes near the urinals or toilets at railway Stations or at public place MSM wait endlessly to seek his partner. In the words of one of our young respondents who claims to be a 'Kothi':

*I used to wait at the corner of public toilets in one of the busy railway stations at night to observe others who used to come there. Sometimes others accosted me for sex and I used to go for it. Mostly we had sex at the back of that urinal which remained almost dark and deserted.*

But these places usually being dirty sex becomes mechanical and their mind remains preoccupied with the thought of possible encroachment by others. MSM keeps a watch over the same spot for a couple of days and if he finds another guy hanging around regularly, he goes and directly talks to him. They say that usually their diagnosis does not go wrong. Due to Police harassments, sometimes stations are not that prosperous for MSM during night. At times, they bribe Police to avoid their pestering. Parks, beaches, public toilets, and bus stations are other major pick up spots. For those who have networks, there are regular timings and places where one is sure to get an MSM, most of whom are male sex workers. One respondent who does not mind receiving money from his partners put:

*I know for sure where and when to get a partner for sex. I used to go there at that time. Almost every time I was successful.*

'Kothi' usually demands money if the other person is a 'Panthi' at the cruising spot. Many 'Kothis' do not demand money, but are satisfied with what the other persons give. But according to our key informants, many a times it is not paid. Locations for having sex are often mutually decided. Generally, the commercially operating 'Kothis' take their partner to their own arrangements, like lodge rooms, toilets, and residence or accompanies the customer to his residence or any other convenient place for them. During night even bushes or silent zones or seaside provide privacy.

## Networking

MSM have two distinct social networks. First one is the usual familial network, which is knit over his family, relatives, neighbourhood, peers, colleagues and other routine social relationships. The other one is his sexual network, which consists of other men with MSM orientation. The study reveals that



in the Indian socio-cultural context, majority of the MSM see that these dual networks are separately maintained. One young Panthi reported:

*No body at my home knows about this. Only some of my friends with whom I have sex are aware. My friends also have never reported it to their family members.*

Most of them wish to hide their MSM identity from the other network to avoid social stigma. Some are of the opinion that other than family members and relatives, they do not maintain any social relationship outside MSM network. They project their previous bitter experience with the peers as the reason for such decision. The same respondent told:

*I have very limited number of friends. I don't like to mix with everyone. They (the friends outside MSM network) always tease me so I avoid them.*

Many hide (or try to hide) it even from the parents and siblings. Those who are married find it pretty difficult to conceal it from their wives since a vast majority awfully fail to derive sexual gratification from their wives and inhibit their disinterest in coital relations. There are MSM who are permissive about wives' extramarital relations since they realise their incapability in catering to her sexual needs. But in our sample, only two have been found to be married which did not allow us to draw much inference on this issue.

The MSM develops his own sexual network slowly by snow balling from one contact to other he comes across. The numerous intervention projects in the wake of AIDS epidemic have positively facilitated in widening the MSM's networking. Such programmes have boosted up the low self-esteem and have empowered many an MSM to bare themselves before the society. Such emancipated MSM do not differentiate between their dual networks and maintains both of them fairly well. Many other are smart enough not to maintain a wide MSM network to avoid unnecessary publicity and maintain only a primary group of MSM and as and when they needed a partner they found out one from any of the cruising points. They paid for sex or received money, but never kept regular contacts with many. Some of them reported that sex with strangers was easier because there was no emotional attachment or guilty feelings after it. Besides, the advantage that the MSM identity will not be exposed to his familial social network, they better enjoyed the thrill of adventurous sex with the anonymous sans any commitment. A Panthi uninhibitedly proclaimed:

*Why should I expose myself? Whenever I need it, I try to seek someone from the cruising spot and have it. I never bring him to my home or I don't like to know much about him nor am I interested to reveal my identity. I do not want to be labeled as MSM by all.*

Those who were MSW (male sex workers catering to males), also preferred strangers since it was also a means of income for them which they would lose when the relationship become regular denying them chances of a negotiation. Some sporadic study also suggests that those who are well educated and who are able to support themselves independently and who remain single, dare to appear before the public disclosing their sexual orientation. Some of them throw open invitations in their usual social network and campaign for new recruits to the MSM network.

In short, a wide routine social network exerted pressure to limit one's MSM behaviour and hence majority of those who had a fair MSM network minimised the other network or ignored it rather than maintaining both the networks fairly well hand in hand. Thus in Mumbai MSM by and large operate individually without much open networking taking due advantage of the urban anonymity and are almost invisible to sexual health intervention efforts.

Here lies the challenge of bringing them under any Programme. Many of them do not at all expose their own network where they remain engaged in MSM activity. They maintain dual identity. It is more pronounced among married ones who indulge in sex with their wives as well as with other

males. They hardly use condoms during sex with their wives for the fear of inviting unnecessary suspicion in their minds for being extra cautious, and hence they really face the danger of transmitting STIs or even HIV to their wives. In this circumstance, it seems quite important to understand the pattern of networking of these MSM to run any risk reduction Programme successfully.

## **Sexual Behavior and Practices**

It is desirable to have comprehensive information about prevailing sexual practices among MSM for the purpose of designing any programme or intervention for the risk reduction of STDs/HIV in this sub population. Among others, partner exchange rate or frequency of changing the sexual partner has been considered to be a top priority risk for programme as well as action.

Looking at the rate of exchange of partner in terms of number of partners during the last 30 days, it is evident from Table -8 that the over all exchange rate of male partners is very high among MSM (11.2/30 days) in comparison to the average number of female partners (1.5/30 days), which make them more prone to an infection STI/HIV. It does not vary considerably among different subgroups.

Age plays a significant role in the exiting partner exchange rate among the MSM community in Mumbai. It is evident from Table-8 that those of younger age have more than 13 partners within the last 30 days. An increase in age shows a decrease in exchange rate of partner. It varies considerably with marital status. It is a surprising to note that the average number of partners during the last 30 days is higher among those who are not habituated of substance abuse including alcohol. Thus, rate of exchange of partners and use of alcohol are negatively associated with each other.

An analysis is of various kinds of partners Table-9 brings into account that most of them perform sex with casual partners (75 percent). Most of these casual partners are strangers. Hence, the respondents are unaware of the sexual background and past sexual behaviour of their partners. As a result, these types of sexual networks prevailing among the MSM community in Mumbai may have a higher chance of getting infected with STI/HIV once the infection enters in to the network. Another important issue is that 37 percent of the respondents reported to have sex even with casual female partners. From the above context one can easily draw an inference that bisexuality is carried out among MSM in Mumbai.

The extent of severity of having sex with partners of unknown sexual background can well be understood by the analysis of relationship with their last sexual partner. It is evident from table 9 that in 55 percent of the cases last male partner was a stranger. Of course almost every fifth respondent reported to have their last sex with a friend and hence may be aware with their past behaviour but the large proportion with strangers increases the complexity of the problem. The situation becomes further complicated with the information that more than two- thirds of the respondents were not aware with the marital status of their last sexual partner (Table-10).

Another important dimension of the sexual behaviour of MSM may be depending on the sources of getting partners and places of having sex. It is evident from Table -11 that almost three -fourths of the respondents (73 percent) reported to find their sexual partners on their own. However, half of them reported to get through friends. Nearly one- fifth of the interviewee perceived to get hold of them through newspapers and agents. Another important dimension of interaction with the partners among MSM community is their meeting places .It is evident from the analysis that some of the places of seeking for partners are parks (44 percent), sea beaches (37 percent), bus stands (33 percent) and trains (39 percent). On the other hand analysing the places of having sex majority of the

respondents have given preference to railway platforms (45 percent) and house of friends (42 percent) for performing sexual activity.

Table –11 presents distribution of respondents by reasons of their indulgence into MSM activities. It is worthwhile to mention that even less than one in seven respondents mention getting money as a cause of their indulgence into MSM activities. Sexual pleasure and 'just for fun' were the most frequently reported reasons behind their indulgence into MSM activities. Though it is not presented in tabular form but important to mention that most of the respondents did not receive money or any other kind of offerings in lieu of last sexual act. The quantitative data does not provide significant difference in exchange of cash or kinds for their indulgence into sex, the qualitative insights reveal that those who depend on agents for their sexual partners receive more money as compared to those who seek them on their own. Of course, agents also usurp good money out of this. In fact, the amount depends upon look and physique as well as the sexual performance of an individual. It can well be understood from the narrative of a respondent aged 30:

*“ He was seventy years of age .He had given me three thousand rupees only for an hour. I have ejaculated on his body and gave massage...”*

Sometimes, they offer more money for not using condom.

A 30 years old respondent described:

*“ Once a 'Sheik' offered me a huge amount for performing sex without using condom. I refused ...”*

In the words of another respondents:

*“ He always calls two of us. He is married, belongs to a reputed family. We used to perform sex in front of him. He feels happy to see our performance. He wishes to see me with different partners. He pays good amount in exchange of all but sometimes it varies with the extent of happiness...”*

The above discussion suggests that most of the MSM did not accept money in lieu of sex. It may be because of the fact that they had apprehension of being labelled as commercial. This fact is also corroborated by the qualitative findings.

## **Safe Sex Behavior**

Over the years, there is a growing concern among policy makers as well as programme personnel about effectiveness of behaviour change communication among different sub-population for STD/HIV infection including MSM. As a result ensuring safe sexual practices is getting top priority in the programmes as well as interventions designed to reduce the risk of STD/HIV. This against this backdrop, this section aims to focus at safe sexual practices among MSM in Mumbai

Though a very small proportion of respondents reported to use condom at their first sexual encounter (28 percent) but it is encouraging to know that almost three-fifths of them (58 percent) used condom in last sexual encounter\*. Low use of condom in the first sexual encounter may be because of the fact that the encounter was unplanned or experimental. Further, it is soothing to note that the younger respondents are more likely to use condom in their first as well as in last sexual encounter. It may be due to increasing awareness about safe sex and easy access to condom. However, there is a need for a concerted effort among young MSM preferably among teen-agers or late adolescents to ensure condom use with their wives (Table-14). It is too ominous to note that a very low proportion of married MSM are using condoms with their wives. Lack of awareness about their sexual orientation, possible suspicion of wives about their indulgence in homo/heterosexual activities may be some of the important reasons for not using condoms. In absence of condom MSM sex with wife is a conduit through which HIV/AIDS virus travels from vulnerable to general population.

## Knowledge about STD/HIV

It has been found that almost 84 percent of the respondents have heard about 'guptrog'. Majority of the respondent MSM have several misconceptions about STD like it cannot be infected through the homosexual act. In this study, almost 50 percent have said that STD cannot be acquired through homosexual intercourse (Table-15). Qualitative data have shown that they have the misconception that if they withdraw their penis before discharging then they are out of danger.

One respondent 34 years says:

*" I often take out my penis from the anus whenever I am feeling discharge because if I will do this my penis will be thinner."*

Of course, more than nine –tenths of the respondents (92 percent) have heard about HIV /AIDS. But it may be a cause of grave concern from the programme point of view that still almost 8 percent of the respondents have not heard about HIV/AIDS. Almost four fifths (36 percent) of the respondents have complete knowledge about the modes of transmission of HIV/AIDS and 86 percent have partial knowledge. Married respondents have low level of knowledge making their wives vulnerable as well. Muslims have good knowledge about the modes of transmission. It is, surprising to note that educational level is also not showing any substantial difference between lower and higher educated groups. Those who are exposed to mass media have better knowledge than those who are not exposed. Infact, 44 percent of the respondents have complete knowledge about the modes of prevention. Level of knowledge decreases with the age. Level of knowledge about prevention seems independent from exposure to mass media. In the case of prevention the receptive partners have more knowledge about prevention ( Table-16).

One of the respondent 32 years says:

*"Ek din to marna hi hai" I am not using condom because of one day everybody has to die in this world if I do something wrong then god will give me punishment".*  
Again he said, " there is no such prove that HIV is an infection or disease".

Most of the respondents have said that homosexual intercourse is not a cause of HIV infection. They have many misconceptions like HIV cannot infect healthy looking persons. A substantial proportion of the respondents have this misconception that HIV can be infected through the Mosquito/flea and bed bites. Only 51 percent of them have gone for the voluntary testing out of them 21 percent are HIV positive. Most of them are not going for testing due to fear that if the result is positive then what will happen?

One respondent 24 years:

*"Once I have gone for the testing when I went there they have not given me my result...then I had not tried to go again".*

## Conclusion

The present study was aimed at exploring the different facets of MSM in Mumbai. MSM in Mumbai or for that matter in India are a diverse group with varied background. Thus MSM activity is not confined to any particular class or community or age. It seems that a high number of youngsters belong to this group who really stand in an elevated risk of contracting HIV/AIDS in the wake of AIDS endemic in India in general and Mumbai in particular. Some of them even are married and some other will get married due to high degree of social pressure for leading a 'normal' life. In order

not to reveal their identity, they succumb to this pressure and thereby put their wives more vulnerable to risk of HIV or other STIs. On the other hand, due to the presence of powerful stigma, the MSM sub-population remains isolated and vulnerable.

They fail to seek their partners in a decent manner or even if they manage to get some partner they cannot reveal it to others or maintain a happy life, as our society seems to oppose such relationships. This indifferent environment certainly disgruntles their mental poise, which again works as a detrimental factor to their mental health. They rarely get full support from their families as in most of the cases the family members remain in dark about their sexual behaviours. They seek sex surreptitiously with less scope for selecting partners of their choice, which in turn pushes them for adopting indiscriminate sexual practices. To avoid the gaze of others, they perform sex in deserted uncouth places. Many a times, they fall prey to police atrocity as well. Again they rarely see doctors for sexually transmitted diseases for the fear of getting exposed before health providers. But as per the medical science, the chances of transmitting virus are more in anal sex than in peno-vaginal sex since the tissues inside the rectum are more soft. So from all the angles, it hints that MSM are quite vulnerable to acquire STIs and HIV.

There is a need to study further the nature of vulnerability among the MSM towards HIV/AIDS. They are very hard to reach and only few has so far come to the contact of any intervention programme catering their needs. The stigma and taboo attached to this particular homosexual act needs to be overhauled and the society requires to accept their support to this group of people as normal that would definitely help them to come forth and reap the benefit of any intervention Programme. The importance of condoms for anal sex had to be included in all HIV/AIDS prevention communications, not only for identified MSM but for the general population as well, because many a MSM hide their preferences and would go through the materials aimed at MSM alone. Moreover, even among MSM, there exist quite a good number of non-penetrative sexual acts which are fully innocuous such as inter-fermoral sex or mutual masturbation, from the point of view of STI or AIDS scare. These type of sexual practices need to be encouraged to avoid their vulnerability. Another growing area of concern is partner exchange rate; they frequently change their sexual partners and hardly enter into an enduring relationship, which also put them at a higher risk. The partner exchange rate will be reduced not only through NGO intervention alone; rather society should be permissive enough to allow them to develop a strong bond between two males. Unless and until emotional attachment takes place, the enduring relationship will remain a far cry. But to achieve this, the first task is to downplay the stigma and taboo attached to it.

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**Table-1: Percentage Distribution of Respondents by Socio-Demographic Characteristics**

Background Characteristics		Percent	Number
Age	15-24	38.1	61
	25-34	44.4	71
	35+	17.5	28
Caste	General	62.0	98
	OBC	25.3	40
	SC/ST	12.7	20
Religion	Hindu	56.3	90
	Muslim	21.9	35
	Others	21.9	35
Marital Status	Married	28.1	45
	Unmarried	71.9	115
Education	Upto 8th	21.9	35
	9th-12th	54.4	87
	Graduation and above	23.8	38
Place of education up to 10th	Rural	15.8	23
	Urban	84.2	123
Rank among Siblings	Eldest	41.3	66
	Not eldest	58.8	94
Total		100.0	160

**Table-2: Percentage Distribution of Respondents by their current staying pattern and Occupational Characteristics**

Characteristics		Percentage	Number
Current staying pattern	Alone	10.6	17
	With one or some friend	16.3	26
	With family (Parents and wife)	60.6	97
	Others	12.5	20
Occupational Status	Currently working for money	74.1	117
Nature of work	Daily wage worker	8.1	10
	Heavy Vehicle driver	8.1	10
	Light vehicle driver	2.4	03
	Casual worker	8.1	10
	Salaried private	48.8	60
	Salaried Government	17.9	22
	Others	6.5	08
	Monthly Income	1-2000	18.8
2001-4000		31.3	50
40001-6000		16.3	26
6000+		33.8	54
<b>Total</b>		<b>100.0</b>	<b>160</b>

**Table-3: Distribution of Respondents by Sex of their First Sexual Partner and Perceived Experience**

First sexual experience	Percent	Number
Female	38.8	62
Male	61.3	98
Willingly	72.5	116
Guilt	38.4	61

**Table- 4: Distribution of Respondents by Sex of their First Sexual Partners and Feelings of Guilt**

First sexual experience	Female	Male	Total	Number
Guilt feelings	30.6	43.3	38.4	61
Willingly	75.8	70.4	72.5	116

**Table-5: Percent Distribution of Respondent by Age at First Sex with Male and Female**

Age	Male	Female
<15	24.0	15.0
15-19	47.0	30.0
20-24	23.0	8.0
25+	06.0	47.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

**Table-6: Percent Distribution of Respondents with Relationship with First Male Partner**

Relationship	Percentage	Number
Relative	17.5	28
Family member	11.9	19
Friend	23.1	37
Neighbor	23.8	38
Stranger	14.4	23
Others ( Hijra/CSW)	09.1	15
<b>Total</b>	<b>100.0</b>	<b>160</b>

**Table-7: Percent Distribution of Respondents with their self –identification**

Self Identification	Percentage	Numbers
Kothi	44	71
Panthi	27	44
Do-Partha	15	24
Others	13	21
<b>Total</b>	<b>100.0</b>	<b>160</b>

**Table-8: Average Number of Male and Female Partners During the last 30 days**

Background Characteristics	Average Number of Partner	
	Male	Female
<b>Self Identification</b>		
Kothi	13.23	0.55
Panthi	12.70	2.98
Do-Partha	11.54	1.09
Others	6.05	1.55
<b>Age of the respondent</b>		
15-24	13.38	1.02
25-34	11.96	1.97
35 and above	08.56	1.26
<b>Marital Status</b>		
Married	9.73	1.92
Unmarried	12.76	1.32
<b>Staying pattern</b>		
Alone	11.94	1.25
Friends	11.15	1.50
Family	11.44	1.69
Others	15.36	0.61
<b>Education</b>		
Upto-8 <sup>th</sup>	11.39	0.90
9 <sup>th</sup> to 12 <sup>th</sup>	13.14	1.93
Graduation and above	9.58	0.97
<b>Monthly Income</b>		
1-2000	7.53	0.50
2001-4000	12.06	1.65
4001-6000	14.88	1.92
6000+	12.83	1.67
<b>Consumption of Alcohol</b>		
Always	10.86	1.19
Sometimes	11.90	1.92
Never	12.55	1.42
<b>Total</b>	<b>11.20</b>	<b>1.48</b>



**Table-9: Percent Distribution of Respondents by Type of Male and Female Partners**

Types of Partner	Male partner	Female partner
Casual	75.60(121)	36.90(24)
Regular	04.40 (007)	50.80(33)
Both	20.00(032)	12.30(08)
<b>Total</b>	<b>100.00(160)</b>	<b>100.00(65)</b>

**Table-10: Distribution of Respondents According to their Sources of Getting Partners by Different Meeting Places**

Sources	Parks	Sea beaches	Bus stand	Massage parlor	Trains	Total
Self search	49.1	40.2	37.6	17.1	46.2	73.10(117)
Newspaper	64.9	67.6	51.4	48.6	48.6	23.3(37)
Through friends	58.8	52.5	45.0	22.5	51.3	50.0(80)
Through agents	93.1	79.3	69.0	58.6	44.8	18.10(29)
<b>Total</b>	<b>44.0</b>	<b>37.5</b>	<b>31.3</b>	<b>18.1</b>	<b>38.8</b>	<b>N=160</b>

**Table-11: Distribution of Respondents by Reasons of Indulging into MSM Activities**

Reasons	Percentage	Number
Just for fun	34.40	55
Getting Money	13.80	22
Sexual pleasure	41.90	67
All above	01.30	02
Other	01.90	03
Can not say	06.90	11

**Table-12: Percentage Distribution of Respondent by their Relationship with Last Male Partner**

Type of relationship	Percentage	Number
Friend	21.90	35
Relative	06.90	11
Stranger	55.00	88
MSW	07.50	12
Others	08.80	14
<b>Total</b>	<b>100.00</b>	<b>160</b>

**Table-13: Distribution of Respondents by Marital Status of their Last Male partner**

<b>Marital Status</b>	<b>Percentage</b>	<b>Number</b>
Married but living with wife	10.60	17
Married but away from the wife	08.80	14
Widower	05.60	09
Divorced/Separated	07.50	12
Don't know	67.50	108
<b>Total</b>	<b>100.00</b>	<b>160</b>

**Table: 14 Distributions of Respondents by Pattern in Condom Use According to Some Selected Background Characteristics**

<b>Back ground characteristics</b>	<b>Percent age of use of condom</b>	<b>Number of respondents</b>	<b>Use of condom with first sex</b>	<b>Use of condom in last sex</b>	<b>Use of condom with Casual partner</b>	<b>Use of condom with Regular partner</b>	<b>Use of condom with wife</b>	<b>CSW</b>	<b>Selling Sex</b>
<b>Age</b>									
15-24	83.60	61	36.40	78.60	78.60	67.50	6.30	21.70	37.90
25-34	66.20	71	26.60	55.70	55.70	40.00	2.60	36.60	34.10
35 +	64.30	23	29.20	52.20	52.20	20.00	2.30	25.00	14.30
<b>Marital Status</b>									
Married	60.00	45	26.30	62.20	52.50	031.4	02.70	28.60	33.3.3
Unmarried	76.80	75	38.00	77.10	69.50	55.60	03.40	26.30	30.40
Divorced	81.30	16	31.30	75.00	46.70	30.80	00.00	36.40	33.30
Widower	75.00	04	75.00	73.00	75.00	75.00	00.00	66.70	50.00
<b>News Paper</b>									
Reading daily	80.00	120	35.00	84.90	72.00	54.10	35.00	29.10	37.50
Not reading daily	50.00	40	35.30	35.30	32.40	23.30	00.00	32.00	21.40
			0						
Kothi	74.60	71	33.90	75.00	64.50	47.90	07.10	04.30	32.30
Panthi	72.70	44	25.00	77.50	62.50	44.10	00.00	46.90	43.30
Do-partha	70.80	24	13.60	66.70	68.40	37.50	00.00	30.00	30.00
Others	66.70	21	52.60	63.20	50.00	52.90	00.00	23.30	07.70

**Table 15: Distribution of Respondents by their Knowledge about Symptoms, Modes of Transmission, and Modes of Prevention of STDS**

<b>Information's</b>	<b>Percentage</b>	<b>Numbers</b>
Heard about Gupt Rog	83.80	134
<b>Knowledge about symptom</b>		
Penile discharge	83.10	133
Painful and frequent urination	81.30	130
Genital sores/ Ulcers	81.90	131
Swelling in groin region	79.40	106
Cant retract foreskin	66.30	106
<b>Modes of transmission</b>		
Homosexual intercourse	50.60	081
Heterosexual intercourse	81.30	130
Needles/Blades	79.40	127
Mother to child	48.10	077
Transfusion of infected blood	79.40	127
<b>Knowledge about prevention</b>		
Sex with one partner	35.00	056
Use of condom	67.50	108

**Table-16: Distribution of Respondents by their Source of information, Knowledge about Modes of Transmission, Prevention and Misconceptions of HIV/AIDS**

<b>Information</b>	<b>Percentage</b>	<b>Numbers</b>
<b>Heard about HIV/AIDS</b>	<b>92.50</b>	<b>148</b>
<b>Source of information</b>		
NGO	67.50	108
Friends	23.10	037
Radio	47.50	076
TV	28.80	046
Social worker	49.40	079
News Paper	22.50	036
Doctor	33.10	053
<b>Modes of Transmission of HIV</b>		
	51.90	083
Homosexual intercourse	84.40	135
Heterosexual intercourse	85.60	137
Needles/Blades	43.10	069
Mother to child	83.80	134
Transfusion of Infected blood		
<b>Misconception</b>		
Healthy looking man can be infected	51.30	82
Hand shaking	05.00	08
Hugging	06.90	11
Kissing	10.00	16
Sharing of clothes	07.50	12
Sharing of utensils	04.40	07
Mosquito/flea/bed bites	23.10	37
<b>Modes of prevention</b>		
Sex with one partner	61.30	098
Use of condom in each sexual encounter	76.90	123
Proper checking of blood before transfusion	74.40	119
Sterilize syringe	65.60	105
Avoid pregnancy after getting HIV	61.60	098
Gone for HIV testing	51.30	81
Result (HIV+)	21.30	34

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