# Addressing Men's sexuality to prevent STDs/HIV in the slums of Mumbai city, India

**ABSTRACT**

This paper presents the nature of premarital and extra-marital male sex behavior, and its impact on gupt rog (sexual illnesses), marital disturbances that are examined in the slums of Mumbai, India; using in-depth interviews (30), and structured interview schedule (2408) among married men in the age-group of 21-40 years. The study demonstrated the higher degree of premarital sex (38 percent) and extramarital sex (23 per cent). Patterns of sex behaviour vary depending upon education, occupation, mobility, culture, attitudes, beliefs, age at marriage, masculinity and sexual satisfaction in marriage. About 53 per cent reported atleast one sexual health problem in the last three months. Risky sex behaviour evidenced a significant effect on their sexual health and the marital disturbances. Sex at work or in neighbourhood are most common in slums demands the need for alternative interventions beyond community awareness and condom promotion would for better men's sexual and reproductive health.

## Background

India is experiencing a rapid increase in HIV/AIDS and in other sexually transmitted infections. It is now the country with the second largest absolute number of HIV infected individuals in the world, with UNAIDS (2000) placing the current figure of individuals with HIV/AIDS in India at close to four million, with a rate of 0.7%. An estimate of the actual burden of HIV-infected population in India suggests that 1.5% of the 1 billion Indian population, or 11.5 million individuals were already infected with HIV, making it the country with the largest numerical burden in the world (Kumar 1999).

The State of Maharashtra and the city of Mumbai have been severely impacted by the spread of STDs and HIV/AIDS. In Mumbai, surveillance data indicates there has been a steady progression of HIV positive individuals among patients attending STD clinics rising from a low of 1.6% in 1987 to the most recent estimate of 64.4% in 1999, with HIV prevalence increasing in the city from 1% in 1993 to 3% in 1999 (UNAIDS 2000). A screening of female sex workers and

their clients attending a STD clinic in Mumbai shows that 42% were seropositive for HIV, 72% for herpes simplex virus II, 79% for cytomegalovirus, 38% for syphilis and 26% for gonorrhoea. Findings also indicate that members of high-risk cohorts suffer from multiple STDs, which increases the risk of subsequent HIV infection (Das, Yemul and Deshmukh 1998; Hawkes and Hart 2000).

Reproductive health services in India have not as yet found effective approaches for consistent involvement of males in utilization of STD/HIV services, engagement in reproductive health information, education and communication programs. When males do go to primary care or STD clinics that frequently find an insensitive, judgmental staff with little understanding or appreciation for male reproductive health problems.

Men's sexual health concerns are deeply embedded in South Asian and Indian culture through the concept of *gupt rog* ("secret illness" in Hindi), which refers to culturally defined illnesses that belong to the secret parts of the body. Most of the *gupt rog* problems reported by men in India are derived from concerns about excessive semen loss, penile size, and impotence that have a long-standing tradition in India. Further, a significant number of men seek treatment for sexual health problems mostly from private allopathic and "Indian systems of Medicine (ISM) practitioners, who may prescribe antibiotics, as well as herbal remedies, but have limited understanding of proper treatment for or prevention of sexually transmitted infections. Any reproductive health service in India that hopes to introduce early identification of STDS/HIV in men and to increase safer sex practices must start by addressing these male sexual health concerns.

This paper demonstrates an important link between risky life style (as defined by premarital and extramarital sex) and the culturally-defined, performance, penis and semen-related problems (termed "non-contact" problems) and those STI-like symptoms reported by men (termed "contact" problems) and the marital disturbances in life.

**Methodology**

The sexual behaviour research began with 21 in-depth interviews with men in one slum community followed by a survey of 1344 men in northeastern Mumbai during 1998-99. The current five-year (2002-2006) research and intervention project on addressing the male sexual health concerns in prevention of STDs/HIV has expanded the scope of study to include three slum communities with population over 700,000 and the triangulation of research includes mapping, key informant interviews, consensus modeling, indepth interviews with 45 health care providers (ayurvedic, homeopathic, unani, and allopathic), an additional 30 in-depth interviews with men and a baseline random survey of 2408 married men in the age-group of 21-40 years. In addition to the social research, the STD testing for HSV-2, Syphilis, Gonorrhoea, and Chlamydia was carried out with a subsample of 640 men who responded to the baseline survey. This study examined the cultural differences, attitudes, beliefs, sexual behaviour and sexual health of men. Qualitative analysis of the interview data gave a way to several issues surrounding premarital, marital and extramarital sex, marital and sexual satisfaction. It refers to the peer relationships, primary relationship with opposite sex, masturbation, patterns of sexuality and their sexual health. Quantitative data analysis examined the socio-economic, familial, friends and marital relationships (satisfaction in marriage, sex and marital disturbance) on the sexual behaviour among men. Indicators of sexual behaviour included the attitudes, beliefs, and reported practices of sex (pre-marital, marital and extramarital) that are relevant to these relationships.

**Results**

**In depth interviews with men and providers identified the following:**

***Male sexual health problems:*** Four themes emerged from the men's discussion of their sexual health problems—definition and symptoms, perceived etiology, perceived impact, and emotional concomitants. For example, one man said: "*I suffered from the problem of bent penis, lack of desire for sex, erection difficulty, early ejaculation*." Another interviewee described his *kamjori* as "*loss of sexual desire, joint pain, black circles around eyes, and early ejaculation.*" One man spoke of the sexual problem in the context of his marital relationship, "*My wife wants sex for a longer period, but unfortunately I get early ejaculation . . . before doing intercourse* [on the first night] *my semen fell on her thigh and clothes*." Descriptions of *contact problems* are summarized in one man's description of *garmi*, "I suffered from…pus discharge, burning urination . . . also the penis became red." Men viewed their sexual health problems as stemming from previous

sexual experiences with partners they perceived as risky (older women, CSW, eunuch, multiple partners). "*People say if we do sex with eunuchs then there is a chance of suffering from* [*garmi*]." "*If a man has intercourse with a woman elder than his age, then he becomes impotent . . . because* [older women] *are very passionate, for which the man's semen becomes spoilt.*" "*Those who are suffering wet dream and do excessive masturbation, their semen bag becomes weak and* [are not able to do] *intercourse. In this case, they should not marry." "Before marriage I used to masturbate . . . by which I wasted semen to a great extent, for which I suffered the problem of bent penis, lack of desire for sex, erection problem and early ejaculation.*" "*Due to anxiety and hesitation I ejaculated beforehand.*" "[During first sexual experience] *I was scared to do sex with her; I was not getting a proper erection*." Other men cited reasons related to perceived male and female roles (e.g., failure of man to be dominant), having sex too frequently (e.g., if sex daily, "*there is no semen in the penis, how can I get erection?*"), lack of physical strength, and external factors such income and arranged marriages.

***Concepts of masculinity:***. Men's definitions of masculinity or "manliness" showed a clear link to their concerns about sexual health problems, emphasizing the importance of cultural-specific role definitions. "*A real man or manliness is* [one] *who can satisfy his wife and should be ready for sex whenever his wife asks for sex. If he has relation with more than one woman, he should be able to* [satisfy] *all…" "He can produce a male child, also females should be attracted to him*." "*Man should be able to control himself till her ejaculation*." "*A real man should have control on masturbation*." "[A real man should be] *able to do sex for a longer period at least for 30 minutes*." "*The sign of manliness is the size and thickness of penis.*" Presence of sexual health problems was seen as contrary to manliness: "[A real man] *is not suffering from such problems like early ejaculation and loss of semen.*" "*In case the wife initiates* [sex], *that means her husband is a eunuch.*" "*Wife should never take initiative in sex; rather she should feel scared about sex. She should always be satisfied during sex*." "*When I need sex it takes place; no need to give any special indication*." "*I also don't ask her about satisfaction. As it is penetrative sex, she gets the semen inside her vagina, by which I know that she is satisfied*." Men also associated masculinity with forced sex: "*Unless the man forces his wife* [for sex] *he will not be called a real man, in other words forceful sex is a sign of manliness*." "*A real man is he who can do sex till his wife cries in pain.*" Men's definitions of masculinity, and thus their self-perceptions, were

closely tied to sexual health. This link is critical in the treatment of men's sexual health problems.

***Relationship with spouse*:** Men's sexual health concerns were closely linked to the quality of their marital relationships. Men spoke mostly about the actual or potential impact of their sexual health problems on their marital relationships or wife's health. "*From a health point of view, there should not be any sexual health problems. So he* [husband] *will be able to satisfy the sexual urges of his wife and in turn marital relations will be good.*" Men also expressed concerns about the failure to satisfy their wives*, "If my wife is not satisfied, she will get attracted to other males*." The men also talked about negative reactions of their wives to sexual difficulties. For example, "[in response to early ejaculation], *she becomes annoyed and teases me for this*;" or "*she sleeps with anger and doesn't talk to me*." The potential impact on the wife's health is exemplified in the following quote: "*She also has pimples around her genital organs. She also has the problems I suffer from…complains about pain in her abdomen, burning urination, white discharge; she looks like a TB patient*."

The men spoke of forced sex as typical in their own marriages, "*She always says no to sex. But I always force her.*" "*As per my knowledge everyone does forceful sex in the first night [of marriage], so I also did forcefully*;" "*But this is my right to have sex forcefully, which I do frequently*." "*Friends also told me in the first night of course the bride would feel shy and hesitate . . . forcefully I had sex for two times…But the second night she completely refused for intercourse and told me she is getting severe pain in vagina due to forceful sex at first night. I shared the experience with my friends . . . they told me nothing is wrong in this, every women search some excuses to avoid sex…when women are getting pain, they enjoy more.*"

***Risky Lifestyle***: The risky lifestyles of the respondents were evident in their comments about extramarital sex, sex with commercial sex workers, perceived norms about acceptable sexual activity of men, and attitudes toward condoms. The men spoke about engaging in sex with commercial sex workers before and during marriage. There were several references to having sex with CSWs. The men provided several reasons for engaging in extramarital relationships, particularly with CSWs. They cited sexual dissatisfaction in their marriages: "*CSWs are*

*prepared to do sex in different ways, as we saw in blue films, which we can't do with our wives. So I went to the CSW*;" "*with CSW I can enjoy as I wish within Rs. 50/.*" They spoke also of general marital dissatisfaction: "*I am fed up of my family. Nowadays I am involved with a Nepali girl. First time, I met her is at a beer bar.*" They also cited perceived norms that support premarital and extramarital sex, "*Who is a saint these days. Everybody experience sex before marriage . . . Everybody gets bored with their wives. If one wants true enjoyment, then he should go out and keep someone for that, no matter he has to spend money for that*." "*I experienced it* [first sexual experience] *with a CSW, when I was around 20 years*;" and "*I had extramarital relation* [with CSWs]." "*We enjoy sex together rather than one by one. She* [CSW] *does masturbation to all. I prefer to do intercourse, so I used to have intercourse first, after that my friends enjoy with her in different ways as show in blue films*."

**The survey showed the following major findings:**

Of the total sample of 2400 men, about 72.4% are non-native of Maharashtra and 62% of the men migrated to Mumbai after the age of 14 years among the total migrants (66.3% total migrants in the sample). Three-fourths of these men migrated to Mumbai either alone or with friends and stayed with either relatives or friends in slum areas. Majority of the men in the study communities are either from Uttar Pradesh or Tamil Nadu or Maharashtra. All these three states depict three different socio-cultural settings and religious beliefs, as is evident from both qualitative and quantitative data on religious beliefs and the qualitative information on cultural practices. Most of the men in the slum areas are daily wage workers (37.6%), petty traders (22.6%), salaried working in private offices (10.6%) and rest from other occupational categories. About one-fourth of the men works overnight and stay away from home either frequently or sometimes.

About 53% had at least one sexual health problem in the last three months and 38% currently have at least one problem. Treatment seeking behaviour of the respondents varied across the problems. Relatively, a high proportion of the respondents sought treatment for contact problems when compared to non-contact problems.

| | **Sexual health problem** | **% had problem in the last 3 months** |
|---|---|---|
| 1 | Masturbation | 1.5 |

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| 2 | Wet dream | 7.4 |
| 3 | Early ejaculation of semen | 16.1 |
| 4 | Sexual weakness | 13.9 |
| 5 | Burning during urination | 11.5 |
| 6 | White discharge | 3.2 |
| 7 | Loss of erection | 2.0 |
| 8 | Sores on the penis | 1.2 |
| 9 | Itching on the genital organs | 13.9 |
| 10 | Pain in the penis | 1.6 |
| 11 | Loss of sexual desire | 7.7 |
| 12 | Nodules (pimples) on the genital organs | 2.3 |
| 13 | Thinning of semen | 4.3 |
| 14 | Quantity of semen | 2.7 |
| 15 | Colour of semen | 0.7 |
| 16 | Small penis | 2.2 |
| 17 | Syphilis | 0.2 |
| 18 | Garmi | 2.8 |
| 19 | Ulcers in genital | 0.4 |
| 20 | Redness of penis | 0.7 |
| 21 | Swelling of genitals | 0.7 |
| 22 | Infertility | 1.5 |
| 23 | Lack of a male child | 2.8 |
| 24 | Pus discharge | 0.7 |
| 25 | Bent penis | 2.1 |
| 26 | Dhat | 6.1 |
| 27 | Thick penis | 0.4 |
| 28 | Painful anus | 1.2 |
| 29 | Swelling glands in groin | 0.5 |
| 30 | Hot urine | 9.2 |
| 31 | Blood discharge from penis | 0.2 |
| 32 | Pain in lower abdomen | 5.2 |
| 33 | Foul smelling genitals | 0.3 |

Of the total sample, 38% reported having penetrative sex prior to marriage, while 23% reported having at least one extramarital experience of penetrative sex. Mann-Whitney "U" test showed a highly significant relationship between both premarital sex ($Z = 10.01$, $p < .001$) and extramarital sex ($Z = 9.49$, $p < .001$). Extramarital partners were usually either from the same community and most often in neighborhood or the women at workplace. Further analysis will be presented in the full paper to assess the relationship of pre- and extramarital sex and subscales of contact and non-contact sexual health problems after controlling different socio-demographic, economic and behavioural characteristics. Triangulations of the results are presented to address the issues of risky life style, sexual health problems and marital disturbance are also presented.

## Conclusion

The major results of this study indicates that men have become more relaxed about premarital sex and extramarital sex either due to dissatisfaction in marital sex or other efforts in experimenting sex with different people. It further demonstrates that the men's sexual concerns are closely linked to such life style, and the relationship within marriage. It also suggests that addressing sexuality in marriage can promote the men's reproductive and sexual health and reduce the risk of STIs. The current narrative intervention model designed to address the above issues, sexual health problems and treatment seeking behaviour provides the means of alternative intervention plans at the community, provider and individual levels.