Love and Intimacy as Vulnerability to HIV Infection: A Case Study of MSM

–Archana Kaushik*

Abstract

Sexual minorities are among the most marginalised groups in the society. Sero-positivity accentuates social exclusion among the sexual minorities. The paper aims to appraise the factors that make Men who have Sex with Men (MSM) vulnerable to HIV infection and influence their health seeking behaviours. It highlights two major domains – socio-cultural and interpersonal variables. Qualitative in nature and based on ten in-depth case studies of HIV infected MSM, the study is located in Delhi, India. Factors such as age, marital status, child sexual abuse, multiple sex partners, are crucial in influencing their vulnerability. Socio-cultural milieu puts structural barriers restricting integration of MSM in the society. Cultural values do not allow talking about sex, which hampers healthy sexual behaviours. Exhibiting aggression, sexual violence, visiting sex-workers etc. are considered as important aspects to prove 'manhood'. At the interpersonal level, possessiveness, betrayal, infidelity, heartbreak, strong emotional whirlpool when love-relations go incongruent, all takes a heavy toll of their mental and physical health. These variables socially exclude the sexual minorities from the mainstream life. Findings show positive (disclosing to family, abstinence, spiritual growth) and negative (suicide-attempts, drug-use) ways of coping among the MSM respondents. Critical areas of concern for service-providers while planning interventions for empowering people with sexual minority are delineated.

Keywords: *MSM, HIV, Vulnerability, Inter-Personal Relationship, Socio-Cultural Factors, Coping*

* Associate Professor, Department of Social Work, University of Delhi, Delhi, India. Email: archana_kaushik@rediffmail.com

INTRODUCTION

The spread of HIV and interventions to curb the infection have been on the center-stage, across the world. India, too, has been struggling with issues related to HIV since the past two decades. Indian government has been quite prompt in responding to HIV and came forward with different strategies to create awareness, prevention and management of the infection. However, despite commitment, resources and implementations of action plans, mitigation of HIV is still a knotty issue. The menace of HIV has brought sexual minorities – the MSM (men having sex with men) – on the forefront, which, till recent past, have remained an ignored, avoided and forgotten population group.

One of the most fragile viruses – the Human Immunodeficiency Virus (HIV) – spreads only through one of the four ways – unprotected sexual intercourse with infected partner, transfusion of infected blood, from infected mother to child and sharing of infected needle and syringe. It can affect anybody – rich or poor, native or migrant, male or female, child or elderly, rural or urban – provided one indulges in any of the risk behaviours. However, among certain population groups like female sex workers (FSWs), men who have sex with men (MSM) and injecting drug users (IDUs), the prevalence of HIV infection is disproportionately higher. Results of Annual Sentinel Surveillance data (2003-05) show that in contrast to general population where HIV prevalence is 0.88 percent, among FSWs 8.44 percent, IDUs 10.16 percent and MSM 8.74 percent are sero-positive.

India was among the first few countries to quickly respond to the menace of HIV infection and initiated National AIDS Control Programme in 1991-92. Healthcare and human service professionals have probably left no stone unturned in creating awareness about HIV spread. Despite this, why do many people fail to protect themselves and fall prey to the deadly virus? Do causes of vulnerability lie in the socio-cultural factors? Why and how do emotions overrule information on safety? What factors in intimate relationships influence vulnerability? Are marginalisation and social exclusion related to HIV vulnerability?

A brief scholarship on MSM identity and behaviours may be looked into. It is estimated that there are about 3.1 million MSM in India (United Nations, 2010) and, quite conservatively, HIV prevalence among them is projected to be 6.41 percent (NACO, 2010). The apex agency NACO (2010) observes that MSM, in India, are at high risk of HIV infection because most of them practice frequent anal sex (which increases chances

of skin rupture and so HIV infection) and nearly 90 percent do not use condoms for anal sex. Also, they have a large number of partners, reportedly between 11 and 28 casual partners per month.

Indian Institute of Health Management Research (2007) finds that sexual minorities are at risk for developing sexually transmitted infections (STIs) including HIV. Moreover, they have poor health-seeking behaviour, with only 20-30 percent of MSM going for STI check-ups (NACO, 2010). The reason for high prevalence of HIV is also attributed to re-use of needles and unprotected intercourse as part of commercial sex work both in heterosexual and homo-sexual relationship (Thomas, Mimiaga, Menon, Chandrasekaran, Murugesan, & Swaminathan, 2009). Edwards (2007) notes that in Chennai 28 percent MSM repeatedly engage in risky behaviours like alcoholism to the point of intoxication, tobacco use and unprotected vaginal and anal sex. Phillips, Lowndes, Boily, Garnett, Gurav, and Ramesh (2010), in their study in Bangalore, observe that 41 percent MSM reported sex with women in the last one year and 14 percent were currently married. Inconsistent condom usage with male partners and almost always unprotected vaginal sex with their wives put them at high risk of HIV. In consonance, Joseph (2005) finds that MSM population is not an exclusive group of individuals with a homosexual orientation, but also consists of men with bisexual and heterosexual orientation. Also, sexual orientation is not static, but dynamic and could change in a life-course. So, a person with predominant heterosexual orientation may turn to be predominantly homosexual. A major proportion of MSM self-identify as homosexuals at the personal level while maintaining a heterosexual public identity (Cass, 1979). Mc Vinney (1998) observes that MSM relationships are highly diverse. Various social and historical conditions combined with constructs of eroticism, gender and intimate relationships influence MSM relationships. Thus, looking for typical cases or 'homogeneity' in MSM relations may be a myopic view.

Looking at mental health, Hatzenbuehler, Mc Laughlin and Nolen-Hoeksema (2008) report that because of stigma and discrimination sexual-minorities are at a risk of developing emotional disorders. Suicide risk has been shown to be greatly elevated for men in same-sex partnerships in Denmark (Mathy, Cochran, Olsen, & Mays, 2011). Transgenders were forced out of their homes or chose to leave home because of parental rejection or fear of rejection (Koken, Bimbi & Parsons, 2009). It increases their marginalisation and social exclusion. They are physically, verbally, and sexually abused, which gets manifested as depression, panic attacks, suicidal ideation, psychological distress, body image disturbance and

eating disorders (Makadon, 2011). Sexual minority adolescents leave home more frequently in search of their identity, and are victimised and forced into survival sex (Guadamuz, Wimonsate, Varangrat, Phanuphak, Jommaroeng, & Mock 2011). They often use highly addictive substances to cope with their sorrows and have more sexual partners than their heterosexual counterparts (Cochran, Stewart, Ginzler, & Cauce, 2002). They are also high-risk victims of physical, sexual, economical and emotional violence from the heterosexual community (Khan, Hussain, Parveen, Bhuiyan, Gourab, & Sarker, 2009). High discrimination seems to be directly related to greater psychiatric morbidity risk among sexual minorities (Mays & Cochran, 2001).

Extreme social exclusion, discrimination, stigma and atrocities diminish self-esteem and sense of social responsibility (Khan *et al*., 2009). They observe that though sexual-minorities, early in their life, recognise that they are different from the 'majority-others', many of them end up in marital/heterosexual relationships against their will due to family and societal pressure. These forced marriages quickly break down resulting in mental agony and poor quality of life. Legal inheritance is often denied by their family members. They are denied opportunities of educational attainment. High levels of illiteracy result in poor skill development, limiting their job options. Even if a few of them get a job, they are suspended from the job once their gender identity/sexual orientation revealed. Discrimination and non-friendly environment at work place force them to take up begging and prostitution for their livelihood (see: Khan *et al*., 2009).

There are many more manifestations of social exclusion among the MSM. BadaMath and Seshadri (2013) note that MSM face difficulties in getting rented accommodation and have to frequently change their residence. Thus, it is difficult for them to produce proof of residence. In addition, many MSM do not get social or disability pension, voters ID, ration card, passport, caste certificate, and such other documents, which are prerequisites for availing several social services and benefits, on account of stigma and discrimination. There have been multiple instances in which they had to approach the court for getting medical certificates. They also get excluded in the population census. Hence, in the eyes of policy makers and social planners, they are a non-existent or an invisible community.

In this backdrop, this paper attempts to understand the intricate reasons underlying subtle behavioural dispositions of MSM infected and affected with HIV, which influences (or hampers) the awareness and/or utilisation

of services vis-à-vis HIV. It aims at exploring the inter-personal, psycho-social and cultural factors that accentuate or reduce vulnerability to HIV infection. Added to this, it also appraises the coping patterns of HIV positive MSM to the life-situations. The study is essentially qualitative in nature, comprising of ten case studies. In-depth interviews were conducted with MSM who have contracted HIV. The study is located in the NCT of Delhi. All names in the case studies below have been changed to 'Raju' to protect the identity of respondents and to maintain confidentiality.

Certain key concepts used in the study may well be delineated.

Vulnerability to HIV

It includes the exposure to those bio-psycho-social factors that trigger indulgence in unsafe behaviours leading to HIV infection.

Certain indicators that denote vulnerability in the study are no knowledge about the modes of HIV spread; economic reasons such as non-availability of decent sources of earning a living, so opting for commercial sex work; social stigma, labeling and discrimination that block access to knowledge and resources for healthier life; giving in to the demands of sexual partner for unprotected intercourse; unprotected intercourse in socially-sanctioned relationships such as marriage; blind faith on sex partner and consenting for sexual relation without protection; unprotected sexual intercourse for procreation; and violence and coercive sex in intimate relationships.

Coping Patterns

Some of the indicators that denote coping patterns are suicidal tendencies; self-destructive behaviours such as indulgence in alcoholism, drug addiction; apathy towards safe behaviour vis-à-vis HIV infection (towards self and others), for instance, unprotected sexual behaviour despite sero-positive status, not disclosing HIV status to sex partners, etc. It also covers positive coping patterns like determination not to get married; abstinence; using condoms, taking medicines regularly, healthy diet and exercise, and such others.

FINDINGS AND ANALYSIS

An individual's behaviour, whether healthy or disposed to risk, is the outcome of many interlinked and inseparable factors, from intra-psychic to

social levels. In reality, it is quite difficult to differentiate and segregate the collective impact of various socio-cultural and interpersonal factors that influence vulnerability to HIV infection. For the purpose of understanding, variables in the study, are divided into two broad groups – vulnerability due to

a. socio-demographic factors and
b. inter-personal relationship

Socio-demographic factors

Following factors have been included in this domain, which were found to be prominently present in the case studies:

Age

HIV largely affects reproductive age group. In the study, all ten respondents are in the age range of 17 to 36 years.

Socio-cultural milieu of Indian society lays down certain normative demands on the youth to marry, procreate and rear children. Alternate sexuality is a socially outlawed and is considered a disease; and a heterosexual marriage, its cure.

Family

Among the MSM respondents, six are having wife and children and four are currently living alone.

Most often than not, MSM are compelled by their parents and other elders to get married. It is noted that MSM having family (wife and children) are at higher risk of HIV transmission.

Migration

All respondents, in the study, are migrants who moved to Delhi in the last 10 years.

Migration, as a phenomenon, has close association with vulnerability to HIV. Along with many push factors (such as poverty, landlessness, lack of opportunities for employment and growth, etc.) and pull factors (better opportunities for livelihood, education and growth at urban destination places) among homosexuals, migration also acts as a defense mechanism to avoid labeling, stigma and discrimination of not being 'straight'.

For the sake of confidentiality, the subject of each case study is named as 'Raju'.

In his village, Raju was often labeled as 'chhaka' (colloquial derogatory term for homosexual) as people could easily identify him as 'different'. His parents wanted to marry him off as soon as possible so as to 'cure'

him. At market places, community meetings, family gatherings, he often found people giggling and whispering about him. He used to feel ashamed and awkward. Once, Raju even tried committing suicide….He came to Delhi soon after he was old enough to take care of himself, thinking that the metropolis would provide him anonymity and, thus, peace of mind.

However, after migration, quickly, people like Raju encounter the harsh reality of urban life. Reportedly, a large number of migrants face an acute risk of exploitation, physical violence, sexual abuse, socio-political marginalisation, alienation and discrimination. Hostile and lonely environments, separation from families, lack of access to information and services and social support systems can lead to social and sexual practices that make them more susceptible to HIV exposure.

Economic condition

All respondents belong to lower socio-economic strata.

They have to struggle hard to earn a living. Indulging in male sex work, at times, becomes the only option to livelihood. Homosexuality and poverty often doubly jeopardize their condition. The fear of being labeled or actual stigma and discrimination pose hurdles for many MSM. Lack of sufficient earning skills and capabilities force them to take up unskilled and semiskilled low paying jobs. When they perceive 'easy money' through sex work, many opt for it.

Raju earns his livelihood as a male sex worker. He claims that it not only satisfies his sexual desires but also provides him handsome amount of money, which otherwise is not possible. Showing off his television, refrigerator and cooler, in his small dingy room, he murmurs, "Would all these be possible if I were a casual labourer?"

Poverty is one of the most compelling factors that force people to indulge in risky behaviours, which act as contingent condition to HIV infection. There are certain impeding factors that make poverty as crucial force in putting people at risk of HIV infection. First, poverty greatly accelerates people's vulnerability by restricting access to information and services. Many people living below poverty line do not know the meaning and implications of their sero-positive status and many others die of AIDS without having slightest of knowledge about it. Second, lack of resources for subsistence forces many to sell sex for survival. With inability to find any other occupation, many homosexual respondents in the study resorted to sex work as the only earning option.

Generally, MSM, being stigmatised and discriminated due to their sexual orientation, are denied decent job opportunities. Additionally, they

lack knowledge and skills required for white-collar jobs. Unemployment and economic crunch force many MSM into sex-work as the only alternative for survival.

Literacy

In the study, out of the ten respondents four have had ten years of schooling and rest went to school for a period less than five years.

Apart from economic skill upgradation, literacy and education also aids in 'being aware' of the behaviours and situations that influence people. This is quite ironical and depressing that awareness level, despite much campaigns and interventions, is low. When seen along with the context of migration, respondents with differential linguistic and cultural backgrounds fail to 'read, grasp and use' information provided through various media on HIV at destination places.

Raju, from West Bengal, moved to Delhi when he was merely 12 years. His basic schooling of three years was in Bangla language. In Delhi, initially he could hardly communicate and understand anything, except with his elder brother who accompanied him. Gradually, he picked up working Hindi but still making sense out of the writings on bill boards, pamphlets, etc., was out of comprehension for him. Television and radio were not accessible….He told that he heard the term 'HIV' from the counselor, perhaps for the first time, when he was diagnosed HIV positive at the age of 16 years.

Awareness

In the study, three respondents have had no information about HIV infection before they were detected to be HIV positive.

…When Raju persistently had cold, fever and cough, doctor advised him to get HIV test done. He hardly knew what it meant. The counselor at the hospital told that he was positive. He was merely 15 years.

Raju is happy that now there is so much awareness about HIV and that young children like him will never suffer with it, if they are cautious.

India is a multilingual society. This socio-cultural characteristic poses hurdle for the state level AIDS Control Societies (SACS) as most materials for Information Education and Communication (IEC) that they have caters to the needs of local/native people and not the migrants, who are one of the vulnerable groups. The finding also gives insight that merely ensuring that IEC material on HIV awareness is disseminated, does not guarantee that target groups 'are informed and hence would change for positive behaviours'. Seemingly, Behaviour Change Communication (BCC) (that

looks into the socio-cultural peculiarities and modifies strategies to suit the target individuals) is the answer.

Child sexual abuse

In the study, all the ten respondents trace back their first homosexual encounter at a very young age – as early as 7-9 years of age.

Raju was sexually abused at the age of 7 by his paternal uncle and his two friends. He was utterly bewildered with what happened to him. He was threatened that they would kill him and his mother if he dares to speak about this to anybody.

Child sexual abuse is rampant in the country. Many studies have indicated that sexual abuse in childhood is associated with homosexual behaviours in adolescence and adulthood (Joseph, 2005; Sharma, 1996).

Culture of silence

The socio-cultural milieu of Indian society does not encourage the overt communication on sexual issues. These issues are NOT supposed to be discussed; talking about sex is a taboo. Family members, schools, and other socialising agents maintain silence on this issue. The only source of information they have is their peer group, who are not capable of providing scientific and accurate information. The ambiguous information is compounded with myths and misconceptions that indeed add to the vulnerability to sexually transmitted infections including HIV.

Consequently, boys 'experiment with sex' either by going to sex-workers or in clandestine way in neighbourhood or with relatives. Such modes of experimentation and learning skills of sexual intimacy increase the risk of HIV transmission. In such situations, same-sex intimacy may be the easily available option.

Raju underwent sexual experience when he was barely 8 years old with his male school teacher. He, at that early age, was attracted to same sex boys. He also used to visit brothels along with his friends but never 'enjoyed' as much as he would get pleasure from the intimacy with his male teacher. He told that one of his friends contacted STD (Sexually Transmitted Disease) and they were not sure what to do and where to go for treatment.

In societies like India, socialisation process, in myriad of ways, tend to develop negative attitude towards sex and sexuality. Culture of silence and lack of accurate information regarding sexual matters make adolescents ignorant and develop a negative emotional attitude toward sex organs and matters related to sexuality. It is not uncommon for adolescents to

perceive their sexual organs as dirty and to refrain even from looking at them. Such unhealthy behaviour is particularly common among females, but also largely prevalent among males. Consequently, many myths crop up around sexual issues making adolescents and youth prone to reproductive tract infections (RTI) and sexually transmitted infections (STI). Adolescents are likely to be curious and yet ill-informed, with sources of knowledge being peers or unscientific literature, which may lead to irreparable harm later in life. Many adolescents adopt high risk behaviours due to the numerous myths and lack of skills – especially ability to deal with peer pressure effectively. Thus, ignorance about sexual functioning and STI, curiosity about sex, peer pressure and lack of appropriate skills may facilitate transmission of STI/HIV, particularly in the backdrop of low levels of literacy.

Stigma and discrimination

All the ten respondents reported experiences of stigma and discrimination due to their homosexuality. Migration to Delhi and marriage with girls of their family's choice are the coping mechanisms adopted by the respondents to deal with stigma and discrimination.

Raju is 24 years old and came to Delhi from his hometown in Haryana to work and fend better for his family. His sexual orientation, however, landed him into commercial sex work. He became a gigolo. He roams around the city at night, soliciting sex in return for money. He remarks "God made us like that and we have turned this into a profession; nobody gives us work and we just can't survive if we do not sell sex……".

Many people in his neighbourhood could identify him being different than other men. He went through a lot of exploitation and he could identify his 'different sexual interest' at a very young age. This made him come to Delhi soon after he was old enough to take care of himself and he is now into sex work.

Almost all the homosexuals have gone through lot of mental agony, at times, physical abuse too. They face stigma and discrimination, labeled as being different, feminine, called by different names like *chakka, hijra, khassi*. The pain and agony of being perceived as 'different' and not being understood by their own family adds to the push factors to run away to metropolitan cities to maintain anonymity.

In societies like India heterosexuality is a normative prescribed behaviour and hence, alternative sexuality is not recognised and considered as unnatural and uncalled for. There is widely prevalent stigma and discrimination against persons engaged in homosexuality. As

a consequence, same sex relations take place in clandestine way. The fear of sigma and discrimination and causing pain to their families forces homosexuals to run to cities to live an anonymous life.

Proving manhood

Patriarchal social context, at times, propagates highly distorted aspects of proving manhood, say, by being aggressive, violent and promiscuous. The MSM respondents, reportedly, have multi-partner sex, visit sex workers, themselves act as sex workers and even marry and have children so as to prove masculinity, despite their alternate sexual preferences.

Though his boyfriend never disclosed, Raju is well aware of him visiting brothels frequently. "Visiting brothels is a common habit among men so its fine….", Raju justifies.

…..after few years, Raju also got married because his family pressurised him. He did not have any choice and had to submit to his parents' wishes. He continued his relation with his boyfriend…..now, he has two children. Occasionally, he also works as gigolo…

The Indian society considers marriage an important milestone in the life of a person. Implicitly marriage symbolizes masculinity. Therefore, most MSM enter nuptial bonds to save their face in society and to carry on their family lineage. In the overt attempt to keep their sexuality undercover, they give in to the demands of family to get married to girls of their choice.

Table 1 depicts the vulnerability factors as from the case studies.

Table 1: Socio-cultural Factors Influencing Vulnerability

Vulnerability: Socio-cultural factors	***Frequency***
Child sexual abuse	10
Low education low awareness	6
No knowledge about HIV before infection	3
Stigma and discrimination	10
Poverty/economic impoverishment	10
Unprotected sexual intercourse with wife for bearing child	7
Migration to maintain anonymity	9
Pressure to get married	10
Pressure to prove manhood	10
Visiting brothels justified for men	4
Multiple sex partners: a mark of manhood	3

Interpersonal relationships

The variables giving insight into the interpersonal interactions and behavioural patterns among the MSM respondents are examined. Certain factors that are of critical importance in influencing vulnerability to HIV and safe and healthy behavioural manifestations are deliberated below.

High Sexual Promiscuity

All the respondents in the study reported having multiple sex partners. Those who are ever married have heterosexual as well as homosexual relations. Even the love and romantic relationship is very short lived.

Raju tells that he is currently having relationship with two men. Both the relationships, according to him, were relationships of convenience. He tells that a relationship between two men can only be sexual. He says that all men use each other to satisfy themselves.

Raju claims that HIV spreads in their community because men frequently change partners. He describes in detail how the community of MSM barely believes in the idea of being committed to one person. He tells that all MSMs are only on the lookout for sex. There is a high level of sexual promiscuity in the gay community. Many MSM secretly also work as sex workers.

Acceptance, love and warmth experienced by children in the family and immediate neighbourhood go a long way in development of a positive self-concept and self-worth. A child who receives love, trust and security, in turn, learns to give the same to others. However, in the case of MSM, deprivation of such positive experiences in childhood makes them incapable to exhibiting love, care and sense of self-worth. Also, social exclusion faced by them in myriad of ways accentuates a deep sense of insecurity and mistrust among them. This may be the reason for their flickering love relationships and promiscuous behaviours (also see: Nelson-Jones, 2012).

Emotional Immaturity

Love relationship brings many highs and lows in terms of feelings and emotions. Perhaps, because of cultural background and socialisation, many people including MSM are not equipped well to deal with their emotions in a constructive manner.

Raju shared a relationship with a man for whom he even tried to slit his wrists and consume rat poison. He tried to kill himself only because he wanted to be born as a woman in his next birth so that he could end up with the only love of his life.

This is one of the manifestations of faulty coping patterns; others may target their destruction to their object of love rather than being self-destructive.

In the present modern world, feelings and emotions have become much more complex. Emotions are often difficult to understand and are very subjective. However emotions are integral to decipher for they affect all important decisions related to one's lives, relationships and behaviours. It is this emotional immaturity, the faulty ways to handle emotions, which enhances vulnerability including of HIV infection. Even interventions for MSM should also focus on 'handling emotions' rather than merely information about modes of spread and using condoms for safe sex. Therefore, facilitating the MSM to deal with their emotions in an effective manner is of critical importance along with other components of prevention and management of HIV/AIDS. In addition, life skill education, making children learn how to handle emotions and stress in a positive way is the need of the hour and should be a part of the school-curriculum.

Coping with Lover's Marriage

A dyadic relationship characterised by love and romance is on rocks when either partner, socially or emotionally, shares similar bonding with a third person. Marriage of a partner in the relationship of MSM is indeed a crisis situation, which instills sense of insecurity and feeling of betrayal on the other.

After his boyfriend got married, Raju shared a very strange relationship with his boyfriend's wife. She probably understood the relationship Raju and her husband shared. She would ask Raju how she can satisfy him in bed. He would tell her everything she needed to know to make him (her husband/Raju's boyfriend) happy. "My boyfriend's wife and I were like sisters", Raju remarks.

Initial amicability, more often than not, turns into incongruent relations causing bitterness and pain.

After a couple of years, when his boyfriend became father, the couple started avoiding Raju. His entry into their house became unwanted….he was not even allowed to touch the infant as if he can cause bad omen to them….Raju, too, realised that their relation has faded away….

After few years Raju's boyfriend died of AIDS. "His wife even denied me the last opportunity to see him when he passed away…..love just happens once in one's lifetime…and my life revolved around him only", Raju cries.

An arranged heterosexual marriage has societal approval and sanctions, thereby rights and privileges to marriage partners take over the emotional bonds of clandestine relationships. Seemingly, interpersonal bonds (between MSM), when come in conflict with social institutions of relationships (such as marriage, family) often fail to survive for long.

Challenges with Marriage and Family

As mentioned earlier, most MSM succumb to the pressure to get married. However, life after marriage is also not free from crisis.

Raju took a long time to come to terms with his sexuality."I am a koti[1]and I got married to a woman to keep my family's name and prestige, because the society then regards people like us as not man enough". Raju got married to a woman from a village presuming that she will not question his feminine behaviour and probably even put up with it. The marriage was only a way to gain respect in the society. But his wife never understood him and filed a case of dowry against him owing to which he even went to the jail once.

One of the myths widely prevalent in Indian traditional society is 'everything would be fine after marriage'. Many men and women pay heavy price as their marriage partner does not turn out to be as docile and submissive as expected. Most human relationships are power-games, where partners tend to control the other using strategies such as criticising, blaming, complaining, nagging, threatening, punishing, bribing, rewarding, etc., as postulated by control theory. Change in the societal attitude where individual freedom takes over social norms, especially in terms of significant life events like marriage seems to be the answer, though social change is gradual and subtle.

Social Normative Advantage of Heterosexual Relationship

Findings bring out that many times social construct of heterosexual relationship (between husband and wife) prevails over the romance and love relationship among homosexuals.

Raju murmurs, "No matter how much we (the MSM) love each other, we can never have a relationship like a man and a woman do. Love means a lot more to MSM than a man or woman. When a woman loves a man, she gives him everything and also a child. But no matter how much MSM loves a man; he can never bless a man with a child. This is the biggest drawback of a relationship between two men. This is precisely what distinguishes a woman's love from a man's love".

1 One who assumes feminine role in MSM relation; who receives penetration

Not being able to bear children is the major snag in MSM relationship and probably one of the reasons why love and romance in their relation die down after a while.

Violence and Forced Sex

The intimate relations between MSM, soon, are encountered with violence including sexual abuse. Findings bring out increased instances of intimate-partner violence experienced by the respondents.

Raju's boyfriend was very possessive and hit him all the time to scare him so that he never speaks to another man. He always knew that his boyfriend also visits sex workers but then he says that for his boyfriend it was only sex with them. He truly loved only Raju.

While analysing the cases, strong semblance of symptoms of Stockholm-syndrome was observed. The MSM respondents accept and rationalize reasons for the bad behaviour of their partners. The representative sample displayed an overt need to be accepted and appreciated. Owing to the reasons enumerated- stigma and discrimination, culture of silence, the possibility of finding new partners is faint, therefore, making the victim feel that his partner is the sole provider for attention. This often leads to normalising and accepting all acts of violence by the abuser.

Economic Aspects

Most of the respondents stated that they earn their livelihood as sex workers just for economic reasons, while their love and commitment is only for their lover/boyfriend. However, many times, they jeopardize their health and safety for money.

Raju shares, "In our profession (of sex work), the ones who do not use condom are paid a lot more than ones who do. That is how HIV spreads in our community so rampantly". Illiteracy is another reason which adds to the threat of this infection in the community.

The society has largely excluded the MSM for the social life. Though their sexual preferences are their private matter, still 'homosexuality' comes in way of getting respectable jobs. Added to this, lack of apt skills and expertise also force the MSM to indulge in risk-behaviours for income security. Safer and healthier economic options need to be explored so that 'survival sex' does not take heavy toll of their health and life.

Betrayal

Love and intimacy often lead to betrayal, pain, and dejection. In the case of homosexual relations, this is all the more a predictable reality as, more

often than not, either of the intimate partners fail to succumb to the social pressures for heterosexual marriages and what follows is betrayal and end of a romantic relationship.

"Love is everything. I did love once upon a time but I don't love anyone anymore. I am scared of loving now….and, I don't believe any gay couple is ever true to each other", says Raju. He further talks about his boyfriend who infected him with HIV and also borrowed money from him which he never returned. His boyfriend married a woman and lives with his family in Punjab (another state). Raju's boyfriend was always aware of his status but he never told about it.

In another instance, Raju mentioned that he was not allowed to speak to other men at all."I was always okay with it. I did realize that I really did not need to speak to anyone else when I had him". But there was an instance when Raju gave his boyfriend a surprise visit in his office and saw him with another man. He was really hurt but was soon convinced of his boyfriend's loyalty and love towards him.

Raju knows he was betrayed a lot of times. He also knows that his boyfriend used to confine him but he never hesitated to meet other men himself.

Raju's boyfriend eventually got married and had two children. Raju even accepted this betrayal. He got along well with his boyfriend's wife and addressed her as 'didi (elder-sister) and his boyfriend as 'jijaji (sister's husband), so that his wife never got a hint of what was the real relationship between them. She was fine with night-stays and their frequent meetings until she realised the kind of relationship they shared. She became against Raju and gave him a really hard time…after some time, Raju happened to visited a camp where one could test himself for HIV. He took the test and got a positive report. He nearly ran to his boyfriend and asked him to get HIV test done…his boyfriend replied that he always knew he was HIV positive…..This was the biggest blow to Raju. This was the time Raju recalled his boyfriend often saying to him, "I'll give you a gift you will remember for the rest of your life".

Seemingly, a homophobic and hetero-centric social environment, internalisation of homophobia by the MSM, feeling of shame, guilt and sin associated with homosexuality, secretive sexual behaviour, lack of experiences of unconditional love and positive self-worth – all these, and similar other factors, collectively result in insecurity in love, mistrust, betrayal, etc. And, mistrust and betrayal begets mistrust and betrayal.

Power Equation

Apparently, most relationships in the world depict skewed power relation, with MSM relations having no exception. This unequal power relation derived from the intention to control others, is evident in intimate-partner relations between MSM and their wives.

Raju is struggling with his wife who filed a case of dowry against him. He still feels that it was his wife who infected him with HIV. He recalls that she was the one who used to keep falling sick after they got married. She has claimed alimony from Raju and he is still fighting the case for divorce.

In the intimate partner conflict and violence, intimidation, using coercion and threat, and economic control are among the common strategies employed by either partner in order to gain control over the other one (katerndahl et al., 2010). When relationships turn hostile, it adds up to the mental turmoil of individuals including the MSM.

Blackmailing

Findings bring out that MSM relations are also contoured with blackmailing and betraying.

Raju was happy with his new love, he could confide in him all his inner feelings and emotions ……but soon his boyfriend started blackmailing him asking to bring his wife for sex or else he would disclose his homosexual identity to his family….Raju was shattered.

After few years of his boyfriend's marriage, Raju also got married under his family's pressure. At this time, his boyfriend's wife started asking Raju to bring jewelry and one lakh rupees or else she will disclose his 'real' identity to everybody….He stole his bride's jewelry and money from his office to pay to her….

External control psychology implies that, at times, people tend to use criticising, blaming, threatening, punishing, bribing, blackmailing, or rewarding as tactics when they think that 'others' are going out their control (see Glasser, 2009).

Gendered Role Domination

Quite interesting, the MSM who take the role of a female (koti) in sexual relations, seem to have internalised strong gendered identity and behave as docile, submissive and dotting 'wife'.

Raju explained how he feels like a woman inside. He told that all kotis are women in a man's body. He fondly expresses, with a smile, how he loves to be home and do all the household chores…. For years he lived

with his boyfriend's family as his 'woman' and served him. He would cook for him, clean the house and do everything that his wife would. His boyfriend's mother also made him fast for her son on 'karvachuth[2]'. Raju was introduced as his boyfriend's wife in the entire family. But finally his boyfriend got married….and slowly their relationship faded away but Raju still loves him.

Though it would be a myopic view to generalise, a sub-group of MSM community, who take up the feminine role in the sexual intercourse, seemingly, has internalised the 'gendered norms and roles'. They are called *dhurani or koti* and enjoy imitating the roles and behaviours, a woman is expected in a rigid patriarchal social structure. Table 2 provides the details of variables at the inter-personal levels that add to or reduce vulnerability among MSM vis-à-vis HIV infection and after care.

Table 2: Inter-personal Factors Influencing Vulnerability

Vulnerability: Inter-personal relationship	***Frequency***
Emotional upsurge in love: giving in to demands of unprotected intercourse	8
Violence and forced sex	4
High sexual promiscuity	10
Strong power equations among MSM (Economic)	8
Strong power equations among MSM (male role)	9
Men use women and kotis alike	4
Masculinity: objectification of sex partner	7
Blackmailing: economic	5
Blackmailing: sex with wife	3
No egalitarian principles work in MSM relations, its gendered role dominance	8
Internalising Gendered image: no truthfulness required in love	4

Coping Patterns

The findings of the study show that the MSM respondents depict varied range of coping patterns; some lead to positive results and others negative consequences. Below are some of the expressions of coping that emerged in the case studies:

2 A fast kept by wives for the long life of their husband

Raju does not want to marry anyone now as he is HIV positive. He says that it will be injustice to the girl he marries as his sexual orientation is not straight and he is positive. He says he is happy to live the way her does and works hard to provide for his parents and siblings.

"I am fully aware of my HIV positive status, but you see, I get much more payment if I do not use condom…after all, I would be requiring money when the inflection (HIV) cripples me….", uttered Raju.

Raju is living alone and is looking for an employment opportunity. He emphasizes the fact that he takes good care of himself in terms of diet and exercise so that he can live longer.

Raju tells with somewhat hesitation, "I tried to commit suicide so as to teach my boyfriend a lesson who planned to dump me and marry off…. he had to come to me running…"

After his boyfriend got married, Raju refused to have a relationship again. He turned all his energy and thoughts towards spirituality and religion.

Unable to deal with stresses, Raju has resorted to alcoholism…

Raju has two children and lives happily with his parents and wife. He says that he chooses to tell his children the truth about himself when they grow up so that they learn from his mistakes.

Raju is in acute pressure…he has not disclosed his positive status to his family…his wife is pregnant and he is clueless what to do…"

After being betrayed in love, Raju turned to his family and particularly his wife whom he had ignored and abused…. He cries and says ''I will always regret that I denied her of all my love. I didn't even touch her for two years but she never complained and stood by me. Even after she found out about my status, she did not leave me. I will always be grateful to her..."

"Despite my positive status, I got married as it was becoming very hard to resist the family pressure of getting married and also to avoid being labeled as impotent….", justifies Raju.

Case studies were analysed and coping patterns adopted by the respondents to deal with life challenges are grouped into two – faulty coping and effective coping. Table 3 provides the details.

Table 3: Coping Patterns Among the Respondents

Faulty coping		***Effective coping***	
Easy money in commercial sex work	8	Not marrying	1

Faulty coping		***Effective coping***	
Continuing with 'convenience relationship' for money	3	Self care for positive living	2
Marrying for social pressure	8	Letting wife know	2
No condom more payment	7	Faithfulness with wife, after 'bad' experiences with MSM	2
Suicidal attempts to blackmail sex partner	3	Sharing status with children	1
Tolerating sexual/physical abuse of 'possessive' sex partner	4	After betrayal being cautious	1
No condom usage with wife	7	Protected sex with wife	1
Knowing being betrayed and remaining quiet	4	Abstinence	1
Failure in heterosexual love relation, switching to homosexual for brief period	2	After betrayal switch to spirituality, religion	2
Continuing with abusive relation	6	Firmly cutting off ties with male sex partners	4
Continuing with multiple sex partners in clandestine way	6		
Succumbing to blackmailing by sex partner	7		
Alcoholism, drug abuse	7		

DISCUSSION AND RECOMMENDATIONS

The research gave an insight in understanding how socio-cultural context and the affective component of individuals play critical roles in making the MSM susceptible to HIV and also influence their health seeking behaviours.

Results of the study reflected that socio-cultural and familial norms and expectations often come in conflict with personal preferences, interests and choices, especially in mate-selection among the MSM. Balgopal (1995) claims that Asians have a collective cultural pattern that focuses on the interdependence of members and collectivism rather than individualism, and needs of a family take precedence over individual needs. In this backdrop, growing up as a homosexual in such an environment, invariably,

is a dysfunctional process where he cannot exhibit his true identity. In such a situation an individual is forced to create a false sense of self and present it to his family in order to survive. This creates an intra-psychic stress that manifests itself in symptoms of depression and anxiety.

Mallon (1998) warns that social workers often tend to view homosexual persons primarily, if not solely, as individuals rather than as members of a family, thereby ignoring the need and scope of working with families to create a nurturing social environment. Thus, using ecological framework, social workers and other service providers should address the cause of sexual minority not only with the clients but also with their families and immediate social environment. Role of counseling is of critical importance in this regard.

Next, most MSM undergo unbound stress, tension and turmoil in hiding their homosexual identity and projecting a false self for the sake of family and loved ones. Cass (1979) has postulated a model of homosexual identity formation, which is viewed as a development process through which an individual integrates the personal and public sexual identity into a coherent identity. These stages are – identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride and identity synthesis. It may be noted that an individual need not follow the linear progressive pattern of homosexual identity development. Counselors and social workers should aid their MSM clients to reach to the 'identity-synthesis'.

Social support is one of the basic needs of human beings, with no exception to homosexuals. As the awareness of same sex attraction solidifies, the individual looks out for avenues to meet his sexual, affectional and social needs. MSM networks and support groups provide the needed avenue where the feelings of isolation are removed and a community feeling is developed. The individual identifies and participates in different MSM networks that provide a nurturing environment for his sexuality. Linking the MSM with such support groups and networks would go a long way in ensuring their well-being.

It may be noted that all homosexuals, like heterosexuals, are brought up with a culturally sanctioned anti-homosexual bias. Consequently, homosexuals internalize the homophobia, which gets expressed in varied ways such as inferiority complex, self-destructive behaviours like engaging in substance abuse, attempting to commit suicide, sabotaging their own efforts such as abandoning their studies or career goals with the excuse that external bigotry will keep them away from their objectives. Internalised

homophobia may also take the form of tolerating discriminatory or abusive treatment from others. This is one of the reasons why men who survive anti-gay violence fail to report the matter to the police or human rights groups for fear of further harassment, humiliation and re-victimisation (see: Joseph, 2005). These issues should be handled through advocacy, social action and legal intervention from rights based perspective.

Members of minority groups that are discriminated against often look at their families and communities for solace, identity and support that may not be forthcoming in the case of homosexual individuals. So, working to strengthen social support system including the family ties has many benefits for the MSM.

In most of the case studies, a common theme of violence, control, abuse and isolation features. There is an existence of love and anger, two conflicting thoughts in the minds of the subjects. The dissonance increases with the revelation of the sero-positive cases and especially when the victim is aware that he got infected through his partner. But interestingly, the feeling of 'love' never seems to fade away. In most cases there is an unhealthy attachment to the partner despite betrayal, abuse and knowledge that the source of the infection is the partner. During counseling, cognitive restructuring, existential therapy, reality therapy, behaviour modification strategies, and similar others, can be used effectively, though varying from case to case, with the objective of better coping and effective inter-personal relationships.

Study results imply that, when clouded with sentiments, individuals often fail to take pragmatic and sensible decisions regarding their health seeking behaviours. If healthcare professionals are aware of the psychological dispositions and behavioural patterns of sexual minority groups, they would be more sensitive and accommodative. The MSM, who do not approach healthcare services due to fear of stigma and discrimination, would also be able to avail the benefits of interventions, if healthcare professionals are supportive and empathetic.

Thus, in the study, the ambit of issues covered varies from the personal experiences of MSMs to the existing structure and ideologies which further marginalise them. Multi-prong strategies addressing deep-rooted socio-cultural biases and stereotypes against homophobia, counseling services to catering to dysfunctional interpersonal relationships among homosexuals and to inculcating healthy and effective coping strategies, legal interventions, advocacy, are needed so that the MSM as equal citizens can emancipate themselves from the clutches of self-denial, self-

criticism and 'live' with dignity and peace in a nurturing conducive social environment where their sexuality is accepted as 'natural'.

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