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Original Article

INITIAL HOMOSEXUAL EXPERIENCES OF MSM IN SURAT CITY

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ABSTRACT

This cross-sectional study among 200 Men having sex with men in Surat City explores their initial MSM experiences. Our findings reveal that MSM are sexually active with slightly more bisexual than homosexual. Over half had their first homosexual attraction and relationships before the age of 14 years commonly while playing with friends, though some were forced or raped into their first MSM experience by cousin, friend or elders and care takers. 94% the second homosexual encounter had occurred within 3 months of the first homosexual encounter. These two initial MSM experiences play an important role in future MSM inclinations and highlight the need to ensure that children do not enter into such early relationships before the age of consent. What merits special attention is that these experiences invariably occur during adolescence and their impression makes a lasting effect on their psyche and sexual inclination lifelong. Receptive anal sex emerges as the most common sexual act (89.5%) and as the commonest reason for continuing with MSM relationships (26.5%). Friends are the main source (99.5%) of entry into an MSM group.

Keywords: Men having sex with Men, initial homosexual experiences, HIV and AIDS

INTRODUCTION

The word homosexual comes from the Greek word “homo” meaning same and the Latin word “sexus” meaning sex. Homosexuality was first introduced as a medical term in the second half of 19th century to describe erotic desire for same sex.[1] Homosexual behaviour has existed throughout history including ancient India with mention in texts like Rig-Veda dating back around 1500 BC and in sculptures and vestiges. Hindu religious texts are largely silent on the matter of homosexuality, barring a few references. Vatsayan author of “KAMA SUTRA” briefly treat in his treatise the techniques by which men have sex with other men. On July 2, 2009 The Delhi High Court decriminalized homosexuality considering fundamental rights to personal liberty, Article 21, Article 14 and Article 15. National AIDS Control Organization (NACO) has stated that Men Having Sex with Men (MSM) populations are not just “highly infected and affected” by HIV but comprise one of the four core groups requiring urgent and focused attention, a pragmatic shift based on evidences from sentinel surveillance data. MSM are not just invisible to health infrastructure, rather are stigmatized and criminalized under Indian law. So the government had to “search and hunt” for these populations. It also had to face the demand for recognition from these communities and authorities across the globe.

MSM may indulge in unprotected anal sex globally, attributed to their faulty perceptions of not being high-risk, non-availability of suitable anal condoms, an Indian cultural milieu wherein anal sex is not viewed as sex and rather viewed as Masti with serious concerns of STIs, and HIV with poor visibility.[2] The NFHS (1998-99) estimates an approximately 2.35 million vulnerable MSM who predominantly engaged in anal sex with significant risks of contraction of HIV infection. Estimates of MSM in India practicing anal sex are about 45-55% and of these only 5% to 20% use condoms; have multiple partners, reportedly between 11 and 28 casual partners per month; have poor health-seeking behaviour, with only 20-30% of MSM going for STI check-ups. In 2006, the first sentinel surveillance among hijras was done at Mumbai’s Sion Hospital and shocking 26% were HIV-positive. In Delhi, the sentinel surveillance among hijras at the NGO Sahara found 43% positivity. In 1999-2000, Humsafar Trust found that 13.8% of all baseline samples were positive. In fact, HIV prevalence in various surveys has rarely been less than 10%. Given that any prevalence above 5% is seen as ‘hyper-endemic’, this was a public health disaster.

Next to South Africa and Nigeria, India has the third largest number of person living with HIV/AIDS in the world.[3] According to NACO, adult HIV prevalence in India is approximately 0.36 percent, amounting to between 2 and 3.1 million people.[4] It is also estimated that 85% of HIV transmission is through sexual route. Through the prevalence HIV/AIDS among MSM in India was officially set 5.69% in 2006.[4] It is felt by the researchers that this was an underestimation, especially since global estimate suggest that 5 to 10 percent of HIV prevalence is attributable to sexual transmission between men.[3] The reliability of HIV infection data among MSM is influenced by: (i) lack of knowledge and understanding of MSM behavioural patterns as many MSM do not have a conscious identity/orientation; (ii) reluctance to consider reporting on their same sex behaviour even when asked; (iii) failure to identify their sexual behaviour as MSM since their partners are not perceived as men; (iv) reluctant to identify as MSM to health care

providers, fearing stigma, discrimination and exclusion.

Males are often easier to access for sex as compared to females and are also less expensive than female sex workers. Without a welfare system and with significant levels of unemployment and low levels of incomes, male sex work can be a way out in terms of supporting self and family. This is not to imply that males involved in sex work do not enjoy sex with other males. Often they may also have a regular male partner, and or a wife or a girlfriend. Thus the MSM is a very high risk group act as a bridge in transmission of sexually transmitted disease to the general population. There is definitely an insensitive attitude towards this population leading to their social exclusion and deprivation of service provision, treatment and care. Again, an underestimate of the number of at risk MSM in any given population apparently leads to lack of resources to support HIV intervention programs exclusively for this vulnerable population. Thus it is not surprising that these people live in a world of their own with misconception and wrong notions regarding sexually transmitted disease especially HIV/AIDS with little access to health education regarding these issue.[5]

MATERIALS AND METHODS

This cross-sectional study interviews 200 Men having sex with men (MSM), by oral interview technique using a pre-tested and semi-structured questionnaire, developed through participatory approach of key stake holders, to elicit information on the important variables affecting their health, morbidity, quality of life, etc. as set out in the aims and objective spread over 21 month period commencing from January 2008 up to September 2009 in the city of Surat. Initially 15-20 visits paid to the different Drop-in-Centres of the Lakshya Trust, an important partner of Partnership for Sexual Health project, of Surat city. The information was entered on excel and analyzed with SPSS software. Appropriate statistical tests for significance, invariably percentages and means have been applied. Considering the theoretical and policy significance the study adopts both the quantitative and qualitative approach. Prior to the data collection, personnel from the Lakshya trust accompanied the investigators to explain to MSM about the aims and objectives of the study and assure them on confidentiality and ethical issues. The study explores the initial homosexual experiences of MSM in Surat City and the situations under which these occurred and also their impact on future sexual inclinations. The study has received ethical clearance from the ethical committee of the Surat Municipal Institute of Medical Education and Research and no conflicts on interest have been declared.

OBSERVATION AND DISCUSSION

The age of our respondents varied from 18 to 58 years with the mean age of 27.8 ±7.1 and somewhat higher than reported from Kolkata and Mumbai.[5-6]. Our findings do reveal conclude that this group does belong to a sexually active age group. It has been documented that people belonging to the sexually active age groups and indulging in homosexual practice are at a higher risk of contraction of various STIs including HIV and AIDS and therefore warrant appropriate preventive strategies to decrease risk vulnerability.[7] In India, young people in the age group 15 - 24 years comprise almost 25% of the country's population; however, they account for 31% of the AIDS burden as per NACO.[4] This implies that they are at a higher risk of contraction of HIV/ AIDS and therefore merit special attention.

Table 1: Age at First Homosexual Relationship

1st Homosexual Relation	Numbers
10-14 years	103 (51.5)
15-19 years	53 (26.5)
<10 years	22 (11.0)
>20 years	22 (11.0)
Total	200 (100.0)

Our discussions revealed that slightly over half (53%) MSM were bisexual followed by 47% who engaged solely in homosexual relationships in line with varying patterns of homosexual and bisexual relationships globally with either former or the latter as predominant preferred mode.[8] Though many of the respondents had reported of heterosexual attraction, the majority perceived themselves as feminine and felt attraction towards males. We would like to state that many of the MSM had realised their sexual inclinations after marriage and some were forced into heterosexual marriages by their parents and therefore their bisexual inclinations.

52%, 35.5% and 12.5% respondents had their first homosexual attraction between 10-14 years, >15 years and <10 years consistent with others who reported that the average age at which awareness of attraction for another male first occurred was 12.5 years for gay men and 14.8 for bisexual men.[9]

The mean age of experience of first homosexual relationship was 14.1±5.2 years, earlier than 16.6 years as reported by Deb et al. in 2009[5] highlighting a teenage experience and the fact that these relationships occurred before the legal consenting age for having sex.

The majority (57%) had reported of their first homosexual encounter while playing with friends, resembling the findings of Deb et al in 2009[5], which reported that a male friend was the first sexual partner in majority of the cases (50.9%) among the MSM. An important finding is that many were forced or raped into their first MSM experience by cousin, friend or elders and care takers.

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Table 2: First Homosexual Partner

First Homosexual Experience	Number
With friend while playing	114 (57.0)
With a known person of same village	21 (10.5)
With unknown person in a public toilet	13 (6.5)
Forced by cousin or a friend	10 (5.0)
With a relative while sleeping in his house	8 (4.0)
With a cousin while playing or sleeping together	8 (4.0)
With his uncle	7 (3.5)
With a friend while watching a pornographic movie	7 (3.5)
With school teacher or hostel manager	5 (2.5)
With an unknown person while roaming	4 (2.0)
Raped by tribals in a forest	1 (0.5)
With a sadhu of gurukul	1 (0.5)
By the police officer while serving at his residence	1 (0.5)
Total	200 (100.0)

Table 3: When Did You Have Your Second Homosexual Encounter?

Second Encounter	Numbers
1 week to 1 month	90 (45.0)
< 1 week	85 (42.5)
≥3 three months	13 (6.5)
1 month to 3 Months	12 (6.0)
Total	200 (100.0)

The table reveals that in 94% the second homosexual encounter had occurred within 3 months of the first homosexual encounter. The majority (69.5%) respondents had realized their homosexual inclination only after they had experienced their first homosexual encounter and then they continued with the same practices, whereas all of the remaining (30.5%) respondents had realized this after their second homosexual encounter. This again highlights the crucial issue of forced initial homosexual encounters.

When specifically inquired as to whether their first sexual encounter had occurred with their consent or otherwise, 13% had reported of having experienced forceful first homosexual encounter. Interestingly many of them had not come out with this fact without specific inquiry. This finding needs to be viewed against the backdrop of their tender and young age and points to the need to ensure mechanisms to prevent occurrence of such incidents. Davies et. al. in 1999[10] had reported of consensual first homosexual experience among 98% respondents, whereas Martindale et al in 1996[11] had reported of forceful same sex experience, though not in specific context of their first sexual experience.

Nearly all (97.5%) respondents are having maximum sexual gratification in homosexual relationships only. There were 2 individuals who felt more gratification with heterosexual relationships, yet continued with their homosexual relationships as well due to problems as difficulty in finding a female partner, ease of finding a male partner. They had reported that they might cease with homosexual relationships or decrease their frequency once they get married and have access to a female partner on a regular basis.

The most common sexual act reported by the respondents was receptive anal sex (89.5%), followed by oral sex (86.5%), body romance (70.5%) and insertive anal sex (25%). Our findings resembles with the findings of others[5] who had reported that the most preferred sexual act was receptive anal sex (83.3%) followed by oral sex 44.4%.

Table 4: Sexual Activity Performed with partners

Sexual Activity	Number
Receptor anal sex	179 (89.5)
Oral sex	173 (86.5)
Body romance	141 (70.5)
Kissing	87 (43.5)
Masturbating one's partner	78 (39.0)
Inserter anal sex	50 (25.0)
Being masturbated	12 (6.0)

Similar findings were also reported in another study in Hang Zhou Province, China[12] in which 40.7% preferred anal sexual behaviour, 62.99% oral sex, 74.11% masturbation and 3.66% oral-anal touch. The potential for injury is exacerbated by the fact that the intestine has only a single layer of cells separating it from highly vascular tissue, that is, blood, therefore, any organisms that are introduced into the rectum have a much easier time establishing a foothold for infection than the wound in a vagina.

Table 5: Cause of Continuing Homosexuality

Cause of Continuing Homosexuality	Numbers (%)
Love anal sex	53 (26.5)
Love oral and anal sex with male	36 (18.0)
Like sex with male	35 (17.5)
Sex with fun and enjoyment with male is my weakness	29 (14.5)
Like sex with male and enjoyed different size of penis	11 (5.5)
Sex with male is free of cost and lesser chance of STI	10 (5.0)
Feel like female and enjoy sex with male	9 (4.5)
Sex with male only satisfied me	7 (3.5)
Love to have sexual relation with older male	5 (2.5)
Enjoyed first homosexual encounter	5 (2.5)
Total	200 (100.0)

The end result is that the fragility of the anus and rectum, along with the immunosuppressive effect of ejaculate, make anal-genital intercourse a most efficient manner of transmitting HIV and other infections. Male homosexual behaviour poses greater health risks not only because of promiscuity but also because of nature of sex, which is not simply either active or passive, but may involve penile-anal, mouth-penile, hand-anal, or mouth-anal sexual contact for both partners.

Our findings by and large reflect the pleasure which men derive from having sex with men in line with the study by Deb et al (2009),[5] wherein 40% of the study population had sex with men for pleasure, 28% felt it was because of increased sexual urged while 22% thought they could not resist their sexual urge. Almost all (99.5%) respondents reported that a friend was the main source to join a MSM group, whereas some respondents (14.5%) also reported internet as one of the source to enter in MSM group. Only one respondent (0.5%) reported of newspaper as his source of entry. Internet is gradually emerging as an important source, whereas in developed countries it is a main source as revealed in the study by Garofalo et. al. (2007),[13] wherein 48% had reported of having sexual relations with a partner they met online.

While surmising it can be observed that the initial homosexual relationships often emerge with consent among close friends or against consent with cousin, friend or elders and care takers and the first two initial MSM experiences play an important role in future MSM inclinations. What merits special attention is that these experiences invariably occur during adolescence and their impression makes a lasting effect on their psyche and sexual inclination lifelong, though any conclusions on this would require an indepth validation.

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