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A Study on Sexual Practice and Sexual Health among the MSM of India

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Abstract: *MSM (men who have sex with men) bear an inconsistent pressure of sexually transmitted infections (STIs), including HIV/AIDs. In India MSM are one of the vulnerable and targeted population. The present study has tried to understand the perception and practices regarding HIV risk prevention among the MSM categories and the connection between sexual behaviors to HIV risks to understand sexual health. For this reason total 1200 MSM people have been contacted in the states of West Bengal and Uttar Pradesh. Study has used ethnography and applied descriptive statistics along with chi square method for supporting qualitative data. Snowball technique seems very useful for this research. Data revealed MSM are at risk position for the transmission of STI/HIV. Government and non Government intervention should be needed in priority basis for the upliftment of public health.*

Key words*: MSM, sexual practice, sexual health*

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I. INTRODUCTION

In India, male sexual practice (also with same sex) related to health gained the positive stance of academy and activism since before the first reported case of HIV (Aggarwal, Sharma & Chhabra, 2000; Parasuraman, et al., 1992; Rao et al., 1994; Reddy, Narayan, Ganesan, 1993; Row-Kavi, 1993). Similarly even in early 1980s, Slovic, Fischhoff and Lichtenstein (1982) also have explained the relationship between attitudes to sex and perceived risk to HIV infection. Consequently, scholars in India have focused interest on the areas like vulnerability to HIV infection, attitude towards condom use and condom use self-efficacy (Boyce, 2006), gender differences in condom use and the role of self-efficacy in condom use (Sayles et al., 2006), gender and attitude to condom use and its role in HIV/AIDS control (Villarruel et al., 2004) etc. Hendrick and Hendrick (1987) make it clear that sexual attitudes are related to sexual practices. Sexual practice as a separate topic of research was ignored by the early researchers (Laumann et al., 2000). In case of India, sexual practices among the MSM (men who have sex with men) people has been studied after the report of NACO (2000, 2016-17) that revealed the prevalence of HIV infection among MSM was rapidly increasing. The term MSM is a coinage that defines (by a single behaviour) diverse groups of men, who have sex with other men, irrespective of how they might identify themselves (WHO, 1993). In India this particular term became relevant in order to talk about "vulnerable groups", or "target populations", or "risk groups" in the late 1990s (Khan, 2004). According to NACO (2007, pp. 12) report, "All of those who engage in male-to-male sex do not necessarily identify themselves as homosexuals or even men". The varied images of MSM at interpersonal, intra-group, inter-group contexts throughout India include self-identified gay individuals, self-identified bisexuals (the minimum indicator being explicit sexual attraction to both sexes), self-identified heterosexuals (rationalising own insertive sexual role as guarantor of his heteronormative sexual identity) *Kothis* (biologically male, take the female role in sexual play with the men partners), *Hijras* (either recruitment directly from mainstream heteronormative society or transformation of Kothis to a typical transgender identity after establishing or joining the *Hijra* groups through rituals), *Duplis* (believed to play both the roles of recipients as well as donors) and *Parikhs* (believed to play only the role of donor) (Asthana & Oostvogels, 2001; Go et al. 2004; NACO, 2007; Thomas et al. 2009: Dey et al. 2014, 2017). The scholars like Chakrapani et al. (2007 & 2008), Dowsett (2003 & 2006), Jenkin (2004), Khan (2004 & 2005), Khanna (2006), Patel, Mayer and Makadon (2012) and Phillips et al. (2008) have focused on the reasons behind the occurrence of HIV among the MSM. It was estimated that HIV prevalence among MSM ranging between 7 and 16.5% (NACP, 2010; Thomas, et al., 2012; Thomson, et al. 2009). This is in comparison with the overall adult HIV prevalence estimated to be 0.31 per cent (0.25-0.39%) in 2009 (NACP, 2010). The present research seeks to elucidate the perception and practices regarding HIV risk prevention among the MSM categories and the connection between sexual behaviors to HIV risks to understand sexual health. For the convenience of research, self-identified gay and bisexual individuals who are part of the westernised cultural-ideological upbringing (Dey et al. 2010) and self-identified heterosexuals, who do not recognise own same-sex sexual behavior are not included in this study.

II. METHODOLOGY

The present research has explored the population of MSM in two broadly different regions of India; first one is West Bengal, where the participation in research comes from the Kolkata metropolis and semi-urban localities of the districts of Mursidabad, Kolkata, Howrah and South 24-Parganas. The other one is Uttar Pradesh, where the people from the district of Varanasi have participated in the study. Apart from the offices of the CBOs (Community Base Organization) of the MSMs, the fields include different spaces of the above districts like station, park, open field, bus stop, pay toilets area, ghats (river side) etc. All the sites are selected purposively as a result of viable contacts and rapports with the people connected by snowball technique.

Majority of the population of West Bengal comprises of Bengali speaking and that of Varanasi are Hindi speaking. A total number of 1200 MSM participants were identified and selected from these two states of West Bengal and Uttar Pradesh. So far, from West Bengal 744 (Mursidabad 246, from Kolkata 290, from Howrah 121, from South 24 Parganas 87) and from Uttar Pradesh (Varanasi) 456 insiders of the local MSM networks have been recognized as MSM who are between 11 years and 60 years of age. Prior to collection of data, the nature of the study was explained to the participants and their full consents were obtained for the participation in this research. Ethically the privacy and confidentiality are given priority while collecting and interpreting the data.

Ethnography, essentially coupled with participant observation has been used for evaluating relevance, observing patterns, constructing phenomena through the cultural perspective, "thick description" (Morse & Richards, 2002), classifications, parameters and etic/emic observations (Warren, 2004). The data are derived from in-depth interviews of individuals and groups, and observation as a 'friend' in their everyday lives. Snowball technique helped reaching the expanding network of MSM participants. In order to enhance the findings Descriptive statistics and Chi-square have used for analyzing the data by using SPSS 21. Chi-square was used to examine whether there is any significant difference between the expected and observed result.

III. FINDINGS

The present study has explored that the construct of the MSM categories and their practices indicate how the cultural responses to identity and 'otherness' culminate in forming and relating the local knowledge of gender and sexuality to wider web of culture and society. The study has tried to find out regional similarities and the differences on Kothi-identified categories and also other self-identified categories of MSM networks in two state of India, i.e. West Bengal and Uttar Pradesh. Their terms of self-identity varied in these two different States of India. The Kothi/Kothma identified categories are Kothi/Kothma, Dupli Kothi and Dupli Gupti /Double Decker, Hijra/ Hijra Janani, Parikh/Panthi/Giriya. These categories are also self-identified, but very few Parikhs/ Panthis themselves can identify with this term. They generally recognize themselves as Purush/Mard/Admi/Real-man/Heterosexual, and rarely as Bisexual. The other self-identified categories like Homosexual, Gay and Bisexual have also been encountered in this research. They are aware of western culture and have western education. But they are very covert and confession is restricted. They are present in both states of West Bengal and Uttar Pradesh.

'Kothi' (in West Bengal) or 'Kothma' (in Varanasi) has been a general usage of term of reference to the self-identity of such males, who are effeminate, prefer MSM behavior and favor 'real men' ('Parikh'/ 'Giriya', only taking inserter role in sexuality). The Kothis officially take the role of receiver at the time of oral and anal penetrative sex. There have been few other distinguishing sub-categories among this self-identified category.

i) The 'Veli Kothis/ Ariyal Kothis' of West Bengal or the 'Ariyal Kothmas' of Varanasi prefer loud make-ups in any of their public events and wear feminine dresses. They like flamboyance in their public appearances to attract the 'real man'.

ii) 'Koripeshe Kothis' of West Bengal or 'Karetal ki Kothmas' of Varanasi do not prefer to use feminine make-ups or to wear feminine dresses, but like other Kothis/ Kothmas they wish to perform feminine roles in sexual acts for the 'real men'.

Within the MSM network 'Dupli' (in West Bengal) or 'Double Decker' (in Varanasi) is another self-identified category. They like to penetrate and to be penetrated by their partner during sexual act. The role varies depending on the desire of the partner. But there is a variation in the context that in West Bengal Duplis may have two situational sub-categories i.e. 'Dupli Kothi' and 'Dupli Gupti'. There is no sub-categorical term present in Double Decker in Varanasi, but the features of Double Deckers are like Dupli Guptis.

i) The Dupli Kothi is such a performative Self-identified category within the fold of the Kothis as well as Duplis. They like to appear as Veli Kothis but they possess both the desires to penetrate males and to be penetrated by a 'real men'.

ii) Dupli Guptis/ Double Deckers have secret MSM behavior and appear always 'straight' following hetero-normative norms, but act as both inserter and insertee in sexual act. Generally they may be found being

married and having children or having girl friend, hence keep their sexuality as more closeted (Gupti). Majority of this sub-category says that they have the desire to have sex with females and establish family.

'Hijra' or 'Hijra Janani' is again a certain category within MSM fold; it is an intentional transformation of Kothis into Hijras through an initiation process. The members of the Hijra group do not call themselves as Hijra, the insiders known to each other with the term 'Akhua' (in West Bengal)/ 'Akhuwe Janani' (in Varanasi) and 'Chhibri'(in West Bengal)/ 'Chhibri Janani'(in Varanasi). The Akhuas/Akhuwes are the non-castrated members of a group and if they emasculate their genitals they are known to be as Chhibris. On the day of initiation[1] in a Hijra khol (organization), the fresher Hijra is provided a name by his Guru or elders. They are used to keep his name through a name of an object like Madhu (honey), Rupa (silver), Daliya (name of flower), Hena (type of leaf), Pinky (pinkish colour), Bijli (thunder) etc. which are ambiguous in the sense that they neither denote masculine or feminine entity but carry a distinctive identity.

The 'real man' (exclusively inserter in sexual performance) is addressed as Parikh (in West Bengal) or Giriya/ Panthi (both in West Bengal and Varanasi) by the insiders of the Kothi/Hijra- identified MSM community. Most (96.25%, N=374) of them identified themselves as 'Real'man/ Purush/ Mard. They believe themselves as 'straight' heterosexual as the representative of the hetero-normative society. Generally they marry and have children. Very few (3.75%) of them who are very accustomed with the Kothi networks identified themselves with the term Parikh/ Giriya.

Gay, Homosexual and Bisexual are not included in Kothi-identified MSM network. 'Homosexuals' and 'Gays' act either as only insertee, or only as inserter or both. Some (36.66% Homosexual and 21.87% Gay) perform effeminate demeanor also. Majority (86.66% Homosexual and 84.37% Gay) are unmarried and not willing to marry any woman. Bisexuals are those who prefer both male and female as their sex partner. Generally they play the role of inserter at the time of sexual act. Only six respondents are found who act as insertee in case of same sex sexual act and as inserter for peno-vaginal sex. Few (8.33%) respondents who have higher education than Kothis and more western exposure identify themselves as Bisexual.

Perception of Sexual Practice

MSM sexual practice does not overcome the stereotype of heterosexual model. Thus, the sexual practice between two same sex practitioners or between a Kothi and his Parikh actually follows a conventional heterosexual sexuality model of sex practice between a male and a female. This model is the historical structure of the sexual practices that is embedded within our society. The model used to practice in the form of unconscious schemes of perception and appreciation. The social world constructs the body as a sexually defined reality and as the depository of sexually defining principles of vision and division. This embodied social programme of perception is applied to all the things of the world and firstly to the body itself in its biological reality (Bourdieu, 2001). Anal intercourse is one of the most preferable sexual practices of MSM. This becomes an obvious stereotype sexual behavior within the MSM field. Biltu, thirty three years old Kothi shared-

*"When I first started doing sex with men, I was about fifteen. I had never been into being penetrated; I find it painful you know. Even when people tried to do that, I've never found any pleasure... After the contact with other Kothis they laughed at me if I told them I don't get fu*ked (penetrated). This anxiety was weakening me. I started fu*king myself by using carrot cucumbers etc. after lubricate these by spit. It bleeds formerly. Now I can do anal sex easily. But frankly speaking I didn't enjoy this so much. What I used to enjoy that the feeling, i.e. being like a woman I 'm getting fu*ked by a man."*

The MSM community believes Kothis should always be passive (inserted), they think they are feminine and must play the role of woman, and never be on the top, otherwise he becomes identified as "Bila" (impure/ disloyal) to the members and he is mocked or teased. That's why the Kothis or the Hijras don't disclose if they possess the desire to insert, because they were already structured after the joining of community that they should always be inserted by straight men. It is also a reason for low visibility of Dupli Kothis. They also think masturbation and insertion are the characters of men, then how a Kothi who may or may not be Koripese recognize him as woman when he acts like a man? These acts are tabooed for them. They never show their penis at the time of anal penetration and take penis inside by lying frontally to feel like woman. The versatile sexual practices of Duplis do not get preference by the Kothis or Hijras. For Ariyal Kothi or Koripese Kothi, sex with a Dupli/ Dupli Gupti is also forbidden, one hide if he had sex with a Dupli for the fear of "Bila" in the community. Ariyal Kothi, Koripese Kothi and Dupli Kothi should think themselves as sisters of each other. So like gender construction, one's sexuality becomes constructed. Sexuality becomes determined; community expects specific behaviors and roles from the representative. Diversified acts, desire and practices of

[1] The Kothis are usually turned into Hijras after taking dikhsha (discipleship) from a Hijra Guru (head/boss). Guru used to keep a portion of his Anchol (end part of the Saree) on the head of his new Chela and declare that he has become his Chala from today. He used to feed pan (type of leaf) and sweets to the fresher one, used to make a tilak on his forehead by turmeric paste (not all Hijra group practice this), used to smear vermilion on the head (few group practice this) and other members of that Guru's descent may contribute to purchase yellow saree and yellow bangles for this new member. That day all members of that group celebrate a party by preparing delicious non vegetarian dishes.

a category are prohibited psychologically. They are ambivalent, confused, and anxious when they think about, discuss or practice their sexuality in a context. So it seemed that the construct of gender overlaps the construct of sexuality.

Behavior towards STI/HIV

Distribution of condom use in case of anal sex and oral sex was calculated and showing in Table 1 and Table 2. It has been enquired regarding the practice of safer sex in case of penetrative sexual play of the MSM in both the areas. Majority of them have confessed that they did not use condom regularly. Even there is a construction that condom use with steady partner/ lover. Mainly the category Parikh or Purush are very much vulnerable than other groups.

Table 1. Distribution of Condom Use (in percentage) in Anal Sex in West Bengal

CONDOM USE IN ANAL SEX WITH MALE								
WITH IRREGULAR PARTNER					**WITH REGULAR PARTNER**			
CATEGORY	**ALWAYS**	**SOME -TIMES**	**NEVER**	**TOTAL (N) %**	**ALWAYS**	**SOME -TIMES**	**NEVER**	**TOTAL (N) %**
A.Kothi	18.4	60.8	20.8	100	5.6	31.2	63.2	100
K.Kothi	24.6	59.9	15.5	100	9.8	38.1	52.1	100
D.Kothi	27.5	65.5	7	100	0	13.8	86.2	100
D.Gupti*	25	64.5	10.5	100	7.9	40.8	51.3	100
Hijra	2.4	19.5	78.1	100	0.8	16.2	83	100
Parikh	0	44.4	55.6	100	0	22.2	77.8	100
Purush**	17.6	43	39.4	100	5.7	24.2	70.1	100
Homosexual	44	48	8	100	32	52	16	100
Gay***	60.9	39.1	0	100	0	52.2	47.8	100
Bisexual****	0	88.8	11.2	100	0	22.2	77.8	100
* 83-76 = 7 do not practiced anal sex					**165-157= 8 Purush have no regular partner			
***26-23= 3 do not practiced anal sex					****17-9= 8 Bisexual have no regular partner			

A.Kothi= Ariyal Kothi, K.Kothi=Koripese Kothi, D.Kothi= Dupli Kothi, D.Gupti= Dupli Gupti [West Bengal]

Table 2 Distribution of Condom Use (in percentage) in Anal Sex in Uttar Pradesh

Condom use in Anal Sex (Uttar Pradesh)								
With irregular partner					**With regular partner**			
Category	Alwayas	Sometimes	Never	Total (N) %	Alwayas	Sometimes	Never	Total (N) %
A.Kothma	9.3	44	46.7	100	0	24	76	100
K.Kothma	9.5	41	49.5	100	0	24.2	75.8	100
D.Decker	12.1	36.3	48.6	100	0	48.4	51.6	100
H.Janani	0	51.4	48.6	100	0	20	80	100
Panthi	0	40	60	100	0	0	100	100
Mard*	15.9	52.3	31.8	100	7.7	43.8	48.5	100
Homosexual	0	80	20	100	0	40	60	100
Gay**	60	40	0	100	0	20	80	100
Bisexual	0	71.4	28.6	100	0	71.4	28.6	100
** 6-5 =1 do not practiced anal sex					*195-169= 26 Purush have no regular partner			

A.Kothma= Ariyal Kothma, K.Kothma= Karetal ke Kothma, D.decker= Double Decker, H.Janani= Hijra Janani [Uttar Pradesh].

Table 3 Variation between the groups of West Bengal and Uttar Pradesh in condom use for anal sex with irregular partner

With Irregular Partner			
Category	χ^2	Df	Sig
WB 5 Categories	160	8	0.000
UP 5 Categories	18.3	8	0.019

WB- West Bengal and UP- Uttar Pradesh
$P<0.05$

Table 4 Variation between the groups of West Bengal and Uttar Pradesh in condom use for anal sex with regular partner

With Regular Partner			
Category	χ^2	Df	Sig
WB 5 Categories	38.1	8	0.000
UP 5 Categories	44.5	8	0.000

WB- West Bengal and UP- Uttar Pradesh
P<0.05

Chi-square (χ^2) test was done only on five categories of MSM (Ariyal Kothi, Koripese Kothi, Dupli Gupti, Hijra and Purush/Mard) of both the regions for statistical convenience. In Table 3 and 4, χ^2 results revealed that regional differences are present in both the cases of condom use in anal sex with irregular partner and regular partner. The difference values are significant ($p<0.05$) in every cases.

In case of oral sex, Table no. 5 revealed majority of the MSM in West Bengal have never practiced safer sex and in Varanasi 100% respondent have never used condom.

Table 5: Distribution of Condom Use (in percentage) in Oral Sex (N=1200)

Condom Used in Oral Sex (Who do or practice Oral Sex) %					Never Practice or do Oral Sex (n)
PLACE	Category	Ever Used	Never Used	Total	
W	A.Kothi (n=115)	17.4	82.6	100	125 (N)-115= 10
E	K.Kothi (n=133)	20.3	79.7	100	142(N)-133= 9
S	D. Kothi (n=20)	3.4	96.6	100	20(N)-20=0
T	D.Gupti (n=80)	11.2	88.8	100	83(N)-80=3
B	Hijra (n=123)	0.0	100	100	123(N)-123=0
E	Parikh (n=9)	0.0	100	100	9(N)-9=0
N	Purush (n=162)	8.6	91.4	100	165(N)-162=3
G	Homosexual (n=23)	13.1	86.9	100	25(N)-23=2
A	Gay (n=26)	15.4	84.6	100	26(N)-26=0
L	Bisexual (n=17)	0.0	100	100	17(N)-17=0
U.	A.Kothma (n=71)	0	100	100	75(N)-71=4
P	K.Kothma (n=89)	0	100	100	95(N)-89=6
R	D.Decker (n=33)	0	100	100	33(N)-33=0
A	Hijra Janani (n=35)	0	100	100	35(N)-35=0
D	Panthi (n=5)	0	100	100	5(N)-5=0
E	Mard (n=195)	0	100	100	195(N)-195=0
S	Homosexual (n=5)	0	100	100	5(N)-5=0
H	Gay (n=6)	0	100	100	6(N)-6=0
	Bisexual (n=7)	0	100	100	7(N)-7=0

The history of last six months showing in Table no. 6, the MSM of Uttar Pradesh are more in number who have suffered sexually transmitted infection. It is noticed that several respondents have tried to hide if they have any symptoms of STI. The types of symptoms they have reported: Pus/discharge in stools, Penile pus/discharge, Genital sores, Oral sores/blisters, Rectal itching/burning, Bleeding when defecating, Rash on genitals, Pain when defecating, Pain while urinating, Pain during sex and Bad smell in discharge.

Table 6 Distribution of STI History (Percentage of having STI in last 6 months)

WEST BENGAL				UTTAR PRADESH			
CATEGORY	YES	NO	TOTAL	CATEGORY	YES	NO	TOTAL
V.Kothi	17.6	82.4	100	A.Kothma	38.6	61.4	100
K.Kothi	21.1	78.9	100	K.Kothma	38.9	61.1	100
D.Kothi	13.8	86.2	100	D.decker	21.2	78.8	100
D.Gupti	16.9	83.1	100	H.Janani	14.3	85.7	100
Hijra	5.7	94.3	100	Panthi	20	80	100
Parikh	11.1	88.9	100	Mard	22.6	77.4	100
Purush	19.4	80.6	100	Homosexual	0	100	100
Homosexual	8	92	100	Gay	0	100	100
Gay	0	100	100	Bisexual	14.9	85.1	100
Bisexual	5.9	94.1	100				

It is found in Uttar Pradesh that maximum number of the respondents have no idea about the roots of HIV infection. Some have heard the term but majority have no knowledge on HIV/AIDS. Unlike Uttar Pradesh, in West Bengal majority of the respondents have heard the term HIV/AIDS but they have only known one root

of its transmission i.e. by unprotected sex. Some Parikhs have reported that it has happened through sex with female sex workers. It is noticed that the MSM who have more or less knowledge on HIV transmission and prevention, they are within the network of HIV/AIDS prevention project.

IV. DISCUSSION

It was found in the results that MSM are vulnerable on the issue of safe sex practices. There is a myth among most of the Kothis/ Kothmas that condom usage with a steady partner/ lover means that there is no faith for that partner and they believe women do not like the usage of condoms by their husbands or lovers and even if they do so, the partner may leave him. Not only the Kothis/ Kothmas, the rest of the MSM also have shared that they are used to avoiding condoms for penetrative sex with their steady partners. Thus they always try to prioritize their partner's sexual pleasure. If the partners refuse to use condoms, they concede to their demands. Even in case of the Kothi sex workers, sometimes they are compelled to not use condoms as the clients refuse to pay if they force them to use it. This way the Kothis/ Kothmas push themselves towards the risk of HIV/STI infection. The choice regarding the usage of condoms is influenced by cultural and social norms, social networks, and gender roles (see also Alarape, Olapegba, & Chovwen, 2008). In West Bengal most of the Kothis have confessed that if their partner seems unclean or has ulcers or sores on their penis, they use condoms compulsorily and they claim most of the individuals in their network follow that rule. In the case of Uttar Pradesh researchers did not find a similar view with the Kothmas. A number of them perceived that condoms are used for preventing child birth only. It can be said that the use of condom is also dependant on the knowledge of safer sex practices.

The Hijras/ Hijra Jananis preserve the traditional and original occupation of sacred dance at the homes of the new born. They are found to be more conservative in their sexual attitudes than the other groups. Owing to the regimented nature of their own sub-culture they have social support and traditional acceptance at large. To them, their sub-culture does not seem to permit them to have casual or paid sex and they construe themselves as asexual. In order to maintain their integrity and originality, they observe "nirban" (abatement for purity). Many have shared that due to a harsh schedule throughout the day for their separate sub-cultural practices, sex is not a frequent phenomenon in their everyday life. The respondents also share that they engage in sex very secretly to keep up their status in their sub-culture. The majority maintain steady partners and they go for other flying by night partners very rarely. Hijras reported that engaging in sex is not a common phenomenon, therefore they do not need to use condom regularly. No one used condom with their steady partner. They shared that they had faith in their partners and they don't want to hurt them by asking for it. In the case of masturbation oriented inquiries, they also believe that women do not masturbate.

On the other hand, 61.8% self-identified Purush (in West Bengal) and 76.9% of Mard (in Uttar Pradesh) had admitted that they go for same sex relationships only for anal sex because, they say, the female body cannot bear the stress of anal penetration. The tightness of the anus provides them greater pleasure than vaginal intercourse. Majority of the Dupli Gupti/ Double Deckers and Parikhs/ Giriyas confessed that they did not use condoms on a regular basis. The several reasons that they provided for avoiding condoms included- "it is a barrier to feel ultimate satisfaction" and "ejaculation takes much more time if it is used" among others. The sexual practices between a Kothi/ Kothma and his Parikh/ Giriya actually follows a conventional heterosexual model of sexual practices between a male and a female (Khan, 2000, & 2001) embedded within our society. The model is practiced in the form of unconscious schemes of perception and appreciation. Anal intercourse is one of the most preferable sexual practices of these MSM. This becomes an obviously stereotyped sexual behavior within the MSM community. A number of Kothis/ Kothmas had confessed that they had not liked being penetrated in the beginning as it felt painful. However it seems to be a shame for a Kothi/ Kothma if he cannot take the "likam" (penis) (of the partner) into his "battu" (anus). Owing to such a sub-cultural pressure they gradually start engaging in anal sex. Besides which, those who practice sex-work have shared that on the customers' demand they have to do it without any choice. Several have reported that they don't enjoy anal sex much. Other forms of sexual practices include kissing, "body sex", "thigh sex", masturbating others, being masturbated, penetrative oral sex and receptive oral sex. Regarding anal sex, unsafe sex practices with multiple partners push the MSM community towards the risk of sexual ill-health [including STD, STI and AIDS] (see also Chakrapani, Newman & Shunmugam, 2008; Phillips et al., 2008) and particularly the Kothis/ Kothmas are more vulnerable than other categories as mentioned earlier (Setia et al,. 2008). Nag (1995) has also pointed out that the risk of HIV infection is much higher for those who practice anal sex.

In case of oral sex, most MSM in West Bengal (87.1%) have never practiced safe sex and in Uttar Pradesh every respondent has confessed that they have never used condoms for oral sex. The reasons narrated by the respondents of both regions are- a) "Have no idea that in oral sex it is also necessary to use a condom", b) "It is impossible to take a condom in mouth", c) "I never used condoms for having sex", d) "Have no idea or experience in condom use", f) "Very bad taste, don't want to taste it again", g) "It 's a barrier, love to suck penis and stroke it with mouth", h) "Customers become angry if it is used", i) "Price of flavored condom is very high,

can't afford" etc. It was noticed that several respondents have tried to hide if they had any symptoms of STI in the last six months. The types of symptoms reported by MSM of West Bengal and Uttar Pradesh are: pus/discharge in stools, penile pus/discharge, genital sores, oral sores/blisters, rectal itching/burning, bleeding when defecating, rash on genitals, pain when defecating, pain while urinating, pain during sex and bad smell in discharge. Sex with multiple partners and little or no knowledge of safer sex practices push the MSM at risk towards STDs or AIDS. In Uttar Pradesh most (86.8%) of the respondents had no idea about the routes of HIV infection. Some have heard of the term but the majority has no knowledge about HIV/AIDS. Unlike Uttar Pradesh, in West Bengal, the majority (80.6%) of the respondents has heard of the term HIV/AIDS but they know only one route of its transmission i.e. by unprotected anal sex. Some (33.4%) Parikhs of West Bengal have reported that it may only happen through sex with female sex workers. It is noticed that MSM who are knowledgeable about HIV transmission and prevention are within the network of HIV/AIDS prevention projects.

V. CONCLUSION

This study has implied that MSM are at increased risk of poor sexual health outcomes, as well as STI or HIV transmissions. Maintaining multiple sexual partners is common practices among men who have sex with men remain dangerous while they engaging in casual sex without using condoms consistently. To improve the health of individuals' policies and interventions should therefore remain a priority that promote regular testing, condom use, and safer sex behavior and practice among MSM who are at risk of infection.

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