

Psycho-Social Profile of MSM with Special Reference to Ernakulam District, Kerala, India

A.O.Tonymon *

M.Phil. Scholar of Social Work, Bharathidasan University, Tiruchirappalli – 23.

Dr.R. Mangaleswaran

Assistant Professor, Department of Social Work, Bharathidasan University, Tiruchirappalli-23

Abstract

Homosexuality is a romantic or sexual attraction or behavior between members of the same sex. As an orientation homosexuality refers to an enduring pattern of or disposition to experience sexual affectionate or romantic attractions primarily or exclusively to people of the same sex. It also refers to an individual's sense of personal and social identity based on those attractions, behaviors expressing them and membership in a community of others who share them. The Problem investigated in this research is that the Psycho-Social Profile of MSM (Men who has Sex with Men), with special reference to Ernakulam District, Kerala, India. The Prime objective of this non-experimental research is to Study the Personal Profile of MSM, to Study the Psychological Problems of MSM, to Study the Social Problems of MSM, to Study Sexuality and Sexual exploitation of MSM, and to Study their Level of awareness on the issues related to Homosexuality in Ernakulam district. The Research Design used in this study is Mixed Method Design. The Instruments used to collect data are Pre-test, Pilot Study, Socio-demographic Profile, Interview Schedule and Focus Group Discussion (FGD). The Findings of the study are elaborated in the main full paper. The Government should take care of the well being of MSMs persons and for that we have given quite a few suggestion and need of further research in this field.

Keywords: MSM, Personal Profile, Psychological Problems, Social Problems, Sexuality

1. Introduction

In India, prostitution is generally equated to female sex work (FSW). It is unimaginable for most men and women that men could be engaged in sex work irrespective of their sexual orientation. All most all debates, policies and laws related sex work is based on the assumption that prostitution is sexual gratification provided by a woman to man for cash or kind.

Human sexuality is a divine gift comprising of complex union of body, mind and soul and that is what our humanity. The sexual expression of a loving relationship can bring delight, joy and fulfillment. In the moral aspect, a sexual relationship is never purely a private matter without consequence for wider human relationship (P.Jaya Kumar and V. Subathra, 2012).

In the journey through life, as we grow and mature, live singly or in a relationship with others, our sexuality will grow, develop and change. Our sexual needs, drives and fantasies will be different at different stages in our lives. For males, sexuality starts at the age of 13 to14 depending upon the body growth. However, full sexual maturity can be attained only at the age of 18 years (P.Jaya Kumar and V.Subathra, 2012).

According to Oxford Dictionary of psychology by Andrew.M.Colman, "Homosexuality is an attraction to our sexual activity with members of one's own sex." Homosexuality means state of affairs, the state of loving one's own, not the opposite sex, it is a state of affairs in nature. The word homosexuality is derived from the Greek word 'homo' which means same; thus connoting sexual acts and affections between members of the same sex. In ancient times onwards we can see homosexuality as human culture. There are some prominent people like Plato and Michel Angelo were homosexuals. However, from late antiquity until modern times in western society, such behavior were generally seen, at least in the eyes of the law and the religion as a perversion of sexual behavior, a crime against nature, practiced by choice and subject to severe penalties, including capital punishment (P.Jaya Kumar and V. Subathra , 2012).

Research continually confirms that lesbian, gay, bisexual and transgender youth and adults are vulnerable to abuse and violence in the larger community. Such environmental pressures confound any understanding of behavioral health problems in this population. Concluding that being homosexual, bisexual or transgender is, in itself, problematic, does not account for the emotional toll that living in hostile environments has on lesbian, gay, bisexual and transgender youth and adults.

Research supports the conclusion that lesbian, gay, and bisexual adults suffer from specific psychological problems at higher rates than their heterosexual counterparts. The Benjamin Society also suggests that transgender individuals are vulnerable to psychological distress. Gilman and colleagues (2001) analyzed data from the National Comorbidity Study and compared rates of mental disorders among people who have had same-sex sexual partners to rates among those who report exclusively opposite-sex partners. Mood and anxiety disorders were more prevalent among respondents who had one or more same-sex sexual partners than those

who did not.

The National Comorbidity Study confused sexual behavior with sexual orientation, however, thus confounding the data, people that have same-sex sexual partners but do not recognize themselves as having gay, lesbian, or bisexual sexual orientations are likely to differ than those who do. Sexual identity was not considered, and there was no determining if identification as gay, lesbian or bisexual served as a risk factor or protective factor. The study also lacked power due to the small number of respondents reporting same sex partners.

Cochran and Mays (2000) reported higher rates of depression and panic among men with same-sex partners and higher rates of alcohol and drug dependence among women with same-sex partners. Cochran, Sullivan and Mays (2003) using data from individuals that self-identified as lesbian, gay or bisexual, found that gay and bisexual men were more likely than heterosexual men to be diagnosed with a mental disorder. This study is of particular significance because the authors examined data from the MaArthur Foundation National Survey of Midlife Development in the United States (MIDUS; Brim, 1996) that drew eligible respondents between the ages of 25 and 74 years old through a random digit-dial telephone sample from the contiguous United States. This questionnaire asked respondents if they would describe their sexual orientation as heterosexual, homosexual or bisexual. Asking this one question differs significantly from other large population based data that ask only for the gender of sexual partners since sexual behavior must be differentiated from sexual orientation or identity. Asking a question about sexual orientation allows respondents to identify themselves in an interview, as they are likely to identify themselves in life (Christopher R. Martell, 2003).

Th Cochran, Sullivan and Mays (2003) confirmed what other studies had found, that there was an elevated risk for mood, anxiety, and substance use among gay, lesbian, and bisexual individuals. Specifically, gay and bisexual men were 3.0 times more likely to be diagnosed with major depressive disorder and 4.7 times more likely to be diagnosed with panic disorder. Gay, lesbian and bisexual men and women were more likely to be diagnosed with two or more of the five disorders assessed by the MIDUS. Approximately 58% of lesbian, gay, and bisexual participants in their sample did not evidence any of the five disorders assessed by the MIDUS. Therefore we can conclude that, while gay, lesbian, and bisexual people are more vulnerable to psychological disorders resulting from life stress, this population as a whole is quite resilient.

Another significant discovery in the Cochran, Mays, and Sullivan (2001) article was that lesbian, gay and bisexual men and women were more likely to have used one of the four types of mental health services (seeing a mental health provider, seeing a general physician for a mental or emotional complaint, attending a self-help group, or taking a prescribed medication for a mental or emotional complaint). Among the gay and bisexual men, 85.3% reported that they had received at least one of the four types of mental health services compared to 45.2% of the heterosexual men. Cochran, Mays and Sullivan explain that gay, lesbian and bisexual men and women seek mental health services for a variety of reasons apart from treatment for mental or emotional problems. They seek assistance in issues generated by being a sexual minority, and, in some cases, assistance in coping with HIV.

In summary, the available literature on lesbian, gay and bisexual men and women suggests that a homosexual or bisexual sexual orientation does not indicate the presence of psychiatric disorder. The prevalence of gender identity disorders exists in, according to the Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders Sixth Version, 1 in 11,900 males and 1 in 30,400 females. Lesbian, gay, bisexual and transgender men and women may be vulnerable to a number of emotional problems because of being stigmatized groups. Research has suggested higher rates of mood disorders, anxiety disorders and substance use disorders among lesbian, gay and bisexual men and women. Furthermore, according to the Benjamin Standards of care, unrecognized gender problems are occasionally diagnosed when patients are seen with anxiety, depression, bipolar disorder, conduct disorder, substance abuse, dissociative identity disorders and borderline personality disorder. Treatment of these Comorbid disorders will enhance the lives of lesbian, gay, bisexual and transgender youth and adults.

2. Hypothesis

1. There is a significant association between age of the respondents and their usage of substance.
2. There is a significant association between age of the respondents and their likeness to have sexual activity.
3. There is a significant association between age of the respondents and their experience of stress.
4. There is a significant difference between educational qualification of the respondents and their family member's awareness about the homosexual behavior.
5. There is a significant difference between educational qualification of the respondents and their feeling of isolation in life.
6. There is a significant difference between educational qualification of the respondents and their experience of stress.
7. There is a significant difference between employment status of the respondents and their experience of stress.

8. There is a significant difference between marital status of the respondents and their experience of stress.
9. There is a significant association between age of the respondents and their reason for doing homosexuality.
10. There is a significant association between educational qualification of the respondents and their reason for doing homosexuality.
11. There is a significant association between employment status of the respondents and their reason for doing homosexuality.
12. There is a significant association between marital status of the respondents and their reason for doing homosexuality.

2.1. Pre-test

A pre-test is the study conducted by the researcher to test the interview schedule in order to avoid anger questions and repeated questions before going to data collection.

2.2. Pilot Study

A Pilot study is the study is conducted by the researcher to know the scope and viability of the study to fix the universe and population of the study to check the availability of the data to set the methods and tools of data collection.

2.3. Research design

The research design used in this study is Mixed method design. Here we are using mixed method to increase the reliability and applicability of the research. The study describes and tries to arrive at obtaining relevant and precise information concerning the phenomenon under investigation and whenever possible to obtain valid generalization.

The study describes the Psycho-social profile of MSM and their different aspects of sexual life. The present study is an attempt to understand the profile of MSM persons and to know how is their psychological and behavioral pattern of life in the society.

2.4. Universe

Universe is important for any kind of research. Study area is simply as the geographical area of study. The Researchers selected Ernakulum district (Kerala) for their study. Many of the MSM persons are operating in this district. The researcher selected this area because of availability of MSM prostitutes and the Metro life style of the people.

2.5. Sampling

Since the population is unknown Non-probability sampling was selected for the study. The researcher used snow ball sampling techniques to identify the MSM persons. Thus the Researcher took 100 MSM persons from Ernakulum district.

2.6. Tools of Data collection

- A. Socio- Demographic profile
- B. Interview Schedule
- C. FGD

The Socio-demographic profile consists of 5 questions which access the personal profile of the respondents. Interview schedule is developed by the researchers, which comprises five elements such as Social problems faced, Sexuality, Psychological problems, Questions on general aspects, and Sexual exploitation. Moreover, FGD (Focus Group Discussion) is conducted to integrate the quantitative data. Through FGD we aim to generalize the findings and reach peak to the concept we undertake.

3. Method of Data collection

The MSM persons contacted on all days in different locations. From one person the enumerator came in contact with another person. Moreover, through the help of State AIDS control society, the researcher could meet the clients. The Enumerator himself filled the schedule.

3.1. Hypothesis

1. Research hypothesis

There is a significant association between age of the respondents and their using of substance.

Null hypothesis

There is no significant association between age of the respondents and their using of substance.

Statistical test

Chi-square test was used for the table.

Findings

The table showed that there is no significant association between age of the respondents and their using of substance. Hence, the calculated value is greater than the table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted.

2. Research hypothesis

There is a significant association between age of the respondents and their likeness to have sexual activity.

Null hypothesis

There is no significant association between age of the respondents and their likeness to have sexual activity.

Statistical test

Chi-square test was used for the table

Findings

The table showed that there is no significant association between age of the respondents and their likeness to have sexual activity. Hence, the calculated value is greater than the table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted.

3. Research hypothesis

There is a significant association between age of the respondents and their experience of any stress.

Null hypothesis

There is no significant association between age of the respondents and their experience of any stress

Statistical test

Chi-square test was used for the table.

Findings

The table showed that there is no significant association between age of the respondents and their experience of any stress. Hence, the calculated value is greater than the table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted.

4. Research hypothesis

There is a significant difference between educational qualification of the respondents and their family member's awareness about the homosexual behavior.

Null hypothesis

There is no significant difference between educational qualification of the respondents and their family member's awareness about the homosexual behavior.

Statistical test

One way ANOVA 'F' test was used for the table

Findings

The table showed that there is no significant difference between educational qualification of the respondents and their family member's awareness about the homosexual behavior. Hence, the calculated value is greater than the table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted.

5. Research hypothesis

There is a significant difference between educational qualification of the respondents and their feeling of isolation in life.

Null hypothesis

There is no significant difference between educational qualification of the respondents and their feeling of isolation in life.

Statistical test

One way ANOVA 'F' test was used for the table.

Findings

The table showed that there is no significant difference between educational qualification of the respondents and their feeling of isolation in life. Hence, the calculated value is greater than the table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted.

6. Research hypothesis

There is a significant difference between educational qualification of the respondents and their experience of any stress.

Null hypothesis

There is no significant difference between educational qualification of the respondents and their experience any stress.

Statistical test

One way ANOVA 'f' test was used for the table.

Findings

The table showed that there is no significant difference between educational qualification of the respondents and their experience of any stress. Hence, the calculated value is greater than the table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted.

7. Research hypothesis

There is a significant difference between employment status of the respondents and their experience of any stress.

Null hypothesis

There is no significant difference between employment status of the respondents and their experience of any stress.

Statistical test

Student 't' test was used for the table.

Findings

The table showed that there is a significant difference between employment status of the respondents and their experience of any stress. Hence, the calculated value is less than the table value ($p < 0.05$). So the research hypothesis is accepted and the null hypothesis is rejected.

8. Research hypothesis

There is a significant difference between marital status of the respondents and their experience of any stress.

Null hypothesis

There is no significant difference between marital status of the respondents and their experience of any stress.

Statistical test

Student 't' test was used for the table.

Findings

The table showed that there is no significant difference between marital status of the respondents and their experience of any stress. Hence, the calculated value is greater than the table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted.

9. Research hypothesis

There is a significant association between age of the respondents and their reason for doing homosexuality.

Null hypothesis

There is no significant association between age of the respondents and their reason for doing homosexuality.

Statistical test

Chi-square test was used for the table.

Findings

The above table shows that there is no significant association between age of the respondents and their reason for doing homosexuality. Hence, the calculated value is greater than the table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted.

10. Research hypothesis

There is a significant association between educational qualification of the respondents and their reason for doing homosexuality.

Null hypothesis

There is no significant association between educational qualification of the respondents and their reason for doing homosexuality.

Statistical test

Chi-square test was used for the table.

Findings

The table showed that there is a significant association between educational qualification of the respondents and their reason for doing homosexuality. Hence, the calculated value is less than the table value ($p < 0.05$). So the research hypothesis is accepted and the null hypothesis is rejected.

11. Research hypothesis

There is a significant association between employment status of the respondents and their reason for doing homosexuality.

Null hypothesis

There is no significant association between employment status of the respondents and their reason for doing homosexuality.

Statistical test

Chi-square test was used for the table.

Findings

The table showed that there is no significant association between employment status of the respondents and their

reason for doing homosexuality. Hence, the calculated value is greater than the table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted.

12. Research hypothesis

There is a significant association between marital status of the respondents and their reason for doing homosexuality.

Null hypothesis

There is no significant association between marital status of the respondents and their reason for doing homosexuality.

Statistical test

Chi-square test was used for the table.

Findings

The table showed that there is no significant association between marital status of the respondents and their reason for doing homosexuality. Hence, the calculated value is greater than the table value ($p > 0.05$). So the research hypothesis is rejected and the null hypothesis is accepted.

4. Discussion

The association between personal and key variables reveals that there is a significant difference between employment status of the respondents and their experience of stress. Similarly, the association between personal variables and key variables of sexuality shows that there is a significant association between educational qualification and reason for doing homosexuality.

There is no significant association between the variables such as marital status and their reason for doing homosexuality, employment status and their reason for doing homosexuality, and age and their reason for doing homosexuality. Similarly, there is no significant difference between marital status and their mind spreading disease to others, their awareness about the government policies which can help them, and their experience of stress. There is no significant difference between the employment status and their awareness about government policies which can help them, their experience of stress and their sexual relationships with relatives.

The Analysis of one way ANOVA shows that the difference between educational qualification and their experience of stress is not significant. The analysis of one way ANOVA difference between educational qualification and their feeling of isolation in life shows that it is not significant. Similarly, the analysis of one way ANOVA difference between educational qualification and their facing of any discrimination from parents is not significant. Moreover, one way ANOVA difference between educational qualification and their family member's awareness about the homosexual behavior is not significant.

The Analysis of the personal variables to the key variables shows that there is no significant association between age and the available resources to help them, their experience of stress, their likeness to have sexual activity, their sexual relationships with relatives, their family member's awareness about the homosexual behavior and their using of substance.

5. Conclusion

This study has brought to light the Psycho-Social profile of MSM (Men having Sex with Men). The Study could cover the aspects of their personal profile, psychological problems faced, social problems faced, their sexuality, sexual exploitation and questions on their general aspects. The Investigator could arrive at specific findings. The MSMs in this particular district are suffering from psychological problems and social problems. The Lack of cultural acceptance of the society makes the MSM person's life more miserable. In the life of many of the MSM persons, it is a sexual abuse happened in early adolescent period, during adolescent period and late adolescent period. And therefore, proper and conducive environment should be created for all MSM persons. Many of the married MSM persons are experiencing big identity crisis while they are performing dual role. Moreover, the Wives of the MSM persons are also suffering from serious psychological problems. Thus, there is a scope for the further research.

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