Published in final edited form as:

Cult Health Sex. 2014 August ; 16(7): 780–791. doi:10.1080/13691058.2014.911960.

The other side of the bridge: exploring the sexual relationships of men who have sex with men and their female partners in Mumbai, India

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Abstract

Behaviourally bisexual men have been identified as a ‘bridge’ population of HIV transmission to heterosexual women in India. Little is known about the sexual relationships that these men have with their female sex partners. The primary objective of this study was to explore the sexual practices and relationship dynamics between married and unmarried behaviourally bisexual men and their female sex partners in Mumbai, India. In 2009, semi-structured qualitative interviews were conducted with 32 men who reported sex with men and women. Participants discussed a variety of sexual practices and arrangements with female sex partners. Irrespective of marital status and sexual identity, many said that they had satisfying sexual experiences and feelings of affection for female sex partners. However, sexual incompatibility between married partners was also reported. Explanations of bisexual concurrency were discussed in terms of both sexual satisfaction and sexual preference. Self-perceived HIV risk related to same-sex sexual behaviour motivated many men to use condoms with female partners. Expectations of unprotected marital sex and perceptions of partner risk were barriers to condom use. HIV prevention programmes for this population may benefit from tailored risk reduction counselling that attend to the variations of these sexual and social relationship dynamics.

Keywords

India; HIV/AIDS; bisexual men; women

Introduction

Although the number of new HIV infections in India has declined by more than 50% in the last decade, the country is home to an estimated 2.1 million people living with HIV/AIDS (NACO 2013). Nationally, men who have sex with men are estimated to have an HIV prevalence of 4.4%, which is several times greater than the 0.4% prevalence of the population more generally. Men who have sex with men are one of three high risk groups identified by the National AIDS Control Organization in India as foci for HIV prevention efforts (NACO 2013).

The sexual identities associated with same sex sexual behaviour have been well delineated among men in India. These include *kothis* (feminine appearing, generally sexually receptive partners), *panthis* (masculine, generally sexually insertive partners), and ‘double-deckers’ (both insertive and receptive partner) (Asthana and Oostvogels 2001; Boyce 2007). An increasing number of men who have sex with men identify themselves according to the Western terms, ‘gay’ and ‘bisexual’ (Asthana and Oostvogels 2001). The vast array of identities reflects the fluidity of sexuality that is un-tethered to gender expectations for Indian men (Asthana and Oostvogels 2001; Sharma and Nath 2005). Moreover, married and unmarried men who have sex with men have been shown to engage in risk-related sexual behaviours with both male and female sexual partners (Hernandez et al. 2006; Solomon, Srikrishnan et al. 2010; Setia et al. 2011). The ability to draw clear boundaries between homosexual and heterosexual HIV transmission in India is limited by the number of men who engage in sexual acts with both genders.

Data on bisexual concurrency in India emphasises the role of men who have sex with men as a ‘bridge’ to heterosexual women in the HIV epidemic (Solomon, Mehta et al. 2010; Setia et al. 2011). Among a sample of 511 men who have sex with men in Mumbai, Setia and colleagues (2011) documented high levels of unprotected sex with both men and women. What is missing from these analyses however, are characteristics that may account for intra-group differences in HIV acquisition risk. In a study of men who have sex with men in Andhra Pradesh, it was found that sexual position (insertive, receptive, dual) and marital status were associated with significant differences in HIV serostatus, unprotected anal sex, and CD4 count at diagnosis (Hemmige et al. 2011). There are surprisingly few studies that detail the sexual relationships between these men and their female partners (Kumta et al. 2010; Solomon, Srikrishnan et al. 2010; Setia et al. 2011). Conducted as part of a multi-phase epidemiological study of married and unmarried MSM in Mumbai, the present study characterises the sexual practices, preferences and relationship dynamics between behaviourally bisexual men and their female sex partners in Mumbai, India. The analysis is intended to offer insights into the foundations for design of culturally-tailored HIV and STI prevention programmes directed toward this population.

Methods

Participants

This community-based qualitative study in Mumbai, India included semi-structured individual interviews with 20 married and 12 unmarried men reported sex with both male and female partners (n=32) in the prior three months to study enrolment. These participants were part of a larger qualitative study with 20 married and 20 unmarried men who have sex with men (n=40). The goal of this study was to inform the development of a structured questionnaire to characterise the individual patterns of HIV risk behaviour among married and unmarried men who have sex with men in Mumbai. To be eligible for the study, all of these participants were over the age of 18 and were able to provide written informed consent. Table 1 provides information on socio-demographics and sexual practices for the 32 participants included in this analysis.

Procedures

Qualitative interviews were conducted between May and November of 2009. Peer outreach workers at The Humsafar Trust recruited nine participants through direct outreach efforts. The Humsafar Trust is a health and social advocacy organisation for sexual minorities in Mumbai. Participants were encouraged to refer potentially eligible men from within their social and sexual networks (Curtis et al. 2000). Each provided between one and three referrals. For each successful referral, men were compensated 150 INR (~\$3.00 USD). Since we met our enrolment goal through this referral system, it was not necessary to recruit additional men via direct outreach methods. This type of sampling was used because of the sensitive nature of the study and the difficulty in recruiting men who have sex with men, particularly those who were married (Penrod et al. 2003).

Staff members conducted a rigorous eligibility screening prior to enrolling participants. Once eligibility was determined, participants completed a written informed consent process. They received 450 INR (~\$9.00 USD) as reimbursement for travel and time. Interviews were conducted by trained Humsafar research staff in a private space at the organisation. Study staff underwent training in research ethics and qualitative interviewing skills. Qualitative interviews were audio recorded, reviewed for identifying information and transcribed verbatim. Transcripts were translated into English by a bi-lingual staff person and independently assessed for accuracy and consistency. To preserve confidentiality, data were de-identified and stored in a secure location at The Humsafar Trust. English versions of the transcripts and demographic data were securely transferred electronically to Boston-based investigators. All study procedures were approved by Institutional Review Boards in the USA and India.

Qualitative interview and brief assessment

Participants were given a brief interviewer-administered survey assessing basic demographics and sexual behaviours (including sex without a condom) with male and female sex partners in the prior three months to enrolment. This was followed by a 60–80 minute semi-structured qualitative interview. Interviews were conducted in Hindi or Marathi and guided by a pre-established set of questions and optional scripted probes. A thorough

literature review and previous research with Indian men who have sex with men served as the basis for interview questions (Hernandez et al. 2006; Safren et al. 2006; Boyce 2007; Chakrapani et al. 2007; Brahman et al. 2008; Newman et al. 2008; Setia et al. 2008; Newman et al. 2009; Phillips et al. 2009; Safren et al. 2009; Thomas et al. 2009). The interview included questions on sexual history, condom use, and social sexual network characteristics. For this analysis, interview questions specific to female sexual partners included: (1) what types of sexual behaviours do you engage in with your female partners; (2) how do your sexual behaviours stay the same or change with different sex partners; (3) tell me about your condom use with women during sex; and (4) what are the biggest barriers for married men who have sex with men in terms of using condoms/having safe sex with their wives? Prior to enrolment, the interview guide was informally pilot tested with three Humsafar staff members who self-identified as men who have sex with men.

Analytical approach and data analysis

Data analysis of the 40 interviews was jointly conducted by US and Indian researchers using a descriptive qualitative approach and within- and across-case content analysis to characterise and describe these data at their natural level (Ayres, Kavanaugh and Knafl 2003; Sandelowski 2010). Initial descriptive codes were identified through open coding and data immersion of five transcripts. Codes were used to capture and organise significant statements (e.g. units of meaning consisting of words, phrases, and sentences). A list of codes was compiled, each with a definition and example quotation (Silverman 2010). Guided by this coding schema, two coders double coded four additional transcripts. The results of which were compared for consistency in text segmentation and code application. After establishing 83% agreement, the remaining 36 transcripts were divided and coded by the two coders using NVivo qualitative analysis software (versions 8–9). On-going discussions between the coders and study investigators throughout the coding process resolved coding inconsistencies and conceptualised themes. Research staff then decided on the categorical organisation of the data and identification of final overarching themes.

The present analysis focuses on the 32 participants from the larger qualitative study who reported anal or vaginal sex with a female sex partner in the three months prior to study enrolment. From this sub-set, data categorised under codes related to female sex partners were organised according to sub-codes and critically examined by the first author to identify reoccurring themes. The questions that guided the analysis were (1) what sexual practices do behaviourally bisexual men engage in with female sex partners; (2) what types of relationships do behaviourally bisexual men have with female sex partners; (3) to what extent can the sexual practices and relationship dynamics of behaviourally bisexual men and their female sex partners be categorised according to marital status and the different sexual identities of men who have sex with men; and (4) what role do social norms and sexual preferences have in shaping the sexual practices of behaviourally bisexual men and their female sex partners? In the following section, study participants are provided with false names to preserve confidentiality and protect anonymity.

Results

Sexual partners and practices

Twenty of the participants were married and 14 were not. Unmarried participants reported both casual and primary partnerships. Several unmarried men in casual relationships discussed multiple female partners. By contrast, only two married men spoke about multiple female partners. Most reported extramarital sexual relations with men only. On average, participants had more than three times as many male partners than female sex partners in the prior three months to enrolment. Five unmarried and four married men described experiences with female sex workers.

Married and unmarried participants engaged in foreplay, oral, vaginal, and anal sex with female partners. As a prelude to sex, several men said that they engaged in kissing and 'body sex' with female partners. Body sex was described as nipple and vaginal rubbing. Only a few men said that they performed cunnilingus and some specifically mentioned disliking it. The majority of men had only vaginal sex with female partners. Despite wanting to have anal sex, some participants said that this was not permissible in heterosexual relationships. Both married and unmarried men said that their female partners refused to engage in anal sex. As Kumaran, a 28 year-old unmarried bisexual-identified man said:

We will only fuck them (unmarried female partners) vaginally. We don't have anal sex with them, because they don't allow you to have anal sex. For girls, we do vaginal sex and we suck their nipples and kiss.

Sexual debut with a female partner

When asked about their first sexual encounter, several participants depicted thematically similar scenarios where they engaged in oral or vaginal sex with a female neighbour or schoolmate during their pre-teen or teen-age years. For example, when speaking about his first sexual experience, Kajan, a 27 year-old unmarried *kothi*-identified man explained:

She (female sexual partner) was a school friend. I called her home. I called her like I call my normal friends, then we started getting attracted to each other, and then we had sex.

Sexual satisfaction

Regardless of marital status, most men said that they enjoyed having sex with *both* men and women, not one or the other. As Ganai, a 32 year-old married *kothi*-identified man said:

Initially I thought I shouldn't get married, but after 'roaming' for longer time, I thought of getting married. When I got married, I enjoyed sex with my wife, as well, as I was having sex outside (with men). And this is called 'walking on [a] double track', at home with my wife and outside (with men) also.

Many participants reported pleasurable sexual experiences with their wives. For example, Roshin, a 22 year-old married bisexual-identified man remarked:

I was a *kothi* before. I was having sex with boys. That was reduced when I started doing sex with my wife. I get more pleasure with my wife, so I ignore boys.

Importantly, these viewpoints were not clearly divided according to sexual identity. Participants across all sexual identities described sexual desire for their female sex partners.

Married men in particular often discussed the affection they felt for their spouse when describing these positive sexual experiences. Specifically, several participants referred to their marriage as a 'love marriage'. This is in contrast to a marriage where the bride and groom are chosen by families in India. As Jeevan, a 24 year-old married double-decker-identified man said:

Mine is a love marriage, I got married on the sixteenth of March in 2005. I met this girl. And I was happy to get her, I was happy because I could get a girl of my choice.

Sexual experiences with female sex workers were described as quick encounters that were devoid of affection between the two sex partners. Viraj, a 30 year-old married *panthi*-identified man discussed his most recent interaction with a female sex worker, 'I didn't like [it] much. I was not interested in that sex. You go there directly, fuck and discharge outside and come out. That's it'. Participants said that they mainly paid for sex when their primary female partners were not available.

Although they enjoyed sex with their wives, several men said that men were better able to satisfy their sexual needs. This was especially true for those who did not have anal sex with their female partners. For instance, a 21 year-old unmarried bisexual-identified man called Mandar said that sex with men was more satisfying because he was able to have sex in ways that were not permissible with his wife. He explained:

[With men] I do anal sex. I can do whatever I want. I get full satisfaction. At home with my wife, I enjoy sex with her. I do everything possible but I can't do something wrong so I have to go to a gay. And with him I have sex the way [I] like.

Sexual preferences

A number of participants said that they preferred women but had sex with men when women were not available (either because they were away, menstruating, or had recently delivered a baby). While this was reported mainly by *panthis*, it was also expressed by other sub-categories of men who have sex with men. As an example of this general theme, Tanish, a 30 year-old married *panthi*-identified man said that he had sex with men only when his female partners were unavailable:

If my girlfriends (unmarried partners) are not available [and] my wife is not there for sex, and in such a situation if I get a feeling of having sex then only I call them (men), and we have sex. This happens only if...these three females [are unavailable].

Similarly, a few participants said that they favoured sex with women but they had sex with men out of financial need. Sindhu, a 25 year-old married *panthi*-identified man described a scenario where he was motivated to have sex with another man because he needed the money.

My condition was not good. I had financial problems. So he (male sexual partner) asked me whether I will go to the Station (meeting place). I said ok. He was already waiting for me there. There was hotel nearby. We went there, and we didn't spend more time. We finished it in 10–15 minutes, and he was satisfied. We had oral sex and then only he ejaculated...I am doing this for money, unwillingly.

Sex to maintain marital harmony

A small handful of men, all married, said that they were not sexually attracted to women and did not like having sex with them. Most of these men said that they had sex with their wives to keep them happy. This kind of obligatory sex also mitigated the risk of wives revealing their sexual incompatibility to others. A 23 year-old married *kothi*-identified man called Maan said:

If I see any good boy, I get a feeling of doing sex with him, or get sex done from him, but this feeling I don't get if I see my wife. She comes closer to me, when I am sleeping, she embraces me and if I don't do any sex, then there will be problem. She will tell everybody that I am not doing anything with her, so unwillingly I have to do that sex, she embraces me and kisses me, then I sleep on her, and then finally I used to fuck her.

Condom use and perceived sexual risk

Many married and unmarried men reported consistent condom use with female partners. In fact, participants reported an average of only .81 (SD=.82) female sex partners with whom they had unprotected vaginal or anal sex with in the prior three months. Several of these participants perceived themselves as high-risk because of the sex they had with men. They were motivated to use condoms in order to keep their female sex partners safe from diseases transmitted through other men. For instance, Ganan, a 32 year-old married *kothi*-identified man remarked:

I use condoms with her (wife) because I am gay, I go out for sex. I don't want her to suffer because of me. I don't want my children to suffer. I want my wife and kids to be safe so I use condoms with her.

Irrespective of marital status, some participants thought that condoms were unnecessary because female sex partners were considered low-risk. As Pehan, a 41 year-old married *kothi*-identified man explained, 'There is a wife at home and she is a family woman so they (men who have sex with men) don't want to use condoms with her'. Correspondingly, an unmarried 23 year-old *panthi*-identified man called Nivan stated, 'I am going to marry her (girlfriend), so I don't use condoms with her, and she doesn't go out with anyone but me'.

A number of participants perceived sex with a female sex worker to be a risk factor for HIV. All participants who reported sex with a female sex worker said that they regularly used condoms with these partners. A 21 year-old unmarried *panthi*-identified participant called Selvan rationalised the need for condom use with female sex workers by citing the number of sexual partners these women may have.

They (female sex workers) always have condoms because they sleep with 60 people, so use of condoms is right (appropriate) there. I am always scared that if I have sex without a condom then (the) risk is there.

When asked about any situations where using a condom was easy, Anbu, a 31 year-old bisexual-identified married man answered:

If I have sex with a sex worker, there is a threat (risk) from her that I might get infected with HIV, and then it will spoil my image in society. So I feel that I must use [a] condom, when I take out my penis.

Markedly absent from these conversations about condom use were concerns about the potential risk that participants posed to female sex workers.

Difficulties with condom use in marital sex

Given the close association between marital sex and reproduction in India, for some married participants condom use was difficult because their wives generally expected to have unprotected sex. These respondents said that condom use with their wives increased their risk for social embarrassment or disclosure of male-male sexual relationships. An unmarried 24 year-old MSM-identified participant named Chezhan said that wives may be suspicious of husbands who wear condoms during sex:

A wife will ask, 'Why he is not using a condom, I want to have a child and he is using condom'? And I don't think he would be in position to give her proper answer, he would be afraid of his exposure—his secret.

When queried by their wives about their motivations for using condoms, none of the participants reported open dialogue about their same-sex sexual practices. To avoid suspicion, birth control was the primary reason that married and unmarried participants gave to female sex partners for using condoms. As an excuse to use condoms, a married 28 year-old gay-identified participant called Venthana told his wife that other forms of birth control methods were not suitable:

She (wife) asked me once (or) twice why am I using condom, so I told her that copper T (IUD) doesn't suit her and that I didn't want her to take those tablets (birth control pills). Our child is small only three and half years-old, so we have to take precaution until she becomes five. She will also blame me if I don't have sex with her and only sleep next to her. She will feel that I am not a man. So for satisfaction of both of us I use condom.

Discussion

The present analysis explored sexual and social relationship dynamics between behaviourally bisexual men and women in Mumbai, India. Irrespective of marital status and sexual identity, many participants discussed their enjoyment of sexual relations with female sex partners. Existing research on bisexual concurrency and men who have sex with men in India has tended to focus on the sexual practices between men (Brahmam et al. 2008; Phillips et al. 2009; Kumta et al. 2010). Similarly, the sexual relationships between men and women have been primarily depicted in terms of cultural and social compulsion (Setia et al.

2011). By contrast, these qualitative data highlight the multiplicity of sexual desires and sexual arrangements that cut across marital status and sexual identities and offer insight into the complexities of men's sexuality in India.

In light of the taboo around women engaging in anal sex, the majority of participants did not have anal sex with their female partners. Furthermore, given the expectancy of unprotected marital sex, condom use with wives was considered difficult by some participants. These findings align with existing research among heterosexual couples in India that describe the influence of sociocultural norms around family, gender, and reproduction on patterns of condom use (Asthana and Oostvogels 2001; Bhattacharya 2004). Given the importance of family structures in India, procreation is an essential component of social identity. Heterosexual sex is traditionally defined by unprotected vaginal intercourse and other types of sex are (e.g. anal sex and protected sex) are outside the realm of acceptable sexual behaviour between men and women. Indian men may therefore perceive anal sex between two men as something distinct from sex (Khan 2001). Some participants derived significant sexual satisfaction from anal sex and were motivated to have same-sex anal sex because this type of sex was not permissible with women. For these men, bisexual concurrency may be best understood within the context of sexual satisfaction and the social norms that limit sexual expression between men and women.

Social beliefs also shaped patterns of condom use with female sex workers. Participants cited the importance of using condoms with female sex workers who were seen as vectors for HIV and STIs. By contrast, protected sex was not considered a priority for non-commercial female sex partners because they were typically perceived as low-risk. Participants' behaviour likely reflects the widely held view in India of female sex work as physically, morally, and socially tainted (O'Neil et al. 2004; Blanchard et al. 2005; Swendeman et al. 2009). Although female sex workers are considered a group at high risk for HIV acquisition (NACO 2013), narratives that emphasise their role in the HIV epidemic can intensify social stigma and marginalisation for this population (Scambler and Paoli 2008).

While some married participants described the affection they had for their wives, others discussed the subtle forms of contention in these relationships. For these men, marital sexual practices were shaped by a need to appease their wives and avoid social embarrassment. Studies from Mumbai and Andhra Pradesh have found that being currently married to a woman was a strong predictor of unprotected anal and vaginal sex (Dandona, et al. 2005; Setia et al. 2011). Future research is needed to explore how these negative spousal interactions are linked to sexual risk-taking and adverse mental health outcomes.

The variability of sexual preferences and sexual arrangements across sub-groups of men who have sex with men suggests that it may not be appropriate to develop HIV prevention programming according to sexual identity (i.e., *kothi*, *panthi*, double-decker, and bisexual) (Thomas et al. 2012). Anthropological research with Indian men who have sex with men has emphasised the fluidity and situational nature of gendered and sexual identities (Boyce 2007; Lorway et al. 2009; Boyce and Khanna 2011). Such an approach could inform the development of individual risk reduction counselling that better attends to the diverse forms

of sexual expression that underpin sexual practices and associated risk-taking behaviours. Risk reduction strategies should incorporate distinctions in perceptions of sexual risk according to partner type. It will also be important to fully acknowledge the constraints presented by the social norms that shape sexual practices. A couples-based approach similar to those used in health programming with HIV sero-discordant heterosexual Indian couples may support sexual communication skills around condom use and sexual risk disclosure for behaviourally bisexual men and their female sex partners (Mcgrath et al. 2007; Solomon et al. 2011).

When interpreting these results, the following limitations should be kept in mind. As discussed in the methods, these data were collected as part of a broader exploratory study of factors related to HIV risk among married and unmarried men who have sex with men. While the findings are descriptive in nature, we were limited in our ability to fully explore the psychological dimensions of participant behaviour and sentiments with regard to female sexual partners. Given that participants were recruited via a chain referral process, the sample may represent distinct social or sexual networks of men who have sex with men in Mumbai. This could potentially explain why so many of the participants were of a similar age (mean= 26, SD=5.8). Additionally, social desirability may have led to a mischaracterisation or over exaggeration of sexual satisfaction with female sexual partners. However, this was likely minimised within this sample because The Humsafar Trust is perceived as a relatively safe space by men who have sex with men and the research staff conducting the interviews also self-identified as men who have sex with men.

Scarce attention has been paid to understanding the complexities of the sexual relationships between behaviourally bisexual Indian men and their female sex partners. The present study depicts the sexual subjectivities and social dynamics that shape the sexual practices of behaviourally bisexual men and their female partners. As these qualitative data show, the sexual relationships between female sexual partners and men who have sex with men and women is likely far more wide ranging and subjective than words like MSM or existing sexual identity terms confer (Boyce and Khanna 2011). Individual-level HIV prevention efforts for this population should therefore focus on developing customisable risk reduction strategies that attend to the social norms that inform sexual practices between men and women as well as variations in sexual relationship dynamics and perceptions of risk.

Acknowledgments

This project was supported by the Indo-U.S. Joint Working Group on Prevention of Sexually Transmitted Diseases and HIV/AIDS through U.S. National Institute of Mental Health grant #1 R21 MH085319-01 (Kenneth Mayer, PI) and Indian Council of Medical Research grant #Indo-U.S./65/2007-ECD-11 (Raman Gangakhedkar, PI).

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Table 1

Socio-demographic characteristics and sexual risk behavior of participants (n = 32)

	n	%	Mean (SD)
Age	--	--	26 (5.8)
MSM sexual identity			
<i>Panthi</i>	7	21.9%	--
<i>Kothi</i>	7	21.9%	--
Double Decker	4	12.5%	--
Heterosexual or "Straight"	1	3.0%	--
"Gay"	2	6.3%	--
Bisexual	7	21.9%	--
Other	4	12.5%	--
Relationship status			
Unmarried	12	37.5%	
Married	20	62.5%	--
Years married to a woman	--	--	4.8 (4.9)
Education			
Graduate or Professional Degree	3	9.4%	--
College Degree	4	12.5%	--
Secondary/Higher Secondary	15	43.8%	--
Middle School	6	18.8%	--
Elementary School	4	12.5%	--
No Formal Education	1	3.0%	--
Employment status			
Full time	24	75.0%	--
Part time	5	15.6%	--
Unemployed	1	3.0%	--
Other	2	6.2%	--
Number of male anal sex partners in the prior 3 months	--	--	8.6 (9.6)
Number of male unprotected anal sex partners in the prior 3 months	--	--	1.9 (3.9)
Number of female vaginal/anal sex partners in the prior 3 months			1.9 (1.3)
Number of female unprotected vaginal/anal sex partners in the last 3 months	--	--	.81 (.82)