

Problems and Prejudice of Men Who Have Sex with Men (*MSM*) In India

¹Aneesh. M.S

PhD Scholar, Department of Social Work,
Central University of Kerala, Tejaswini hills, Periyar, Kasargod Dist.

²Dr. Jilly John

Asst. Professor, Department of Social Work,
Central University of Kerala, Tejaswini hills, Periyar, Kasargod Dist.

Abstract

MSM is a common term and is widely used all over the world, which means Men who have Sex with Men. The MSM people suffer high rates of psycho social economic problems (Lewis, Derlega, Griffin, & Krowinski, 2003). In India, LGBT people are experienced significantly poor mental health compared to the other population in the mainstream society. Stigma, stress and exclusion have been associated with depression, substance use, psychological issues and post-traumatic stress disorders (PTSD) in South India. The characteristic of the MSM has some similarity in south India but very less number of studies is available among the population. Marginalization and stigmatization enhance the vulnerability of sexual minorities to arbitrary mental health outcomes. There is a dearth of information regarding stigma and mental health among men who have sex with men (MSM) in India (Logie, Newman, Chakrapani, & Shunmugam, 2012). Chennai and Bangalore are the first cities conducted a survey for identifying the clear statistics among the MSM community. In Kerala, the government implemented some programs and policies for sexual minorities to reduce their discrimination and stigma from the public. MSMs are considered as the vulnerable and highly risky groups in the society. Men and women who identified as same-sex attraction are targeted to verbal abuse, discrimination or physical assault based of their sexual orientation (Berrill, 1990; Herek, 1989; Levine, 1979; Levine & Leonard, 1984; Paul, 1982, Gregory, 1991). The present paper is developed on the basis of available secondary literature in India with in the year of 1975 to 2017. The psychological factors may create problems for MSM community and influence their daily life like suicidal tendency, substance use etc. This article mainly focused on the problems faced by men who have sex with men in India and the prejudice related to them.

Keywords: *Men who have sex with men in India, Homophobia, Social exclusion and causes.*

1. Introduction

In India, men who have sex with men (MSM) are stigmatized and hidden, vulnerable to a variety of issues in societies. This population is also a high-risk HIV-infected group compared to the heterosexual populations in India (Sivasubramanian et al., 2011). Paul J Fink defined “Homosexuality as a developmental variation of gender identity, identification and object choice”(Fink, 1975). Men who have sex with Men (MSM) and women who have sex with Women (WSW) are supposedly neutral terms commonly used in health professionals. It is difficult to approximate the number of MSM in India. In 2006, the NACP III estimated there were 2,352,133 MSM and 235,213 male sex workers (Resource Center for Sexual Health and HIV/AIDS, 2006). Homosexual acts are commonly considered illegal or punishable offense and commonly marginalized in many countries. South Africa is the first country that introduced the safeguards of homosexuality in 1994 and several countries followed the similar laws and provide the suitable living atmosphere and freedom for them. Unfortunately, in India, world’s largest democratic and republic nation, homosexuality is considered illegal and punishable by imprisonment and penalty (Carroll & Itaborahy, 2015). This has resulted in MSM experiencing exclusion as well as verbal and physical harassment, imprisonment, and Homicide (Bourne D., 2012).

MSM communities are frequently exposed and discriminated from the mainstream society on the basis of gender identity. The a recent judicial ruling in Delhi state, agreed same-sexual behavior remains culturally refused in most parts of the country (Skanland, 2009), which necessitates many MSM to remain hidden and consequently difficult to reach by HIV prevention and other services given by government/NGo’s (Safren et al., 2006). Men who have sex with men are addressing so many problems from the society and family. The majority of them are hiding their sexual identity as that may be negatively affecting their daily life. A study in the seven villages, the result proved that nearly 10% of unmarried men and 3% of married men are engaged in same-sex relations (Verma & Collumbien, 2004) and another survey, 7% of male college students experienced their first sexual intercourse with another male in Chennai . The prejudices are also linked with MSM, the common people in all over the India believe that homosexuals are sex workers and they have feminine attains or act like a female for attracting male partners. On the other side, they strongly think or believing that most of them are surviving with STD or STI. In Kerala the common people are agree with the same. Here is an example, people in Kasargod district in Kerala state believe that HIV infects those who visiting the government project for sexual minorities (Suraksha project) and the office is to promote same sex relations (Suraksha case record).

The majority of the MSM are doing sex with both male and female at the same time because of the familial pressure. Families believe that marriage is an important process in the life of an individual and they should marry the opposite sex partner. Some research studies in Chennai proved that most of the married MSM people

continue their sexual relations with same-sex partners and they have to follow the relation minimum two times in a month. Homosexuality and heterosexuality terms are not easily apply in India as their attitude is highly varied and concepts of identity can be neutral (Asthana & Oostvogels, 2001).

Homophobia and coming out process is the another crucial time for MSM. MSM are facing sexual problems in the society especially psychological and physical problems. The minority people are not free from problems that may affect their day-to-day life. The psychological problems will directly influence their daily activities and create more stressful situations in their life.

The common psychological problems are anxiety, depression, and gay-related stress etc. Based on the literature, very few states in India provide the support for reducing or overcoming the problems of MSM. On the other side, so many people are going to the same life process and committing suicide or depending on substances to overcome from the problems. The majority of the MSM people are facing the physical assault or sexual violence from the public, family or from the police. This article mainly focuses on the problems faced by men who have sex with men in India and tries to know the major coping strategies to adopt in order to overcome these serious issues. The studies in the area of MSM focused on their problems, life style and other living conditions in national and international level. In South India very, less number of studies are available to focus on the psychological problems faced by the homosexuals.

2. Who are men who have sex with Men?

Men Who Have Sex with Men (MSM) is a common term used to classify males who engage in sexual or romantic relation with same sex/ other male, regardless of how they describe themselves. The word was used in the 1990s by epidemiologists as a surveillance tool to better diagnosis the way of HIV transmission and diffusion of the disease through male-to-male/women to women or same sexual activity (Dennis and James 2016). The Indian government's National AIDS Control Program (NACP) III defined MSM as "Men who have sex with other men as a matter of preference or practice, regardless of their sexual identity or sexual orientation and irrespective of whether they also have sex with women or not". In India, a man having sex with a man is linked more to the physical or sexual act and not necessarily to feelings of romantic attraction or love but few of the homosexuals are following the relation in long term with same sex partners. Men tend to have sex with other men because men are easily accessible and manageable. For example, women traditionally stay away from certain places, like bars, making them male-only environments (Elouard & Essén, 2013).

Same sex behavior and relationships in India tend to be much more common and the associated sexual identities do not always fall into distinctive categories (i.e. Heterosexual, Homosexual and Bisexual) as these often do in Western cultures (Patel, Mayer, & Makadon, 2012). Sexual roles may vary without regard to one's sexual identity or sexual orientation. MSM have been classified by a series of specific terms or categories in India (Asthana & Oostvogels, 2001) some other terms represented the sexual identity of men, terms such as

Kothi (receptive male partner), Panthi (masculine or penetrative male partner), “Double Decker” (engaged in penetrative and receptive sex) may be describe their sexual orientation, as opposing to think of themselves as “gay” (its commonly used and derived from foreign countries). Another MSM community is Hijra or Alis, they also considered as sexual minorities and they have been a part of the long Indian tradition like scriptures and Sanskrit books. Hijra are biological males and they reject their 'masculine' identity and projecting their feminine identity or considered as a female, or “not-men”, or “in-between man and woman”, or “neither man nor woman” (Ministry of Social Justice and Empowerment 2014). However, Hijra or transgender are different from MSM but in the general population considered that the both terms are same. In south India, many MSM also having sex with women and many of them married to women, at the same time they continue their same sex relations. Some time the MSM people manages the double life in one time which means they perform as heterosexual husband/son in front of partner/family and on the other side they continues the same sex relation with same sex partners.

3. Psychological Problems

Homosexual behavior is widely stigmatized in India because it is considered as unnatural behavior (Deuba et al., 2013) or punishable offence. MSM people are not free from psychological problems and they are facing problems from the society and family. Role of Family and society creating problems of MSM people. Gay and bisexual men experience higher levels of mental illness than heterosexual counterparts, including panic mood, depression, anxiety and substance use, comorbidity with two or more psychological disorders, and suicidal attempts (Cochran et al., 2003, Gilman et al., 2001, Sivasubramanian et al., 2011, Gibbie et al., 2012). Gay-related stress is the main problem that they address from the society. The majority of them think that they are different from the normal population and if they reveal their identity the people must discriminate or using abusive words. Homophobia and social discrimination are the main reason of psychological problems and to hide the gender identity and engage in double life. Double life indicates one side acts like a heterosexual in front of the society or family on the other side they are satisfying their homosexual needs or continues the same sex relationship. The other psychosocial problem is violence and victimization experience. The physical violence or threatening has created their life as more stressful.

4. Violence against MSM and Health Problems

Violence and Health wise problem is one of the major problem faced by MSM in India. They experience physical attack or violence from the family and public. A study done in Chennai gives the clear information related to the violence against MSM in Chennai. The major finding of that study says police or officials are the main discriminators and they physically attack for sex or bribe. Rowdies routinely assault kothis physically and sexually and are one of the biggest threats to this group (Chakrapani et al., 2007). Similarly, the study of 62 outreach workers in Chennai, 86% (66% on a weekly basis) said they had been harassed by rowdies or thugs

and 85% by police (68% at least once per week) (Safren et al., 2006). UNAID's report gives information about the number of MSM living with the HIV and other risk factors. At least 5% - 10% of all infections in the world were transmitted through unprotected or unsafe sex between men/women (UNADID,2005). In the worldwide estimate t 2%-5% of men who engage to do sex with other men (Cáceres, Konda, Pecheny, Chatterjee, & Lyerla, 2006). People face violence and victimization experience from the society. The physical abuses are slap, kick or hit by anyone and sexual exploitation, or forced to do sex without consent. The Victimization experiences were based on physical and sexual abuses or assaults by a spouse or same sex partner and relatives (Deuba,2013). The problems are mainly related to HIV based issues or other sexually transmitted disease.

5. Financial and Educational problems

Financial problem is another major crisis experienced by MSM in India. Based on the report of the project in each state of India indicates that majority of the registered MSM members are living in economically poor situations and very few members are in medium level. On the other side economically higher or stabled MSM are also living in the state but most of them are not visible or hiding their gender identity in front of the public and deny the services and other facilities provided by the projects and others supporting groups. MSM peoples are very highly excluded from the work places on the basis of gender identity and body gestures. Now in Kerala, the situation is changed in very narrow level and some multinational companies in Kerala have accepted the people from LGBT community and given the opportunity to build their career. The educational institutions are another place of exclusion of sexual minorities because the children are not aware of the problems and they have to see the problem in another way (especially the influence of visual Medias or films), they use the abusive words or name-calling based on their gender identity. Based on transgender policy in Kerala, most of the people are dropped out from their schooling by 10th or plus two level. The result of a study done in Chennai shows that majority (54.1%) of the respondents are discontinue their education till high school, and 32.8% are graduates. Majority pf them are employed; around 77.0% and 42.6% are sex workers(Chakrapani et al.,2015). The marital status is 78.7% is unmarried, 62.3% of respondents living with their family, and 31.1% are living alone (Chakrapani, 2015). Pehachan has done a study in 55 districts across 10 states and 2762 MSM responded to the study. The study report clearly proves that 88% of MSM respondents had been achieved primary education or above and only 14% indicated that they completed Secondary education, Graduation or above (MSM: 16%). The occupational status is, 36% are currently engaged in salaried employment, 13% are in family business, 8% are agricultural laborers, and 6% are doing sex work as their primary occupation and some others practice sex work as a secondary occupation (23%). Most of the studies in India proved that MSM people are facing financial and other problems from the society. On the other side majority of the study, respondents are coming from middle or lower income category. In the present society,

most people are not ready to disclose their gender identity in front of the public because the society would not accept their personal interest or choice. Lack of education and work experience is a potential obstacle in efforts to empower MSM and other sexual minorities in all over the India.

5. Causes of Problems

The majority of the problems are mutually connected with their gender identity. Problems are social discrimination, homophobia and HIV or sexually transmitted disease related problems. The problems are directly or indirectly influence the physical and psychological health of MSM community.

a. Social Discrimination among MSM

The discrimination of MSM is against the law. Our constitution provides equal right for every citizen to live in the society without discrimination. However, the heterosexual societies discriminate the minority populations in the society based on their sexual orientation. Discrimination is an action which is an unfair treatment directed against someone (oxford bibliographies). One study reported that MSM has faced some physical and emotional violence from relatives (Chakrapani et al., 2007). MSM are facing discrimination from every sphere of their life such as educational institutions, workplace and health care. MSM are faced with two-fold discrimination when they are HIV-positive (Pappas et al., 2001). Some family members consider being MSM worse than being HIV-positive. Discrimination may result in the marginalization of people and denied their basic rights, such as access to fair housing options, employment opportunities, education and full participation in mainstream society (Aggleton, Wood, Malcolm, & Parker, 2005). The families of sexual minorities are more likely to be rejected or mistreated based on the orientation (CDC,2015). Around 40% of homeless youth are belong to the LGBT community. A study published in 2009 and compared life of gay, lesbian, and bisexual young adults, the finding proved that MSM experienced strong rejection from their families and peers. The major finding of the study is MSM people are 6 times more likely to experience high levels of depression, three times more likely to use drugs/substance and have high risk sex activities(Ryan, Huebner, Diaz, & Sanchez, 2009). In various studies, up to 35% of all MSM have claimed daily or weekly harassment, and 40% to 43% reported being forced to engage in sex during the previous year (Phillips et al., 2008,Newman et al., 2008). Botnick study proved that HIV-positive gay men have an increased tendency to withdraw from wider society and life (Botnick, 2000). This diffraction may negatively influence the relationships and other aspect of life such as physical and sexual health, social life, HIV testing, disclosure and disease prevention (Botnick, 2000). Another study in the USA revealed that MSM face discrimination from health care practitioners; 20-75% of homosexuals (lesbians and gay men) received negative responses from the health care provider to disclosure their identity. Despite many LGBT patients prefer to have a lesbian or gay primary care doctors, the orientation of the clinician is not as important as their clinician's perceived non-judgmental attitude and the capacity to communicate well (White & Dull, 1997). MSM face discrimination from different areas in different

forms like health care, educational institutions and other places. Men who have sex with men Global Forum (MSMGF) social discrimination study gives the clear idea about the areas of discrimination faced by MSM such as family, community, health care sector and workplace. The discrimination has negatively affects the daily life of the people and the problems like lack of family and social support, lack of employment and income, isolation, decreased asses to health care and self-stigmatization. The main reason for the discrimination is related to gender identity. The mainstream society constructed a stereotyped identical frame and everyone followed the concrete idea such as the male should express only the masculinity and female should express the femininity or male should marry only woman. Any individual trying to cross this boundary will be discriminated or excluded from the mainstream society.

b. Homophobia among MSM

In the modern society so many debates and discussions are conducted on homosexuality, homophobia and legal problems faced by men who have sex with men in India. Homophobia is a major problem of negatively affecting the psychological and physical health of MSM. On the other side homophobia may be the major cause to deny the health service provided by the government or other funding agencies. Homophobia is a range of negative attitudes and feelings toward homosexuality or people who are identified as lesbian, gay, bisexual or transgender (LGBT) or violence and expressions of hostility. “Personal (internalized) homophobia is prejudice on the basis of personal belief that LGBT people are sinful, immoral, sick, inferior to heterosexuals, or incomplete women and men” (Audre Lorde, 1984). ‘Clinical reports illustrate that internalized homo-negativity as associated with lower self-acceptance and self-esteem, greater self-hatred, acceptance of negative homosexual stereotypes, a sense of one’s own inferiority, a belief that others will reject based on sexuality, and self-imposed limits on one’s aspirations’ (Cabaj, 1988; Khan, 2001). Interpersonal homophobia is individualized behavior based on their personal fear related to gender identity. On the other side they experienced verbal harassment ,name- calling, jokes and other forms of discrimination. Homophobia may negatively affect the mental health of homosexual people because most of the homophobic people are trying to discriminate in public places and reject the opportunity of getting a better life etc. In South India majority of the general populations are homophobic and they believe that this is inferior attitude and hence negatively influences the daily life. One study in Kerala shows that majority of the normal population thinking that homosexuality has psychological problem and some psychologist are trying to concrete the negative idea on homosexuality. We can’t easily eliminate our homophobic thought and expressions, but if we are ready to accept or acknowledge that all are homophobic or we have some negative thought , then we can start to take responsibility for changing our behaviors and attitudes.

c. HIV Related Stigma and Discrimination among MSM

Disability Rights California (DRC,2014) defined “Stigma as attitudes and beliefs that lead people to reject, avoid, or fear those they perceive as being different”,the major causes of HIV related stigma is discrimination and rejection by non-infected homosexual people, age and ethnicity related discrimination (Smit et al., 2012). United Nations Program on HIV/acquired immunodeficiency syndrome (UNAIDS) describes stigma as: “a process of devaluation of people either living with or associated with, HIV and AIDS”. The stigma highly connected with HIV infection is well identified, but there is a limited knowledge on the effect of HIV-related stigma among men who have sex with men (MSM) and the homosexual men (Smit et al., 2012). Discrimination is violation against human right, the constitution provide equal right and freedom for every citizen but the situation of sexual minorities are totally different and the main stream society (Heterosexual oriented society) handle all power and exclude the others from the mainstream. Discrimination, as defined by UNAIDS (2000) in the “Protocol for Identification of discrimination Against People Living with HIV, refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, usually but not only by virtue of an inherent personal characteristic or perceived belonging to a particular group in the case of HIV and AIDS, a person’s confirmed or suspected HIV-positive status irrespective of whether or not there is any justification for these measures”. MSM patients have high risk of Sexually transmitted disease such as Human Pappilloma virus or Herpes simplex virus, Syphilis, Gonorrhea, Hepatitis A or B virus are mainly depending upon the number of partners, safer sex practices including barrier protection and specific sexual practices. Asymptomatic patient screening for STD s in the emergency care setting is not routine(Norm Kalbfleisch & Schmidt). In India around 5.1 million people are surviving with HIV infections (UNAIDS, 2004). Indian National AIDS Control Organization (NACO) Annual Sentinel Surveillance report from Mumbai in 2004, indicate that 44% of female sex workers (FSW), 10% of MSM, 28% of drug users, and 1.1% of antenatal clinic women are affected with HIV (NACO, 2004). The Kerala government fifth year plan (2012) report shows that more than 7.6% of Injecting Drug Users (1DUs) , 0.96% of Men having Sex with Men (MSM) and 0.87% Female Sex Workers (FSWs) are infected with HIV. Based on the information suggested that HIV epidemic in the state is largely confined to individuals with high-risk sexual behavior and multiple sexual partners. One study provide the estimated number of people living with HIV in Kerala is 55167. Most of the published article and reports related to HIV stigma to be focused or assessed the general population. In South India, AIDS Control Society and other non-governmental organizations are continuously conducting programs and awareness sessions for sexual minorities and the general population. Suraksha projects, working under the KASAC is the main agency that gives the awareness of HIV/STV and regular check for the MSM people in Kerala.

6. Homosexual Prejudice in India

The criminalization of same-sex relations are begin in the Section 377 of the Indian Penal Code of 1860 which considered homosexual behavior as an ‘unnatural’ offense, and punishable by imprisonment and penalty (Agoramoorthy,2007). This law states, “Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment for life or imprisonment of either description for a term which may extend to ten years and shall also be liable to fine.” In 1860 to 1992, 30 cases are only related to same sex relation were registered in High Courts and the Supreme Court in India. Sexual minorities are facing physical and mental tortures from police on the basic of this law; the law gives a vulnerable and secondary position of homosexuals in India. On July 2, 2009, the Delhi High Court (petition submitted by Naz foundation) , in a historic judgment, read down Section 377 and decriminalized same-sex behavior among consenting adults. Although it is a significant first step, a change in the discourse on sexuality and on social attitudes toward MSM in India still seems far off. But after two years the court has abolished the judgment and again the act has criminalized. Particularly kothis in Tamilnadu, who practice in sex work and they are continue to victimized through harassments and abuses from police(Buzdugan,2011),. Police regularly use MSM as an easy target for making arrests to show that they are doing their job, or they blackmail MSM into paying them regular bribes (Chakrapani et al., 2007).

In South India, people believe that all homosexuals are sex workers and they act like a female for easily getting the male partner. However, the studies proved that very less no of people are doing sex work for daily livings. Commonly transgender people are more engage to begging and sex work for satisfying their daily needs.

7. Conclusion

Men who have sex with men have a vulnerable position in the society and become a marginalized and stigmatized group in all over the world. But some changes are happening in the present society. Majority of the people are aware of the community and problems faced by them and the colleges and universities are conducting regular discussions and debates about these problems and trying to lend support to them for a better living condition in the society. MSM are facing several problems in India, the study mainly focused on few areas of the problems such as HIV related problems and exclusion, homophobia or avoidance. They are facing discrimination in some other areas also. In India, various studies are done in the area of sexuality and sexual minorities but most of the studies are focusing on adjustment issues and attitude towards the phenomena. Homosexuals are facing different types of psychological and social problems, which also influence their day today life. The study clearly indicates that MSM people are facing various problems from the family and the society. People should try to understand and get awareness about the problems of MSM and open the doors for normal life.

Reference

- Smit, Peter J, Brady, Michael, Carter, Michael, Fernandes, Ricardo, Lamore, Lance, Meulbroek, Michael, Rockstroh, Jürgen K. (2012). HIV-related stigma within communities of gay men: a literature review. *AIDS care*, 24(4), 405-412.
- Aggleton, Peter, Wood, Kate, Malcolm, Anne, & Parker, Richard. (2005). HIV-related stigma discrimination and human rights violations: case studies of successful programmes.
- Asthana, Sheena, & Oostvogels, Robert. (2001). The social construction of male 'homosexuality' in India: implications for HIV transmission and prevention. *Social science & medicine*, 52(5), 707-721.
- Audre Lorde, Sister Outsider. (1984). "Homophobia: The fear of feeling of love for members of one's own sex and therefore the hatred of those feelings in others... the belief in the inherent superiority of one pattern of loving and thereby its right to dominance." *Freedom, California: The Crossing Press*, 1-4
- Botnick, Michael R. (2000). Part 1: HIV as 'the line in the sand'. *Journal of Homosexuality*, 38(4), 39-76.
- Bourne D., M. Wedderburn, S. Rogers, K. Tureski, and A. Cushnie. (2012). Stigma & Discrimination Against Men Who Have Sex with Men In Jamaica (Vol. 1). USA.
- Cabaj, Robert P. (1988). Homosexuality and neurosis: Considerations for psychotherapy. *Journal of Homosexuality*, 15(1-2), 13-23.
- Cáceres, Carlos, Konda, Kelika, Pecheny, Mario, Chatterjee, Anyndia, & Lyerla, Robert. (2006). Estimating the number of men who have sex with men in low and middle income countries. *Sexually transmitted infections*, 82(suppl 3), iii3-iii9.
- Carroll, Aengus, & Itaborahy, Lucas Paoli. (2015). State sponsored homophobia 2015: a world survey of laws: criminalisation, protection and recognition of same-sex love. *International Lesbian, Gay, Bisexual, Trans and Intersex Association, Geneva*.
- Cochran, Susan D, Sullivan, J Greer, & Mays, Vickie M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of consulting and clinical psychology*, 71(1), 53.
- Elouard, Yajna, & Essén, Birgitta. (2013). Psychological Violence Experienced by Men Who Have Sex With Men in Puducherry, India: A Qualitative Study. *Journal of homosexuality*, 60(11), 1581-1601.
- Fink, Paul J. (1975). Homosexuality—Illness or Life-style? *Journal of sex & marital therapy*, 1(3), 225-233.
- Gilman, Stephen E, Cochran, Susan D, Mays, Vickie M, Hughes, Michael, Ostrow, David, & Kessler, Ronald C. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *American journal of public health*, 91(6), 933.

- Khan, Shivananda. (2001). Culture, sexualities, and identities: men who have sex with men in India. *Journal of Homosexuality*, 40(3-4), 99-115.
- Logie, Carmen H, Newman, Peter A, Chakrapani, Venkatesan, & Shunmugam, Murali. (2012). Adapting the minority stress model: associations between gender non-conformity stigma, HIV-related stigma and depression among men who have sex with men in South India. *Social Science & Medicine*, 74(8), 1261-1268.
- Norm Kalbfleisch, MD, & Schmidt, Terri. Cultural Competency on Lesbian, Gay, Bisexual or Transgender (LGBT).
- Pappas, Peter G, Perfect, John R, Cloud, Gretchen A, Larsen, Robert A, Pankey, George A, Lancaster, Daniel J, Saccante, Michael. (2001). Cryptococcosis in human immunodeficiency virus-negative patients in the era of effective azole therapy. *Clinical Infectious Diseases*, 33(5), 690-699.
- Patel, Viraj V, Mayer, Kenneth H, & Makadon, Harvey J. (2012). Men who have sex with men in India: A diverse population in need of medical attention. *Indian Journal of Medical Research*, 136(4), 563.
- Ryan, Caitlin, Huebner, David, Diaz, Rafael M, & Sanchez, Jorge. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346-352.
- Safren, Steven A, Martin, Clifford, Menon, Sunil, Greer, Joseph, Solomon, Suniti, Mimiaga, Matthew J, & Mayer, Kenneth H. (2006). A survey of MSM HIV prevention outreach workers in Chennai, India. *AIDS Education & Prevention*, 18(4), 323-332.
- Sivasubramanian, Murugesan, Mimiaga, Matthew J, Mayer, Kenneth H, Anand, Vivek R, Johnson, Carey V, Prabhugate, Priti, & Safren, Steven A. (2011). Suicidality, clinical depression, and anxiety disorders are highly prevalent in men who have sex with men in Mumbai, India: Findings from a community-recruited sample. *Psychology, health & medicine*, 16(4), 450-462.
- Skandland, CA. (2009). India: Delhi high court annuls law criminalizing adult homosexual relations. *HIV/AIDS policy & law review*, 14(2), 49-51.
- Smit, Peter J, Brady, Michael, Carter, Michael, Fernandes, Ricardo, Lamore, Lance, Meulbroek, Michael, Rockstroh, Jürgen K. (2012). HIV-related stigma within communities of gay men: a literature review. *AIDS care*, 24(4), 405-412.
- Verma, Ravi Kumar, & Collumbien, Martine. (2004). Homosexual activity among rural Indian men: implications for HIV interventions. *Aids*, 18(13), 1845-1847.
- White, Jocelyn C, & Dull, Valerie T. (1997). Health risk factors and health-seeking behavior in lesbians. *Journal of Women's Health*, 6(1), 103-112.

Deuba, K., Ekström, A. M., Shrestha, R., Ionita, G., Bhatta, L., & Karki, D. K. (2013). Psychosocial health problems associated with increased HIV risk behavior among men who have sex with men in Nepal: a cross-sectional survey. *PloS one*, 8(3), e58099.

Chakrapani, V., Newman, P. A., Shunmugam, M., Mengle, S., Varghese, J., Nelson, R., & Bharat, S. (2015). Acceptability of HIV pre-exposure prophylaxis (PrEP) and implementation challenges among men who have sex with men in India: a qualitative investigation. *AIDS patient care and STDs*, 29(10), 569-577.

Agoramoorthy, G., & Minna, J. H. (2007). India's homosexual discrimination and health consequences. *Revista de saúde pública*, 41(4), 657-660.

Twelfth Five Year plan (2012 - 17) Working Group Report on Medical and public health.sate planning board, Nov.2011.

Buzdugan, A. R. (2011). *Developing a typology of female sex work, South India, with special reference to Karnataka* (Doctoral dissertation, UCL (University College London)).

