

A study on male homosexual behavior

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Abstract

Introduction: Male homosexual behavior carries a high risk of transmitting sexually transmitted infections (STIs). Ignorance regarding the associated high risk, indulgence in spite of no natural homosexual orientation and not using protective barrier methods can affect the sexual health of adolescents and adults. **Aim:** (1) To assess the proportion of men who have sex with men (MSM) having a natural homosexual orientation compared to those who had acquired the homosexual behavior initially under various circumstances (such as due to certain misconceptions, fear of having heterosexual contact, peer pressure, and influence of alcohol). (2) To assess the level of awareness regarding increased risk of transmission of STIs associated with homosexual behavior and regarding protective barrier methods. **Materials and Methods:** After obtaining consent from the subjects, questionnaire - based interview used for obtaining data for this observational (cross-sectional) study. **Results:** (1) Of the 50 subjects, only about 25% had interest in homosexual behavior prior to initial episode. (2) About 50% subjects indulged in homosexual behavior due to lack/fear of having heterosexual contact. (3) About 60% subjects believed that homosexual behavior carried relatively lower risk of acquiring STIs and 68% subjects have had unprotected contact. (4) About 70% subjects had only acquired this behavior and nearly 60% subjects were interested in heterosexual marriage and not interested in further homosexual behavior. **Conclusion:** (1) Homosexuality is a natural orientation in some and an acquired behavior in the rest. (2) If homosexual behavior is acquired, due to misconceptions, then imparting sex education and awareness regarding involved risks, and the importance of protective barrier methods will prevent ignorance driven behavior. For those with natural homosexual orientation, the importance of protective barrier methods in homosexual behavior needs emphasis.

Key words: Homosexual behavior, homosexual orientation, MSM

INTRODUCTION

Male homosexual behavior is almost as old as humanity, but from the venereological stand point, it is considered as a high risk behavior. Prevalence of HIV infection is higher among MSM as compared to overall adult HIV prevalence.^[1-3]

Among routes of sexual intercourse, unprotected anal intercourse was found to be the most efficient route

for HIV transmission with an 8.2/1000 contact risk from unprotected receptive anal intercourse with a known HIV-infected partner, and 0.6/1000 contact risk for unprotected insertive anal sex with a known HIV-infected partner.^[4]

Despite National Syphilis Elimination Effort that has proven to be very successful in a lot of communities

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in recent years,^[5] reports of increasing rates of new infections among MSM continue to occur.^[6] Some males have a natural homosexual orientation whereas some may not have, but still indulge in homosexual behavior due to various misconceptions and circumstances (such as misconceptions about risk of acquiring/transmitting sexually transmitted infections [STIs], fear of having heterosexual contact, peer pressure, and under influence of alcohol).

It is essential to know the proportion of MSM who acquired this behavior because it is a high risk behavior. If it is acquired due to certain misconceptions, then improving their level of awareness regarding involved risk of acquiring STIs and the importance of using protective barrier methods is essential. The proportion of MSM in whom it is acquired also gives an indication of the level of impact that an awareness program can achieve.

For example, if a significant proportion of MSM with an acquired homosexual behavior have a gross lack of awareness regarding the involved high risk of acquiring/transmitting STIs, then it reflects the opportunity that an awareness program can have in reducing transmission of STIs by imparting such targeted education.

This study was conducted with the aim of assessing the proportion of MSM who have a natural homosexual orientation compared to those who acquired this behavior due to various other reasons.

Another aim of this study was to assess the level of awareness regarding involved risk in homosexual behavior and the use of protective barrier methods.

MATERIALS AND METHODS

This (questionnaire- based) cross-sectional type of observational study was conducted in the Institute of Venereology, Madras Medical College and Rajiv Gandhi Government General Hospital, Chennai. Among subjects who attended the out-patient department during the study period, male subjects with a history of homosexual contact were included in the study. Subjects not willing to give consent to participate in the study were excluded.

The study was conducted from November 2010 to April 2011 and 50 subjects were included in the study. Among them, only 47 subjects responded to Klein's sexual orientation grid based questions.

The included subjects were requested to answer a questionnaire which consisted of patient details and

details about their first homosexual act, aimed at assessing whether the subject had prior interest in homosexuality and whether he was under any other circumstance that made him indulge in homosexual behavior (such as due to certain misconceptions, fear of having heterosexual contact, peer pressure, and under influence of alcohol).

The subjects were asked questions about awareness regarding risk of acquiring STIs by homosexual contact and also awareness about use of protective barrier methods like condoms. Subjects were asked whether they believe that they had an inborn homosexual orientation or acquired the homosexual behavior.

Questions regarding their willingness to indulge in heterosexual marriage were asked to unmarried subjects, which helped in assessing whether they had a natural homosexual orientation. The subject's willingness to further continue or discontinue indulgence in homosexual behavior was also an indicator of his natural sexual orientation.

Subjects were also asked to respond to questions in the Klein's sexual orientation grid^[7] which is primarily used in this study to assess the variation between sexual interests and sexual behavior based on scores in the respective grids. In the Klein's sexual orientation grid, seven categories (A to G) were assessed for the past, present, and future.

- A. Sexual interests
- B. Sexual behavior
- C. Sexual fantasies
- D. Emotional preference
- E. Social preference
- F. Lifestyle preference
- G. Self-identification.

For category A to E, the scoring pattern is shown in Table 1.

For categories F and G, the scoring pattern is shown in Table 2.

Statistical methods

Percentage analysis was done for the responses from the questionnaire. For the Klein's sexual Orientation Grid, calculation of the mean scores of the 47 subjects for each grid was done.

RESULTS

Of the 50 subjects, only 26% (13) had interest in homosexual behavior prior to initial episode. 44%

(22) of the subjects indulged in homosexual behavior due to lack/fear of having heterosexual contact. It was found that 14% (7) of the subjects were under the influence of alcohol and peer pressure during their first indulgence. It was found that 56% (28) of the subjects believed that homosexual contact carried relatively much lower or no risk of acquiring STDs as compared to heterosexual contact. It was observed that 68% (34) of the subjects had unprotected homosexual contact atleast once and 44% (22) of the subjects never used protective barrier methods.

It was noted that 54% (27) of the subjects had anoreceptive contact which carries the highest risk of acquiring STIs. 74% (37) of the subjects believed that they acquired this behavior under various circumstances mentioned above and did not have a natural homosexual orientation.

58% (29) of the subjects felt that they were interested in heterosexual marriage and were not interested in further homosexual behavior (this could also be an indicator of their natural sexual orientation).

Grid-derived results

The average score of 47 subjects in each grid is shown in the table below [Table 3]:

Table 1: Scoring pattern for categories A to E

1. Other sex only
2. Other sex mostly
3. Other sex somewhat more
4. Both sexes
5. Same sex somewhat more
6. Same sex mostly
7. Same sex only

Table 2: Scoring pattern for categories F and G

1. Heterosexual only
2. Heterosexual mostly
3. Heterosexual somewhat more
4. Hetero/gay-lesbian equally
5. Gay/lesbian somewhat more
6. Gay/lesbian mostly
7. Gay/lesbian only

Table 3: Klein's sexual orientation grid-scores

Category	Past	Present	Ideal
A (sexual attraction)	2.87	2.76	2.65
B (sexual behavior)	5.76	4.59	3.31
C (sexual fantasies)	2.87	2.76	2.65
D (emotional preference)	3.02	2.97	2.80
E (social preference)	4.25	4.23	4.12
F (lifestyle preference)	3.42	3.42	3.34
G (self-identification)	4.57	4.36	3.97

- In category A (sexual attraction), 33 of the 47 subjects had a score ≤ 2 in the past time frame
- On comparison, in category B (sexual behavior), only 2 of 47 subjects had a score ≤ 2 in the past time frame
- The grid derived averages are given in Table 3.

DISCUSSION

It was noted that only about one-fourth of the MSM in our study had prior homosexual orientation, that is, before their first homosexual contact. Therefore a large proportion of subjects did not indulge in such behavior due to a natural orientation. Instead, they indulged due to various other circumstances and/or misconceptions.

Little more than half of the subjects believed that homosexual behavior carried a lower risk of transmission of STIs as compared to heterosexual contact. This is a grossly significant misconception which can have a considerable adverse impact on the sexual practices and hence the sexual health of adolescents/adults.

One direct representation of such a misconception is the high percentage of subjects who had unprotected homosexual contact.

The near doubling of average values for B (sexual behavior) as compared to A (sexual attraction) in the sexual orientation grid suggests the proportion of subjects who lack prior homosexual orientation but indulged in homosexual behavior due to various circumstances which include:

- Lack/fear of having heterosexual contacts
- Misconceptions regarding risk of acquiring STIs
- Peer pressure
- Under influence of alcohol
- Due to situations such as inequalities of age, occupation, and financial power.

Natural orientation cannot be chosen. But if a significant proportion of MSM did not have a natural homosexual orientation, yet indulged in homosexual behavior under various circumstances (as listed above), then it implies that in these people, homosexuality was an acquired behavior.

Therefore, educating the adults/adolescents regarding the increased risk of STI transmission in homosexual behavior and the importance of using protective barrier methods can go a long way in improving their sexual health. For those with a natural homosexual orientation, a targeted sex education, laying emphasis

on the importance of using protective barrier methods, will help in preventing STI transmission.

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Conflicts of interest

There are no conflicts of interest.

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