

Health Risk behavior of Transgender (TG) and Men who have sex with Men (MSM): A case of Varanasi

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Abstract

The health risk behavior of TG and MSM are very alarming in recent time. They are always at high risk due to their behavioral pattern which is culturally shaped and produced. MSM and TG community is always at high risk because of their behavior is culturally. The present paper seeks to understand their behavioral pattern which induced them in danger. Some of the questions i.e. what they affect their mental and physical health and how culture have led a significant role in affecting their health. These questions are empirically interpreted and examined from the field site of Varanasi. To do so, this paper employs a qualitative research design guided by case study method. The paper concludes the health risk behavior of MSM is higher than TG due to high emotions, stigmatised behavior and negativity towards life.

Key Words: TG, MSM, health, behavior, and risk.

Introduction:

The word transgender (TG) and MSM is a concept that falls under an umbrella which denotes a person whose identity and behavior is different from gendered and cultural notions of sex. These concepts can be seen in light after the normative enquires of the affects that came from modernity. The seminal work of Foucault shed light on the history of sexuality. The social construction and essentialist notions for TG and MSM communities are varied. These communities have a mobile identity that lies between the polar notions of male and female. It rejects the traditional and gendered role of society. This paper seeks to locate the life world of TG and MSM in general and mainly focusing on health risk behavior and aspects of the health of TG and MSM. The biological and cultural interaction of man and woman established many social institutions such as family, marriage and kinship but there are some socio-cultural categories which do not fit themselves into the traditional role setup of the society. Transgender and MSM are the one among them who are the tyrants of the reproductive and social system. These categories do not fit into the gender role system and expressed themselves as gender and sexual minorities. Eventually these minorities politicized themselves as a representative of the sexually victimized minorities. The expanding nature of capitalism, degradation of the joint family, capitalist attitude, the birth of sexual pleasure and aesthetics created a space where they make themselves

fit. Being a trans gender(TG) and MSM or any of the queer identity rejected the sexual division of the labour. The Early contribution of the social scientists tended to view MSM and TG as pathological and identified pre-disposing psychological factors. This study decodes the deviant theory and argues that there is a need to understand the social world of the TG and MSM within the frame of pervasive medicalization. Medicalization transformed the natural body into the cultural body having plasticity. The endeavor of this study is to show how the framework of the dubbing culture provides a way to conceptualise the relationship between MSM and TG. Foucault (1979), in the history of the sexuality, traces out how sexuality has been produced in a specific historical moment through social meaning and discourses. Unlike the Foucault, Ken Plummer (1975) followed approach of the symbolic interaction list theory in his seminal work sexual stigma to trace the sexual history of the homosexuality Whereas Goff man early to Plummer in 1963 already traces the process of social stigma and the construction of the 'faulty person'. Here it is important to mention that the ontological reality of TG and MSM are different from the essentialist notion of sex and gender. As an umbrella term it deals with the people or the community who changed their identity and appearance with a concern of rejection of binary notion of gender. The most significant inclusive definition of TG and MSM carries the vital parts of behavior and desire for sex which includes sex with same gender, searching for partners or anyone with a concern of sex adventurism against the notion of body with opposite sex. It includes varieties of distinct identity under the banner of term TG and MSM. Majority of them would be from the sexual identity of cross dressers, heterogeneous, intersex, pre, post and non-operative TG and hermaphroditism. There has been a long history of interdisciplinary and normative research in the field of social sciences, medicine, cultural anthropology and psychology to understand the divergent phenomenon ranging from the role set, appearance, gender rejection, sexual desire, to behavior and social acceptance of the TG and MSM. Over the last five decades, researchers and social scientists have explored the nuts and bolts to understand the links between gender, sex and sexuality. Mainly it shows the variability of the gender and sex and development of the gender but after the rise of high modernist capitalist culture that degraded the traditional role of gender, family and societal organisation. These communities came in limelight due to their behavior, appearance and risky sexual intercourse. The community of TG and MSM are diverse and complex having various genders, role sets and multiple identities. Each of the above defined themselves in very assorted and contrasting manner. As a separate category with manifold identity, they are bound to express themselves different from the assigned sexual and societal role of the gender. This thesis is a study of the interrelation between the body (sex), sexuality (eroticism & desire) and gender (a social category that rejected the division of gender) to show that these are social and musicalised category. The transgender community is incredibly diverse. Some transgender people identify as male or female.TG and MSM live predominantly in the Varanasi city, where they find opportunities to perform their traditional roles in Varanasi.This paper has written by researcher from secondary sources and base on the case study of two transgender (TG) and one MSM in Varanasi. The transgender (TG) and MSM population in Varanasi is a marginalized social group often targeted for mistreatment and discrimination. Such experiences contribute to numerous psychosocial challenges facing

transgender and MSM persons. Some literature contributes little to the understanding of the subjective experiences of transgender and MSM persons or the complexities of negotiating lives that do not fit neatly into the dominant two-sex/two-gender paradigm.

The most significant and beautiful relationship in this community is that guru and chela. There guru and voice of guru is first and last. When an individual decides to join this community. At the initiative and special ritual has been organised and by this ritual the guru gave the new female name of new community member. The new member vows to obey the guru and the rules of the community. The chela or more likely, someone on her behalf, pays initiating fee and the guru write the new name in her record book. TG and MSM live together in communities generally of about 10 to 20 members, and the heads of these local groups are called guru. In this community there is no any type of distinction within their community based on caste origin or religion. There is kinship by which these people related to each other. In this kinship they exchange small amounts of money, clothing jewelry and sweets for formalised their relationship. Such relationship connect them all over India and there is a constant movement of individuals who visit their gurus and fictive kinship in different cities. Various annual gatherings, both religious and secular attract thousands of them from all over India.

They belief that life have gotten once so live with freedom. They organised party- functions within the community time to time. They facilitate toli-badhae a type of ritual organised by them in marriage functions, on occasions of happy moments, child birth, starting new business setup and new home inauguration. They facilitated dance and giving blessings and in lieu of this they want money. These People and their behaviors and needs has been remained a little understood, not only by health-care providers but also more generally in society. An absence of appropriate information, together with misinformation, breeds stigma and prejudice, leading to discrimination, harassment, and abuse, with alarming consequences for this community people's health and wellbeing.

Objective of study:

Find out the different health Risk behavior of Transgender (TG) and Men who have sex with Men (MSM) in Varanasi

Locating the Field:

These community is marginal social group in Varanasi often targeted by dominant community. This study is scarring in holy city in Varanasi. This paper is related with TG and MSM of Varanasi city. Varanasi is a holy city of India and Varanasi city is also an ancient city in India and have a vast culture. Varanasi is situated at the bank of the Ganga River and it is in south east part of Uttar Pradesh. In Varanasi, the transgender (TG) and MSM community represents an understudied population in the literature of Varanasi. Transgender (TG) & MSM community people's health risk behavior is different from other people. These community people have lived culturally different from other. They live together in a community and engaged with this community culture. In this culture they follow the rules, rituals and norms of community.

Method:

The succession of this study about the case study which shows how the TG life's of different from MSM. That can be observed in their health risk. In this thread three case study is reported and examined separately. In this study, there are three community members Two TG and one MSM have been taken from different sites of Varanasi and conducted case study with them. This case study has done individually after fixing an appointment with them and were also informed that this study will used only for writing research paper. And also told them that only health related questions has been asked to them. This case study was conducted in free conversational and healthy environment without any hesitation. In this case study, researcher asked briefly about health related issues and problems only. This case study is a result of long time span of the researcher with the respondent they were not present on time for this because of they were worked with researcher according to self them. Researcher also taken a consent for this, that no misuse has been done in future time and it will be only use for write and study purpose. This case study in not easy to intervene about this community with this community members. But after some meetings and counselling session it is possible in positive way.

Case- 1

Ruby (anonymous name) is a 29 years old TG lives at shiwala area in Varanasi. She belongs her community. She has not passed matriculation and studied up to only 7th class. Researcher asked her why she left the study. She told that she discontinued her study for further classes because of she was interested for this and some classmates were discriminated and abusing me for my feminine behavior. Ruby also told to researcher that she was male at birth but after grew up my age my feelings and emotions was completely like female. But also it was not clear about her sex either male or female. Her family member kept this hidden identity and grew up like a male. Family members asked me forcefully to wear cloths and adopted all behavior of a male person. This forcefully behavior of my family members affected my behavior negatively and after this decided to leave my family members. In age of 18 years ruby left her family and society in which she lived. After this she met Priya(anonymous name) who was belonging to TG and MSM community. When she joined this community her life has been turned suddenly and live with them in their community and adopted all norm and rituals. She also told about norms and rituals that how we lived with this? She also told about Guru-chela relationship and bonding about them. In relationship of Guru-chela where voice of guru is first and last and all chelas of that guru has been respected all time. She told about toli- bdahe rituals and how to perform it and which occasion? She told researcher that how change my body as a transgender (TG)? She told that some of us take hormones and have surgery as part of our transition, and some don't. Some choose to openly identify as transgender, while others simply identify as women. She also told about her and this community people day to day life activity in brief. Their day to day life (life history) activity is very strange and different from another community people. Their life history is full of complexity. Researcher asked some types of question related to health and diseases and

she told about these issues. But she did not want to tell about health risk behaviors and activity related to it. But after counseling and meeting session it was possible to know about all answers. She told about sexual activity that there are many types of partners in this. Whom lived with her all time is permanent partner and some are only for sexual activity is casual partner. Researcher want to know about sexual diseases and infection and use of protection during this activity, about harassment and verbal abuse to Ruby, she told about that not well known but something's, know about this sexual disease and infections by government and non-governmental staff. She told to researcher that in every six month HIV and VDRL testing has been done in district hospital. But the community member did not want to go for testing because of they did not know about this. She told about harassment and verbal abuse that is done by local group people and policemen also. Policemen always harass and threaten.

Case- 2

Ruby was known Hema so researcher met her by ruby. Hema (anonymous name) is a 23 years old MSM lives at PahariyaMandi area in Varanasi. But not belongs to Varanasi city she comes from Bhabua district Bihar. She belongs her community. Salma told to researcher that she was male at birth but after grew up my age, my behavior was completely like a female person. By birth, she had a male body organs but behaviors was totally match with behavior of a female. Her family member kept this hidden identity and grew up like a male. Family members asked me forcefully to wear cloths and adopted all behavior of a male person. But she likes to wear cloths of female and want to adopt female personality. When this forcefully behavior of my family members affected my original behavior then decided that she will live with family members as a male dressed adopted behavior. But outside of family environment change my behavior as a female. This situation is very difficult to manage all things. She always live with a fear and always think feel stigma from other. So In age of 16 years Hema took a decision to leave her family and society in which she lived. After that she reached Varanasi by train from her home town bhabua and search a job for livelihood. She was working in pahadiyamandi till morning to afternoon every day but after afternoon to next morning time she was not working and salary was not sufficient and she lived lonely also. So she searched a job for this time for better livelihood. Then she met salman (anonymous name) who is belonging to TG and MSM community also. When she joined and met this community members her life had changed and she left out her job and worked with this community members and live with them in their community and adopted all norm and rituals. She also told about norms and rituals that how we lived with this? She also told about Guru-chela relationship and bonding about them. Relationship of Guru-chela where voice of guru is first and last and all chelas of that guru has been respected all time. She told about 'Dera' that in which place guru-maa lived with her chelas was called 'Dera' she told about toli- bdhae rituals and how to perform it and which occasion? She told researcher that how performed my body as a MSM. She also told about different types of MSM in this community and how this people day to day live? She also told about all activities in brief. Their day to day life (life history) activity is very strange and different from another community people. Their life

history is full of complexity. Researcher asked some types of question related to health issues, stigma, harassment mental health and physical health issues. But she did not want to tell about health risk behaviors and activity related it. But after counseling and meetings session it is possible to know about all answers. Hema specially told with researcher about behavior of sexual activity and also told that how performed, which time, place, where and with whom? But this was not easy to say and know from Hema side. She told that in MSM group sexual encounter has been more than other. MSM are engage self in anal and unprotected sexual activity most. They do not want to use protection during sexual activity. So this group is at most risk in the HIV/AIDS and other sexual transmitted infections. HIV Sentinel Surveillance (HSS) system in India involves carrying out cross-sectional studies of HIV seroprevalence (also known as prevalence surveys) at regular intervals among this community of people. These populations are also referred to as "sentinel groups" in Sentential Surveillance.

Case-3

Shilpa (anonymous name) is a 22 years old transgender and ruby and shilpa also was known each other well because of they are transgender, so researcher met Shilpa by Ruby also. Shilpa(TG) lives at Padaw area where old NH 7 which has been started in Varanasi. She belongs TG community. She told that she discontinued her study after intermediate because of she was not interested for further study. Her feminine behavior is the main reason she live like a female and she did not lived so she decided to leave her family and society. She also told to researcher that she was male at birth but after grew up my age, want to live just like a female person. Her attraction, feelings was also for a male person. She did not understand this biological situation. She dressed up female dress always and think like a girl and also think that someone loved her, but her body is a male body. In this way shilpa faced many problems like stigma, gender identity, mental and physical harassment by her family members, friends and partners. Because of her behavior was not supported the role with male body. So she decided that this body has been changed in female body as male to female(MTF) by medical treatment, then researcher asked her how you know about such type of medical treatment? She answered, by internet. When her family member knew this they were reacted and understood shilpa that after some time all things will be in right. Shilpa feel anxiety at this stage but she did not want to change her behavior. So she preferred to change her gender identity. After this one day Shilpa met Shobha(anonymous name) also belongs this transgender community (TG). Shobha was come with his community members for performing Toli-Badhae ritual in her neighbor. Shilpa told Shobha her problems and Shilpa went far from her family and society forever where there were many TG and MSM. She lived with them, but she always lived with fear that if any family members will be reached here then what will be done that time. But no one came after this and she lived with this community people. And after some day she changed her biological body by medical treatment and her sexual identity has been totally changed with female body as a transgender. She told researcher that this community people is being always harassed, abused and discriminated by local group of people. This community people is organised party time to time where we all are dancing, singing and drinking wine, bear and vodka. She accepted simply this community people

drink alcohol and take some other drug during sexual activity. This community member performed this sexual activity with their clients in the night for money on the demand of clients at anywhere and that situation is very dangerous because of some times they have been harassed sexually by two or more clients by forcefully that time. Some times this community people faced sexually and physically violence by clients and general people also. Researcher asked her while sexual activity they use protection or not. She replied that it is fully depend on client's decision because if they refuse in sexual activity without use protection then their clients have been left them and no money has gotten from clients. Shilpa told about clients that many of them is regular clients, casual clients and also unknown (truckers and migrants workers). Researcher want to know about sexual diseases(HIV/AIDS,Chlamydia, Gonorrhoea, Syphilis and Herpes)she told that not well but many of people of their community suffers from some diseases and infection because of their health problem is now increases in past some times and their numbers of clients is very low. So this community people could not want that no one knew about this type of problems. So they could not want to go to hospital for better treatment. The client rate has been low because of reason behind it is low performance during sexual activity and old age also. Researcher want to know about love life. Have they lover or loved anyone from bottom of heart? She told that everyone want that someone loved them seriously because of these community people are very emotional. Some partner is permanent and they loved and live together as a husband wife and in a strong relationship also. But some permanent partner has been cheated them and after that they acted suicidal attempt by poisoning, firing self and also cut his vein also. Shilpa also told that our community members did not well knowledge of health issues and if any one try to understand for this they ignored them.

Discussion:

The transgender (TG) and MSM community is incredibly diverse. Some transgender people identify as male or female. TG and MSM live predominantly in the Varanasi city, where they find opportunities to perform their traditional roles in India. This paper has written by author from secondary sources and base on the case study of two transgender (TG) and one MSM population in Varanasi. The transgender (TG) and MSM population in Varanasi is a marginalized social group often targeted for mistreatment and discrimination. Such experiences contribute to numerous psychosocial challenges facing transgender and MSM persons. Some literature contributes little to the understanding of the subjective experiences of transgender and MSM persons or the complexities of negotiating lives that do not fit neatly into the dominant two-sex/two-gender paradigm. This paper is related with TG and MSM of Varanasi city. Varanasi is a holy city of India and Varanasi city is also an ancient city in India and have a vast culture. Varanasi is situated at the bank of the Ganga River and it is in south east part of Uttar Pradesh. In Varanasi, the transgender (TG) and MSM community represents an understudied population in the literature of Varanasi. Transgender (TG) & MSM community people's health risk behavior is different from other people. These community people have lived culturally different from other. They live together in a community and engaged with this community culture. In this culture they follow the rules, rituals and norms of community.

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Conclusion:

After theses case study, researcher found that there are many factors and different reasons who have affected the health risk behavior of TG and MSM. These community peoples have always around health risk behaviors. These health risk behavior are affected with many factors and different reasons. These are at in three phases and that is high, medium and low risk behavior. These are:

High health risk behaviors: In India these people are considered as one of the highest risk groups. Their behaviors are the main reasons for this. This community people engaged in sexual activity. This behavior is the main cause for forwarding this community in high risk. Generally this community people facilitate this activity for money in this time. But sometimes they act this for gift and sexual desires. They are involved anal, oral and penetrative sex act regularly. And also they do not use protection in sexual activity. They performed sexual activity without protection with HIV, STI and STD infected people and they have multiple sex partner and higher sexual encounter. Drug and alcohol consumption and other forms of injecting is also a factor that increased this community people in high health risk.

Medium health risk behavior: This community people have also medium health risk behavior that are verbal abuse from another community people, high rates of stigma, negatives views of general population, depressions, self-harm behavior, deviant behavior, suicidal attempt behavior

and violence with them. This community people have been faced different types of verbal discrimination, abuse, by local community people.

Low health risk behavior: this community people have also physical problems, mental health problem, and high emotion, barriers of government health facilities, harassment, discrimination and past family reactions.

TG and MSM community people health risk behavior is very important for health related issues. According to National Aids Control Organization (NACO) this community people is at high risk in this time because of their risk behavior factor is quite different from other population.

Conclusion:

The health risk behavior of TG and MSM is very high in this time. MSM and TG community is always at high risk because of their behavior is culturally different from other community. They did not know about health risk properly. Varanasi city is an ancient and holy city and it have a vast culture. MSM and TG community also live around and have own and separate culture and this culture is also affected their health behavior. They want to live with free mind always and also belief that this life has gotten once time. So they lived culturally with their community. The health risk is high in this community. The high risk factors are higher encounter of sexual activity, partner types- main/casual/exchange/Anonymous, location of sexual activity- private/public or commercial, multiple sex partners, unprotected receptive anal sex, use alcohol and other drugs during sexual activity, no condom use in sexual encounters, higher numbers of sexual partners, verbal abuse, high rates of stigma, negatives views of general population, depressions, self-harm behavior, suicidal attempt behavior, Deviant behavior, physical problems, mental health problem, high emotion, barriers of government health facilities and past family reactions. These factors indicate or show public health gap in TG and MSM health in Varanasi. HIV/AIDS, sexual transmitted infection (STI) and Sexual transmitted disease (STD) is mainly found in this community people. So National Aids Control Organization (NACO) has identified this group as known as a High Risk Group (HRG). So this community is vulnerable group within the population of this community people of Varanasi and Uttar Pradesh state Aids Control Society (UPSACS) is running Targeted intervention (TI) Project for prevention of HIV/AIDS in government hospital in Varanasi also.

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