



A study of high risk behaviour among LGBT people of Manipur

Abstract

Aim: Over the last two decades, there has been increasing demand for the awareness on sexual minority people's lives and issues throughout the world. In the recent years, India is witnessing a change in public attitude and concern in the field of sexual minority people, although Indian data regarding the pattern, prevalence of people of LGBT (Lesbians, Gays, Bisexuals, and Transgender) is still inadequate. Present study was conducted to study the sociodemographic profile and high risk behaviour among a selective group of LGBT in Manipur. **Materials and methods:** It was a cross sectional study done at Manipur, India. Non probability convenient sampling was used and 45 consenting LGBT were interviewed using semi-structured proforma. **Results:** Present study highlights the increased prevalence of high risk behaviours among our study group. Substance use disorders especially alcohol dependence was found to be high in the study population. **Conclusion:** As evidenced in this study, high risk behaviour is a growing concern among LGBT people which needs to be addressed to achieve overall wellbeing of this community.

Keywords: Sexual and Gender Minorities. Transgender Persons. Substance-Related Disorders.

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INTRODUCTION

Less is explored about the sexual minority people in India, where freedom of sexuality is still criticised. There is an ongoing struggle in India regarding the rights of LGBT (Lesbians, Gays, Bisexuals, and Transgender). In 2013, Supreme Court of India overruled Delhi High Court's landmark judgement on consenting homosexuality rights, by retaining this as a criminal offence.[1] However in April 2014, Supreme Court of India gave an encouraging judgement on identifying transgender people as the third gender and has ordered the government to provide transgender people with reservations in jobs and education.[2]

LGBT group consists of homosexuals who are emotionally and romantically attached to same sex people (lesbians=female attracted to females and gays=males attracted to males), bisexuals who are attracted to both male and female, and transgender, who have a gender identity or gender expression that differs from their assigned sex.[3] Homosexuality although was included under mental illness, it has been removed from both Diagnostic and Statistical Manual (DSM-5) and International Classification of Diseases (ICD-10).[4]

Constant duress in this minority group is mainly due to difficulties they face in heterosexism nature of our society.[5] "Minority-stress theory" which prevails among the LGBT population has been linked to higher rates of substance abuse and other psychiatric morbidities, further leading to constant

discrimination, victimization, and stigma.[6,7] A study done by Rew and colleagues[8] found that increasing number of homosexual youths were reported to be tested and treated for HIV compared to heterosexuals. Anderson and Kanters[9] in their study found positive correlation between implementation of human rights and HIV (human immunodeficiency virus) prevention strategies among transgender and men who have sex with men (MSM) in Asian countries.

The lack of knowledge and awareness about LGBT community among the general population has resulted in the social stigma. Trends about high risk behaviours in this targeted population is of concern, especially to curb the spread of dreaded infections like HIV and other high risk behaviours. This is an attempt to study the sociodemographic profile and high risk behaviour among consenting LGBT population of Manipur, India.

MATERIALS AND METHODS

It was a cross sectional, single interview study done after Institutional Ethics Committee approval. Forty five consenting LGBT people were included for the study. They were interviewed by non probability convenient sampling at their working places/house with the support from AMANA (All Manipuri Nupi Manbi Association), a NGO (non-governmental organization) that works for the welfare of sexual minority people of Manipur. Semi-structured proforma was used for assessing sociodemographic profile and high risk behaviour. The data collected was checked,

entered, and processed using statistical package for Windows, version 16.0. Chicago, SPSS Inc. Descriptive variables like mean, median, standard deviation were done using the same.

RESULTS

Table 1 showing mean age of gays (28.3±3.2), lesbians (27.5±4.2), bisexuals (32±2.3) and transgender (30.2±5.2) were comparable with each other. In all the groups, majority of them were from urban background. 62.5% of gays had completed secondary education or less. Among lesbians 40% of them were uneducated and completed secondary education or less. Both the bisexuals in our group had completed their secondary schooling, whereas 80% of the transgender people were uneducated. Unemployment was seen in 25% of gays, 70% in lesbians and in 36% of transgender participants. History of sexual abuse was found in 25% of gays, 30% of lesbians, and in 32% of transgender. Absence of family support and acceptance was seen in 75% in gays, 68% in transgender, and 40% in lesbians.

Alcohol dependence was prominently seen in all the groups (75% in gays, 60% in lesbians, 50% in bisexuals, and 64% in transgender) of the study population (Table 2). IVD

(intravenous drug) abuse was seen in 50% of gays, 30% in lesbians, 44% in transgender, and 50% of bisexuals although sharing of needles was seen in 75% of gays, 66.6% of lesbians, 50% of bisexuals, and 63.6% of transgender. Mean age of first sexual intercourse was 18.2±2.3 for gays, 19.6±3.2 for lesbians, 23.3±3.2 for bisexuals, and 20.2±1.9 for transgender. Usage of condoms with regular partners were seen in only 25% in gays and eight per cent in transgender. Usage of condoms when paid for sex was 37.5% in gays, ten per cent in lesbians, and 40% in transgender. HIV was present in 37.5% of gays, 30% in lesbians, and 52% in transgender. Hepatitis B/C virus (HBV, HCV) was positive in 25% of gays, 30% of lesbians, and 36% of transgender.

DISCUSSION

In a systemic review, King and colleagues[10] found that lifetime prevalence of alcohol use disorders (over a period of 12 months or a lifetime) on meta-analyses were at least two times higher in lesbian, gay, and bisexual people (RR range 1.51-4.00). Also, Cochran and colleagues[11] showed life time prevalence of alcohol use disorder to be around 12.5% in LGBT population. In our study group, 75% of gays, 60%

Table 1: Sociodemographic characteristics of the study sample

Characteristics	Gays	Lesbians	Bisexuals	Transgender
	n=8	n=10	n=2	n=25
Mean age in years	28.3±3.2	27.5±4.2	32±2.3	30.2±5.2
Locality				
Urban	7 (87.5%)	6 (60%)	2 (100%)	19 (76%)
Rural	1 (12.5%)	4 (40%)	-	6 (24%)
Education				
Uneducated≤secondary>secondary or college	-	4 (40%)	-	20 (80%)
	5 (62.5%)	4 (40%)	-	4 (16%)
	3 (37.5%)	2 (20%)	2 (100%)	1 (4%)
Employment				
Unemployed	2 (25%)	7 (70%)	-	9 (36%)
Employed	6 (75%)	3 (30%)	2 (100%)	16 (64.5%)
History of sexual abuse	2 (25%)	3 (30%)	-	8 (32%)
Absence of family acceptance and support	6 (75%)	4 (40%)	-	17 (68%)

Table 2: High risk behaviour among the study sample in the past one month

High risk behaviour	Gays	Lesbians	Bisexuals	Transgender
Alcohol dependence	6 (75%)	6 (60%)	1 (50%)	16 (64%)
IVD users	4 (50%)	3 (30%)	1 (50%)	11 (44%)
Sharing of needles	3 (75%)	2 (66.6%)	1 (50%)	7 (63.6%)
Mean age of first sexual experience (in years)	18.2±2.3	19.6±3.2	23.3±3.2	20.2±1.9
Usage of condoms with regular partners	2 (25%)	-	-	2 (8%)
Usage of condoms when paid for sex	3 (37.5%)	1 (10%)	-	10 (40%)
HIV positive	3 (37.5%)	3 (30%)	-	13 (52%)
Hepatitis B/C positive	2 (25%)	3 (30%)	-	9 (36%)

IVD=Intravenous Drug, HIV=Human Immunodeficiency Virus

of lesbians, 64% of transgender, and 50% of bisexuals were dependant on alcohol during the interview. Comparatively higher prevalence of substance use disorders may be due to its geographical location in the 'Golden Triangle' of illicit drug trafficking and also as evidenced by recent National Mental Health Survey 2015-16.[2,12]

Mean age of first sexual experience in gays and bisexuals males was 12.6 years and for lesbians and female bisexuals was 13.6 years as in a study done by Gangamma and colleagues[13] in United States, whereas in our study the mean age of first sexual experience was 18.2 years for gays, 19.6 years for lesbians, 23.3 years for bisexuals, and 20.2 years for transgender. Relatively delayed onset of sexual experience in our study is may be due to the cultural and social differences among the countries. HIV risks among GLB youths were found to be higher by Gangamma and colleagues[13] in their study. In our study 37.5 % of gays, 30% of lesbians, and 52% of transgender people were found to be HIV positive at the time of the interview.

In a study done by Kiran and colleagues[14] found that 21.49% of MSM were using condoms consistently during sex in the last three months. In concordance to the above study, usage of condoms with regular partners in our study sample was seen in only 25% of gays and eight per cent of transgender over the last one month.

Usage of condoms when paid for sex was found in 37.5% among gays and 40% in transgender, and 31.1% of total study population were indulged in paid sex in our study, whereas higher findings were found by Ramanathan and colleagues[15] who studied consistent condom use with regular, paying, and casual male partners and associated factors among MSM in Tamil Nadu, where they reported 91.3% of the study population were having sex for money and 50.8% of them used condoms during sex. Comparatively higher prevalence in their study is due to difference in the study sample included.

Although interim changes are upcoming in the perception of rights and equality of LGBT people in India, existing critical gaps in the knowledge might hinder the policies and programmes aimed at welfare of these people.

Limitations

One important limitation of our study was small sample size; a larger sample size could have generated more validated results. Secondly, sampling method; a community sampled random survey would have been better to minimise the bias. More extensive studies are welcomed to address the existing prevalence of high risk behaviour of this community in India.

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