Psychosocial and Environmental Problems among MSM Population

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Abstract

The aim of present study was to cast a glance on the psychosocial problems among MSM. Study was done in Lucknow through snowball sampling facilitated by Bharosa Trust and Maan Foundation recruiting 50 MSM (age ranged from 21 years to 40 years). Self devised Sentence Completion Blank was used to explore various significant psychosocial problems among MSM. Result revealed that MSM face lots of psychosocial problems like depression, suicidal ideation, discrimination, violence and victimization, substance abuse, lack of social support and family and societal acceptance

Keywords: Psychosocial and Environmental Problem.

Introduction

Men who have sex with men (MSM) otherwise called males who have sex with males is a term that incorporates all men who participate in consensual male-male sex, including the individuals who recognize as gay, cross-sexual, or hetero, and including men who are sexually exclusive.Some MSM have simultaneous sexual associations with both men and women. (Loue, Sana 2008)

The tem "men who have sex with men with men" , came into being in the 1980s in the setting general wellbeing endeavors to comprehend men's sexual conduct as its identify with HIV transmission and counteractive action (Mays, Cochran, Zamudio, 2004; Woodyard, Peterson, and Strokes, 2000), however the authoring of the initialism by Glick et al. in 1994. MSM are not restricted to little, self-distinguished, and noticeable sub-populaces. MSM and gay allude to various things: practices and social characters. MSM alludes to sexual exercises between men, paying little heed to how they recognize, where as gay can incorporate those exercises yet is all the more extensively observed as a social character.

Started as an endeavor by general wellbeing specialists, disease transmission specialists, and other wellbeing experts to isolate conduct (sexual movement) from personality, MSM was at first expected to extend HIV avoidance endeavors to men who engage in sexual relations with men, however don't distinguish as "gay"- a term considered now and again to be troubled by relationship with Western, world class, white guys. MSM hence started as a therapeutic term for a "hazard gathering" disconnected from personality and legislative issues, situated in the possibility that "it is not your identity; it's your main event."

The term *men* can be problematic within the context of different cultural definitions of Man, Manliness, and Manhood, so by various social psychologists. MSM can also be defined as Males Who Have Sex with Males. It should also be recognised that 'MSM' is a behavioural term and does not reflect a sexual identity. Within the use of the term 'MSM' and male-male sexual behaviours, there are many frameworks of 'MSM', from self-identified males with gender or sexual orientation, to those who anally penetrated other males as a masculine behaviour, to those who are situationally involved in male-to-male sex. Within the framework of male-to-male sex, there are a range of masculinities, along with diverse sexual and gender identities, communities, networks, and collectivities, as well as just behaviours without any sense of affiliation to an identity or community. This statement addresses the concerns of all these diversities within the framework of *males who have sex with males*.

MSM is a behavioral identity and this behavioural identity has some identities according to roles play by sexual partners. These identities have different labels among different countries and cultures. In Southeast subcontinents countries like India and Pakistan and Nepal these behavior

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identities are known as *kothi, panti, giriya, parik, meti.* (Humsafar Trust, 2007 and NFI, 2003).

Problems among MSM

Being a sexual minority and neglected too MSM could not be included into the mainstream and they are just being a topic to study in various terms like Epidemiology, social concerns and psychology, etc. As initially it was mentioned that MSM was coined due to continuously increasing HIV rate, this population have been the burning topic in the area of medical sciences from decades. Due to their sexual behavior they are prone to have various chronic physical illnesses like HPV, STD, and cancer.

Physical Health Problems

Men who engage in sexual relations with men regularly don't uncover their sexual practices or sexual identity to their doctor. Absence of revelation from the patient, distress or deficient preparing of the doctor, saw or genuine antagonistic vibe from medicinal staff and lacking screening rules restrain preventive care. In light of more prominent societal burdens, absence of passionate help, and routine with regards to dangerous sex, men who have intercourse with men are at expanded hazard for sexually transmitted maladies (counting human immunodeficiency infection contamination), anal cancer, psychological and behavioral abnormalities, dietary problems and sedate manhandle. Late patterns demonstrate an expanding rate of sexual hazard taking among these men, especially on the off chance that they are youthful. Intermittent screening ought to incorporate a yearly wellbeing hazard and physical appraisal, and also a careful sexual and psychological history. The doctor ought to make inquiries about sexual introduction in a nonjudgmental way; moreover, privacy ought to be tended to and kept up. Office practices and staff ought to be also non-judgmental, with secrecy kept up. Directed screening for sexually transmitted maladies, melancholy, substance mishandles, and different disarranges ought to be performed routinely. Screening rules, while conflicting and subject to change, offer some valuable recommendations for the care of men who engage in sexual relations with men.

Physical Health Problems in MSM

HIV AND AIDS

GONORRHEA

SYPHILIS

HSV-2

HUMAN PAPILLOMAVIRUS (HPV)

HEPATITIS A VIRUS (HAV)

HEPATITIS B VIRUS (HBV)

Inspite of suffering from chronic physical health problem, MSM also faces stigma and discrimination just because of indulging in a taboo behavior.Low acceptance, high discrimination and social rejection from different primary and secondary groups as family, workplace, and religious settings lead them to low social support, isolation, void and coping-fear abuse in their life which sometimes turned into major depression and suicidal ideation. Transphobia and genderism is major psychological forces behind stigmatization and discrimination. Transphobia is a psychological condition in which person shows disgust toward, or irrational fear of, transgender people or those who otherwise do not confirm traditional gender norms where genderism is a cultural conceptualization that suggest gender is an important basis on which to evaluate people. Genderism provides the negative cultural attitude: transphobia fuels the attitude with fear, disgust and hatred; and gender bashing is the violent expression of those beliefs. (Hill& Willoughby 2005 and Hill 2002)

All above mentioned issues are clubbed in Axis IV of DSM IV-TR as Psychosocial and environmental Problems. Axis IV is for revealing psychosocial and natural issues that may influence the analysis, treatment, and anticipation of mental issue (Axes I and II). A psychosocial or, on the other hand natural issue might be a negative life occasion, an ecological trouble or lack, a familial or other relational anxiety, a deficiency of social help or individual assets, or other issue identifying with the setting in which a man's troubles have created. Purported positive stressors, for example, work advancement, ought to be recorded just on the off chance that they constitute or prompt an issue, as when a man experiences issues adjusting to the new circumstance. Notwithstanding assuming a part in the start or, then again intensification of a mental issue, psychosocial issues may likewise create as an outcome of a man's psychopathology or may constitute issues that ought to be considered in the general administration arrange.

For accommodation, the issues are assembled together in the accompanying classes:

1. Problems with primary support group—e.g., demise of a relative; medical issues in family; disturbance of family by partition, separation, or irritation; expulsion from the home; remarriage of parent; sexual or physical mishandle; parental overprotection; disregard of youngster; lacking control; friction with kin; birth of a kin

2. Problems related to the social environment—e.g., passing or loss of companion; lacking social help; living alone; trouble with cultural assimilation; separation; modification of life-cycle move, (for example, retirement)

3. Educational Problems—e.g., lack of education; scholastic issues; disunity with instructors or cohorts; lacking school condition

4. Occupational Problems —e.g., unemployment; danger of employment misfortune; distressing work routine; troublesome work conditions; work disappointment; work change; strife with supervisor or collaborators

5. Housing Problems—e.g., vagrancy; lacking lodging; hazardous neighborhood; disunity with neighbors or, on the other hand landowner
6. Economic Problems —e.g., extraordinary destitution; lacking accounts; inadequate welfare bolster
7. Problems with access to health care services— e.g., deficient social insurance administrations; transportation to wellbeing mind offices inaccessible; insufficient medical coverage
8. Problems related to interaction with the legal system/crime—e.g., capture; detainment; case; casualty of wrongdoing
9. Other psychosocial and environmental problems— e.g., presentation to debacles, war, different dangers; friction with nonfamily parental figures, for example, advisor, social specialist, or doctor; inaccessibility of social benefit organizations (APA,2000)

In 2013 DSM -5 came in appearance and change the perspective of multiaxial approach and classified the disorder in three sections. Notwithstanding across the board utilize and its selection by certain protection and legislative agencies, the multiaxial framework in DSM-IV was not required to make a mental issue analysis. Anonaxial evaluation framework was likewise incorporated that just recorded the suitable Axis I, II, and III issue and conditions without hub assignments. DSM-5 has moved to a nonaxial documentation of determination (in the past Axes I, II, and III), with discrete documentations for important psychosocial and logical components (in the past Axis IV). In DSM -5 psychosocial and environmental problems got place in

section II. DSM-IV Axis IV covered psychosocial and environmental problems that may affect the diagnosis, treatment, and prognosis of mental disorders.(APA.2013)

Educational and Occupational Problems
Educational Problems
V62.3 (Z55.9) Academic or Educational Problem
Occupational Problems
V62.21 (Z56.82) Problem Related to Current Military Deployment Status
V62.29 (Z56.9) Other Problem Related to Employment
Housing and Economic Problems
Housing Problems
V60.0 (Z59.0) Homelessness
V60.1 (Z59.1) Inadequate Housing
V60.89 (Z59.2) Discord with Neighbor, Lodger, or Landlord
V60.6 (Z59.3) Problem Related to Living in a Residential Institution
Economic Problems
V60.2 (Z59.7) Insufficient Social Insurance or Welfare Support
V60.9 (Z59.9) Unspecified Housing or Economic Problem
Other Problems Related to the Social Environment
V62.89 (Z60.0) Phase of Life Problem
V60.3 (Z60.2) Problem Related to Living Alone
V62.4 (Z60.3) Acculturation Difficulty
V62.4 (Z60.4) Social Exclusion or Rejection
V62.4 (Z60.5) Target of (Perceived) Adverse Discrimination or Persecution
V62.9 (Z60.9) Unspecified Problem Related to Social Environment
Problems Related to Crime or Interaction with the Legal System
V62.89 (Z65.4) Victim of Crime
V62.5 (Z65.0) Conviction in Civil or Criminal Proceedings Without
Imprisonment
V62.5 (Z65.1) Imprisonment or Other Incarceration
V62.5 (Z65.2) Problems Related to Release From Prison
V62.5 (Z65.3) Problems Related to Other Legal Circumstances Other Health Service Encounters for Counseling and Medical Advice
V65.49 (Z70.9) Sex Counseling
V65.40 (Z71.9) Other Counseling or Consultation
Problems Related to Other Psychosocial, Personal, and Environmental Circumstances
V62.89 (Z65.8) Religious or Spiritual Problem
V61.7 (Z64.0) Problems Related to Unwanted Pregnancy
V61.5 (Z64.1) Problems Related to Multiparity
V62.89 (Z64.4) Discord With Social Service Provider, Including ProbationOfficer, Case Manager, or Social Services Worker
V62.89 (Z65.4) Victim of Terrorism or Torture
V62.22 (Z65.5) Exposure to Disaster, War, or Other Hostilities
V62.89 (Z65.8) Other Problem Related to Psychosocial Circumstances

V62.9 (Z65.9) Unspecified Problem Related to Unspecified Psychosocial Circumstances

Source: Diagnostic and Statistical Manual Of Mental DisordersFifth Edition, Dsm-5™

Although this axis provided helpful information, even if it was not used as frequently as intended, the DSM-5 Task Force recommended that DSM-5 should not develop its own classification of psychosocial and environmental problems, but rather use a selected set of the ICD-9-CM V codes and the new Z codes contained in ICD-10-CM. The ICD-10 Z codes were examined to determine which are most relevant to mental disorders and also to identify gaps. (DSM 5)

Methodology

The objective was the study to explore psychosocial problems of MSM. This study is a synthesis of both quantitative and qualitative techniques for exploring the psychosocial and environmental problems among MSM, sentence completion blank was filled by members at that point content analysis was finished with the percentage investigation. Random samplingis a perfect technique by which to pick members when the objective is to make speculations regarding bigger populace. Sample comprised of 50 MSM (age ranged from 21 years to 40 years) were selected through snowball sampling from Bharosa Trust, and Maan Foundtion, Lucknow U.P. A self-devised (unpublished) Sentence completion tool was used for this study. Therefore, a sentences completion blank was developed which consist of 20 incomplete sentences. These sentences were formed to access the psychosocial and environmental problems which were mentioned in DSM-5.

Results and Discussion

In study it was found that 46% MSM were having Academic and Educational Problem. 76% MSM were having occupational problem, having the threat of job loss due to hidden identity of MSM. The study revealed that the major concerned area of psychosocial and environmental issues among the MSM population is occupational problems of the participants who had faced or had been facing this

problem in their life as one of the participant told, "*ye patachalte hi ki main aisi (Kothi) hu koi naukari nahi deta balki aur logo ko bhi mana kar deta h*" (*no one offer me job if he knew I am MSM, and also told to others*).

60% of MSM reported problem with primary support group as the death of a parent, disruption in family by separation, sexual or physical abuse. One fifth (21%) of the participants reported experiencing verbal abuse, 10% reported experiencing physical and sexual abuse, and 32% reported experiencing all three forms of abuse (Deuba, et. al., 2013). The theme was found on analyzing the narratives of the participants as the reported that they did not have good relationships with their father and their family never understood their view toward love and life. Some of them have also reported the incidents of physical, verbal and sexual abuse to correct their sexual behaviour by their guardian.MSM population have friction in their family and they have entangled relational dynamics with full of conflicts in their close and significant relationship like parent-child and friendship.(Shukla and Srivastava, 2016)

The MSM reported problem related to social environment which includes *phase of life problems* (70%) referring to issue acclimating to an existence cycle move (a specific formative stage) is the concentration of clinical consideration or affects the person's treatment or visualization. Cases of such moves incorporate entering or finishing school, leaving parental control, getting hitched, beginning another profession, turning into a parent, changing in accordance with a "void home" after the kids leave home, and resigning. MSM also reported other problem related to social environment as problem related to living alone (50%), 30% MSM described that they faced trouble in changing in accordance with another culture (e.g., following movement) is the concentration of clinical consideration or affects the person's treatment.

54% MSM revealed that they experienced lopsidedness of social power to such an extent that there is intermittent social prohibition or dismissal by others.

Table 1: Percentage of Psychosocial and Environmental problems among MSM

Psychosocial and environmental Problems	Percentage of MSM
Educational and Occupational Problems	
Educational Problems	
• Academic or Educational Problem	46
Occupational Problems	
• Problem Related to Current Military Deployment Status	-
• Other Problem Related to Employment	76
Housing and Economic Problems	
Housing Problems	
1. Homelessness	36
2. Inadequate Housing	12
3. Discord with Neighbor, Lodger, or Landlord	10
4. Problem Related to Living in a Residential Institution	10

Economic Problems	
5. Insufficient Social Insurance or Welfare Support	44
Other Problems Related to the Social Environment	
6. Phase of Life Problem	70
7. Problem Related to Living Alone	50
8. Acculturation Difficulty	30
9. Social Exclusion or Rejection	54
10. Target of (Perceived) Adverse Discrimination or Persecution	70
11. Unspecified Problem Related to Social Environment	60
Problems Related to Crime or Interaction with the Legal System	
12. Victim of Crime	40
13. Conviction in Civil or Criminal Proceedings Without Imprisonment	21
14. Imprisonment or Other Incarceration	8
15. Problems Related to Release From Prison	8
16. Problems Related to Other Legal Circumstances	16
Other Health Service Encounters for Counseling and Medical Advice	
17. Sex Counseling	18
18. Other Counseling or Consultation	22
Problems Related to Other Psychosocial, Personal, and Environmental Circumstances	
19. Religious or Spiritual Problem	48
20. Problems Related to Unwanted Pregnancy	-
21. Problems Related to Multiparty	-
22. Discord with Social Service Provider, Officer, Case Manager, or Social Services Worker Including Probation	20
23. Victim of Terrorism or Torture	40
24. Exposure to Disaster, War, or Other Hostilities	40
25. Other Problem Related to Psychosocial Circumstances	18
26. Unspecified Problem Related to Unspecified Psychosocial Circumstances	14

Cases of social dismissal incorporate bullying, teasing, and terrorizing by others; being focused by others for verbal manhandle and embarrassment; and being intentionally rejected from the exercises of associates, workmates, or others in one's social condition.They were treated with less regard, got poorer administrations than others, were called names or offended. Youthful gay and bisexual teenagers and young fellows likewise encounter high rates of Stigma and segregation (D' Augelli,2006; D' Augelli, Pilkington & Hershberger,2002;D' Augelli & Pilkington,1996). MSM have seen or experienced oppression or abuse of the individual in view of his or her participation (or saw enrollment) in a particular class. Commonly, such classes incorporate sex or sex personality, race, ethnicity, religion, sexual introduction, nation of beginning, political convictions, handicap status, standing, economic wellbeing, weight, and physical appearance and the percentage is very high in this category with 70%. McCabe, Bostwick, Hughes,West, Boyd (2010) has also found in their study that high-income countries, have also established that the combination of discrimination, violence and rejection is common among MSM.

MSM quoted that they were facing other psychosocial, personal and environmental circumstances e.g. Religious and spiritual problems by 28% because none of the religion approve their sexual behavioural identity and as people got to know about their sexual identity they abandoned them and start abusing with the context of their religious and spiritual orientation. 40% of MSM shared victimizing event of Torture towards them, 20% of MSM experienced unavailability of social service agencies, and discord with secondary social support group. Healthcare workers who declare neutrality and acceptance toward homosexuality have been known to display homophobic attitudes when providing

healthcare services, breaching ethics standards and compromising effective delivery of care for sexual minorities (Willging, Salvador, Kano, 2006).

Summary and Conclusion

Addressing these issues effectively will require appropriately nuanced, multi-sectoral responses. Coordinated advocacy efforts are required to reach multiple layers of institutional and socio-cultural underpinnings including attitudes and beliefs of individuals, families and communities. Importantly, these efforts must meaningfully engage MSM to help maximize their appropriateness and efficacy.

A solid open talk on homosexuality and on the privileges of the sexual minorities is rising in India. With the spread of HIV/AIDS, homosexuality has moved from the domain of private to open. With the acknowledgment of butt-centric sex without condoms as dangerous conduct prompting spread the infection by the legislature and other wellbeing and sexual wellbeing organizations, gay person conduct has turned out to be all the more generally talked about at all levels. It has now turned into a piece of all AIDS and sex instruction, educational modules, despite the fact that a few people still bashful far from talking about it, almost all gay gatherings and MSM assemblages have coordinated HIV/AIDs training and conduct change correspondence in their plan. Some of them have even started their own mediation utilizing the companion instructive model. There is an acknowledgment among MSM people that all together with a specific end goal to have managed conduct changed, other psychosocial and sexual issues of MSM should be tended to. Coordination and joint effort among physical, mental and social wellbeing experts and MSM activities have developed out of this acknowledgment.

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