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Sexual Relationships, Behaviors, and Experiences among Bisexual Men in Mumbai, India

Brian Dodge, Ph.D.^{1,5}, Swagata Banik, Ph.D.², Jessamyn Bowling, MPH¹, Murugesan Sivasubramanian, M.Sc.³, Shruti Mengle, MA³, Vanessa Schick, Ph.D.⁴, Debby Herbenick, Ph.D.¹, Ashok Row Kavi³, and Vivek Anand, MBA³

¹Indiana University, Center for Sexual Health Promotion, Bloomington, IN, USA

²Baldwin Wallace University, Public Health Program, Berea, OH, USA

³The Humsafar Trust, Mumbai, India

⁴University of Texas Health Science Center, Houston TX, USA

Abstract

This exploratory study aimed to assess a range of sexual behaviors, relationships and related factors among a sample of bisexual men in Mumbai, India. Data collection occurred in two separate phases: 1. focus group discussions were facilitated with local community members in order to finalize an interviewer-administered questionnaire, and 2. structured interviews were conducted with a sample of 50 bisexual men using this questionnaire. Participants self-reported a wide range of sexual behaviors and relationships. Findings have implications for future research and practice focusing on bisexual men in India, as well as their partners of all genders.

Keywords

Bisexual; India; Sexual Behavior; Mumbai; Men Who Have Sex with Both Men and Women (MSMW)

Introduction

Translating social and cultural constructions of sexuality and gender in diverse global contexts, such as India, to/from traditional Western understandings are challenging. Public health research on HIV/STI and sexual health among bisexual men has traditionally relied on the problematic category of “men who have sex with men (MSM),” combining self-identified bisexual men and behaviorally bisexual men with self-identified gay men and exclusively homosexual men (Dodge et al., 2013). Limited research focusing specifically on bisexual men has primarily addressed sexual risk in the context of HIV/STI (Dodge et al., 2008; L. Doll, Myers, Kennedy, & Allman, 1997; L. S. Doll & Beeker, 1996; L. S. Doll et al., 1992; Stokes et al., 1997). While HIV/STI are significant issues, the exclusive focus on sexual risk and negative sexual health outcomes for bisexual men has framed the discussion

⁵To whom correspondence should be addressed at Center for Sexual Health Promotion, Indiana University, School of Public Health-Bloomington, 1025 E. 7th Street, SPH116, Bloomington, IN, 47405, USA; bmdodge@indiana.edu.

only in terms of “risky behaviors,” usually in the context of bisexual men as a “bridge population” for HIV/STI from male partners to female partners (Malebranche, Arriola, Jenkins, Dauria, & Patel, 2010; Prabhu, Owen, Folger, & McFarland, 2004).

Research focusing on bisexual men in India is scarce. Previous studies examining the context of HIV risk have often referred to bisexual men as “married MSM” or “men who are married and have sex with men on the side” (Closson et al., 2014; Kumta et al., 2010c; Patel, Mayer, & Makadon, 2012). These studies have examined HIV risk among behaviorally bisexual men without exploring the context of their sexuality and sexual identities. A better understanding of bisexual men’s potential sexual risk behaviors with partners of more than one gender has important health promotion implications. Additionally, research that explores the patterns and meanings of bisexual men’s sexual relationships, behaviors, and other experiences with partners of more than one gender (beyond their potential sexual risk behaviors) may help with reducing stigma, as well as developing targeted sexual health promotion interventions. Beyond those studies in which bisexuality was classified as a behavior rather than an orientation, to our knowledge, no prior studies have addressed the lived experiences and sexual health needs of self-identified bisexual men in India. A small number of studies from the West (for example, Garcia, et al., 2014) suggest differences in terms of HIV risk vulnerability between self-identified bisexual men and men who do not identify as bisexual but engage in bisexual behavior; however, no such data is available from India. The current study addresses this gap by focusing on self-identified bisexual men and, thus, findings may serve as a basis for future research for developing context-specific sexual health intervention for these men in the context of India.

Constructions of male sexuality in India are unique in some respects (Swagata Banik, 2008; Boyce & Khanna, 2011; Khan, 2001). Indian culture places heavy emphasis on family and much of society is organized around the need to have children for resource preservation, specifically continuing the family through material and financial resources, as well as upholding social status (Asthana & Oostvogels, 2001; Safran et al., 2006). Yet sexuality is often fluid among Indian men, irrespective of sexual orientation, and researchers have attributed the fluidity of sexuality among Indian men to psychosocial and cultural factors including stricter gender segregation at adolescence (Khan, 2001), homosocial culture (Greig, 2003), hegemonic gender roles, and “sexual needs” (Asthana & Oostvogels, 2001). Sexual identity labels in India may be adopted to be more reflective of a given behavior (for example, one who is the receptive partner in anal sex) than an indicator of attraction or orientation (Kumta et al., 2010c; Ramanathan et al., 2013). Same-sex behaviors are often covert not only because of the social stigma but also because India’s Sodomy law (Section 377 of India’s Penal Code, declared unconstitutional in 2009 then overturned in late 2013) criminalizes same-sex sexuality and non-procreative sexual acts for men and women (Kumta et al., 2010c; Soman, 2013). Thus, men who engage in sexual activity with other men in India have created culturally unique categories. These include *kothis* (feminine appearing, generally receptive anal sex partners), *panthis* (masculine, generally insertive anal sex partners), and double-deckers (“versatile,” both insertive and receptive anal sex partners) (Asthana & Oostvogels, 2001; Boyce, 2007). The vast array of identities reflects the fluidity of sexuality untethered to gender expectations for Indian men (Asthana & Oostvogels, 2001; Sharma & Nath, 2005).

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Due to globalization, an increasing number of men who engage in sexual activity with other men are identifying with the Western labels of “gay” and “bisexual” (S. Banik, Fisher, & Anand, 2014). While public health researchers in North America are beginning to study a more comprehensive range of bisexual men’s health issues (Dodge, Rosenberger, et al., 2012; Dodge, Schnarrs, et al., 2012; Dodge et al., 2013; Jeffries, Dodge, & Sandfort, 2008; Martinez et al., 2011; Muñoz-Laboy, Parker, Perry, & Garcia, 2013; Muñoz-Laboy et al., 2009; Severson, Muñoz-Laboy, & Kaufman, 2014), such studies have not yet examined experiences of self-identified bisexual men in the context of India. Of particular interest are men who routinely engage in sexual interactions with partners of diverse genders and who also self-identify their sexual orientation as “bisexual” (rather than “heterosexual,” “gay,” or other labels). These men are seemingly invisible in the existing research on male sex workers, “married MSM,” and other men in India who may engage in bisexual behavior due to a variety of contextual circumstances, but who may not necessarily be bisexual-oriented in terms of their attractions, desires, identities, behaviors, and partnerships.

In this study, we explore the sexual relationships, behaviors, and related experiences among a sub-set of bisexual men in Mumbai, India – specifically men who have engaged in recent bisexual behavior who also self-identify as “bisexual” or an equivalent local term, such as “ubhayaliṅg” (Hindi term for “bisexual”). It is important to note that while India has several local languages, not all language have a term that directly translates “bisexuality” as a sexual orientation or identity. Rather, slang expressions exist that indicate certain sexual behaviors. Thus, for this purpose, we used the term from Hindi (a language that is universally spoken in Mumbai) that closely translates to “bisexual orientation.”

Based on the insight and expertise provided by local community-based research partners, and gaps in current literature, we focus on a specific sub-set of bisexual men who have not yet been explored in previous research or intervention efforts. Our aims are to assess the contexts of self-identified bisexual men’s sexual relationships and behaviors with their partners of all genders and examine their experiences of their sexualities in a context in which numerous forms of behavioral bisexuality proliferate but have not yet been explored.

Method

Data were collected in two distinct phases which directly informed one another: 1. Focus group discussions (for purposes of finalizing study measures and procedures for subsequent interview participants; and 2. Interviewer-administered questionnaires (developed and finalized by focus group participants and used to collect study data from a sample of 50 bisexual male participants from Mumbai). This exploratory research project took place in collaboration with The Humsafar Trust (HT), the oldest and largest community-based organization on the Indian sub-continent focused on sexual and gender minority (SGM) individuals.

Based in Mumbai, the HT is a nongovernmental organization that began working on grassroots initiatives for SGM rights and has now expanded to include a wide range of resources and services for a diverse range of men, women, and transgender individuals (The Humsafar Trust, 2005, 2013). Some of the activities of the HT include advocacy, community

capacity building, and counseling services, as well as opportunities for health care, support and treatment. The HT maintains large community outreach programs targeted toward diverse groups of SGM individuals. A clinic providing HIV/STI counseling, testing and care was started in 1999 and has provided services to thousands of residents of Mumbai and surrounding areas. Additional outreach services are linked to various public health institutes who provide clinical care to HIV infected men, women, and transgender individuals throughout the region. Mumbai, formerly Bombay, is one of the largest and most populous cities worldwide and currently has a population of approximately 18 million people (Press Information, 2011).

Study Population

Academic and community partners discussed the most novel and relevant sub-population of bisexual men to focus on in this study. Studies have examined other sub-groups of bisexual men in India, for example in the context of sex work – where predominantly “heterosexual” men (who also self-identify as “heterosexual”) commonly engage in same-sex behavior in exchange for money or other resources. It is also normative that “heterosexually-oriented” truck drivers routinely engage in sexual behaviors with younger male assistants and/or “hijras” while on long-haul drives simply because female sexual partners are not available (Singh & Malaviya, 1994). Additionally, some mostly “homosexually-oriented” men may enter into married relationships with female partners in order to fulfill cultural expectations of masculinity and procreation (S. Banik et al., 2014; Khan, 2001). In short, a number of unique expressions of male bisexuality in India have been examined in previous research efforts, though studies on bisexual identity in India are non-existent. Thus, in the present study, participants’ eligibility criteria included two factors: 1. Reporting engaging in oral, vaginal, or anal sex with at least one female partner, as well as oral or anal sex with at least one male partner, during the past six months, and 2. Self-identifying as “bisexual” or an equivalent term in local languages (Hindi, Marathi). We also included men who reported engaging in oral or anal sex with at least one “hijra” partner during the past six months, a culturally-unique subculture whose closest parallel outside India may be “male-to-female transgender” (although some have been castrated, very few have undergone sex reassignment surgery). In the socio-cultural context of Mumbai, men who have sex with “hijra” partners fall under the umbrella of MSM; indeed, men’s sexual behaviors with “hijra” partners are understood as male sexual partners based on their biological gender (i.e., born with male genitalia and without a vagina) (Herdt, 1994). We also limited enrollment to cisgender men (i.e., those born male and living as a man), as issues among transmen are likely unique, and those who were at least 18 years of age, due to the feasibility of engaging adults in studies of sexual behavior and identity.

Bisexual behavior—As we were interested in exploring sexual relationships and behaviors, we selected those who had engaged in recent sexual behavior with female and male (and/or *hijra*) partners. To ensure relevance in terms of bisexual behaviors and relationships, we recruited a sample of men who self-reported engaging in bisexual behavior during the past six months. Studies have varied greatly in the time period for which sexual behavior may be classified as “bisexual,” but we chose six months as the duration defining bisexual behavior to obtain a more accurate account of recently behaviorally bisexual men.

(and therefore distinct from exclusively homosexual or heterosexual men). Estimates of bisexual behavior over a participant's entire life are too broad to adequately reflect the dynamics of their recent sexual repertoire (Malebranche, 2008).

Bisexual identity—As we were also interested in understanding men's psychosocial experiences associated with their sexualities, we included self-identification as "bisexual" or an equivalent local term, as another eligibility criterion. We also used this to distinguish these men from the other sub-groups of men in India who engage in bisexual behavior. In discussions among researchers and community partners, a number of diverse "typologies" of male bisexual behavior prevalent in Mumbai were discussed in terms of their relevance for this study. Although traditional Western conceptualizations of sexual self-identity are not interchangeable with those in the Indian context, The Humsafar Trust's outreach efforts confirmed that substantial numbers of men do self-identify as "bisexual" and, as yet, previous research in India has examined men's bisexual behavior without taking into account men's psychosocial experiences in the context of bisexual identity.

Participants

Table 1 provides a summary of the demographic characteristics of the men who participated in the interview phase of the study. The mean age of the participants was 25.78 years (SD = 5.51 years). The participants tended to be relatively highly educated, with 42% (n = 21) having completed a post-secondary ("graduate") level of education and 38% (n = 19) a 12th grade ("higher secondary") level of education. Most men were either employed in a private job (42%, n = 21) or were full-time students (26%, n = 13). The mean monthly income for participants was 15756.76 Indian rupees (SD = 11665.25), approximately \$260.22 USD (SD = \$192.65).

Measures and Materials

Focus Groups—Prior to recruitment for the questionnaire phase of our study, four focus group discussions were conducted with bisexual men (n = 22 total) between June and August 2013. Focus groups were led by trained interviewers employed by The Humsafar Trust who were proficient in Hindi, Marathi, and English. All individuals provided informed consent and no incentives for participation in the focus groups were provided. Focus group discussions involved review, development and refinement of survey protocols, as well as recommendations for recruitment and engagement of the study population. In particular, focus group discussants provided feedback on a questionnaire used for data collection with behaviorally bisexual men in the United States (Dodge et al., 2013; Hubach et al., 2014). For example, in regards to sexual behavior at last event, focus group participants noted the absence of an item assessing "inter-femoral sex," a non-penetrative behavior in which a male partner places his penis between a male or female partner's thighs, and thrusts to create friction and achieve orgasm.

Interviewer-Administered Questionnaire—Participants who were interested in taking part in the study were given the option of completing the questionnaire in Hindi, Marathi, or English. Recognizing variations in literacy, and in order to capture more in-depth data provided in open-ended responses, the questionnaire was administered by a trained

interviewer. Most items contained fixed choices but also gave the option for participants to provide open-ended responses. During interviews with participants, participants responded by self-report to modified measures from the *National Survey of Sexual Health and Behavior (NSSHB)*, items that have been validated in several large nationally representative studies of sexual behavior in the U.S. (Herbenick et al., 2010). All items were translated in Hindi and Marathi, two commonly used local language in Mumbai besides English, and reviewed and modified by focus group participants for their cultural congruence. Upon completion of the interview, participants received an incentive of 300 INR (approximately \$5 USD) in cash. This amount was in line with similar studies that have been recently conducted at The Humsafar Trust.

Procedures

Recruitment for both phases of the study (i.e., focus groups and interviews) required a multi-step process and occurred in close collaboration with local community partners.

Participation in social and behavioral science research projects focusing on sexuality is not an everyday occurrence in India. As such, we relied on methods that were feasible and that did not jeopardize potential participants' confidentiality or, indeed, safety (acknowledging that same-sex behavior among men is once again constitutionally illegal). For the series of focus group discussions, an initial wave of participants was recruited from the social and professional networks of outreach workers and program staff at The Humsafar Trust.

Following the focus group discussions and design of the interviewer-administered questionnaire, interview participants were also recruited via multiple methods, based on recommendations in the focus groups. It was not mentioned in recruitment materials that the study was targeting bisexual men in India, similar to recommendations from other recent studies of bisexual men (Dodge et al., 2013; Hubach et al., 2014) in order to reach a more accurate sample of participants. Respondents who expressed interest were screened in order to meet eligibility criteria. Online postings for a study on men's sexual health were placed on a variety of general social and sexual networking Internet sites, allowing us to reach a diverse cross-section of men, including those who may not frequent gay-oriented websites. Additionally, we relied on participant referral. Men who participated were encouraged to refer other potentially eligible men from within their social and sexual networks to take part in the study. Previous studies have shown that this method of recruitment is particularly important given the often discrete social and sexual networks of bisexual men, as they may not be easily recruited from traditional gay-identified venues (Dodge et al., 2013; Martinez et al., 2011).

All protocols for this study were approved by the internal institutional review board of The Humsafar Trust and by the institutional review board of the first author's academic institution. Potential participants were informed of all study procedures prior to data collection. All men who took part in the study were required to give written informed consent to procedures before the data collection took place. No identifying information, with the exception of broad demographic characteristics, was collected.

Results

Data Analysis

Focus groups were digitally recorded and transcribed verbatim by a trained research assistant. Transcribed data were translated into English and analyzed thematically by two investigators and a doctoral-level student using standard coding techniques. Participants' responses to the interviewer-administered questionnaire were quantified and entered into an electronic data file for further organization and analysis. All analyses were conducted using SPSS version 22. Descriptive statistics were used to report frequencies of sexual behaviors, factors associated with sexual experience, and condom use. Given the exploratory nature of this study with a sub-population of bisexual men for which previous data are absent, along with the relatively small number of participants, we aimed to identify preliminary descriptive patterns and themes.

Focus Groups

In relation to sexual relationships, behaviors and experiences, two primary domains were explored with participants: 1. Experiences and expressions of sexual identity, and 2. Sexual relationships with female and male partners. As the focus groups were used for the purposes of interview protocol development and refinement, we present only the primary themes that emerged from focus group discussions are included in Table 2. Additionally, Figure 1 provides a conceptual map highlighting some of the primary findings from focus groups and their relations to other concepts that emerged during the course of the study.

Interviewer-Administered Questionnaires

Sexual Relationships—Participants responded to a series of items with detailed information regarding relationships with their sexual partners over the previous six months, for female and male partners separately. Of the participants who reported being “in a relationship” the past six months, interestingly, the majority (78%, n = 32) reported being in concurrent relationships with male partners and female partners. None of the men reported being in current relationships with transgender partners.

Sexual Relationships with Female Partners: During the past six months, 40% (n = 20) of participants reported engaging in sexual activity with one female sexual partner, 48% (n = 24) reported 2-5 partners, with few reporting 6 or more female partners (5%, n=10). Most participants indicated they were currently “in a relationship” with a female partner (84%, n = 42). Of those in relationships, about half described being in a relationship with a girlfriend (54%, n = 22), nearly one-third with a wife (30%, n = 12), and fewer with relatives, acquaintances, casual sex partners, commercial sex workers, or other relationship configurations (17%, n=7).

Of the 42 participants who reported being currently “in a relationship” with a female partner, most indicated that they were currently sexually active in their relationship (84%, n = 35). Most participants (77%, n = 39) indicated that they have an emotional connection with a female partner, specifically their girlfriend (58%, n = 23), wife (24%, n = 9), or another type of partner. When asked what kind of feelings they had toward their female partner, 45% (n =

23) indicated an emotional connection with a woman who they would like to marry, 22% (n = 11) reported only sexual and no emotional feelings, and others endorsed a variety of casual feelings or no feelings. When asked “*Do you do different things sexually with your female partners depending on your relationships with them?*” nearly half (43%, n = 22) endorsed this item. In focus group discussions, men reported, for example, that they reserved engaging in unprotected vaginal sex with their long-term girlfriends and wives, while being more likely to engage in oral sex or inter-femoral sex with more casual female partners.

Sexual Relationships with Male Partners: In terms of male sexual partners, more than half of participants reported 2-5 male partners during the past six months (56%, n = 28). Another 16 (32%) reported 6 or more male partners; only 12% (n = 6) of participants reported one male sexual partner during the past six months. As with female partners, nearly the same number of participants indicated they were currently “in a relationship” with another man (82%, n = 41). However, while most relationships with female partners were with “girlfriends,” the highest proportion relationships with male partners were “friends” (27%, n = 14). Other men described their relationships with male partners as “boyfriends” (14%, n = 7), “strangers met in cruising areas (14%, n = 7), and other configurations.

Of the 41 participants who were “in a relationship” with a male partner, nearly all indicated that they were currently sexually active in their relationship (98%, n = 40). When asked what kind of feelings they had toward their male partner, the highest number of participants (34%, n = 14) indicated that they only have sexual feelings and no emotional feelings with their male relationship partner, while another 23% (n = 9%) reported having emotional feelings for their partner. In terms of commitments and expectations, 36% (n = 15) reported being in an “open relationship” and 27% (n = 14) in an ongoing relationship with “no commitments.” When asked whether they engaged in specific behaviors in specific relationship contexts with their male sexual partners, 64% (n = 32) indicated that they did.

Sexual Behaviors and Experiences

Lifetime Sexual Behaviors: Table 3 displays the participants’ range and recency of sexual behaviors. In terms of lifetime experience, only one sexual behavior was universal – all men reported having engaged in vaginal intercourse (100%, N = 50). Most participants reported engaging in solo masturbation (88%, n = 44) or masturbation with a male partner (96%, n = 48); however, rates of partnered masturbation with a female partner were notably lower (56%, n = 28). Half of the participants (50%, n = 25) indicated they had received oral sex from a man; however, all but one participant (98%, n = 49) had performed oral sex on another man. Again, half of the participants (50%, n = 25) reported receiving oral sex from a women. In contrast, just less than half (44%, n = 22) had performed oral sex on a woman in their lifetime. In terms of anal sex, the majority indicated being the insertive partner during anal sex (94%, n = 47). Far fewer reported that they had been the receptive partner during anal sex with a male partner (24%, n = 12.). More detailed data regarding anal sex, including gender of the partner, was collected in terms of sexual behavior at last event.

Approximately one-third of participants had engaged in sexual behavior with a partner they had met online (30%, n = 15). Regarding transactional sex, only 4% (n = 2) had given

something to a male partner in exchange for sex; a higher proportion (26%, n = 13) had received something from a male partner. Nearly a quarter of participants (26%, n = 12) had given something to a female partner in exchange for sex; another 14% (n = 7) had received something from a female partner. Just over half of the participants (52%, n = 26) had engaged in group sex. Another one-third (66%, n = 33) had attended a sex party at some point during their lifetime.

Sexual Behaviors at Last Event: Participants' reports of sexual behaviors at last event contained unique differences both in terms of lifetime and recent sexual behaviors and gender of their sexual partners (represented in Table 4). With their last female partner, fewer participants (14%, n = 7) engaged in kissing and "body sex" (a local colloquial term for "petting"). Nearly half (46%, n = 23) had rubbed their genitals together. None of the participants reported performing oral sex during their last sexual event with a female partner and only 6% (n=3) had received oral sex. Another quarter of participants (22%, n = 11) of the participants reported engaging in vaginal sex during their last sexual encounter with a female partner (although well over half had done so in the past 30 days). Five participants (10%) had engaged in insertive anal sex with their last female partner, and only one participant (2%) reported inter-femoral sex.

With their last male partner, all participants reported kissing. Only 2 participants (4%) had rubbed genitals with a male partner. In terms of oral sex, 12% (n = 6) reported that they performed oral sex on their last male partner and 24% (n = 12) received oral sex. Nearly half of the participants (44%, n = 22) engaged in insertive anal sex, while only 12% (n = 6) had been the receptive anal sex partner. Only 4% of participants (n=2) indicated inter-femoral sex with a male partner during their last sexual event).

It is also noteworthy that a total of 4 participants reported that their last sexual encounter with a male sexual partner occurred with a "*hijra*" partner; due to the small number of cases, and the way in which these are considered "male partners" in the local culture, we were not able to examine detailed information regarding these individuals in more depth.

Primary Reasons for Sex with Partners at Last Event: With an interest in potential motivations involved with the decision to engage in sex, participants responded to a series of items regarding their "main reasons" for engaging in their last sexual encounters with a partner, examining in particular the gender of partner (Table 4). These items were generated during focus group discussions and included a number of constructs that were deemed to be relevant in the cultural context.

Participants reported interesting differences (as well as similarities) regarding the reasons they engaged in their last sexual event with sexual partners, specifically examining gender. A large number of participants reported "*I was sexually aroused*" for both male (28%, n = 14) and female partners (34%, n = 17). Another commonly reported item was "*I enjoy having sex*" for male (14%, n = 7) and even more so for female partners (32%, n = 16). Of note, a number of participants indicated "*I was seduced by my partner*" for male (10%, n = 10) and female partners (18%, n = 9). Additionally, beyond simply enjoying sex, participants

reported “*I like sex with men and women*” for male (6%, n = 3) and female partners (10%, n = 5).

Overall, reasons for engaging in most recent sexual activity with last male partner were more varied than for female partners. Some responses endorsed only for male partners include “*I’m bisexual so it is normal*” (10%, n = 5), “*I do not get oral/anal sex from my wife*” (6%, n = 3), and “*Having sex with a man is an intense form of friendship*” (8%, n = 4).

Experiences of Sexual Behaviors at Last Event: In addition to their sexual behaviors at last event, participants were asked to rate their experiences and feelings (e.g., pleasure, arousal, orgasm) during their most sexual event (Table 4). Similar percentages of men indicated that their last encounter with a man (70%, n=35) and last encounter with a woman (66%, n = 33) were ‘extremely’ or ‘quite a bit’ pleasurable. No participants reported that their most recent sexual event was “not at all pleasurable” with a man or a woman. Similar patterns were found for reports of arousal with both female and male partners. Most participants reported no erectile difficulty with their female (94%, n = 47) or male partner (96%, n = 48). Only a small number of participants reported using medication for erectile functioning with their partner regardless of partner gender.

Discussion

As bisexual men have frequently been collapsed into samples of “men who have sex men (MSM)” or “gay and bisexual men,” most research on bisexual men in India has focused narrowly on homosexual risk behavior with little recognition of other aspects of bisexuality. The findings from this study suggest that bisexual men, or those who self-identify as bisexual and actively seek out both male and female sexual partners, are unique and distinct from other local sub-populations of behaviorally bisexual men in Mumbai, including male sex workers and “married MSM.” Our sample of participants was relatively young, with a mean age of 26 years. Almost half of the participants reported that they have a graduate degree, indicating that the sample is relatively well educated in terms of socio-economic status in the Indian context. Approximately 10% of participants indicated that they are currently married but are not living with their wives. These are likely migrant men who migrated to Mumbai for better earning potential, leaving their wives with extended family ‘back home’ in villages/native towns. Recent studies targeting migrant men (Saggurti, Mahapatra, Sabarwal, Ghosh, & Johri, 2012; Saggurti, Nair, et al., 2012) have documented bisexual behavior among migrant population in India. Additionally, over 60% of our participants were not currently married, yet identify themselves as “bisexual.” This is a major difference between our sample and participants from other studies (Closson et al., 2014; Kumta et al., 2010a) in which they conceptualize bisexual men solely in terms of being “married MSM”. The few ongoing sexual health research and practice initiatives in India that have focused on “behaviorally bisexual” men have targeted MSM who are partnered in the context of marriage with a female partner. Contexts and associated health implications beyond HIV/STI risk may be unique for these two groups.

In terms of sexual behavior among the bisexual men in our study, it is interesting that receptive anal sex is reported far less frequently than insertive anal sex. In addition, fewer

men report receptive oral sex from male (and female) sexual partners than those who report having “given” oral sex. This differs from prior reports from MSM samples in India where receptive oral sex was a commonly reported sexual act (Welles et al., 2011). Our data also challenge the prevailing notion in India that men engage in same-sex behavior mainly because they do not “receive” unconventional sexual pleasure (e.g., oral sex) from their female sex partners, wives and girlfriends. However, there may also be something unique about being in the role of the “recipient” (as opposed to the “giver”) that may be less desirable to these men. While receptive anal sex is often perceived to be a more ‘feminine’ behavior than insertive anal sex in a variety of cultural contexts (Lancaster, 1992; Parker, 1986), it is unclear whether there is a parallel argument for oral sex. This certainly raises interesting questions and remains to be explored in future studies.

While some participants reported engaging in sex work, the majority did not. It is interesting that participants reported being recipients during sexual encounters with partners of more than one gender, which could be the focus of future exploratory research focused on understanding bisexual men’s transactional sex experiences. It is also noteworthy that over half (52%) of the sample reported previous experiences with group sex and sex parties with male partners. It is unfortunate that we were not able to gather detailed data regarding group sex and/or sex party behaviors at last sexual event in this exploratory study. Now that researchers are developing methods to assess group sex in more nuanced and precise ways (Frank, 2013), we have uncovered sufficient evidence to warrant more detailed examinations of group sex behavior among bisexual men in the Indian context.

The contrast between participants’ reports of ‘ever’ engaging in a sexual behavior and engaging in behavior at ‘last event’ findings are striking. There is notable inconsistency between lifetime and last event experiences of vaginal sex, in particular with all participants reporting a history of vaginal sex and fewer reporting engaging in vaginal sex at last event. It is also interesting that rubbing genitals with a female partner is the most frequently reported behavior at last event. That almost all men engaged in genital rubbing with a female partner, and few engaged in vaginal intercourse, suggests that this behavior is likely being used as a pregnancy prevention strategy. Genital-to-genital rubbing may pose some risk for STI transmission but there are currently no endorsed safety strategies for this behavior. Additionally, we also see a contrast between the percentage of participants who report lifetime and last event oral sex to a man, with a lower percentage of men who report ever giving oral sex to a man in their lifetime while a higher percentage reported receiving oral sex at last event. It may suggest that “giving” oral sex is a behavior that few report engaging in with a male partner; however, for those who do, it may be incorporated into their sexual repertoires more regularly. Further, limited but available sexual health data indicate that “penis” is regarded as “dirty” in Indian culture (Schensul et al., 2007), which may also impact oral sex behavior among our participants. Overall, these differences affirm the methodological importance of assessing sexual behavior using both last event and lifetime measures.

In order to understand the context and motivations for engaging sexual behavior, we asked our participants the main reasons for their last sexual encounter with a partner, focusing on the gender of each partner. The similarities, as well as differences, are striking and exemplify

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some of the culturally unique aspects of male sexuality (and bisexuality) in India. Sexual arousal was the primary reason for the last sexual encounter with partners, regardless of gender. A number of participants also indicated that sexual enjoyment was their main reason for engaging in sexual behavior with all sexual partners. Interestingly, “seduction” by other male partners was a commonly reported reason for participants’ most recent encounters. This finding has several implications, including deflecting the “responsibility” for the sexual behavior to their partner. Additionally, in a patriarchal society such as India, being “sucked” by a partner may be a form of transgression of typical gender and sexual scripts, in which men are expected to be the initiators of sexual encounters. Last, given the pervasive theme of fantasy and “seduction” in many (if not most) traditional Bollywood films and media, cultural meanings and expectations of seduction are likely unique in the Indian context. Overall, the reasons provided by participants seem to reinforce the larger evidence of being “bisexually-oriented” in our study sample (that is, actively seeking out and enjoying sexual behavior with partners of more than one gender for a variety of reasons, primarily sexual pleasure).

Reported rates of sexual pleasure and arousal are similar across partners, regardless of gender, when collapsing “extremely” and “quite a bit”. This provides further evidence that these are not simply men who are “actually gay” but who engage in sexual behavior and relationships with female partners to conform to society’s standards, as some incorrectly assume about bisexual individuals in cultural context such as India, particularly “married MSM” (Closson et al., 2014). These are men who, in addition to self-identifying as “bisexual,” are seeking out, engaging in, and enjoying sexual behaviors with both men and women, providing further rationale for focusing on “bisexually-oriented” men as separate and distinct from other sub-populations of behaviorally bisexual men.

Limitations

This study is exploratory and not without limitations. As probability samples of behaviorally bisexual men are very difficult to obtain in any context (Jeffries & Dodge, 2007), not to mention in India, we relied on convenience sampling techniques recommended by our local community-based partners in order to attain study participants. Because a probability sample was not feasible, we do not know how well our approach sampled our target population of bisexual men, let alone the vast array of other sub-populations of behaviorally bisexual men in India. This study was conducted in Mumbai, one of the largest and most developed cities in India where access to and influence of Western media is higher than other small town and rural areas. Additionally, the participants in the sample reported fairly high levels of educational attainment. Thus, the findings may not be representative of other contexts of India. Last, because our measures for sexual lifetime and recent behaviors and relationships may oversimplify the cultural contexts in which these takes place, it is difficult to extrapolate meanings associated with the patterns of behavior we have documented. Our collection of event-level data allows us to explore such contextual issues more deeply with experiences associated with last sexual event with both female and male partners. Future studies would benefit from ongoing and longitudinal data collection (e.g., daily diaries) in order to explore context associated with sexual behaviors and relationships over time.

Implications

For the majority of our participants, various aspects of their sexuality, including sexual behaviors as well as subjective experiences of pleasure, arousal, function, and orgasm, were relatively similar whether they were with a male or female partner. However, these men are unique by virtue of that fact that they actively sought out and shared these sexual experiences with partners of more than one gender. Since vaginal intercourse and oral sex with both genders were the most commonly reported behaviors, traditional MSM-oriented risk reduction messages (i.e., avoiding unprotected receptive anal sex with male partners) will likely not target the most relevant behaviors of these men, particularly in terms of sexual behaviors with female partners. Perceived pregnancy risk can also impact bisexual men's decisions to engage in behaviors with their female sexual partners. Previous programs that seek to achieve traditional rigid outcomes of reduced unprotected anal sex for other groups of MSM may be less relevant for the men in our study. Given the high rates of oral sex among our participants, our data support the importance of providing relevant information in terms of possible STI transmission during oral sex with partners of all genders, as well as testing and treatment options available.

In terms of new directions, future research on experiences associated with sexual identity among self-identified bisexual men in India is warranted. Although Western sexual identity categories are not equivalent in the Indian context, it is interesting and important to note that a number of Indian men, and women, continue to use the identity label of "bisexual." Preliminary data from our focus groups suggests that the experience of identifying as bisexual in India brings with it distinct psychosocial challenges, including stigma associated with same-sex sexual behavior; stigma associated with receptive anal sex; perceived discrimination from family and relatives; perceived discrimination from both heterosexual and homosexual (gay-identified and other MSM) peers due to their bisexual identities and/or behaviors; lack of "bisexual" community involvement or interaction; and unique challenges to protective sexual practices with partners of different genders. While some of these are similar to psychosocial challenges reported from bisexual men in North American contexts (Friedman et al., 2014), our participants present additional unique challenges associated with cultural calls for collectivism; importance of maintaining family lineage and pressures related to perceived norms of "acceptable" gender role and expression. Further studies focusing on the experiences and expressions of bisexual identity in India would assist in understanding these issues that have not yet been explored outside the Western context.

In addition to sexual risk reduction information, intervention efforts may seek to focus on skill building with bisexual men in order to assist them with disclosing potential sexual risk behaviors with all partners, regardless of gender. Since current social support for bisexual men is scarce in any context, particularly in India, such efforts must take into account that not all sexual partners will be open to relationships with bisexual men and consider the implications this may have on expectations. Public health professionals should investigate the development and implementation of sexual health interventions to address the unique challenges faced by and sexual health needs of bisexual men in India. Given that these men perceive themselves separate from other gay or *kothi*-identified men, existing interventions that cater to the overall MSM population in India are likely not be effective in meeting the

sexual health needs of bisexual men. Previous studies in the U.S. have demonstrated that interventions targeting exclusively gay men do not directly transfer to the specific issues faced by bisexual men, particularly in terms of their sexual behaviors and relationships with female partner (Hubach, et al., 2014). Based on the implementation of targeted interventions in India, researchers may determine their impact and congruence in meeting the unique needs of this understudied population.

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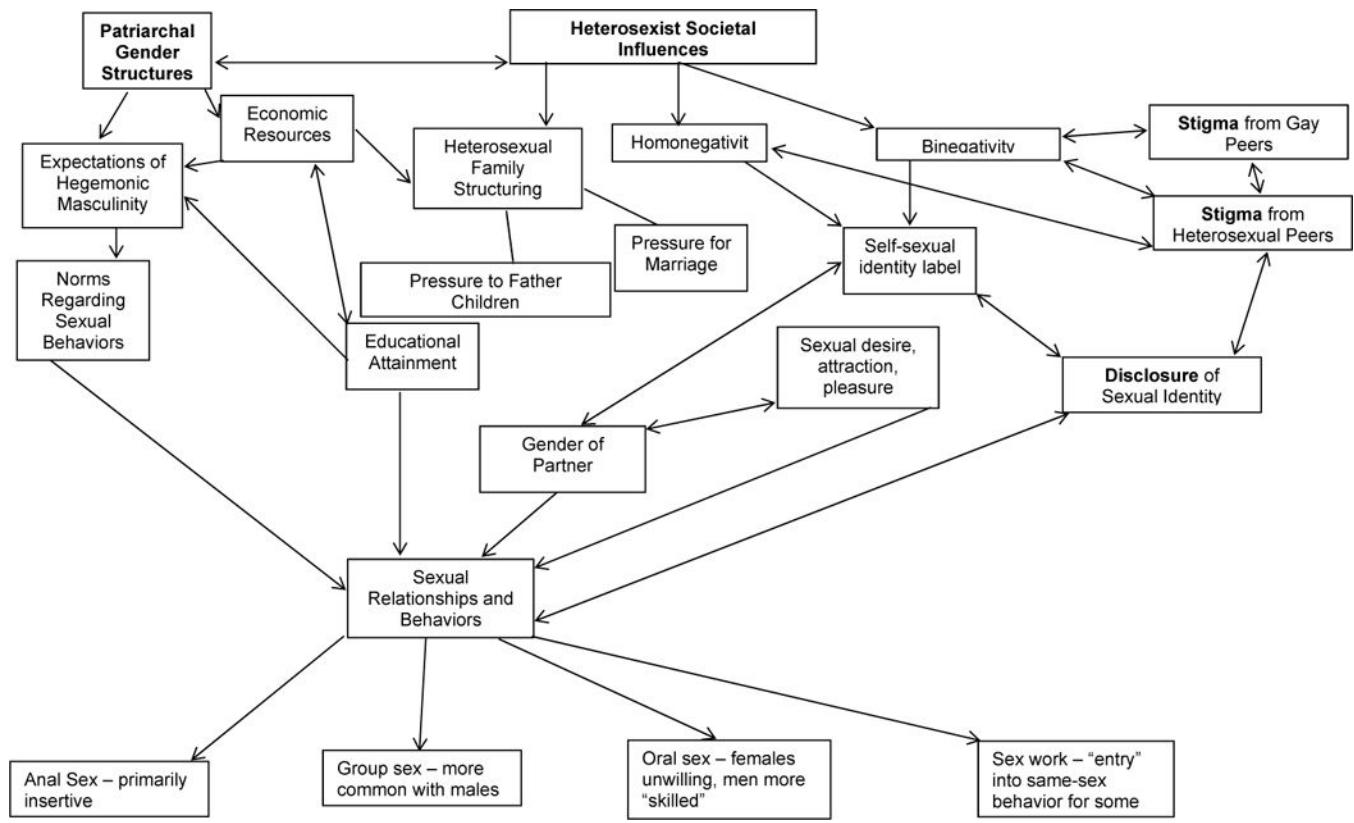


Figure 1.
Concept map of influences on sexual behaviors among bisexual men

Table 1

Interview Participant Characteristics (N = 50).

| | N | % |
|--|----------|----------|
| Highest Level of Education | | |
| Primary (6 th grade passed) | 2 | 4 |
| Secondary (10 th grade passed) | 7 | 14 |
| Higher Education (12 th grade passed) | 19 | 38 |
| Graduate | 21 | 42 |
| Other | 1 | 2 |
| Occupation | | |
| Unemployed | 7 | 14 |
| Government Job/Service | 7 | 14 |
| Private/Company Job | 21 | 42 |
| Other | 14 | 30 |
| Relationship Status | | |
| Never Married | 32 | 64 |
| Currently Married/Living with Wife | 11 | 22 |
| Currently Married/Not Living with Wife | 5 | 10 |
| Currently Living with Male Partner | 1 | 2 |
| Currently Divorced from Wife | 1 | 2 |
| Children | | |
| None | 37 | 74 |
| One | 7 | 14 |
| Two | 6 | 12 |
| | Mean | SD |
| Age (Years) | 25.78 | 5.51 |
| Monthly Income (INR) | 15756.76 | 11665.25 |

Table 2

Themes and Sub-Themes Elicited from Focus Group Discussions (N = 22)

| | |
|-----------|--|
| 1 | Experiences and expressions of bisexual identity |
| a | Heterosexist societal influences and patriarchal gender structures <ul style="list-style-type: none"> i. Pressure to have children leads to need for female partner ii. Term “bisexual” becoming more popular iii. Importance of family expectations – significant stigma in the family context iv. Relative isolation – lack of bisexual community or resources |
| | For example, in Dostana movie, in which Abhishek Bachchan played character of gay and John played as top, a bi guy. But nobody knew what John is. Everyone knew that both are gay. So why it happens that society know about gays but don't know about bisexuals? [37 years old participant] |
| | Mostly there is no as such group as bi community. Mostly there is group of gay people in which there are more bottoms. They have a good group but you will rarely find group of tops. [29 years old participant] |
| b | Stigma <ul style="list-style-type: none"> i. Perceived discrimination from family, workplace and friends ii. Fear of being ostracized by family and relatives iii. Bi-directional stigma- stigma towards “gay” community as well as from gay community iv. Perceived Gender role & expression- stigma towards effeminate men (kothi) and other MSM v. Receptive anal sex is seen as “gay” trait and frowned upon by self-identified bisexual men vi. Perceived stigma prevents sexual health discussion with healthcare provider |
| | I will get married, and everyone wants marriage, family, and kids. So today if I tell that I am interested in both gender, I don't think any female will want to marry me with me. No family would want a son like that... [23 years old participant] |
| | Q: Suppose I fuck any female and being fucked by a male, then how what would you call me? |
| | A: You will be called a gay [25 yrs old participant] |
| c | Reasons for bisexual label <ul style="list-style-type: none"> i. Attraction to both men and women ii. Behaviorally-based: having sex with both men and women explains bisexual identity iii. Labeled by others before self-identifying iv. Diverse indigenous and local terms for “bisexual” v. Commercial sex work with both male and female clients |
| | I want to say that it [bisexuality] should not be defined just by behavior. Although this happen now a days because of fast moving society, everyone wants short moment of pleasure and many men get that and that's true..... but this thing, i.e., I like both men and women equally is within me [34 years old participant] |
| d | Disclosure of bisexuality <ul style="list-style-type: none"> i. Tradition creates need for silence ii. Identity conflict: public vs. private identity iii. Influence of stigma iv. Less likely to disclose to female partners, only if they “ask” v. Much less likely to disclose to female and male partners who are not bisexual |
| | We do not talk about this to anyone, except our bi friends in this line... [24 years old participant] |
| 2 | Sexual relationships and behaviors with male and female partners |
| a. | Anal sex <ul style="list-style-type: none"> i. Taboo of anal sex ii. Compartmentalized – almost exclusively with male partners, painful and “degrading” for female partners iii. Primarily insertive |

b. Group sex

- i.** More common with male partners

c. Oral sex

- i.** Female partners often unwilling, male partners more satisfying in terms of skills

d. Sex Work

- i.** Functions as “entry” into same-sex behavior for some

e. Gender preference

- i.** Prefer male partners for sexual versatility
- ii.** Prefer female partners for intimate and fulfilling relationships
- iii.** Influenced by personal, societal and logistical factors (ex: male partners are “easier” than female partners)

Earlier involvement was with girls and afterward due to financial problem I entered in this field. When I started getting money then gradually involvement increased. Then it happened that I need this and I need that too. Satisfaction is not with one only. I go for enjoyment with both sexes.. [22years old participant].

Wives always expect that they should get maximum amount of love. They wanted to know where you are, what you are doing, are you with only them 24 hours. They will always keep a watch on you. That is one part which irritates me. [28years old participant]

With my female partner [girlfriend] I have to perform only the body sex. They do not want to do oral sex or anal sex. They are thus receiver.. You are always at giver side, so you have to give as much as possible. So when you want some amount of other pleasure that you will get from other [men]side [26 years old participant].

Table 3

Reported Recency of Sexual Behaviors (N = 50)

| Recency of Reported Behavior | Never Done | | | | | | Past 30 Days | | | Past 90 Days | | | Past 6 Months | | | Over 6 Months | | |
|--|------------|----|----|----|----|----|--------------|----|----|--------------|---|---|---------------|---|---|---------------|---|--|
| | N | % | n | % | n | % | n | % | n | n | % | n | % | n | % | n | % | |
| <i>Sexual Behavior</i> | | | | | | | | | | | | | | | | | | |
| Solo Masturbation | 6 | 12 | 24 | 48 | 7 | 14 | 4 | 8 | 9 | 18 | | | | | | | | |
| Partnered Masturbation with Male | 2 | 4 | 27 | 54 | 14 | 28 | 7 | 14 | — | — | | | | | | | | |
| Partnered Masturbation with Female | 28 | 56 | 2 | 4 | 9 | 18 | 4 | 8 | 7 | 14 | | | | | | | | |
| Received Oral Sex from Male | 25 | 50 | 21 | 42 | 3 | 6 | 1 | 2 | — | — | | | | | | | | |
| Received Oral Sex from Female | 25 | 50 | 16 | 32 | 3 | 6 | 6 | 12 | — | — | | | | | | | | |
| Gave Oral Sex to Male | 1 | 2 | 39 | 78 | 5 | 10 | 3 | 6 | 2 | 4 | | | | | | | | |
| Gave Oral Sex to Female | 22 | 44 | 11 | 22 | 5 | 10 | 9 | 18 | 3 | 6 | | | | | | | | |
| Vaginal Sex | — | — | 31 | 62 | 8 | 16 | 6 | 12 | 5 | 10 | | | | | | | | |
| Insertive Anal Sex | 3 | 6 | 35 | 70 | 10 | 20 | 1 | 2 | 1 | 2 | | | | | | | | |
| Receptive Anal Sex | 38 | 76 | 8 | 16 | 2 | 4 | 1 | 2 | 1 | 2 | | | | | | | | |
| Sex Online | 35 | 70 | 11 | 22 | 2 | 4 | — | — | 2 | 4 | | | | | | | | |
| Gave Something for Sex with Male | 48 | 96 | 2 | 4 | — | — | — | — | — | — | | | | | | | | |
| Gave Something for Sex with Female | 38 | 76 | 2 | 4 | 1 | 2 | 3 | 6 | 6 | 12 | | | | | | | | |
| Received Something for Sex with Male | 37 | 74 | 3 | 6 | 6 | 12 | 3 | 6 | 1 | 2 | | | | | | | | |
| Received Something for Sex with Female | 43 | 86 | — | — | 3 | 6 | 2 | 4 | 2 | 4 | | | | | | | | |
| Engaged in Group Sex | 24 | 48 | 3 | 6 | 5 | 10 | 8 | 16 | 10 | 20 | | | | | | | | |
| Attended a Sex Party | 33 | 66 | — | — | 3 | 6 | 4 | 8 | 10 | 20 | | | | | | | | |

* Attended a Sex Party: N=49

Table 4

Characteristics of Most Recent Sexual Event by Partner Gender (N=50)

| | With Male Partner | | With Female Partner | |
|---|-------------------|-----|---------------------|----|
| | n | % | n | % |
| <u>Sexual Behaviors</u> | | | | |
| Kissing/Body Sex | 50 | 100 | 7 | 14 |
| Rubbed Genitals | 2 | 4 | 23 | 46 |
| Performed Oral Sex | 6 | 12 | — | — |
| Received Oral Sex | 12 | 24 | 3 | 6 |
| Inter-femoral Sex | 2 | 4 | 1 | 2 |
| Receptive Anal Sex | 6 | 12 | — | — |
| Insertive Anal Sex | 22 | 44 | 5 | 10 |
| Vaginal Sex | — | — | 11 | 22 |
| Insertive Anal Sex with Female | 5 | 10 | | |
| <u>Main Reasons for Having Sex</u> | | | | |
| I enjoy sex having sex | 7 | 14 | 16 | 32 |
| I was sexually aroused | 14 | 28 | 17 | 34 |
| I feel masculine when I have sex with multiple partners | 1 | 2 | 2 | 4 |
| I like oral sex | 2 | 4 | — | — |
| I like sex with men and women | 3 | 6 | 5 | 10 |
| I do not get oral/anal sex from my wife | 3 | 6 | — | — |
| Having sex with a man is an intense form of friendship | 4 | 8 | — | — |
| I am bisexual so it is normal | 5 | 10 | — | — |
| I like the idea of having sex with a stranger | 1 | 2 | — | — |
| I had a biological urge | 5 | 10 | 1 | 2 |
| I was bored | — | — | — | — |
| I was seduced by my partner | 5 | 10 | 9 | 18 |
| Other | — | — | — | — |
| <u>Pleasure, Arousal, and Erectile Function</u> | | | | |
| Pleasure | | | | |
| Extremely | 3 | 6 | 20 | 40 |
| Quite a bit | 32 | 64 | 13 | 26 |
| Moderately | 9 | 18 | 15 | 30 |
| A little | 6 | 12 | 2 | 4 |
| Not at All | — | — | — | — |
| Arousal | | | | |
| Extremely | 8 | 16 | 16 | 32 |
| Quite a bit | 24 | 48 | 21 | 42 |
| Moderately | 15 | 30 | 12 | 24 |
| A little | 3 | 6 | 1 | 2 |
| Not at All | — | — | — | — |
| Erectile Difficulty | | | | |

| | With Male Partner | | With Female Partner | |
|--------------------------------|-------------------|----------|---------------------|----------|
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| Not at all | 48 | 96 | 47 | 94 |
| Somewhat | 2 | 4 | 2 | 4 |
| Very | – | – | 1 | 2 |
| Erectile Medication Use | | | | |
| Yes | 4 | 8.16 | 4 | 8 |
| No | 44 | 89.8 | 46 | 92 |

*Erectile Medication Use for male partners, N=48; For female partners, N=50