Living a Dual Life:

Multiplicity of Sexual Risks among Men who have Sex with Men 'and' Women

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Abstract

Among bisexual MSM, sexuality driven risks engender spectrum of vulnerabilities for both genders. Pressure to marry may drive a greater proportion of MSM to have female partners, indicating the potential for bridging HIV transmission. However, these interactions are poorly understood and measurement of potential risk to MSM and their female partners is inconsistent especially in conservative societies like Bhutan, where sex is tabooed and homosexuality is restricted even in programmatic discussions.

Study aims to describe the overlapping male and female partnerships of MSM-SW in the view of multiplicity of risk for HIV. Basic data used in this paper has been collected as a part of Mapping and size estimation of MSM in Bhutan during 2012 conducted by National HIV/AIDS and STI Control Program, Royal Government of Bhutan with support from UNDP.

Bisexuality among men in Bhutan is rampant as nearly three-fourths of MSM having sex with a male in the last 6 months also reported sex with a female partner during the same period. Of course, practice of safe sex is infrequent in homosexual encounters (29.7%). Among those who didn't use condom in last homosexual encounter, over two-fifths reported condom use in the last sex with female partner. However, considerably lower prevalence of consistent condom use, among those having sex with multiple female partners in the last 6 months (30%) is a marker of multiplicity of the STI/HIV risk. The MSM reporting sex with multiple female partner and non-consistent condom use in the last 6 months are 8.8 times more likely to than those reporting consistent condom uses to suffer with STI.

MSM "living dual life" are vulnerable to STI/HIV not only due to their MSM behavior but overlapping risk of unprotected sex with multiple female partners enhance the multiplicity of risk. Role of MSM-SW in HIV transmission is a more complex issue than depictions of men as sexual predators and women as uninformed victims. MSM programs should envisage beyond homosexuality and address bisexuality regardless of their sexual identity as threat clouding prevention efforts by increasing thrust of programs designed for MSM adopting network-based approach.

Key words: *Men-on-the-down-low, MSM, female partners of MSM, HIV, Condom*

Background

Among bisexual MSM, sexuality driven risks engender spectrum of vulnerabilities for both genders. Pressure to marry may drive a greater proportion of MSM to have female partners, indicating the potential for bridging HIV transmission. However, these interactions are poorly understood and measurement of potential risk to MSM and their female partners is inconsistent especially in conservative societies like Bhutan, where sex is tabooed and homosexuality is restricted even in programmatic discussions. Penal Code 2004 Code 213 criminalizes sodomy or any other sexual conduct that is against the "order of nature". Penalties include a prison sentence of up to one year. In part because there is no evidence that Penal Code 2004 Code 213 has ever been enforced, a recent UNDP report categorizes Bhutan's legal system as "moderately prohibitive". Given prevailing conservative beliefs in Bhutan with regard to human sexuality, it is reasonable to expect that MSM face barriers to accessing sexual health services in Bhutan. Bhutan's HIV response continues to be led by the 2004 Royal Decree on HIV Prevention. In 2005, the Fifth King, His Majesty JigmeKhesarNamgyelWangchuck, advocated for abstinence and urged Bhutan's youth to "use their strength of character to reject undesirable activities."

The multiplicity of sexual risk among men who have sex with men and women draws attention as a transmission bridge between bisexual men and heterosexual women[1]. This phenomenon makes the researchers think out of box and draw their attention to question like: Are bisexually active men more likely than other groups of men to be HIV infected? Do men on the down low engage in fewer or more sexual risk behaviors than men who are not on the down low? and finally, The affect this behavior has on the vulnerabilities of female partners of these men?

Over the years, heterosexual transmission of HIV is a growing problem for women, but many women do not know how their partners acquired HIV. The current risk classification hierarchies in most countries rely on self-reported risk behaviors at the time of HIV testing but the validity of these self-reported risk behaviors are not assessed[3]. Several investigators have raised the possibility that men who have sex with men and women may serve as a "bridge" for infection between these groups. Despite these concerns, the behavior and characteristics of HIV- infected MSM/W has received relatively little attention[4]. The phenomenon is fast catching up in the East and Bhutan is no different. The increasing numbers of MSM are emerging as a major driver of epidemic in Bhutan. Although, not

much is known about the existence, number, the extent of their sexual behaviors and its impact on the STI/HIV epidemic in the country, the limited literature shows that number of accessible MSM in the country is increasing.

Homosexuality is a taboo subject in Bhutan and thus invisibility of Most- at- Risk Populations remains the core challenge in mitigating the epidemic. Penal Code 2004 Code 213 criminalizes sodomy or any other sexual conduct that is against the "order of nature". Penalties include a prison sentence of up to one year. In part because there is no evidence that Penal Code 2004 Code 213 has ever been enforced, a recent UNDP report categorizes Bhutan's legal system as "moderately prohibitive". Given prevailing conservative beliefs in Bhutan with regard to human sexuality, it is reasonable to expect that MSM face barriers to accessing sexual health services in Bhutan. At time of writing, there were criminal sanctions for con- sensual sex between male adults. Bhutan's HIV response continues to be led by the 2004 Royal Decree on HIV Prevention. In 2005, the Fifth King, His Majesty JigmeKhesarNamgyelWangchuck, advocated for abstinence and urged Bhutan's youth to "use their strength of character to reject undesirable activities."

MSM face a different kind of vulnerability to STI/HIV compared to FSW and IDU. While poverty, migration, lack of awareness and employment are vulnerability factors some MSM suffer and others don't, social stigma and lack of empowerment are common vulnerability factor to all MSM. MSM are less empowered due to the social stigma attached to them. Migration is prevalent among most MSM as they cannot live in their place of birth again due to the social stigma. Due to social stigma, it is not always easy for MSM to go to dispensaries and buy condoms or get counseling from service centres. Many MSM are in married relationship. So, their wives are also vulnerable to contracting HIV/STI in case their husband gets infected. Although, poverty is not a universal problem, many MSM are quite poor. Those MSM who come from a weak financial background and a backward community also have lesser education and lower awareness level. Due to the lower awareness level, many MSM are not aware that STI/HIV can be transmitted through anal sex, too.

It is quite evident from the recent advancements that although homosexuality is a taboo subject in Bhutan, though younger generations are thought to be more accepting. Little is known about the nature of same-sex sexual activity in Bhutan. Anecdotes exist of sex between men occurring in army barracks, prison cells, and monk dormitories. Online chat rooms, cruising websites, and restaurants and bars are cited as key places where MSM meet in Bhutan. Till date, there is very little published information about the MSM population in Bhutan. There are no known community-based responses to HIV among MSM in Bhutan and known national MSM networks are non-existant in country.

A recent behavioural assessment in two major towns found evidence of high-risk behaviour among key affected populations, including MSM.

Further, in the conservative society of Bhutan, where enormous stigma is attached to sex and sexuality, the homosexuality attracts harsher and even violent societal resistance and familial un-acceptance. Literature shows that although almost all MSM tend to indulge in multiple male partners and active anal sex, due to the stigma attached to being an MSM, this population keep their identity concealed and in order to do so they adopt a dual life leading to bisexuality. Bisexuality enables these men to lead a duel life of secrecy, without the knowledge of their female partner and many times their family. These men live a life of straight men who have sex with men or "down-low". Commercial and non-commercial sexual ties with male as well as with females results in an elevated risk of HIV transmission. Under these circumstances this group acts as a potential bridge transmitting the infection from homosexual network to heterosexual networks through their female partners including wives and girl friends.
Findings from a study conducted in Mumbai, India substantiate the above statements. It reveals that almost all men included in the study reported sex with women; additionally, 13% also reported having sex with other men, 13% reported sex with Hijras (male-to-female transgenders), and 11% had sex with all 3 genders. Men who had sex with men and/or Hijras as well as women, reported having greater numbers of partners, including female sex workers (FSW), and were more likely to engage in insertive anal and oral sex with women. The prevalence of HIV was higher among men having sex with Hijras (14%) or with all 3 genders (13%) than among men having sex with men and women (8%). A high proportion of men who attend STI clinics in Mumbai are behaviorally bi- or tri-sexual and have multiple partners with whom they engage in risky sex[5].

Such overlapping of homosexual and heterosexual intercourse and sexual risk behaviors among MSM translates into a spectrum of STI/HIV vulnerabilities for both their male as well as female partner's health. These multiple sexual risks engender variety of repercussions on the well being of both the genders. Yet, majority of the Targeted Interventions (TIs) and prevention programs principally focus on cutting male-to-male HIV transmission and risk reduction in homosexual sex disregarding the risk that women partner of these MSM face due to heterosexual intercourses. Under this backdrop it becomes essential to gain more clarity on the role that MSM play shaping the STI/ HIV vulnerability of their female partners, commercial (female sex workers), casual (girl friends) and regular (wives).

It may be well argued now that among bisexual MSM also living a dual life, sexuality driven risks engender spectrum of vulnerabilities for both genders. Pressure to marry

may drive a greater proportion of MSM to have female partners, indicating the potential for bridging HIV transmission. However, in context of south-east Asia and Bhutan in particular, these interactions are poorly understood and measurement of potential risk to MSM and their female partners is inconsistent especially in conservative societies like Bhutan where sex is tabooed and homosexuality is not given social sanction. This paper attempts to map the overlapping sexual risks among MSM that elevates their women partners' vulnerability to STI/ HIV.

DATA AND METHODS

Data: Study aims to describe the overlapping male and female partnerships of MSM-SW in the view of multiplicity of risk for HIV.Basic data used in this paper has been collected as a part of Mapping and size estimation of MSM from 7 districts in Bhutan during 2012 conducted by National HIV/AIDS and STI Control Programme, Royal Government of Bhutan.

This study used participatory approach in which the community members took part in the entire process of field work. Involvement of members from MARP community made the process more inclusive, empowering and useful in enhancing the quality of the data. Local and qualified community members from the MARPs were trained to function as field researchers. To enable maximum reach to the population, social mapping of key populations was done by adopting a "geographical approach" in which "population of target group", "risk activities" was defined clearly, and then locations where these activities took place were identified to capture hidden population. To get a comprehensive picture of vulnerabilities and also understand the core issues that were critical for the groups, a semi-structured survey instrument was used to collect information on the self-reported sexual behavior and partnership. An informed oral consent was obtained from all the MSM respondents recruited for the survey. The quantitative data collected from the field was cleaned and analyzed using SPSS.

Analysis Plan: To get insights into the bisexuality driven overlapping sexual risks influence STI/ HIV vulnerability of female partners of these men, the analysis was carried out in three stages. The section I of the analysis dealt with sexual behavior in homosexual relations. Section II discussed about the bisexuality of MSM and the risk taking behavior with heterosexual partners. Section III highlighted the possible correlations in homo and heterosexual risky behaviors with an aim to find out the possible pathways through which homosexual practices shaped heterosexual practices.

RESULTS

Sample characteristics

The data used in this study has been collected as a part of Mapping and size estimation of MSM from 7 districts namely, Chukha, SamdrupJongkhar, Bumthang, Wangdue, Punakha, Sarpang-gelephu, Thimphu in Bhutan during 2012. The total of 293 MSM were interview for the collection of behavioral data in these seven districts.

Based on the demographic and socio-economic data collected from MSM, a profile of the population has been identified. The profile of the study population enables to understand the behavioral aspects more clearly, especially when dealing with such high risk and sensitive population. According to the age distribution, it is seen that a large majority of MSM belong to age groups 20-29 and 30 and above. However, there isn't much difference in proportion of MSM in both these categories as 48. and 45 percent MSM fall in each category respectively. Further, only 19 (6.5%) out of 293 respondents were from ages below 20.Educational attainment of this group portrays that, more than half (56%) of MSM had completed 10 or more years of schooling. On the other hand, little less than one-fifths had no formal schooling. Another 15 percent reported to have 6-10 years of schooling and one-tenth reported up to 5 years of education. The marital status is very important in case of MSM population because of their sexual orientation and stigma attached to it. It is seen that nearly two-thirds of MSM in Bhutan is currently married and hence they have adopted by bisexuality as their sexual orientation, which may enhance the HIV vulnerability for them selves as well as their spouses. Migratory status of MSM reveals that a large majority (90%) of MSM are migrants.

Table 1
Percent distribution of MSM by their background characteristics

Background Characteristics	Percentage	No. of MSM (unweighted)
Age		
Below age 20	6.5	19
20-29 years	48.5	142
30 and above	45.1	132
Educational Qualification		
No formal education	18.8	55
Upto 5 years	9.9	29
6-10 years	15.4	45
More than 10 years	56.0	164
Marital Status		
Ever married	65.6	191
Never married	34.4	100
Migratory Status		

Migrants	90.5	258
Non-migrants	9.5	27
Total	**100**	**293**

Homosexuality, homosexual behavior and profiling of risky behavior

An analysis of initiation of homosexuality reveals initiation of anal activity at almost the internationally accepted age of adulthood with 21.3 being the mean age at first anal sex for this group. This finding is reinforced by the distribution of mean age at first anal sex in various background categories, which lies almost around the mean age with no specifically prominent outlier. The mean duration of involvement in the anal sex is 6.4 years. This duration is less for those MSM who have more than 10 years of education (5.2) and those who are un-married (4.1) and are natives (5.3). The mean duration is remarkably high among illiterate MSM (11.0) and those who are ever-married (8.8).
Further, analysis of partnership with male partner in terms of mean number of commercial partners during last 6 months revels that mean number of commercial partner in last 6 months is 2.9. The mean is higher for those who are in age group 20-29, highlighting the fact that the partner exchange rate among this population is high. Number of non-commercial partners is also high for those who are illiterate and have 6-10 years of education, are never married and are migrant as compared to their counterparts.

Table 2
Sexual history and current profile of MSMs, Bhutan, 2011-12

Background Characteristics	Mean age at first anal sex	Mean duration of involvement in anal sex (in years)	Mean number of non-commercial male partner during the last 6 months
Age			
Below 20	17.7	1.0	2.5
20-29	20.5	4.2	3.1
30 and above	23.7	11.8	2.6
Education			
Illiterate	20.1	11.0	3.2
Up to 5 years	23.0	6.6	1.7
6 to 10 years	18.1	5.7	4.4
10 and above	21.2	5.2	2.7
Marital Status			
Ever married	23.0	8.8	2.2
Never married	19.6	4.1	3.3

Migration status			
Migrant	21.2	6.7	3.0
Non-migrant	21.6	5.3	2.0
Mean	**21.3**	**6.4**	**2.9**

The coital frequency among this population was assessed by gathering information about the number of intercourses with a 30 days recall period and results show that over one-fourth of MSM reported to have coitus frequency of3 to 9 times in last 30 days prior to the survey. Further, a majority, two-thirds, of the respondents reported the coital frequency of 1-2 times in last 30 days with their male partner. On the other hand, it is important to note here that one in ten MSM reported coital frequency of more than 10 times on last thirty days with the male sexual partner.

Further, in order to get further insights into the risky behavior in these homosexual partnerships, we analyzed multi-partner behavior in terms of no. of partner had sex with in last 6 months prior to the survey. We also analyzed use of condom and lubricant in the last sex in order to understand the risky sex. It is evident from Table 3 that among those who reported to have sex with any male non-commercial partner in the last six months 43.5 percent of them have had 1-2 partners in the last six months, 33 percent have had sex with 3-5 partners and 24 percent have had sex with 6 & above partners. The multi-partner behavior seems to be pronounced among older MSM a larger proportion of MSM age 30 years and above reported 6 or more partners, whereas, 71 percent of MSM below the age of 20 reported only 1-2 partners in last 6 months. By and large a similar pattern observed in case of ever married and never married MSM, where, relatively larger proportion of ever-married MSM reported 1-2 non-commercial partners in the last 6 months. Another 30 percent of these respondents reported sex with more than 6 non-commercial partners in last 6 months. While among the never married MSM the distribution is equal between 1-2 partners and 3-5 partners category, each accounting for 41 percent of the never married MSM. The remaining 18 percent reported 6 & more non-commercial partners in the last 6 months.

Regarding the use of condom and lubricants in the last sexual encounter with a non-commercial sexual partner, the pattern seems by and large similar to that of sex with a commercial partner. It is evident from table 4.3 b that the last time they had anal sex with a non-commercial partner, 83 percent MSMs used a condom and 19 percent used lubricant. It is worth mentioning that on both the indicators of safe sexual encounters in case of MSM i.e., use of condom in the last sex and use of lubricant in the last sex do not vary significantly across different categories of background characteristics, except for age group 20-29, which portrays comparatively lower use of condom as well as lubricants among MSM with non-commercial partner as seen in the table above as well as with the commercial partners discussed before. It is seldom to exactly highlight the

precise reasons for such a differences across age group. However, one possible reason may be less exposure and access to condom and lubricants among MSM in the middle age group, which may also be the age when they enter the professional and family life. Another important observation here is the very low prevalence of lubricant use with both the kind of partners. Lubricant is one of the indicators of safe sex for MSM and very low reported use is a matter of concern as far as HIV prevention is concerned.

Table 3
Profile of risky behavior in Homosexual relationships among MSM, Bhutan, 2011-12

Background Characteristics	Number of male sexual partners in the last six months prior to the survey			% MSM reporting condom use in the last non-commercial MSM activity	% MSM reporting use of lubricants in the last non-commercial MSM activity
	1-2 Partners	3-5 Partners	6 & above Partners		
Age					
Below age 20	71.4	14.3	14.3	100	28.6
20-29 years	44	40	16	76.9	11
30 and above	28.6	28.6	42.9	85.7	28.6
Marital status					
Ever married	47.4	21.1	31.6	81	19
Never married	40.7	40.7	18.5	84.6	18.5
Total	**43.5**	**32.6**	**23.9**	**83**	**18.8**

Bisexuality among MSM and profiling of risky behavior in heterosexual sex

The main drivers of HIV epidemic today are HRG population transmitting virus through heterosexual route. The channels of virus transmission include FSW and MSM transmitting infection to their male clients and further clients transmitting it to their female partners are well versed but interactions between HIV epidemics in MSM and heterosexual populations are not well understood[7]. For most of MSM, social and cultural pressure enforces bisexuality and demand from family and society forces them into the institution of compulsory marriage making the sexuality of these men complex and taxing for the health of both the partners and also for the STI/HIV prevention efforts. To understand the complexity of issues and tease out the factors affecting the

behaviors, it is important to first understand the extent of bisexuality and risk behavior in the heterosexual encounters. The results from the present study reveals that down-low is not uncommon as a very high prevalence of bisexuality is observed in this group with 93 percent of MSM reporting to ever have had sex with women. At the same time, it is observed that there is a high partner mixing and change even with the female partners among these men. The mean number of female partners in the last 6 months was 3.37, which is quite high considering the fact that these men identify themselves as MSM.

Further, in order to study the extent of bisexuality against the background characteristics, it was seen that the proportion of MSM who reported to ever had sex with women is higher among MSM aged 30 or above, have atleast 5 years of education, married, migrants, those who reported to have coital frequency of 1-2 encounters with non-commercial male partner in last 30 days.

A logistic regression for the same analysis revels that MSM between the ages of 20-29 are 10.7 ($p<0.05$) times more likely to ever have had sex with a women, further those who are educated for upto 5 years are 3.3 ($p<0.01$) times more likely to have had sex with women. Migration is also playing significant role in determining the relationship with women as those MSM who are natives are 0.3 ($p<0.05$) times less likely to have sex with female. The finding from above section reinforces the fact that bisexuality in this group is pronounced. Not only bisexuality, the multi partner behavior is also marked and the mean number of female partner is very high. These female partners can be both intimate partners or the commercial partners or the mix of both. In any case, the chances of transmission of virus to low risk female population cannot be overlooked. Also, it is see that the men having higher no. of MSM non-commercial intercourse are exhibiting higher no. of female partners can be an issue requiring immediate attention of interventionists.

Table 4
Percent distribution of MSM having sexual relationship with female by relational intensity with male partners and some selected background characteristics, Bhutan, 2011-12

Sexual overlaps	Ever had sex with a female	Mean number of female sexual partners	Ever had sex with a female
			Exp (B)
Age			
Below 20	66.7	4.6	
20-29	92.7	4.0	10.7**
30 and above	96.9	3.7	2.3

Education			
Illiterate	87.3	3.2	
Up to 5 years	100.0	2.2	5.5***
6 to 10 years	91.1	6.8	0.0
10 and above	94.3	3.6	2.2
Marital Status			
Ever married	96.8	3.8	
Never married	85.4	4.0	1.0
Migration status			
Migrant	93.3	4.0	
Non-migrant	92.3	2.7	0.3**
Intensity of relation with non-commercial partner in term of coital frequency in last 30 days prior to the survey			
1-2 times	85.0	2.9	-
3-9 times	62.5	4.5	-
10 or more times	*	2.0	-
Total	**93.0**	**3.7**	

Note: ** 5% and *** 1%

The prevalence of sex with any female partner was quite high in this group as 93 percent MSM reported to ever had sex with a women partner. This calls for the through investigation into the risky behavior in Heterosexual relationships among MSM. Table 5 reveals the percent distribution of MSM by their number of female sexual partners in the last six months prior to the survey and use of condom in their last sexual encounter with a female partner by some selected background characteristics.

Table 5
Profile of risky behavior in Heterosexual relationships among MSM, Bhutan, 2011-12

Background Characteristics	Number of female sexual partners in the last six months prior to the survey			% reporting condom use in the last sex with female partner
	< 2 Partners	02-03 Partners	4 & above Partners	
Age				
Below age 20	16.7	33.3	50	75
20-29 years	23.4	35.2	41.4	70.9
30 and above	49.2	25.4	25.4	56.3
Marital status				

Ever married	43.4	25.8	30.8	57.5
Never married	18.3	39	42.7	79.3
Total	**35.3**	**30.5**	**34.2**	**64.2**

It is evident from Table 5 that among those who reported to have ever had sex with a female partner showed overall a uniform distribution in the categories based on the number of partners in last 6 months, with nearly one third belonging to each less than 2 partners, 2-3 partners and 4 and above partners. However, the pattern of variation in proportion of MSM having sex with number of female partners shows a positive association by their age in case of one female partner, while inverse association in case of multiple female partners, especially 4 & above. By an large, a similar pattern has been observed in case of ever married and never married MSM, where relatively larger proportion of ever married MSM reported single female partner in the last 6 months. On the other hand, majority of those who were never married reported 4 & more female partners in the last 6 months.

Regarding the safe sexual practices, it is evident from the last column of Table 5 that only 64 percent of the MSMs used a condom while having sex with a female partner last time. However, this proportion is significantly higher in case of unmarried MSM (79%) as against married MSM (58%). There is inverse relationship between proportion of MSM using condom in their last sexual encounter with a female partner and their current age as it declines from 75 percent among those below age 20 to 56 percent among those age 30 and above. Interface of these two observations portrays that there is low condom use in the last sexual encounter with spouse and hence the exiting sexual practices and condom use among MSM in Bhutan have a potential to enhance HIV vulnerability among general population in the country and hence there is a need to enhance women's awareness to STI/HIV vulnerability due to their partner's behavior. At the same time, MSM community should be motivated enough to use protection while having sexual encounter with spouse or living partner.

Bisexuality driven overlapping sexual risks influencing heterosexual women's vulnerability to STI/ HIV

Bisexuality may or may not be out of choice for this socially marginalized group. Although, indulgence in heterosexual commercial sex mostly can be reasoned as a byproduct of risk taking attitude and sexual experimentation and fantasies, non-commercial sex many times can be forced or socially demanded. Many MSM may have been forced into a marriage with a girl, forced into sex without condoms for babies and the results many women infected due to the husbands sexual practices with other

multiple men[8]. Many factors including the extent of homosexual behavior may be operating beneath the behavior that a MSM may be experiencing generating a range of risks and vulnerability that the women partner will be experiencing. In the light of above argument, to achieve the third objective a bivariate analysis of condom use with non-commercial male partner was done against condom use with female partners.

MSM who reported condom use with non-commercial male partner in last sex exhibited a positive relationship with condom use with female partner also. MSM who reported to use condom with non-commercial male partner, 90 percent reported to use condom with female partner too. Also a large proportion of MSM (57%) reported to not use condom with any type of partner. Interestingly, among those who reported not to use condom with commercial partner, 43 percent reported to use condom with female. The condom use practice of this group is further analyzed using the consistent condom use with female partner. Table 6 revels that those MSM who reported condom use in last sex with male partner, nearly half reported using condom with female partner most of the time and 30 percent reported using condom all the time. On the other hand, among those MSM who did not used condom in the last sex with the male partner, a majority 43 percent reported never using condom with female partner.

Table 6
Condom use behavior among MSM with different partner types, Bhutan, 2011-12

Condom use		Condom use in last sex with female partner		Consistent Condom use with female partner				
		Yes	No	All of the time	Most of the time	Some of the time	Rarely	Never
Condom use in last sex with Non-commercial male partner	Yes	89.7	10.3	30.0	46.7	20.0	0.0	3.3
	No	42.9	57.1	28.6	14.3	14.3	0.0	42.9
Total		**80.6**	**19.4**	**29.7**	**40.5**	**18.9**	**0.0**	**10.8**

DISCUSSION AND CONCLUSIONS

The results from the present study reveal that multiplicity of sexual risk among MSM having sex with men as well as women is not uncommon, although, it is hidden in the society. The fact that it is hidden and stigmatized makes it more taxing to the programmers and public health practitioners to deal with. Our data support other studies across the world that has observed that a large proportion of MSM are married.

Social pressures may lead many MSM to marry and have children despite their sexual preference for men. A very large proportion of MSM reporting being sexually active with females underlines the rampant bisexuality among MSM of Bhutan. Findings such as three-fourths of MSM having sex with a male in the last 6 months also reported sex with a female partner during the same period shows the level of the overlap. Further, almost half of MSM below age 20 and two-fifths among age 20-29 reported to have sex with 4 or more female partners in the last 6 months. Even among married 30 percent reported sex with more than 4 female partners in last 6 months. These findings clearly bring out the level of vulnerabilities the female partners of these MSM face without their knowledge. These women are an important part of the entire convoluted web of HIV and STI vulnerability and mostly are at the receiving end in this complex transmission mesh. In order to work for this group, interventions need to overcome the hurdle of reaching the wives of these MSM, which are hidden in the society by the virtue of their relationship with these women. However, these women are mostly unaware of their husbands' bisexuality.

It is also important to throw light on the very low prevalence of condom use with female partners in comparison to male partners of MSM. Interestingly, protected sex is very low (64%) with female partners in comparison to male partners (83%). It is lowest among MSM age 30 and above and those MSM who are married. Nearly three-fifths of MSM who didn't use condom in their last sex with non-commercial male partner reported to have their last sex with a female as unprotected, which may enhance the effect of overlapping sex on women's vulnerability. Of course, practice of safe sex is occasional in homosexual encounters. Among those who didn't use condom in last homosexual encounter, over two-fifths of them reported condom use in the last sexual intercourse with female partner. However, considerably lower prevalence of consistent condom use among those having sex with multiple female partners in the last 6 months is a marker of multiplicity of the STI/HIV risk. This may largely be attributed to the social pressure that these men may face of marrying women as part of social obligation and societal norms demanded or even forced by family. Non-use of condom with wives may be due to the demand of children in the marital bonds as in conservative societies like Bhutan condom is mostly seen as a means of family planning rather then a measure to save one from any infection. MSM "on-the-down-low" are vulnerable to STI/HIV not only due to their MSM behavior but overlapping risk due to unprotected sex with multiple female partners. This multiplicity forms an important cofactor, which needs increasing thrust of programmes designed for MSM adopting network-based approach. Role of MSM-SW in HIV transmission is a more complex issue than depictions of men as sexual predators and women as uninformed victims. MSM TIs should envisage beyond homosexuality and address bisexuality regardless of their sexual identity as threat clouding prevention efforts.

Limitations of the study

This study is cross-sectional and do not examine reported behavior over time. The study uses a wide window of time to define bisexual behavior that may have bearing on the extent of bisexuality and its contribution in epidemic.

Acknowledgement

I would like to thank Dr. Edmund Settle, UNDP, Bangkok and Mr. Namgay Tshering, Bhutan, Thimpu for their significant contribution in accomplishing this behavioural study as part of the Mapping and Size Estimation of MSM Population 2012.

REFERENCES

1. Centers for Disease Control and Prevention. 2004. HIV/AIDS Surveillance Report, 2004. Vol. 16. Prepared under the auspices of Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2005:1-46.

2. Montgomery JP, Mokotoff ED, Gentry AC and Blair JM. 2003. The extent of bisexual behaviorin HIV- infected men and implications for transmission to their female sex partners. *AIDS Care* 15(6): 829-837.

3. Millett G,Malebranche D,Mason B andSpikes P. 2005. Focusing"DownLow":BisexualBlackMen, HIVRiskandHeterosexual Transmission. *JournaloftheNationalMedicalAssociation*97(7): 52–59.

4. Dodge B, Jeffries WL and Sandfort TGM. 2008. Beyond the Down Low: Sexual Risk, Protection, and Disclosure Among At-Risk Black Men Who Have Sex with Both Men and Women (MSMW). *Sexual Behavior*37(5): 683-696.

5. Hernandez AL, Lindan CP, Mathur M, Ekstrand M, Madhivanan P, Stein ES, Gregorich S, Kundu S, Gogate A and Jerajani HR. 2006. Sexual Behavior AmongMen Who have Sex with Women, Men, and Hijras in Mumbai, India—Multiple Sexual Risks. *AIDS and Behavior*10(1): 5-16.

6. Khan S. 2004. MSM, HIV/AIDS and Human Rights in South Asia, essay prepared under the auspices of Naaz foundation.

7. Ahmed S. 2009. MSM Sexuality, their female partners and HIV/AIDS. http://msmasia.org/tl_files/resources/presentations. Accessed 20 August 2011.

8.Tamang S. 2008. Female partners of MSM also most-at-risk.Paper presented at the XVII International AIDS Conference, August, 3-8, Mexico city.