

Health Behaviors in the Development and Maintenance Process of Homosexual Identity

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Background: Health behaviors of men who have sex with men (MSM) affect their health status in many aspects. Rate of HIV infection among Thai male prostitutes in 2005 was 15.4%. Among these, 28.3% were MSM. Thirty percent of youth suicides were conducted by gays and lesbians.

Objective: To explore the health behaviors related to the development and maintenance process of men who have sex with men.

Material and Method: This was a qualitative study. The study population was MSM in Mukdahan province. The subjects were recruited gradually, by snowball sampling, until the required data were saturated. In-depth interviews and participant observations were performed over a period of 17 months. A triangulation technique was applied to check reliability of the data. Data were analyzed by content analysis and compared with the Troiden's stages of development and maintenance process of homosexual identity.

Results: Eleven Thai MSM were recruited and followed up. Health behaviors of them were different according to the stages of development and maintenance process regarding Troiden's theory. Physical, psychological, social and sexual aspects of health behaviors were identified in various stages. It was found that many factors affect health behaviors of MSM. These include health promoting and undermining factors.

Conclusion: Health behaviors of MSM varied in each stage of development and maintenance of homosexual identity. Health promotion campaigns and policies for MSM should be designed accordingly.

Keywords: Health behavior, Men who have sex with men, MSM, Development and maintenance process, Homosexual identity

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Men who have sex with men (MSM) are the persons who have special health problems. There was an increasing rate of HIV infection among them. In Bangkok, the rate of HIV infection among male prostitutes in 2005 was 15.4%. Among these, 28.3% of them were MSM⁽¹⁾. Many of MSM have psychological stress, depression and suicidal idea. The rate of suicide among MSM in Thailand was 6 per 100,000 populations in 2006⁽²⁾. MSM tend to experience these problems more than the general population⁽³⁾. They also have a higher rate of other health problems, e.g. the smoking rate⁽⁴⁾.

A study in six cities of the United States revealed that 48.0-54.9% of MSM reported unprotected receptive and insertive anal sexual intercourse in the previous six months. Drug and alcohol use were significantly associated with unprotected anal sex⁽⁵⁾.

However, there are other unidentified health problems within this group. Their health behaviors are not well understood. Engagement in different kinds of sexual intercourse and separation from the community might also affect their physical, mental, social and spiritual health. Moreover, MSM health behaviors might vary in each stage of their development and maintenance of homosexual identity⁽⁶⁾. The authors aimed to explore the health behaviors related to the development and maintenance process of men who have sex with men in Mukdahan province.

Material and Method

This was a qualitative study. The study population was MSM in Mukdahan province. An exploratory qualitative method was used to identify themes and sub-themes related to MSM behaviors in the development and maintenance process of homosexual identity. The social contexts, life history, associated risks and protective measures were explored.

A snowball sampling was applied to find out

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participants. The sample size was gradually grown until the data were saturated; no new information was added from additional subjects.

Data collection included in-depth interview and participant observation. One-to-one, open-ended interviews were conducted by the researcher through an iterative process regarding an in-depth interview guideline. Unplanned and unanticipated questions were used as the researcher learned from the participants and probed for clarifications. The researcher also used participatory observations if participants were comfortable. Each interview was tape recorded with informed consent.

A triangulation technique was applied to check reliability of the data. Data were analyzed using content analysis⁽⁷⁾ and compared with the Troiden's stages of development and maintenance process of homosexual identity. The pseudonyms were used consistently throughout the data analysis. Any identifying information was removed from the transcripts to ensure confidentiality prior to commencing data analysis.

The researcher transcribed each of the audio-taped interviews verbatim. The text files from the transcribed were imported into the Microsoft word processing software.

The thematic analysis of the data included the creation and linkage of crosscutting themes through the establishment of a visual pattern of categories. This also allowed for a visual depiction of the interconnected categorization process.

Note writing became an ongoing process of working up from the data to describe ideas, topics, and concepts as they emerged. Categories were updated and decisions were documented to demonstrate how themes were reworked and revised. The use of note writing allowed the researcher to track the analysis process and have an audit trail of how decisions were made.

During the analysis, the researcher looked back at field notes to ensure that personal biases were not being imposed on the results. The researcher conducted an iterative and inductive method of inquiry throughout the data collection and analysis. The decision to stop further data collection and processing was made when there was an emergence of repeat categories. A saturation point was reached when no new categories emerged, there was a redundancy of new information, and as the themes and sub-themes were enough.

The triangulation technique was iteratively

used in order to cross validate the findings. The process assessed the link between methods, results, and conclusions drawn. Triangulation process corroborated evidence from multiple approaches to data collection and assessment including in-depth interviews, participatory observations, records and the field notes. The data was collected over a period of seventeen months from April 2007 to August 2008.

The ethical considerations involved informed consent of study participants. The researcher was aware and avoided creating stigmatization, marginalization, or discrimination to the participants during the research process. The participants could refuse to answer any questions. Interviews were done with respondent privacy. Confidentiality of the subjects' data was taken care during the data processing. The present study was approved by the Ethical Committee of Khon Kaen University (HE500637).

Results

The participants composed of eleven Thai MSM aged sixteen to fifty-five years. Six participants indicated themselves as women, four as men and one as transgender (men or women). Eight participants were single, two were married and one was divorced. All participants were born in Thailand. Their incomes ranged from 1,000-40,000 baht a month. The levels of education ranged from primary school to a university bachelor degree. Two were HIV positive. The others, however, had never had blood tests for any sexual transmitted diseases or HIV.

Health behaviors related to the development and maintenance process of homosexual identity

Themes and sub-themes of the MSM health behaviors in the development and maintenance process of homosexual identity were identified. Four major themes identified include physical, psychological, social and sexual health behavior.

Theme 1: Physical health

Behaviors affecting physical health occurred in MSM in different ways.

Sub-theme: changing physical appearance with potential harmful ways

MSM wished to change their own physical appearance, for instance, by dressing in female clothes and undergoing surgery with either authorized or unauthorized surgeons. Moreover, they also use hormones to alter their body shape.

Case 3: (A 35-year-old MSM, taking hormones and diet pills) “I used to be very fat from taking hormones. My weight was 65 kilograms. I could not stand it, so I need to lose weight to be beautiful like a lady. When I took tablets, I felt so tired, and I could not play sports. I have invested lots of money in beauty. I even bought and injected hormones by myself. I ate a lot after taking the hormones so I then bought diet pills to control my weight”.

Case 8: (An 18-year-old MSM, taking oral pills and hormonal injections) “I did taking oral pills and hormonal injections. After the injections, I have big boobs, like a woman. I have been taking the oral pills since I was twelve years old”.

Case 11: (A 34-year-old MSM with a sex reassignment surgery) “Transsexual surgery makes me feel more beautiful. Although people know who you are, nobody is going to ask to see your sex organ. People may just think you are a lady-boy”.

Sub-theme: physical activities and exercises

MSM spent time in physical activities and exercises but taking hormones inhibited or lessened their physical activities.

Case 7: (A 17-year-old lady-boy, who stopped playing sport after taking hormones) “I am a big and tall man because of sports (volleyball and soccer). After taking the oral pills, I am too tired to play them”.

Case 8: (An 18-year-old MSM, weakened by hormone taking) “I get tired easily and feel weak and sleepy. I have no feeling for sex and get grumpy; it may be because of the pills”.

Sub-theme: using addictive substances

MSM consumed alcohol, cigarette and hypnotic drug because of their sexual orientations.

Case 6: (A 35-year-old male who was broken-hearted by a younger boy) “I was interested in a young teenager. We had a relationship for about three years, and then he left me to marry a woman. We hardly seen each other lately, so I get very bored. I turned to alcohol, cigarettes and aimless parties because I have nothing to live for”.

Case 3: (A 35-year-old MSM, using Dormicum in sexual activity) “I ever used Dormicum, something

like that, I don’t know that it is an addictive substance or not. My Thai husband gave me prior to having sex. We had fun and were very excited. We could do many styles which we normally would not do, and he did many things to me as well. You can try”.

Theme 2: Psychological health

Psychological health problems of some MSM developed concurrently with other health behaviors through interaction and self experience.

Sub-theme: feelings of conflict, anxiety, depression and mental disorder

MSM got tension from relationships with other persons in the process of homosexual identity formation. Some led to mental disorder.

Case 1: (A 50-year-old MSM) “My dad wanted to stop me from being a lady-boy. He pushed me to a marriage, having a family. I used to try, with a lot of tension, to be a man without any success”.

Case 5: (A 35-year-old MSM) “I feel very bad. I want to die. Don’t tell my parents. I will kill myself”.

Case 9: (A 38-year-old MSM) “The most stressful event in my life is falling in love with a man. Every time I have a man in my life, I was hurt. I worried about everything. I worried that he might not like something that I did for him. I might make a mistake and he might leave me or have an affair with another one”.

Theme 3: Social roles

Social roles of MSM seemed to be healthy. Some MSM acted as health volunteers or leaders of various community activities. They were happy with social activities. Joining the sub-group and having interaction was a starting step of them in the identity assumption process.

Case 1: (A 50-year-old MSM) “My role is a village health volunteer. In every community project, I have participation, for example, AIDS prevention, and Anti-drugs abuse campaign. I also volunteer to help in other government projects related to the community such as soil and agriculture, social charity or even the Buddha Festival. I was a former leader of teenager group in my community. I like to dance and sing in every festival”.

Case 3: (A 35-year-old MSM who lived

abroad with a foreign partner) “Last time I came back home with my partner, I donated many books to hospitals, schools and temples. I just bought eight rai (3.2 acres) of land that I plan to build a resort. When my husband retires from his job in the future, we will come back to live in Thailand and set up a social club in the community”.

Case 7: (A 16-year-old lady-boy) “I was a representative of my school in the banana leaf craft competition and won the first prize. That made the school famous. After that I was very welcome to participate in the school activities as other boys”.

Case 9: (A 38-year-old MSM) “I won prizes in many acting competitions of a shopping center and won the best-seller prize of my company”.

Theme 4: Sexual health

The MSM sexual behaviors had a destructive pattern because they kept changing partners and performed unsafe sexual intercourse, not using a condom. Moreover, they did not take a blood test for human immunodeficiency virus (HIV).

Sub-theme: first sexual intercourse at a young age

Most of them had a first sexual intercourse at a young age. Self protection measure was unlikely to be used.

Case 6: (A 35-year-old MSM) “I lost my virginity when I was fourteen years old. My neighbor, teenager, came to me consulting about his penis problem. Its tip was not well opened (Phimosis). He showed it to me and we suddenly realized that we both had the same sex preference”.

Sub-theme: several sex partners and practicing of unsafe sex

The MSM frequently changed partners, partly due to their sexual orientation. They did not practice safe sex.

Case 4: (A 28 year-old MSM) “Who cares how many people I have the sexual relationship or how many times I do it with each partner. It depends on opportunity and situation. If we appreciate each other, we may have a longer relationship than others”.

Case 6: (A 35-year-old MSM) “Sometimes I had anal sex with some partners without condom. I just

realize that I am infected with HIV. I was very sorry because some of my partners might be HIV infected from me. So, I decided to disclose myself”.

Case 7: (A 17-year-old lady-boy) I have had many partners. If I like them, I would have sex with them. I didn’t use condom. Some of my partners did not want me to use it”.

Case 9: (A 38-year-old MSM) “The relationship is temporary. They just want to have sex with me. None of them brought me home or showed me around”.

Case 11: (A 34-year-old transsexual MSM) “I had a transsexual surgery because I fall in love with a musician. I toured around in Phuket with him. Don’t you think it is worth? I spent around 100,000 Baht for the surgery. Finally, he was not interested in my love. I told him that I have had a transsexual surgery, but he did not even take a chance to try. I have heard nothing from him since then.”

Discussion

The themes and sub-themes of MSM behaviors showed that they had particular health problems which needed special health care strategies.

For physical health behaviors, MSM would like to change themselves into women by dressing in female clothes and undergo surgery by either legitimate medical operations or unauthorized medical surgery. Thai society does not accept marriage between the same sexes. The only acceptable relationship is the sexual relation between male and female. This has forced MSM to undergo surgery. Moreover, they also used hormones to alter the body shape. These behaviors can lead to major health problems.

Relationship with family members or other significant persons could affect MSM psychological health. This research results were consistent with Connell CM’s study⁽⁸⁾.

Social behaviors of the MSM, after social interaction and adaptation within a group, were quite positive. They were happy with socialization. It was obviously shown that social interaction and relationship within subgroups were significant for either supporting or interrupting health behaviors⁽⁹⁾. Their contributions to the society as volunteers were positive and promoting health.

The MSM tended to have risky behaviors from changing partners, no using of condom, lacking

of HIV blood test and selling of sexual activities. Such behaviors tend to be carried on in the future which puts this group at high risk in contracting acquired immunodeficiency syndrome⁽¹⁰⁾.

The study showed that MSM health behaviors differed in several aspects according to the stages of development and maintenance process of Troiden's theory⁽⁶⁾. At the early stage they faced with identity problems and in later stage they faced with relationship problems.

Conclusion

Themes and sub-themes of MSM health behaviors in the development and maintenance process of homosexual identity were determined. Physical, psychological, social and sexual behaviors were identified in various stages. The study shows that health behaviors of MSM were complex and inter-related including health promoting and undermining behaviors. Health behaviors of MSM vary in each stage of development and maintenance of homosexual identity. Health promotion campaigns and policies for MSM should be designed accordingly.

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พฤติกรรมสุขภาพในกระบวนการพัฒนาและดำรงเอกลักษณ์รักร่วมเพศ

ทัชธรมรส ปัทม, ปัตพงษ์ เกษสมบูรณ์, นฤมล สินสุพรรณ, อมรรัตน์ รัตนสิริ

ภูมิหลัง: พฤติกรรมสุขภาพของชายรักร่วมเพศมีผลต่อสถานะสุขภาพในหลายด้าน อัตราการติดเชื้อเอชไอวีในชายไทยที่ขายบริการทางเพศในปี พ.ศ. 2548 เท่ากับร้อยละ 15.4 ในจำนวนนี้ร้อยละ 28.3 เป็นกลุ่มชายรักร่วมเพศ พบว่าร้อยละ 30 ของเยาวชนที่ฆ่าตัวตายเป็นชายรักร่วมเพศหรือหญิงรักร่วมเพศ

วัตถุประสงค์: เพื่อศึกษาพฤติกรรมสุขภาพในกระบวนการพัฒนาและดำรงเอกลักษณ์รักร่วมเพศของชายรักร่วมเพศ

วัสดุและวิธีการ: การศึกษานี้เป็นการศึกษาเชิงคุณภาพ ประชากรศึกษาเป็นชายรักร่วมเพศในจังหวัดมุกดาหาร ตัวอย่างค่อยๆ ถูกเลือกเพิ่มขึ้นเรื่อยๆ โดยการเลือกตัวอย่างแบบลูกโซ่ จนกว่าข้อมูลที่ต้องการจะอิ่มตัว เก็บข้อมูลโดยการสัมภาษณ์เชิงลึกและการสังเกตแบบมีส่วนร่วมเป็นเวลา 17 เดือน ตรวจสอบความเชื่อถือได้ของข้อมูลโดยวิธีการสามเส้า วิเคราะห์ข้อมูลโดยการวิเคราะห์เชิงเนื้อหา และเปรียบเทียบกับทฤษฎีของทรอยเด็นท์ เรื่องการพัฒนาและดำรงเอกลักษณ์รักร่วมเพศ

ผลการศึกษา: ชายรักร่วมเพศจำนวน 11 ราย ถูกเลือกมาเป็นตัวอย่างและติดตามเก็บข้อมูล พฤติกรรมสุขภาพของพวกเขา แตกต่างกันไปตามขั้นตอนของกระบวนการพัฒนา และดำรงเอกลักษณ์รักร่วมเพศ ตามทฤษฎีของทรอยเด็นท์ พฤติกรรมสุขภาพทางกาย ทางจิตวิทยา ทางสังคม และทางเพศ ได้ถูกรายงาน ไว้ในแต่ละขั้นตอน พบว่ามีปัจจัยหลายประการที่มีผลกระทบต่อพฤติกรรมสุขภาพของชายรักร่วมเพศ ทั้งปัจจัยทางด้าน การสร้างเสริมสุขภาพ และปัจจัยที่บ่อนเซาะสุขภาพ

สรุป: พฤติกรรมสุขภาพของชายรักร่วมเพศมีความแตกต่างกันไปในขั้นตอนของกระบวนการพัฒนา และดำรงเอกลักษณ์รักร่วมเพศ การรณรงค์และกำหนดนโยบายด้านสุขภาพสำหรับคนกลุ่มนี้ ควรมีการพิจารณาปรับให้สอดคล้องกับบริบทดังกล่าว
