Mental Health of HIV High Risk Groups

C. S. Kolhe*, S.N. Thitame**, K.V. Somasundaram***

Abstract

Objectives: *Mental health of HIV High Risk Groups has always been sidelined as their HIV status and the physical co morbidities take preeminence in health interventions. This study aimed at assessing the mental health of HIV High Risk Groups (HRGs) i.e. Men having Sex with Men (MSM), Transgenders (TGs) and Female Sex Workers (FSWs) in Nasik city. The objectives were to study their perception of mental health by discussing their problems, coping mechanisms and resilience.*

Study Design: *The study was a qualitative exploratory one, adapting the Critical Theory Approach.*

Methods: *Non Probability Quota Sampling method was applied. Data was collected through Focus Group Discussions (FGDs). Data was analyzed using Thematic Network Analysis.*

Results: *The Thematic Analysis formed four networks. Two discussed the lack of identity, and rights for the MSM and TG communities. The other two networks discussed the violence, stigma and worry about the future of FSWs.*

Conclusions: *The study concluded that although the populations cannot describe their mental health, they can sense it and are aware of the effect it has on them. It thus recommends interventions like integrating mental health services with the National Health Programs to address these issues effectively.*

Keywords: *Mental Health, MSM, Transgender, Female Sex Workers, Thematic Network Analysis, Critical Theory.*

Introduction

The technical report by National AIDS Control Organization (NACO) 2017 reveals that adult HIV prevalence is estimated at 0.25 % among males and at 0.19% among females [1]. The prevalence of HIV among Men having sex with men (MSM), Female Sex workers (FSWs) and Transgenders (TGs) is 6.82%, 5.92% and 17.5% to 41% respectively [2] and form the (High Risk Groups) HRGs for HIV intervention. They have received commendable HIV care from government and private agencies. However, literature and research has suggested a major gap in their mental health services [3-5].

* M.Sc. Health Sciences, Masters in Public Health. Research Associate cum Assistant Professor, **Assistant Professor, ***Director,

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Correspondence:
Prof. K.V. Somasundaram,
Director, Centre for Social Medicine,
Pravara Institute of Medical Sciences- Deemed to be University,
Loni-413736, Maharashtra.
Email: csmpimsloni@gmail.com, soma.konduri@pmtpims.org
Ph.No: +91- 9822479395.

Mental Health of MSM: Epidemiological studies have revealed that depression among MSM has a prevalence rate of 36% as compared to the rest of the population [6]. MSM's are reportedly depressed, into substance abuse and face moderate levels of stigma. Depression is due to the pressure of being in a heterosexual relationship, or discriminatory remarks from family members about their sexual orientation [7.] MSM Mental health conditions include maladaptive emotion regulation, negative thinking styles, low self-efficacy, avoidance, and impulsivity [8]. Studies have concluded that MSMs are burdened by multiple psychosocial health conditions and strongly recommend comprehensive mental health services for holistic care [9].

Mental Health of TG : The TGs are a minority group of transgender females. Historically, they have held a socially protected status as the "third gender", conferring them with religious and cultural authority. They offer blessings at weddings and births, known as *badhai*. Their identity is shaped by religion, culture, and community [10]. However, local laws and cultural attitudes reflect blatant stigmatization, prejudice, and mistreatment of this group. Given the limited economic opportunities and changing Indian social structures, the traditional roles of the TGs are getting obsolete [11]. A growing number of TGs are turning to sex work to make a living. The Indian law adds to their troubles making it hard for them to vote, own property, or obtain official identification and documentation, such as a passport or driver's license [12]. These social insecurities instill in them a sense of

exclusion, stigma and anxiety about their identity which remain unaddressed [13].

Mental Health of FSW's: FSW's are vulnerable to depression due to mobility and violence in their profession [14]. They also face other forms of mental health morbidities such as anxiety, depression, suicidal ideation, substance use and co-morbid HIV infection [15]. Sexual coercion and violence causes FSWs to entertain suicidal thoughts and feel doubly stigmatized[16, 17]. Almost 50% of the FSWs in the profession suffer from depression and 8% from PTSD [18].

This article discusses findings from FGDs with these High Risk groups in Nasik about their mental health. Their perceptions were studied by discussing their daily lives, emotional problems, their future and coping mechanisms. Since research has shown a gap in mental health services for these groups, this study explored the possible intervention of integrating mental health services in the National Health Programs.

Methods

Study Design : The study was conducted in the TI intervention project area in Nasik. It was qualitative exploratory in nature. Since mental health is abstract and follows a post positivism paradigm, the study used the Critical Theory Approach. Perceptions were studied by discussing everyday lives, problems, stigma experiences, coping mechanisms, etc. Data was analyzed using The Thematic Network Analysis.

Critical Theory: This theory was proposed by Horkeimer, Adorno and Marcuse as a critical response to the works of Marx, Kant, Hegel and Weber [19]. Critical Theory allows the researcher to challenge the currently held beliefs oriented towards individual transformation aiming at social criticism [20]. The fundamental principal is that all thoughts are mediated by power relations and are socially constituted [21]. This may explain reasons why the groups feel the seclusion and lack of identity. However, the study didn't question their status but attempts to explore the effects on their mental health.

Sampling: The sample was collected from the TI project population in Nasik. A non probability sampling methodology was used. Since the TI population comprised of MSM, TG and FSWs quota sample from each group was studied. Each group consisted of 7-8 individuals making the total sample size 65.

Data Collection: A total of 9 FGD's (3 with each group) were conducted. Participants were keenly observed to add thickness and rigor to the data [22-23]. Data was collected up to saturation point. Questions were asked about their everyday lives, problems, stigma experiences, families, society representation, government aid, coping mechanisms, etc.

Data Analysis: The data was analyzed using a Thematic Network Analysis. The codes derived from the data were categorized into Basic and Organizing Themes leading to a Global Theme. During analysis, since the issues of TGs and MSM were overlapping, their issues were discussed as one group.

Thematic Network Analysis: The Thematic Analysis is a sophisticated tool for qualitative data analysis. The analysis is aided and presented as Thematic Networks. These are web like illustrations summarizing the main themes in a piece of text. These are robust and sensitive in analyzing qualitative data [24-25].

Results

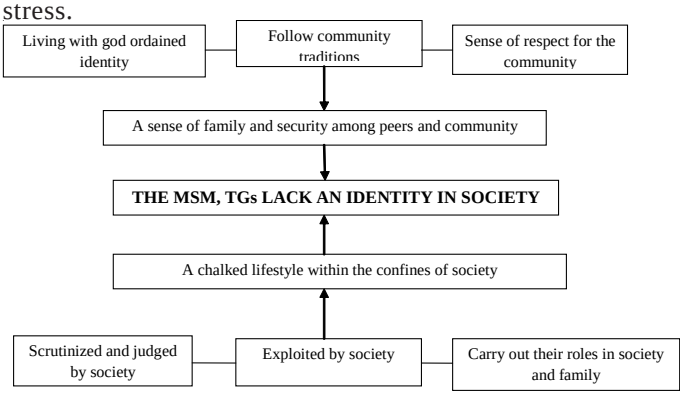
MSM and TGs:

Demographic details of MSM: Three FGDs were conducted with a total of 21 men. The average age of these men was 28 years. The men were active homosexuals for an average of 12 years. Most of them were married. Six of them were married with kids. Nine men from the group were in homosexual relationships.

Demographic details of TGs: 24 TGs (Three *gharanas*) were a part of the FGDs. The average age of the respondents was 43 years. They were mainly middle school educated and hailed from Nasik.

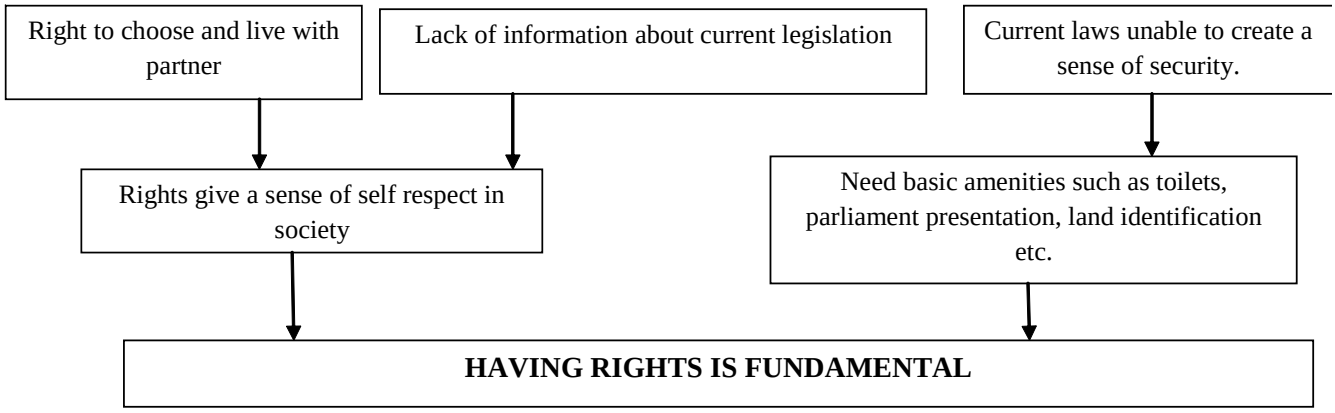
Issues discussed:

Identity in Society: The MSM lived with their families and were conscious of their mannerisms and appearances. They felt pressured to behave in a certain manner. They had a longing to get in touch with their inner selves which remained unaddressed. In contrast, some TGs were abandoned by their families and lived in their *gharanas* with their *gurus.* There is a strong *guru* disciple relation, which was strongly evident when tea was served and none of the disciples sipped their tea till the guru did. They were much secured about their identity as a divine calling from God. They believed they had the freedom to behave and live however they wanted within the confines of the *gharana*. However, both groups had a sense of commitment and responsibility towards their homes/*gharanas*. Although the TGs felt that were more respected for their contribution, the MSM felt exploited by their families and felt that their importance was measured in terms of their financial, physical and emotional contribution to their families. A sense of exploitation was experienced by both groups. MSM were emotionally and sexually exploited by their friends, whereas TGs were mistaken as *Hijras* and harassed. Both groups felt being closely scrutinized and judged by the society. However, they found solace in their peers that gave them the freedom to be themselves. The MSM pursued hobbies such as dancing, painting or singing to cope with the stress.



Rights as Fundamental: Having rights was extremely important to both groups since they felt that it would give them a space, voice and a sense of acceptance in society. Although the MSM felt that they do have certain rights given the recent legalization of gay rights under Section 377, they were unable to enjoy those or be vocal about it given their families' hostility to the whole idea. Ironically the TGs were very aggressive about fighting for their basic rights of being identified as a community, having separate toilets, identification documents, parliament representation, etc. and have approached the government on various occasions. The reason for the difference in this attitude stems from the rootedness in one's identity.

Fig.2: Thematic Network for rights.



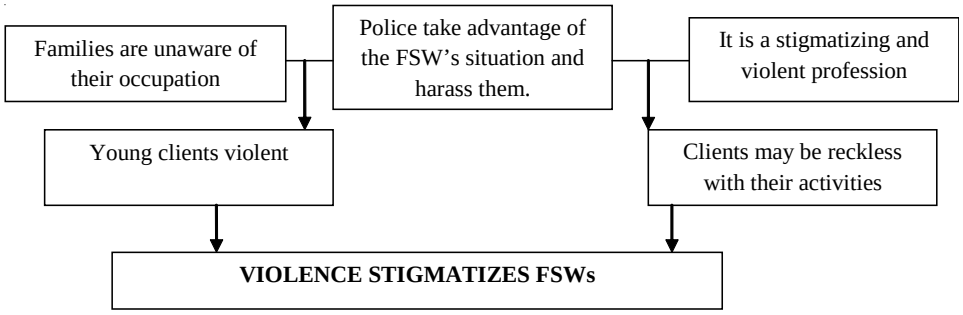
FSWs

Demographic details: 20 women were involved in the FGDs. The average age of the women was 39 years. They have been involved in brothel work for a mean time of 17 years. The women had 3 kids on an average. 2. 75% of the women were uneducated, whereas 25% were primary school educated. The women cater to around 90 clients per month.

Issues discussed:

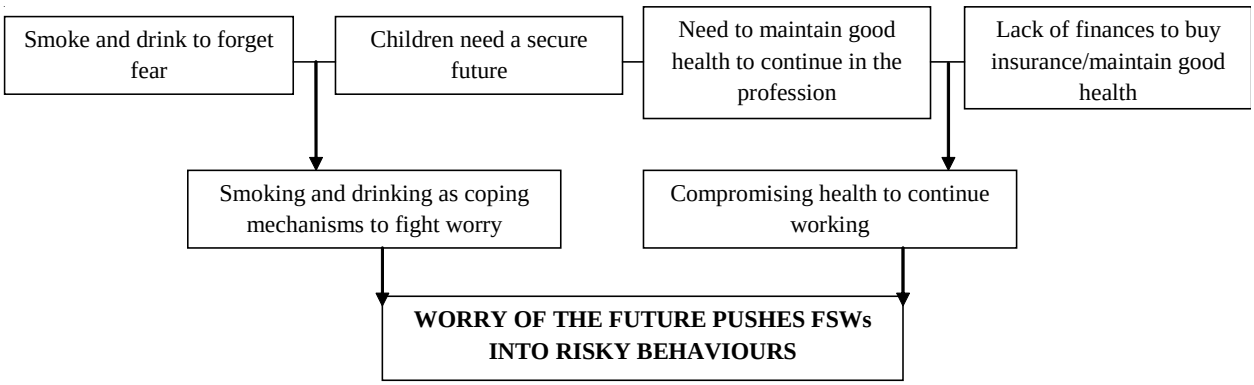
Violence and Stigma of the profession: Most women joined this trade out of poverty. Their families are unaware of their profession since they are solely dependent on them. The profession makes them vulnerable to violence from police and young men. The younger clientele refuses to use condoms which may sometimes lead to arguments or acts of violence. As the police consider this group as soft targets for their raids or promotions, they tend to exploit them. They are well aware that the women have no social support system given the stigma of the profession, and take full advantage of the situation by being physically and verbally violent.

Fig.3: Thematic Network for vulnerability to violence and stigma in the trade.



Future Worries leading to Risky Behavior: The FSWs were worried about the long term illnesses since they thought it may not allow them to continue in their profession. Since lack of paperwork and finance doesn't allow them to have insurance, they were anxious about the inability to pay for expensive treatment of Non-Communicable Diseases such as Hypertension or Diabetes. They were also worried for their children since they didn't want them to be a part of this world. Although some women feel they have accomplished their goal in life by settling their children without them finding out about their mother's profession, for others their children's future and financial sustainability are the biggest worry. In order to lighten this emotional burden, the women took to smoking and drinking daily. Some even confessed eating only to counteract the drinking side effects.

Fig.4: Thematic Network for worries about the future of FSWs.



Discussion

Mental Health being an abstract term cannot be quantified [26]. Thus the perception of the same had to be studied qualitatively. By applying Critical Theory, this paper aimed to analyze the societal structure, construction of knowledge and the organization of power that led to the repression of the HRGs. The theory enabled researchers in understanding the emotional complexities of perceptions of the HRGs by studying the social phenomenon that makes them the way they are. Their emotions are determined by their historical and societal positions. Although this theory questions the reasons behind their vulnerabilities, interacting with them has made it evident that they have accepted their societal status as a natural phenomenon [27]. The networks also suggest that the coping mechanisms employed, especially by the FSWs are not sound and sustainable. Thus one cannot ignore the existence of the problem. Although the government machinery has introduced Counselors and Peers in its program, these remain inadequate to address issues that are deeply ingrained in society that define these groups.

Conclusion

The study concluded that although the groups were not able to define and use words, they felt and sensed worry, stress, anxiety, lack of identity and societal support, etc. The analysis has given the researchers a mapped path to empowerment, and transformation through targeted mental health interventions in the National Programs. The Networks discussed offer a critique of the current mental stress of the vulnerable populations living with HIV and the lack of services offered to them for the same. Stakeholders need to be sensitized about the gravity of the mental health issues of these groups. It is an imperative need to provide integrated mental health services. National Programs should view each of these groups separately, given their varied needs. Tailor-made approach to address the mental health issues for each group may yield better results for the program. This will be a key link to address treatable mental health morbidities in HRGs and provide better health outcomes.

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Competing interests: Nill

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