Annexure 1: Gender and Health Implication for Female Partners of MSM

Case Study: Urmila and Ashok

Urmila is married with two children and stays in a village with her in-laws. She works in the fields. Her husband, Ashok, works in the city and sends money every month to his mother. Urmila is completely dependent on her mother-in-law for any monetary requirement.

Sometime ago, her father-in-law took ill, and had to be admitted to the nearest hospital 25 km away. It was Urmila's responsibility to attend to her father-in-law.

Due to the nature of his work, Ashok visits his family only twice a year. There is an NGO in the area where Ashok works and it organises a health camp regularly. Ashok cares deeply for his wife but he cannot deny the fact that he prefers emotional and sexual relationships with men. While Urmila is in a monogamous relationship with her husband, Ashok has a number of male partners.

Recently, Urmila developed a chronic fever, and the family insisted she visit a traditional healer. In spite of the ‘medicines’ the healer gave her, her fever has not subsided. Her father-in-law, the head of the family, refuses to let her go to the city for treatment.

Questions

- What are some of the health risks that Ashok and Urmila face?
- How Urmila’s social condition had an impact on her access to treatment?
- As an MSM, does Ashok’s behaviour create any additional risks for Urmila?
- How does gender affect decisions about work? What does this mean for gender differences in access to economic barriers?
- Describe the power-structure in Ashok’s family and community. How does this structure impact the health of male and female characters in this case?
- How can you relate this case with the communities and regions you work with?