

A Study of Behavior of Men Who Have Sex with Men in Mumbai and Thane: Wave - 5

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**3rd Floor, Manthan Plaza,
Vakola Market, Nehru Road
Santacruz East, Mumbai
India
Telephone: 26673800, 26650547
www.humsafar.org
info@humsafar.org**

The Team

Alpana Dange (Lead Consultant)

S. Murugesan (Team Leader)

Kalpita Lanjekar Patil (Research Coordinator)

P. Girish Kumar (Administrator and Field Coordinator)

Sandeep Mane (Research Executive)

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ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
ARV	Anti Retro Viral
BCC	Behavior Change Communication
BMGF	Bill and Melinda Gates Foundation
CBO	Community Based Organizations
CST	Chatrapati Shivaji Terminus
FHI	Family Health International
FPAI	Family Planning Association of India
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IMRB	Indian Market Research Bureau
IVDU	Intravenous Drug Users
KABP	Knowledge, Attitude Behavior and Practice
MDACS	Mumbai District AIDS Control Society
MSM	Men Having Sex With Men
MSW	Male Sex Worker
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
NGO	Non-Government Organization
NQR	Non-Qualifying Respondent
OI	Opportunistic Infections
ORW	Out Reach Worker
PLHA	People Leaving with HIV/AIDS
PSI	Population Services International
SI	Sampling Interval
STI	Sexually Transmitted Infections
TAG	Technical Advisory Group
TG	Transgender
TI	Targeted Interventions
VCTC	Voluntary Counseling And Testing Center

Chapter 1

Introduction

1.0 Since the year 2000, research studies have played an important role in assessing and fine tuning Humsafar Trust's HIV prevention programs for Men Having Sex with Men (MSM). This is the fifth report which studies key knowledge, behavioral, stigma and discrimination indicators for HIV/AIDS prevention, care and support.

1.1 HST Continuum Of HIV/AIDS Prevention And Care

There have been several efforts done by Community Based organizations (CBOs) and Non Governmental organizations (NGOs) to response to the AIDS epidemic through the help of NACO and other international funding agencies. Though the National AIDS Control Organization (NACO) has been acknowledging MSM being a key group that need focused intervention, it was only in the NACP III programme that NACO placed MSM in the core group of intervention. NACO also recommended scaling up MSM and Transgender (TG) Community based organizations as a key instrument in controlling the HIV epidemic among MSM and TG community.

Humsafar is one of the first community based organizations to have received the first grant for Targeted Interventions (TI) from Mumbai District AIDS Control Society (MDACS) in 1999-2000 to work with MSM community. Humsafar currently runs 9 TIs and 1 care and support project. Besides MSM, other population such as TG, male sex workers (MSW) are also covered by these interventions. These interventions are supported by agencies like MDACS, AVERT Society and Bill and Melinda Gates Foundation (BMGF).

The Humsafar trust practically covers the whole of Mumbai and Thane District (Urban) from Churchgate to Dahisar in Western line, from Chatrapati Shivaji Terminus (C.S.T) to Badlapur in Central line and C.S.T. to Vashi in Harbour line. Key hot spots and cruising places are identified through sex mapping exercise and are covered through the intervention projects. The outreach worker visit the field daily, distribute condoms, conduct Behavior Change Communication (BCC) sessions on the field to promote safer sex, motivate and help the clients to access health facilities, drop-in centre, legal, nutritional facilities and the care and support services of PLHAs at Humsafar trust or any at other government facilities.

1.2 Research At Humsafar Trust

Research studies at Humsafar Trust have become an integral part of the various interventions. The organization has been utilizing the findings to improve the work. In the past few years, research projects at Humsafar Trust have grown considerably to facilitate the need for a separate unit at Humsafar Trust. Currently Humsafar apart from its In-house study also has conducts study through national and international collaborations.

The Humsafar Trust has also managed to set up their own Institutional Review Board (IRB), a committee that reviews all the research proposals to ensure that the human subjects are protected and the standard research protocols are followed during the implementation of the study.

Since the Humsafar trust is a community based organization, it has also started setting up a community based research unit. Individuals from the community, who have a basic level of aptitude in research, are recruited. They are given hands on training during their work to sharpen their research understanding and upgrade their skills. These community researchers then provide important support in conducting community based research.

1.3 Objectives Of The Study

1. To assess the knowledge and attitude of MSM towards HIV/AIDS
2. To assess sexual behavior and practices of MSM
3. To assess the health seeking behavior of MSM
4. To assess awareness of care and support services of MSM
5. To assess prevailing level of stigma and discrimination among MSM

1.4 Presentation Of The Report

The report starts with an introduction as the first chapter followed by the research methodology in the second chapter. The third chapter focuses on the HIV/AIDS prevention work done by the Humsafar Trust since 1999. The fourth chapter gives an overview of the demographics of the study respondents. The fifth chapter gives us an understanding of the HIV/AIDS knowledge level of the participants and also assesses stigma towards PLHA of the participants in the study. The sixth chapter discusses about the different types of male and female partners, their sexual behavior and condom usage among the participants. The seventh chapter explores the treatment seeking behavior of

the participants for STIs. Chapter eight focuses on the reach of condoms and lubricants. In the ninth chapter a comparison of selective indicators across the five studies has been made. The last chapter, ninth contains discussion and recommendations to the Humsafar Trust.

Chapter 2

Research methodology

2.0 This chapter gives the overview of the methodology used in this study. The methodology is replicated from the third wave onwards. The research methodology for this study could be divided in three phases. The first phase was prior to data collection and involved in formulation of research objectives, and deciding the sample size and finalizing of the tools of data collection selecting the site for data collection. The second phase involved data collection and listing down the experiences during data collection. The third phase involved data analysis. All the phases have been planned and implemented in a scientific and systematic manner.

2.1. Purpose Of The Study

In 1999-2000 a baseline study was conducted to understand the knowledge and attitude of MSM towards HIV and STI related issues in Mumbai and Thane. Three other studies were conducted with an interval of around 18-24 months to measure the set indicators and the shifts in attitudes and perceptions of the MSM in the community.

This study is the fifth wave study which measures the set of indicators, sexual behavior and condom usage, treatment seeking behavior and attitudes towards PLHA of MSM in Mumbai and Thane District.

2.2 Assistance Of Technical Advisory Group

At the start of the study, this study was discussed with the existing Technical Advisory Group (TAG) comprising the Chief Executive officer of Humsafar Trust, TI In charge, Counselling Coordinator, and Technical Research Expert from Avert Society. This group met and discussed to finalize the methodology, sampling and instrument. An e-mail group that was already in place was also used to initiate discussions and also update the progress of the study.

2.3 Role Of Institutional Review Board

The Humsafar Trust has an Institutional Review Board (IRB) whose members are drawn from vast fields such as medical sciences, law, social sciences, philosophy and the community. The role of IRB is to protect the dignity, rights and well being of the potential research participants. Presence of an IRB also ensures that the universal ethical values and scientific standards are followed in sync with the community values and customs. IRB ensures and assists in the development and the education of a

research community responsive to local health care requirements. The proposal, tools and informed consent of this wave were submitted to the IRB. After a thorough review, IRB made some suggestions that were incorporated subsequently the board approved of the study. After the IRB approval, the study was carried forward by the HST research team.

2.4 The Respondents And Study Area

The respondents who were recruited for this study were the self identified homosexual men who accessed the cruising sites either for socialization or for sex activities in Mumbai and Thane.

For the purpose of this study, a list of updated cruising sites available at Humsafar trust was used. These sites ranged from Churchgate to Dahisar on western line and from Mumbai to Ambernath on Central line and Mumbai to Vashi on harbor line.

All these sites were further classified and categorized as high, medium and low turn over sites. To maintain uniformity the criteria continued to be the same:

_ **High:** More than 10 MSM visiting the beat in given timing.

_ **Medium:** 5 to 7 MSM visiting the beat in given timing.

_ **Low:** Less than 5 MSM visiting the beat in given time

2.5 Indicators Of The Study

The core indicators of the study have continued to be constant over the years so that these indicators could be assessed over the years in order to understand the effectiveness of the intervention. The core indicators are as follows:

Awareness Related Indicators

1. Knowledge of HIV prevention.
2. No incorrect beliefs about HIV transmission

Sexual Behaviour Related Indicators

3. Number of sex partners in the last one month
4. Condom use at last peno-oral sex (with a male partner).
5. Consistent condom use during peno-oral sex (with a male partner) in last one month
6. Condom use at last insertive anal sex (with spouse, casual and non-regular male partners).

7. Consistent condom use during insertive anal sex (with spouse, casual and non-regular male partners) in last one month
8. Condom use at last receptive anal sex (with spouse, casual and non-regular male partners).
9. Consistent condom use during receptive anal sex (with spouse, casual and non-regular male partners) in last one month
10. Condom use at last vaginal sex (with a female partner)
11. Consistent condom use during vaginal sex during last one month

In addition to the above core indicators, the following indicators are also studied as they provide key vital information about health services and care and support services in addition to commercial sex.

Those indicators are as follows

12. Self reported sexually transmitted infections
13. Treatment seeking behaviour on sexually transmitted infections
14. Men who have sex with men seeking voluntary HIV tests
15. Men receiving/paying in cash or kind for sex
16. Condom use during paid sex
17. Awareness about care and support services
18. Levels of stigma and discrimination

2.6 Study Tool

This study used the semi structured research questionnaire that was used for the previous studies with some modifications in the questionnaire. This time in part IV (Sexuality), new questions were introduced like number of different types of partners, type of sexual activity with each partner and their condom usage with different type of partners was also elicited in detail. Question on interformal sex as a type of sexual activity with different type of partners was also introduced. A whole new section on stigma scale was also added as it was felt that this adding a section of stigma and discrimination would be useful in terms of programmatic and policy level intervention. These tools were pre tested in the field to ensure that that the tools could be used in the field to collect data. It also gave an opportunity to the investigators to practice the questionnaire and provide feedback to the field manager. There were no changes in the tool after the pretesting.

2.7 Research Design

This research study primarily used a quantitative approach and a semi structured questionnaire was used to collect details on various indicators from the respondents. The use of quantitative techniques allowed for measurement, standardizing and representation.

2.8. Training And Fieldwork Management

This team was a mix of experienced outreach workers with prior experience in research studies, and those who were new and keen to participate as investigators in the research study. These investigators were drawn from various projects of Humsafar Trust. A two-day training program was organized at the Humsafar Center under the guidance of the Research Manager. The training program focused on few of the theoretical aspects of research with a major part of the training spent on mock sessions and field pilot testing. The training manual that was used for the earlier studies was adapted for this training programme.

The training covered the following points:

- Meaning and importance of research on the MSM
- Brief Overview of KABP study and its background
- Institutional Review Board and its' role.
- Ethics of research and field workers' responsibility.
- Posture and body language during the interview.
- Importance of informed consent.
- Importance of background information.
- Questioning skills.
- Ways of recording responses.
- Providing conducive environment for interview.
- Asking sensitive information.
- Using of probes for clarification and validation.
- Mock Interviews and Field Testing
- Handling crisis situations.
- Importance of supervision and supervisory roles

The supervisors were also given training on their roles and responsibilities. They were given training on data checking and coding of the questionnaires

2.9 Sample Size

The sample size for the MSM has been calculated assuming that the objective of this survey is to measure change in behavioral indicators over time, with this round serving as the third wave. This would have an implication on the sample size as the sample size required for measuring change in indicators over time will be larger than that required for measuring an indicator at one point in time. This will be taken into account for ensuring sufficient statistical power to measure the change. The formula used for calculating the sample size to be used for each round of the survey is given below.

$$n = D \frac{\left[Z_{1-\alpha} \sqrt{2P(1-P)} + Z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)} \right]^2}{(P_2 - P_1)^2}$$

P_1 = Proportion at time 1

P_2 = Proportion at time 2

$P = (P_1 + P_2) / 2$

$Z_{1-\alpha} = 1.65$ is the value used for 95% confidence level (one tailed Z – score value for α of 0.05)

$Z_{1-\beta} = 0.84$ is the value used for 80% power

D = Design effect

n = Sample size after accounting for design effect

Based on the above formula, the sample size for MSM to be included in the survey is 267. (Details of the sample size calculation have been shown below). The sample size has been calculated using $\alpha = 0.05$ (i.e. there is only a 5% chance that the observed change in the indicator occurred by chance alone ($Z_{1-\alpha} = 1.65$ for a one-sided test)) and power $(1-\beta)$ of 80% (i.e. there is an 80% chance that if a change did indeed occur in the indicator, then it will be observed) ($Z_{1-\beta} = 0.84$).

Required Sample Size	Sample	Total number of clusters selected for form filling	Terminated/Rejected Interviews	Final Sample Size
300		100	26	274

The sample size of 300 respondents was calculated through this formula with the help of the TAG committee members, keeping in view the confidence level and other technical requirements. However, a sample size of 274 could only be reached as some of the forms had to be rejected during the initial phase during to recording error in the forms, while some of them were incomplete and had to be terminated.

2.10 Site Of Data Collection And Selection Of Respondents

Each trained investigators were given a specific site per day for filling the forms. The sites were predetermined and selected through the process of time location cluster sampling technique. These investigators were resented on the allocated time location adequately in advance. On reaching the site, he made a quick listing of people on the site, record the numbers and any other key information available. The investigator was free to choose his criteria for example, accessory like belt, watch, umbrella, T-shirt or even/odd numbers and randomly select three respondents during that time location cluster. The respondents, were then recruited and through a one to one interview the questions would be filled in by the investigator.

MSM who were sexually active in the month prior to the interview and who were willing to give the interview through an informed consent process were recruited for the study. Only the participants who were willing to give consent were recruited for the study, as procuring consent was one for a standardised research project and also a pre-requirement by the Humsafar IRB.

2.11 Sampling Technique

Men who have sex with men (MSM) are a hard to reach population and hence it is important to design effective research designs to reach out to them.

Keeping in view that most of the MSMs meeting on cruising sites at different points on time and that was the most feasible way to recruit them, it was decided that even during this study, a two stage time location cluster approach would be used.

In the first stage the required number of Time-Location clusters was selected through systematic random sampling from an updated exhaustive list of cruising sites across Mumbai and thane district listed geographically.

In the second stage the required numbers of eligible respondents were randomly selected at each selected time-location cluster.

2.12 Data Analysis

The captured data were entered in a excel database and then checked for errors and missing values. After the data cleaned, the data was run and analysed using SPSS v.10.0 software. Statistical Analysis was done for the responses. Frequency distribution, pie charts and bar graphs was calculated wherever necessary.

The data analysis was done by a Research member at Humsafar Trust under the guidance of the Social Research Consultant.

2.13 Experience Of Data Collection

While the field work was largely carried out without any serious interruptions, a few situations were experienced by the Investigators. A few selected respondents refused to participate in the study due to lack of time. There were a few instances of threats from local “goons” to the Investigators. On a few occasions investigators also experienced non co-operation from the police at the railway stations as well as at Time Location Cluster which were toilets. Investigators conducted interviews at the crowded train stations with great difficulty.

Investigators also shared that MSM above 40 years were disinterested in giving interviews due to lack of time and seemed uncomfortable in discussing their personal experiences with the Interviewer.

Fieldwork was carried out in the rainy season, which was not considered to be suitable by a few Investigators.

2.14 Strengths And Weaknesses Of The Research Study

This study would be a helpful resource for the social organizations, working with MSMs to strengthen their programmes and services to the community and also help in informing the policy level decisions.

This study can also be used to understand the effect on the intervention program due to the changing policies.

Though an extensive list was prepared and the study was designed to capture different types of MSM sub populations, the study still remains confined to MSM population who accessed cruising sites as different points of time. Since these sites are serviced by Humsafar trust, there may be some elements of socially desirable response cannot be ruled out. Hence this study may not be able to represent the community that use virtual spaces like mobile phone, online chats and other non self identified MSMs who do not visit cruising sites.

The present study is purely quantitative in nature and hence may fail to explain underlying feelings or behaviors of the participants for some sexually risky behavior.

Due to unavoidable circumstances, the field work for this study got delayed by one year, hence creating a large gap between fourth and fifth study.

This study though cannot be generalized for the entire MSM community; the findings can still be used as indicators to sense the picture of the MSM community.

Chapter 3

Humsafar Trust's HIV/AIDS Intervention: A Perspective

3.0 Humsafar Trust has been provided awareness counseling and support services to MSM since 1993, its' HIV/AIDS program, however formally began in 1999 which was known as Targeted Intervention. Since then the HST has widened its' area of activities as well as intensity of services to provide quality care as well as support to MSM in the area of HIV/AIDS. This chapter presents year wise developments in the area of HIV/AIDS prevention work taken up by the organization.

3.1 Ninth Year 2007-2008

Ninth year was marked by programmatic and policy changes. Different activities and strategies were reviewed / introduced to complement and strengthen the outreach work and the program at large. It was observed that the process of outreach during this period strengthened and was more focused.

There were changes in the documentation process. Several additional formats were introduced to reflect the work done by the outreach workers and also to follow up the clients regularly.

During the last three years, the involvement of the peers in the program increased considerably. There was also focus on capacity building of peers and outreach workers to strengthen the project activities.

Over a period of time, most the experienced outreach workers were identified and promoted to higher level of jobs. As the projects increased, Humsafar Trust's operations were geographically decentralized in order to reach out the community in Mumbai and Thane.

The projects that were funded by USAID –FHI were taken over Avert Society after the USAID-FHI accomplished its project at Humsafar Trust. After the project was handed over, a few difficulties were experienced in operating the same project under the Avert guidelines that were different from the FHI project.

Internally in the organization, the training programs for overall project also changed from general training programs to theme based training programs such as key messages to be given during the outreach, key messages to motivate clients to access Clinical and counseling services.

Humsafar work also started focusing more on networking, nutrition counseling, mental health counseling. There were a large number of advocacy sessions done with different

stakeholders, with a special focus on police men as it was important to seek the support of policemen for work that was done on the public sites.

Local Doctors, M.B.B.S. doctors in the various suburbs who were able and willing to examine MSM patients for STIs or other general health complaints were also sensitized and patients were referred to these doctors for sexual health complaints.

Different activities, like night health camps, stickers for promoting Humsafar, Training program for doctors and other key stake holders were introduced. A Social Network group named 'Thane Social Forum' in thane was set up. In order to mobilize the community different initiatives like TG Mondays, Sunday Highs and Friday Workshops were started in Thane Social Forum.

3.2 Eight Year 2006-2007

The eight year was marked by enhanced clinical care and support system. The follow-up were to be increased and traced over a period of time. Unique Identifying numbers were introduced to trace the clinic visits of the clients. The system of same day HIV reporting was also introduced to increase the post test counseling rates. The rates of post test counseling raised from around 55% to 70% in the clinic. Blood group testing was also introduced in the clinic to clients who required it.

The care and support unit was strengthened during the period. Due to the initiation of the process of registration and ART enrollment in the public hospitals, it become possible for HST to refer the patients to the public hospitals to avail registration and enrollment facilities. Networking was also done with Medicines Sans Frontiers (MSF) to provide treatments to patients who did not have the required documentation to be eligible in public hospitals.

3.3 Seventh Year 2005-2006

This year was marked by new partnership with BMGF. Primarily changes in the field level approaches were made. These changes were based on the recommendations of the research study. Besides this, a few changes were also incorporated due to the policies of the new partner.

New and specific messages promoting partner and spouse notification were introduced in the field. Another organization Family Planning Association of India (FPAI) was sensitized to cater to the needs of the spouse of the MSM within their area of work.

The focus on Social marketing of condoms reduced while the distribution of free condoms increased. This was done due to two reasons first, clients in the field were not

interested in buying condoms; second, funding agencies also had a mandate that certain number of free condoms needs to be distributed in the field.

With the advent of the BMGF project, it could be seen that the focus on HIV reduced, while the focus on STIs increased. BMGF felt that reducing STIs among the population would reduce the impact of HIV in the longer run. Hence the messages too changed on the field where STI counseling and testing was emphasized.

The communication strategies too changed over a period of time. Different strategies were introduced to spread the message of HIV/AIDS. In the initial phase it was one to one communication, which was then followed by Behavior Change Communication, to the current Strategic Behavior Communication done on the field to provide safer sex messages and motivate HIV testing. Different tools like flip charts, talk on the issues of sexuality, HIV and STIs were introduced.

Despite the change in the communication strategy, the messages more or less remained the same. Condom demonstration and repeat demonstration increased as also the three step condom stages were introduced. Condom depots, condom vending machines and IEC depots were developed, but these could not be sustained in the after sometimes. The depots were vandalized hence manned condom depots were introduced.

The role of Supervisor changed from mere supervising to providing on field support and guide to the outreach workers. Crisis cell was also strengthened to respond to the crisis issues in the field, such as police problem, cheaters, blackmailing, extortion of money, family problems.

3.4 Sixth Year March 2004-2005

In the year 2004 – 2005 considering community's need, efforts were further intensified at the field level as well as state and national level. The finding of the third wave disseminated in the year 2004 came handy in strategizing the intervention as well as advocacy program. Data of this study revealed that cruising was a popular source of seeking as well as meeting partners. This led to renewed mapping exercise to tap new MSM. It was also revealed in the study that the MSM engaged in risky sex when they engaged in penetrative sex with a partner. The outreach workers (ORWs) were trained to motivate the MSM to reduce anal sex as well as use condom if they penetrated another partner besides ensuring partner condom usage when they had receptive anal sex. The ORWs provided adequate information on STIs and imparted information on importance on timely STI treatment.

A certain segment of MSM still remained beyond the realm of the Humsafar intervention. These MSM were those who were having sex with men but were not

aware about their sexuality, office going executives who did not visit cruising sites and those who relied on internet as a source to search sex partners. This could neither be mapped nor reached for IEC. Similarly, motivation to MSM to notify the partner STI/HIV treatment also did not meet with success.

A new sub population of bar boys identified and intervened through the program. These were young boys who danced in female dress in bars and indulged into commercial sex. Two major funding partners AVERT Society and BMGF supported the Humsafar Trust to work with MSM in Thane district and Male sex workers and clients in Mumbai respectively.

In year 2004-2005, sale of priced condoms supplemented the distribution of free condoms through the outreach program; this combination was revived through a repackaged KY jelly pouch at a lower price. This was done with the intention of achieving 100% condom usage among MSM and Transgender population. To meet the new field challenges, outreach supervision was further strengthened.

Two new linkages with public health services Bhagwati Hospital in Borivali, North Mumbai and Rajawadi in Central Mumbai were added to the existing referral web.

New advocacy strategy was implemented in the program to create an enabling environment and to reduce stigma and discrimination. Mass awareness with respect to HIV/AIDS and sensitization about MSM issues was carried out among groups such as College Students, Policemen, Corporate Organizations, Barbers, Railway Police, Pharmacists, Private Medical Practitioners, Funders, Catering boys, Other NGOs, General Population. In addition to the HIV/AIDS specific advocacy, HST also spearheaded a public demonstration at Hutatma Chowk along with other with LGBT (Lesbian, Gay, Bisexual, and Transgender) groups of Mumbai to gather public support in repealing sec. 377 IPC. HST also initiated a national network of sexual minorities (INFOSEM), a networking and capacity building effort at bringing together LGTB group across the subcontinent. HST also initiated a national network of sexual minorities (INFOSEM), a networking and capacity building effort at bringing together LGTB group across the subcontinent

Organization's internal capacity was also enhanced with the formation of International Health Advisory Board (IHAB), Community Advisory Board (CAB) and Institutional Review Board (IRB). The IHAB intended to strengthen the clinical activities of the trust and increase operating standards of providing quality services to MSM and Transgender. The IRB was set up to monitor all research papers, to confirm ethical soundness.

An internal mechanism to work towards common interest and betterment of HST staff was set up. Named as 'Humsafar Development Committee', it will plan and implement various activities for sustainability and staff welfare.

In this year, two research studies were conducted; first a research study was done in collaboration with Population Services International (PSI) on knowledge, attitude and behavior of MSM with respect to HIV/AIDS/STI. This study took place in Goa. Another was a base line study was done with the male sex workers (Transgender) in Mumbai to understand their risk related factors to HIV/AIDS. A core group of senior professionals worked on the fourth wave.

3.5 Fifth Year March 2003-2004

A core group of senior professionals worked on the research study. Besides providing a regular outreach and in-house services the team was engaged in training and fieldwork for the research study. Through the outreach, 46,000 MSM were covered for IEC and condom distribution. Messages of reducing number of partners, condom usage during oral anal sex continued. During the counseling as well as through the research studies, it became amply clear that the MSM who were having unprotected sex with their female partners were also acting as a bridge group. The project through BCC motivated MSM to adhere to partner notification.

3.6 Fourth Year March 2002-2003

In this year, besides continuation of the previous year's activities, legal issues such as police persecution and discrimination of HIV+ve individuals by their employers etc. were handled at the Humsafar Trust. Services of an advocate were made available.

Project data helped the senior level project personnel in advocacy programs. Advocacy with the police, health providers, and corporate organization was taken up within and outside Mumbai. At the national level, the Humsafar Trust senior professionals played an important role in sensitizing NACO about the issues of MSMs.

By this year, the project was very well established and sustained efforts around awareness, condom usage STI treatment services and care and support etc. continued. However, the Trust did not succeed in securing partner notification from STI/HIV infected MSM.

3.7 Third Year March 2001-2002

This year the team was expanded further and the outreach team was restructured. Outreach workers were selected after rigorous tests (written as well as oral) on important parameters. A team of researcher, counselor and illustrator scientifically designed the information, education and communication (IEC) material. The material was pre tested amongst various target groups and then finalized for usage and distribution. The Humsafar Trust was able to come up with an innovative, reader friendly IEC material. The research study that was conducted towards the end of year 2001 was disseminated in the beginning of year 2002. In this year, identification of hot spots (new sub groups) was taken up. Peer leaders were identified from among these to work with the MSMs.

The nutritive supplementary program for HIV +ve MSM was started at ASHA project, Kamathipura. Referrals and medical advice for opportunistic infection (OI) and anti retroviral (ARVs) were also offered at the Humsafar Center.

Data of two rounds of studies revealed that almost thirty percent of the MSM were married. Quite a few of those who were tested to be HIV+ve were also married, thus a need was felt to extend the services to their wives. In order to encourage spouse notification and treatment, counseling facilities were offered at R.N.Cooper municipal hospital to encourage spouse notification. However, this program was not successful due to non-cooperation of the married MSM. While the MSMs accessed facilities at Cooper hospital for treatment of STIs and OIs, their wives were never brought for the counseling and treatment. This was considered as a major challenge for the intervention program.

3.8 Second Year, March 2000-2001

The Humsafar Trust extended the outreach service along the north-south axis of the city right up to Borivali in the western suburbs and Thane in the eastern/central suburbs.

Number of outreach workers to work on these sites was increased. They were trained in communication skills, rapport development, community service delivery, basic knowledge of sexually transmitted infections (STIs) and the services provided by the Humsafar Trust. In February 2001, the Humsafar Trust was given a further grant by the FHI for up scaling its outreach program. The outreach program was further expanded to cover the east-west sex sites perpendicular to the north-south axis following the railway lines.

In this phase, another round of review was planned which included new sites also. This evaluation served the dual purpose; it measured change on the indicators for the first MDACS pilot project and also established indicators for the FHI project. Both the

projects were actually not very divergent as MSM move from site to site and were a mobile population. However, the up scaling helped it immensely by covering a larger segment of the target population to reflect actual change and adding the care and support dimension.

At the time of this study, a listing of time and locations were made, from where the respondents were selected randomly. *This study finding revealed that the number of partners had reduced and there was an improvement in the condom usage.* By this phase, the Humsafar model was fairly established and the clients had started freely interacting with the outreach workers and also seek services at the center.

3.9 First Year, March 1999-2000

The first phase of the project was a pilot, which was supported by the MDACS after a project proposal capacity building workshop. The project was titled as '*Raising Awareness and Motivating Condom Use among MSM in Mumbai Metro*'. First six months of the project were dedicated towards raising a team, training the team and identifying sites of intervention and other modalities. There were nine sites at the beginning where condoms were distributed along with extensive rapport building. The outreach workers distributed information leaflets along with the message of safer sex practices. Health providers at the collaborating agencies such as Sion, KEM and Coopers were sensitized towards the issues of MSM. An in-house STI clinic and Voluntary Counseling and Testing Center (VCTC) were started to support the outreach services. Towards the end of the first year, a base line study on the knowledge, attitude and perception on HIV/AIDS, sexual behavior and practices was conducted. These indicators served as a baseline as well as the needs assessment for the next year. Convenient sampling was done during this study.

Needs assessed through the first baseline review were in the area of intervention as well as the program management. There was a need to increase the levels of knowledge, dispel myths surrounding transmission. Number of sex partners was found to be very high and condom usage was quite low which determined the crucial target indicators for intervention.

At the program management level, a need was felt to increase the number of outreach workers and also expand the sites.

Chapter: 4

Demographic Profile of the Respondents

- 4.0** This chapter has the demographic profile of respondents of the study.
- 4.1** A mega metropolis and the financial capital of India, Mumbai attracts people from all over the country who come here to seek employment in the organized as well as unorganized sector. However, an analysis of questions pertaining to nativity revealed that a majority of respondents (69%) were the permanent inhabitants of Mumbai and Thane (Table: 4.1a). Data analysis revealed that nearly one fourth of the respondents were migrants to Mumbai and Thane.

Table: 4.1a Origin Of The Respondent

N= 274

STATUS	NO. OF RESPONDENTS	% OF RESPONDENTS
Born and brought up in Mumbai and Thane	190	69
Only Born in Mumbai and Thane	8	3
Brought up in Mumbai and Thane	15	5
Neither Born or Brought up in Mumbai and Thane	61	22
Total	274	100

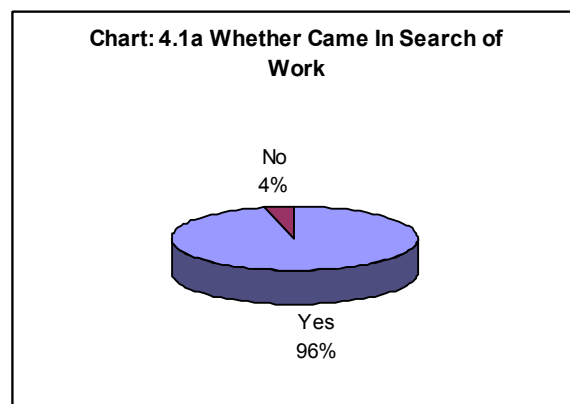
The migration pattern was reflecting the diversity of India as the respondents came from different parts of the country (Table: 4.1b). The largest group of respondents (33%) came from various districts of Maharashtra, followed by the respondents (19%) who were the natives of Uttar Pradesh. The third largest groups of migrants were from the neighboring state of Gujarat (12%). Less than one fourth of the respondents did not reveal their native districts as they were not comfortable in sharing this information.

Table: 4.1b: Native State And District Of The Respondent

N= 76

NATIVE STATE	NATIVE DISTRICT	NO. OF RESPONDENTS	% OF RESPONDENTS
Maharashtra	Satara	4	5
	Pune	4	5
	Nagpur	3	4
	Ratnagiri	3	4
	Bhusaval	2	3
	Kolhapur	2	3
	Nasik	2	3
	Gondia	1	1
	Wardha	1	1
	Ahmednagar	1	1
	Solapur	1	1
	Nanded	1	1
	Raigad	1	1
Sub Total		26	33
Uttar Pradesh	Allahabad	2	3
	Muzaffar Nagar	2	3
	Gajipur	1	1
	Sultanpur	1	1
	Kanpur	1	1
	Lucknow	1	1
	Mathura	1	1
	Not revealed	6	8
Sub Total		15	19
Gujarat	Vapi	4	5
	Surat	2	3
	Ahmadabad	1	1
	Not revealed	2	3
Sub Total		9	12
Punjab	Amritsar	3	4
Chattisagad	Korba	3	4
Andhra Pradesh	Hydrabad	5	7
Bihar	Madhubani	1	1
	Not revealed	2	3
Sub Total		3	4
Uttaranchal	Garhwal	1	1
Rajasthan	Jaipur	2	3
	Sirohi	1	1
	Not revealed	1	1
Sub Total		4	5
West Bengal	Not revealed	1	1
Karanataka	Not revealed	1	1
Jharkhand	Not revealed	1	1
Goa	Goa	3	4
Chandigarh	Chandigarh	1	1
	Total	76	100

As expected, a majority of migrants had come to Mumbai in search of work (Chart: 4.1a).



The Respondents were asked their places of residence by identifying a nearby station. It was observed that the respondents lived in different parts of Mumbai and suburbs.

Table: 4.1d Places Of Residence

N=274

PLACES OF RESIDENCE	NO. OF RESPONDENTS	% OF RESPONDENTS
Churchgate To Mumbai Central	16	6
Mahalaxmi To Dadar	14	5
Matunga Road To Bandra	24	9
Khar To Andheri	28	10
Jogeshwari To Borivali	26	9
Mira Road To Virar	10	4
CST To Curry Road	17	6
Sion To Ghatkopar	39	14
Vikhroli To Bhandup	8	3
Mulund To Mumbra	20	7
Dombivali To Karjat	40	15
Sandhurst Road To Tilak Nagar	5	2
Chembur To Mankhurd	21	8
Vashi To Panvel	4	1
Other	2	1
Total	274	100

Age and Education

The median age of the Respondents was 25 years. More than three fourth of the respondents were less than thirty years of age. Little less than two fifth of the respondents were aged between 30 to 45 years (Table: 4.2a).

Table: 4.2a Age

N=274

AGE RANGE	NO. OF RESPONDENTS	% OF RESPONDENTS
18-21	51	19
22-25	104	38
26-29	64	23
30-33	35	13
34-37	9	3
38-41	7	2
42-45	5	2
Total	274	100

Only 3 percent of the respondents were illiterate and could just read and write (Table: 4.2b). More than half of the respondents had completed their education up to higher secondary class. Almost 16 percent of the respondents had qualifications up to graduation and above.

Table: 4.2b Education

N = 274

EDUCATION LEVEL	NO. OF RESPONDENTS	% OF RESPONDENTS
Illiterate	7	2
Can read and write	3	1
Primary (Completed 4 th std)	24	9
Middle (Completed 8 th std)	44	16
Secondary (completed 10 th std)	91	33
Higher secondary (completed 12 th std)	62	23
Graduate	29	11
Post Graduate	11	4
Other	3	1
Total	274	100

4.3 Marital Status

A majority of the Respondent (80%) were unmarried. Less than two fifth of the respondents were married to women (Table: 4.3a).

Table: 4.3a Marital Status

N = 274

RESPONSES	NO. OF RESPONSES	% OF RESPONDENTS
Unmarried	214	78
Married	52	20
Divorced	4	1
Separated	4	1
Total	274	100

4.4 Arrangement of Residence

Data revealed that a little over two fifth of the respondents resided with their parents (Table: 4.4). Out of the 18 percent married respondents, only 15 percent stayed with their wife and children. Very few respondents (5%) were living alone.

Table: 4.4 Arrangement Of Residence

N=274

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
With wife and children	40	15
With parents	177	65
With friends	28	10
With Male partner	3	1
With female partner	3	1
Living Alone	15	5
Other	8	3
Total	274	100

4.5 Occupation

More than three fourth of the Respondents were worked in private or public services (Table: 4.5a). An interesting 3 percent of the respondents reported that they are engaged in full time commercial sex work.

Table: 4.5a Occupations Of The Respondents

N=274

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Business	40	15
Service	209	76
Student	8	3
MSW	8	3
Unemployment	5	2
Dancer	1	0
Laborer	2	1
Transgender's Begging	1	0
Total	274	100

The respondent's office/ educational institutions were spread across all over Mumbai (Table: 4.5b). However, nearly three fourth of them had reported their offices / institutions mainly between Churchgate and Andheri.

Table: 4.5b Place Of Work

N = 269

PLACES OF RESIDENCE	NO. OF RESPONDENTS	% OF RESPONDENTS
Churchgate To Mumbai Central	29	11
Mahalaxmi To Dadar	53	20
Matunga Road To Bandra	27	10
Khar To Andheri	83	31
Jogeshwari To Borivali	23	9
Mira Road To Virar	3	1
CST To Curry Road	5	2
Sion To Ghatkopar	2	1
Vikhroli To Bhandup	4	1
Mulund To Mumbra	6	2
Dombivali To Karjat	25	9
Sandhurst Road To Tilak Nagar	1	1
Chembur To Mankhurd	4	1
Vashi To Panvel	4	1
Total	269	100

The mean family income of the respondent was Rs.18, 000. On income, only five respondents did not report any family income which the investigators felt may have been done to maintain the confidentiality. Only 3 percent of the respondent reported their monthly family income was less than three thousand. Nearly one fourth of the respondents reported that their monthly family income in the range of Rupees 9000 to 12000. A little over one fourth of the respondents reported their monthly family incomes to be more than 18000 rupees. (Table: 4.5c)

Table: 4.5c Monthly Family Income

N=274

INCOME RANGE	NO. OF RESPONDENTS	% OF RESPONDENTS
No. Income	5	2
< Rs. 3,000	8	3
Rs. 3,001 - Rs. 6,000	40	15
Rs. 6,001 – Rs. 9000	29	10
Rs. 9,001 – Rs. 12,000	62	23
Rs. 12001 – Rs. 15000	37	13
Rs. 15001 – Rs. 18000	8	3
Rs. 18,000+	85	31
Total	274	100
Mean	18000 Rupees	

Mean monthly individual income of the respondent was Rs. 6500. Two fifth of the respondents reported their monthly individual income between 3000 To 6000 rupees. Only 4 percent of the respondents had monthly income more than 18000 rupees (Table: 4.5d).

4.5d Monthly Individual Income

N= 274

INCOME RANGE	NO. OF RESPONDENTS	% OF RESPONDENTS
No. Income	11	4
< Rs. 3,000	61	22
Rs.3,001 - Rs. 6,000	112	41
Rs. 6,001 – Rs. 9000	27	10
Rs. 9,001 – Rs. 12,000	33	12
Rs. 12001 – Rs. 15000	20	7
Rs. 15001 – Rs. 18000	0	0
Rs. 18,000+	10	4
Total	274	100
Mean	6500 Rupees	

4.6 Mobility Pattern

A majority of the Respondents (90%) traveled outside Mumbai (Table: 4.6a).

Table: 4.6a Travel Outside Mumbai

N= 274

REPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Yes	248	90
No	26	10
Total	274	100

Half of the respondents traveled outside Mumbai in once a month. Nearly two fifth of the respondents were traveling once a year. Very few respondents (2%) were traveling daily. (Table: 4.6b)

Table 4.6b Frequency Of Travel Outside Mumbai

N= 248

FREQUENCY	NO. OF RESPONDENTS	% OF RESPONDENTS
Daily	4	2
Once/ Twice week	23	9
Once a fortnight	18	7
Once a month	130	52
Once a Year	41	17
Once in Six Month	24	10
Other	8	3
Total	248	100

Work (26%) and entertainment (25%) were the reasons of travel outside Mumbai (Table: 4.6c). Most of the respondents (44%) reported that they traveled due to the family commitments such as obligatory visit to relatives, marriage and religious responsibility. Interestingly, 15 percent of the respondents traveled outside Mumbai in search of sex partners.

Table 4.6c Reason Of Travel Outside Mumbai

N=248

REASON FOR TRAVEL OUTSIDE MUMBAI	NO. OF RESPONDENTS	% OF RESPONDENTS
Work Related	65	26
Entertainment	63	25
Family Commitment	110	44
In Search of sex partner	38	15

Of respondents who traveled across different cities, 16% of them traveled to Pune city, which is closely located to Mumbai and Thane, followed by Nashik and Delhi at 8% and 5% respectively (Table: 4.6d).

Table: 4.6d Cities Of Travel

N=248

CITY TRAVELED TO FROM MUMBAI	NO. OF RESPONDENTS	% OF RESPONDENTS
Pune	39	16
Nasik	20	8
Delhi	13	5
Ratnagiri	9	4
Surat	8	3
Goa	8	3
Other Cities	151	61

Chapter 5

Knowledge and Attitude of MSM Towards HIV/AIDS

- 5.0** Possessing correct knowledge about HIV/AIDS prevention methods as well as supportive attitude towards People Living with HIV/AIDS (PLHA) is essential to bring about a behavior change among the MSM community. This is a key program area for the national, state and local level HIV prevention programs. This chapter focuses on the level of prevention related knowledge, as also common misconceptions pertaining to HIV /AIDS among MSM. Questions regarding Stigma and Discrimination have also been covered in it.
- 5.1** Mumbai city has witnessed multiple HIV/AIDS awareness related campaigns since past many years. What is surprising is that only 27 percent of the respondents had an accurate understanding of HIV (i.e. a virus that causes AIDS) (Table: 5.1a Knowledge about HIV). Almost half (49%) of the respondents said that HIV means fatal disease. Less than one fifth of the respondents still considered HIV as an insect or a foreign germ (combined 17%).

Table: 5.1a Knowledge About HIV

N=274

WHAT IS HIV	NO. OF RESPONDENTS	% OF RESPONDENTS
Insect	38	14
A foreign germ	9	3
A fatal Disease	134	49
A virus that cause AIDS	76	27
DK/ CS	7	3
Miscellaneous	10	4
Total	274	100

The respondents had high- level awareness about the correct HIV transmission routes (Table 5.1b).

Table 5.1b: Knowledge Of Modes Of Transmission

N=257

MODES OF TRANSMISSION OF HIV	YES		NO		DK/CS		TOTAL	
	N	%	N	%	N	%	N	%
Correct Information								
Through sex without condom	245	95	9	4	3	1	257	100
From infected mother to unborn child	196	76	35	14	26	10	257	100
Through transfusion of HIV infected blood	247	96	6	2	4	2	257	100
Through usages of infected needle	243	95	10	4	4	1	257	100
Incorrect Information								
By mosquito bite	37	14	205	80	15	6	257	100
By kissing on cheeks	16	6	227	88	14	6	257	100
By using utensils of infected person	36	14	204	79	17	7	257	100
By hugging infected person	10	4	238	93	9	3	257	100
By using the same toilet / bathroom as used by an infected person	13	5	229	89	15	6	257	100
By residing with HIV infected person	12	5	229	89	16	6	257	100

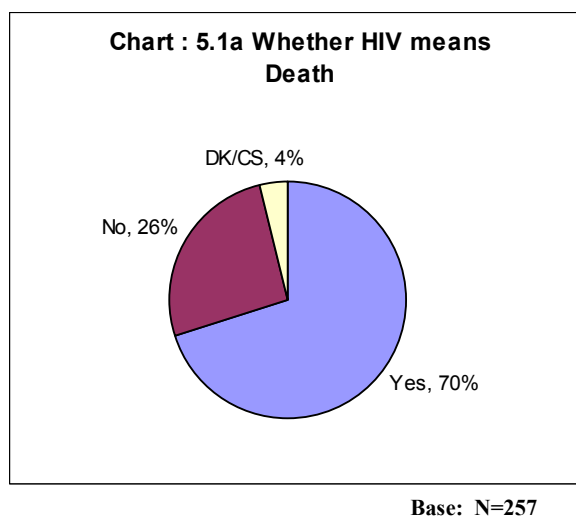
Respondents were asked the different ways of preventing HIV transmission. A majority had correct knowledge that using condom during penetrative sex could prevent HIV transmission. More than half of the respondents said that avoiding penetrative sex and by avoiding pregnancy HIV can be prevented. However, knowledge on use of sterilized needles, syringe is also high.

Table 5.1c: Knowledge Of Prevention Of HIV

N = 257

WAYS OF PREVENTION	YES		NO		DK/CS		TOTAL	
	N	%	N	%	N	%	N	%
By avoiding penetrative sex	173	67	79	31	5	2	257	100
By using condom during penetrative sex	232	90	24	9	1	1	257	100
By using sterilized needles/syringes	227	88	26	10	4	2	257	100
By avoiding pregnancy in HIV+ person	172	67	54	21	31	12	257	100

Almost 70 percent of the respondents said that HIV means death. One fourth of the respondents said that HIV did not mean death (Chart: 5.1a).



5.2 Little over one fourth of the respondents knew that AIDS was a condition where the body immune system breaks down. Three fifth of the respondents were of the opinion that it was a killer disease. Only few (7%) of the respondents reported AIDS is a deadly virus (Table: 5.2a).

Table: 5.2 a Knowledge About AIDS

N= 274

WHAT IS AIDS	NO. OF RESPONDENTS	% OF RESPONDENTS
A condition where body's immune system breaks down	76	28
A killer disease	165	60
A deadly virus	19	7
DK/CS	13	4
Other	1	1
Total	274	100

The Respondents were further asked whether they knew of any treatment of HIV / AIDS to which more than half of the respondents replied in affirmative (Table: 5.2b). A little over one fourth of the respondents perceived that there was no treatment of the HIV/ AIDS.

Table: 5.2b Whether Any Treatment Of HIV / AIDS

N= 260

TREATMENT FOR HIV/AIDS	NO. OF RESPONDENTS	% OF RESPONDENTS
Yes	143	55
No	73	28
DK/CS	44	17
Total	260	100

It was encouraging to note that 65 percent of the respondents were aware about ART Treatment (Table: 5.2c).

Table: 5.2c Knowledge About ART Treatment

N=143

RESPONSE	NO. OF RESPONDENTS	% OF RESPONDENTS
Yes	93	65
No	2	1
DK/CS	48	34
Total	143	100

5.3 The Respondents were asked if their friend / partner were diagnosed to have HIV, how they would behave with him. To this, 50 percent of the respondents said that they would still maintain contact so as to help as and when required (Table: 5.3a). Reduction of the stigma is one of the key objectives of the awareness programs and BCC conducted by the Humsafar project through out- reach program. It was encouraging to note that only 10 percent of the respondents said that they break off the relationship if their partner had HIV. Little more than one fifth of the respondent said that they continue the relationship but not have sex.

Table 5.3a Attitude Towards HIV + VE People

N=274

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Break of the Relationship	28	10
Continue the Relationship but not have sex	58	21
Continue the Relationship while practicing safe sex	64	23
Maintain contact so as to help as and when required	136	50
Other	11	4

The respondents were asked about their opinion on the type of support services needed for HIV + ve MSM (Table: 5.3b). HIV treatment facility was reported (87%) to be the most necessary support services for HIV positive MSM.

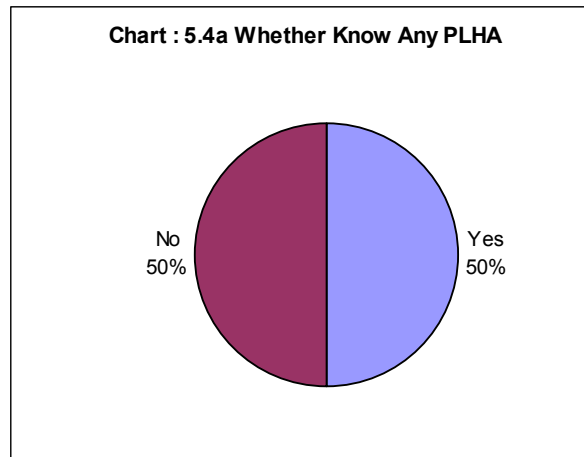
Table: 5.3b Support Services For HIV+ ve MSM

N= 274*

RESPONSES*	NO. OF RESPONDENTS	% OF RESPONDENTS
Other Testing facility for HIV Patient (CD4,CD8,routine Testing)	44	16
Counseling facilities for prevention	52	19
Counseling facilities for HIV+	32	11
Provide residence to HIV+ People	65	24
STI Diagnosis and Treatment Facilities	74	27
HIV Treatment	240	87
Other	19	7

* Multiple Responses

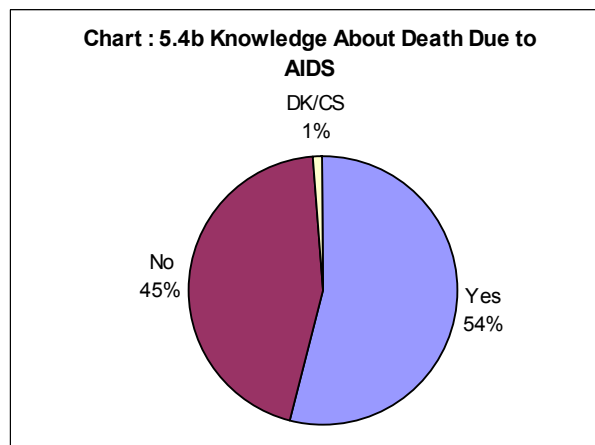
5.4 The Respondents were asked if they knew anyone who was infected with HIV, to which half of the respondents (50%) responded in affirmative (Chart: 5.4a).



Base: N=274

The Respondents were asked whether know anyone who is died because AIDS, more than half (54%) of the respondents replied affirmatively.

(Chart: 5.4b)



Base: N= 274

5.5 Assessing Stigma

The Outreach worker is the back bone of the Humsafar Targeted Intervention Programmes. The main role of the Outreach worker is to work on different cruising sites in Mumbai and Thane to spread the awareness about HIV/AIDS, to reduce stigma and discrimination towards the people living with HIV/AIDS. Through Stigma related questions that are drawn from the NACO, BSS questionnaire and USAID handbook an

effort to measure shame and blame, stigma and discrimination at the community level has been made (Table: 5.5a).

It was encouraging to note that 67 percent of the respondents said that they would take care of any HIV positive friend, coworker, and family member at home. Also they reflected a supportive attitude when an overwhelming majority (87%) of the respondents reported that they would continue to buy fresh vegetables or other food items if any shopkeeper had HIV positive. More than four fifths of the respondents said that they would allow the teacher to continue teaching in the school even if he/she had HIV Positive.

Table: 5.5a Assessing Stigma And Discrimination

N=274

ASSESSING STIGMA AND DISCRIMINATION	RESPONSES						TOTAL (%)
	Yes		No		DK/CS		
	N	%	N	%	N	%	
1. Will take care of any HIV Positive person like close friend, coworker and family member at home?	184	67	77	28	13	3	100
2. If any shopkeeper was known to be HIV positive would you buy fresh vegetable or other food items from him?	240	87	24	9	10	4	100
3. Whether teacher had HIV but is not sick should be allowed to continue teaching in school?	237	86	21	8	16	6	100

A further question was asked of the respondents if their friend / family member became infected with the HIV virus what they would do. To which half of the respondents said that they would take care of him or her, 32 percent said they would admit him or her to the hospital and 12 percent of the respondents said they would maintain secrecy (Table: 5.5b).

Table: 5.5b Attitude Towards Friend / Family Member Infected With HIV

N=274

RESPONSES	NO. RESPONDENTS	% OF RESPONDENTS
Keep the incident secret	34	12
Take care of him or her	138	50
Admit him or her in Hospital	87	32
Do no know	15	6
Total	274	100

Chapter: 6

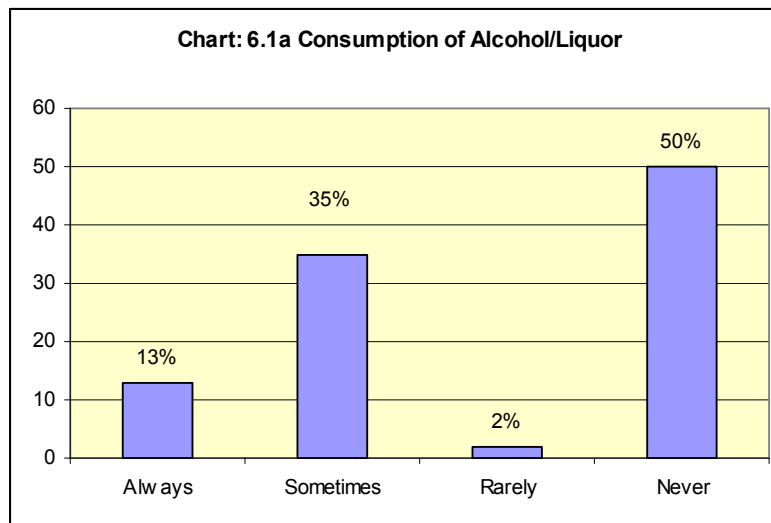
Sexual Behavior and Condom Usage

6.0 Behavior Change Communication is expected to bring about a change in the sexual behavior from unprotected sex to protected sex among MSM and also reduction in number of partners. This chapter focuses on various kinds of substance use prior to sex, sexual identity and partner seeking, partners and sexual behavior vis-à-vis condom, lubricants usage.

6.1 Substance use Prior to Sex

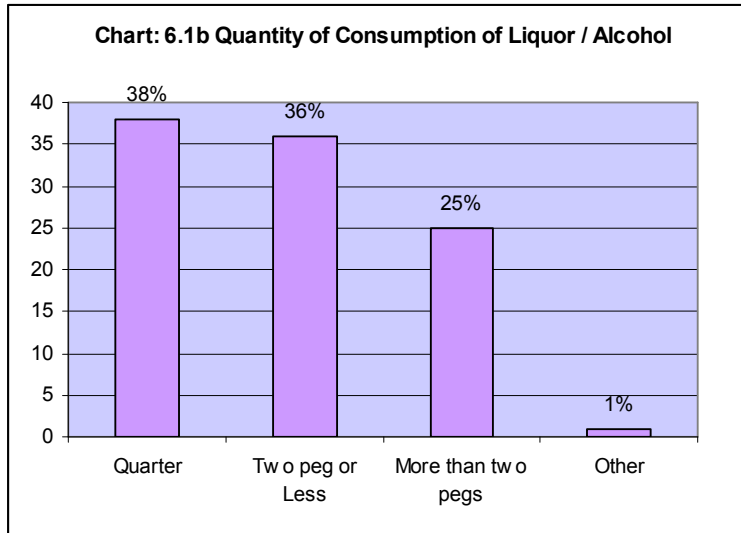
Intoxicating substances and liquids alter correct decision making, hence there is a possibility that consumption of substances prior to sex may lead to unsafe sexual practices.

In this study only 13 percent of the Respondents reported that they consume Liquor/alcohol always while half of the Respondents reported that they never consumed alcohol/Liquor (Chart: 6.1a).



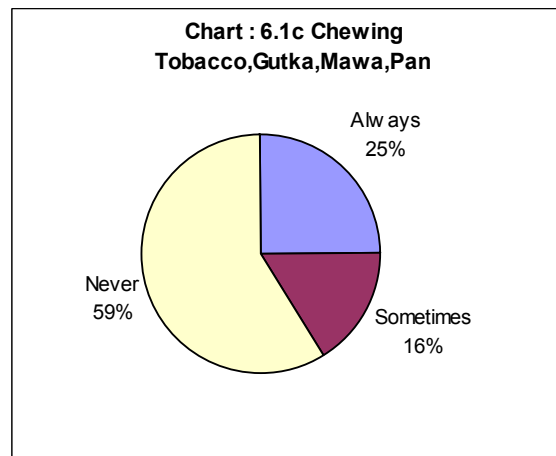
Base: N=274

Quantity of alcohol consumption also affects the person state of mind. Hence the respondents were asked about the quantity of Alcohol, which usually they consumed. It was observed that 38 percent of the respondents usually consumed a Quarter (1 ½) (Chart: 6.1b).



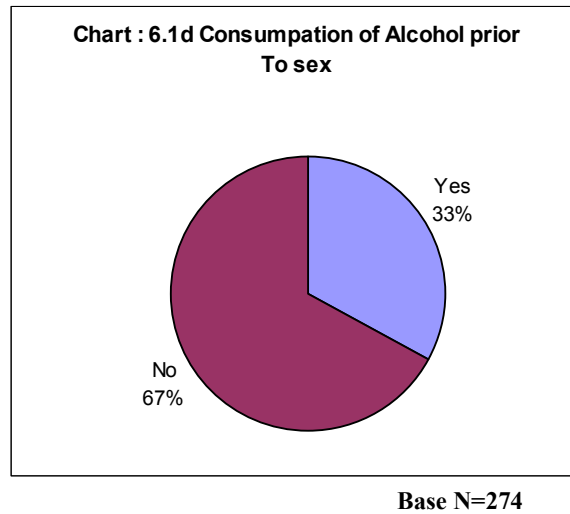
Base: N=138

More than 50 percent of the respondents never chewed tobacco, or other solid substances. Only one fourth of the respondents always consumed substances like tobacco, gutka, mawa, and pan (Chart: 6.1c).



Base N=274

It was alarming to note that 33 percent of the respondents consumed alcohol or substances before having sex (Chart: 6.1d).



6.2 Partner Seeking

It is a common knowledge that usually, the MSM relationships were temporary in nature and partners changed frequently. While separate questions were asked for sources, places and places meeting partner and sex, often the same place served all the three purposes (Table: 6.2). Cruising (77%) and friends (55%) enabled respondents to pick up a partner.

Suburban Train Networks and Public Toilets (57%) facilitated meeting of people (69%). Own home (62%) and friend's house (50%) served as major places for having sex. Interestingly, one fourth of the respondents said that they had sex in rented/room lodge.

Table 6.2 Partner Seeking

N=274*

SOURCE	NO. OF RESPONDENTS*	% OF RESPONDENTS
Internet	52	19
Newspaper/Magazine	3	1
Friends	152	55
Cruising	210	77
Other	32	12
Places of Meeting		
Public Toilet	157	57
Parks	73	27
Public Transport	73	27
Local Railway station	189	69
Sea Beaches	29	10
Other	33	12
Place for Sex		
Home	170	62
Public Toilet	74	27
Parks	24	9
Friends House	137	50
Rent room/ lodge room	70	25
Other	36	13

* Multiple Responses

6.3 MSM Identities

MSM identities are varied, and each identity is an individual preference which may be interchanged sporadically. A little more than one fourth of the respondents identified themselves as Kothi, one fifth as Panthi, two fifths as Gay or nearly two fifths as MSM (Table: 6.3). Two fifth of the respondents said that they were Bi-Sexual. A minor percentage of respondents did not reveal any identity.

Table 6.3 Identities

N=274

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Kothi	77	28
Panthi	30	11
Bi-Sexual	57	21
Gay	56	20
MSM	46	17
None	5	2
Other	3	1
Total	274	100

6.4 Sex Partners of MSM

6.4.1 Male Partners

MSM are known to have sex with various partners are described as under:

Spouse: MSM spouse playing role of Husband/Wife

Regular Partner: Sex with such partner at least once a month, but not a spouse.

Casual Partner: Any pick up from the cruising sites

In the last one month, a majority of respondents (77%) had sex with non-regular partners, followed by regular partner (34%) and spouse (19%) (Table: 6.4.1a).

Table: 6.4.1a Types Of Partner In Last One Month

N=274*

TYPES	NO. OF RESPONDENTS	% OF RESPONDENTS
Spouse (MSM Husband /wife)	53	19
Regular Partner (Sex with such partner at least once a month, but not spouse)	94	34
Casual Partner (any Pick up)	212	77

*Multiple Responses

The respondents were asked about the total number of male partners in last one month period (Table: 6.4.1b). The average number of MSM partners in last one month was 7.

Almost 33 percent of the respondents had 2-4 sex partners in last one month. Less than one fourth of the respondents had around 5-7 sex partners in last one month. A combined score shows that a little more than one fourth of the respondents had more than 8 partners.

Table 6.4.1b Male Partners In Last one Month

N=274

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
1	15	5
2-4	90	33
5-7	66	24
8-10	45	16
11+	36	13
Average No. of Partners		7

Further questions were asked to respondents on types of sexual practices in last one month. A majority (85% each) engaged in Anal and Oral sex in last one Month (Table: 6.4.1c). Only few (15%) of the respondents said that they indulge in interformal sex in last one Month.

Table: 6.4.1c Types of Sexual Practices In Last One Month

N= 274*

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Anal Sex	232	85
Oral Sex	234	85
Interformal Sex	41	15
Other	14	5

* Multiple Responses

6.4.2 Female Partners

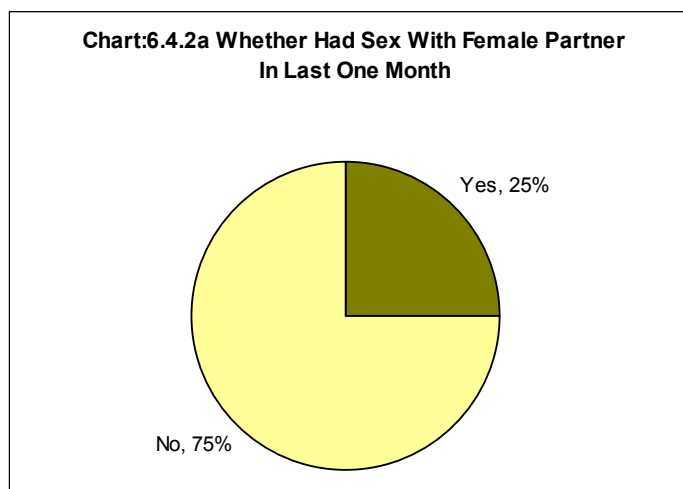
Besides male partners, MSM were also having sex with female partners, of these 19 percent had sex frequently (Table: 6.4.2a)

Table 6.4.2a Ever Had Sex With Female Partner

N=274

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Frequently	51	19
Sometime	34	12
Rarely	22	8
Never	167	61
Total	274	100

While a total of 107 respondents said that they had sex with female partners, but only 75 percent of them had been having sex with female partner in last one month (Chart: 6.4.2a).



Base: N=107

Table 6.4.2b shows that 65 percent of respondents said that they had sex with wife. The mean number of female partner was 2.

Table 6.4.2b Number Of Female Partner In Last One Month

N=80

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Wife	52	65
Others		
1	13	16
2	15	19
3	3	4
4	4	5
5	3	4

6.5 Sexual Behavior

6.5.1 Mutual Masturbation

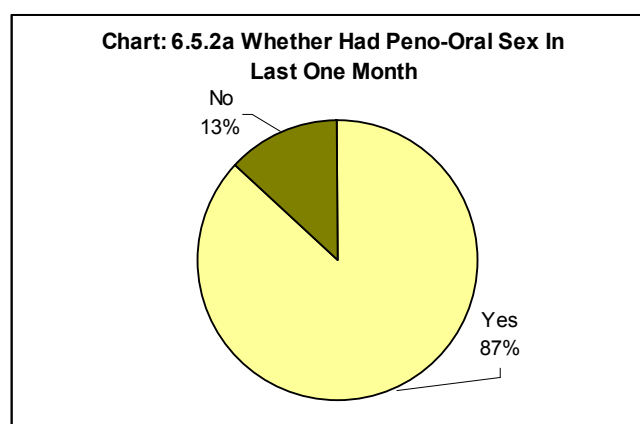
Nearly 50 percent of the respondents reported to be never involved in mutual masturbation during last one month. (Table: 6.5.1)

Table: 6.5.1 Masturbate Each other in past one month

N=274		
RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Frequently (5 Times or more in a month)	56	20
Sometimes (2 to 5 times a month)	71	26
Rarely (once a month)	13	5
Never	134	49
Total	274	100

6.5.2 Peno- Oral Sex And Condom Usage

While peno-oral sex is non – penetrative and relatively safer, it still requires usages of condom to prevent any kind of oral transmission of HIV/STI. A large majority, 87 percent of the respondents had peno-oral sex in last one month (Chart: 6.5.2a).



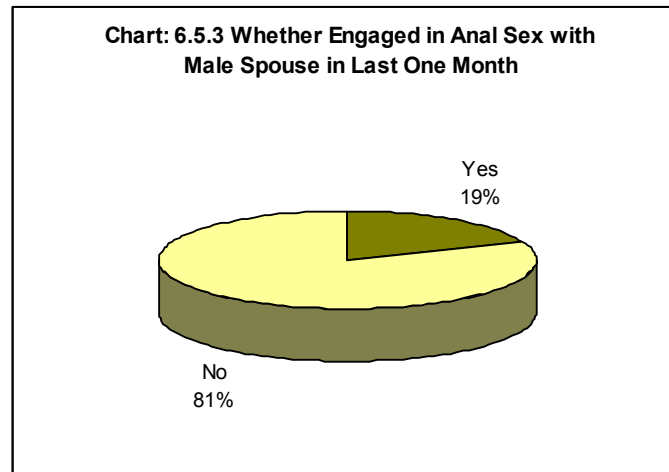
Respondents were having oral sex with their partners, which was both ways in last one month. Although a majority of respondents claimed to have used condoms 'always', it could be seen that only 42 percent had used condoms last time and consistent condom usage (28% "always") which was low hence making them vulnerable to oral STIs (Table: 6.5.2a).

Table: 6.5.2a Peno-Oral Sex And Condom Usage With Male Partner In Last One Month

FREQUENCY OF RESPONDENT GIVING ORAL SEX TO ANOTHER PERSON IN LAST ONE MONTH	NO. OF RESPONDENTS	% OF RESPONDENTS
Responses		
Frequently(5 times or More)	112	47
Sometimes (2 to 4 times in month)	75	31
Rarely (once in month	13	5
Never	39	17
Total	239	100
Last time condom usages by partner when Respondent gave oral sex		
Responses		
Yes	85	42
No	115	58
Total	200	100
Frequency of condom usages by partner when Respondent gave oral sex		
Responses		
Always	57	28
Sometime	61	31
Rarely	3	1
Never	79	40
Total	200	100
Frequency of Another Person giving oral sex To Respondent		
Responses		
Frequently(5 times or More)	83	35
Sometimes (2 to 4 times in month)	74	31
Rarely (once in month	9	4
Never	73	30
Total	239	100
Last Time Condom usages by Respondent when he Received oral Sex		
Responses		
Yes	70	42
No	96	58
Total	166	100
Last one Month Condom Usages by Respondent when He Received oral sex		
Responses		
Always	42	25
Sometime	44	26
Rarely	1	1
Never	79	48
Total	166	100

6.5.3 Sexual Behavior with Male Spouse

Nearly one fifth of the respondents were engaging in Anal sex with their male spouse (Chart: 6.5.3).



Base: N=274

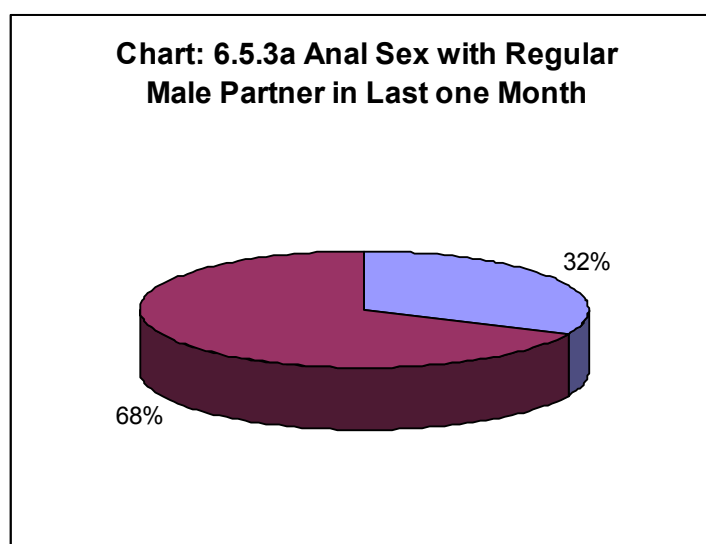
It was observed that a little over half of the respondents had indulged in insertive anal sex in last one month (Table: 6.5.3). Last time condom usage (85%) and consistent condom (75% “always”) use been fairly well. Over three fourth of the respondents had receptive anal sex with male spouse. Last time condom usage (83%) and consistent condom usage (81%, “always”) during receptive anal sex was very encouraging.

Table: 6.5.3 Anal Sex With Male Spouse And Condom Usage

FREQUENCY OF INSERTIVE ANAL SEX WITH MALE SPOUSE.	NO. OF RESPONDENTS	% OF RESPONDENTS
Responses		
Frequently	12	23
Sometimes	10	19
Rarely	5	10
Never	25	48
Total	52	100
Last time condom usages during Insertive anal Sex.		
Responses		
Yes	23	85
No	4	15
Total	27	100
Last one month condom Usages During Insertive anal Sex.		
Always	20	75
Some time	3	11
Rarely	2	7
Never	2	7
Total	27	100
Frequency of Receptive anal sex with Male spouse		
Responses		
Frequently	23	44
Sometimes	15	29
Rarely	4	8
Never	10	19
Total	52	100
Last time Condom usages during receptive anal sex with Male spouse.		
Responses		
Yes	35	83
No.	7	17
Total	42	100
Last one month condom usages During receptive anal sex with Male Spouse.		
Responses		
Always	34	81
Some time	2	5
Rarely	0	0
Never	6	14
Total	42	100

6.5.3a Sexual Behavior with Regular Male Partner

Respondents also engaged in anal sex with their male regular partner in last one month (32%). This group of respondents had insertive as well receptive anal sex. (Chart: 6.5.3a)



Base: N=274

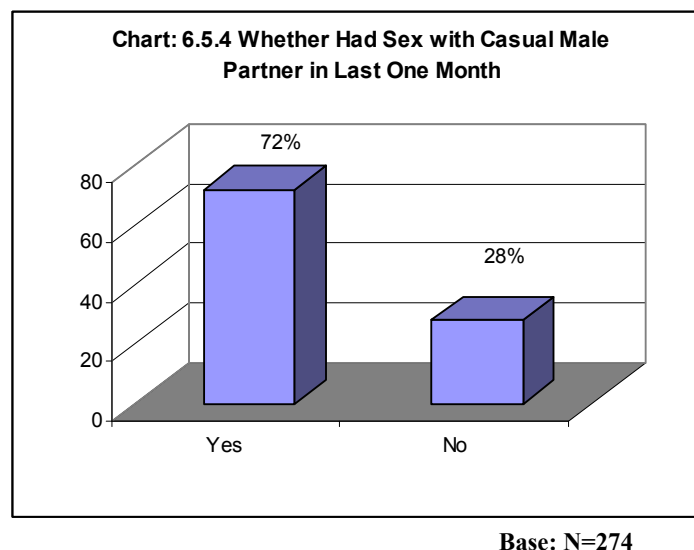
Of those who had anal sex with their regular male partner, a total of 69 percent of the respondents engaged in Insertive anal sex with male regular partner (Table: 6.5.3b). Last time condom usage (90%) and consistent condom usage (82%) during Insertive anal sex was high. Almost one fourth of the respondents had receptive anal sex with regular male partner. Last time condom usage (90%) and consistent condom usage (79%) during receptive anal sex was very encouraging.

Table: 6.5.3b Anal Sex With Male Regular Partner

FREQUENCY OF INSERTIVE ANAL SEX WITH MALE REGULAR PARTNER IN LAST ONE MONTH.	NO. OF RESPONDENTS	% OF RESPONDENTS
Responses		
Frequently	31	35
Sometimes	26	30
Rarely	4	4
Never	27	31
Total	88	100
Last Time condom usages During Insertive anal sex with Male regular Partner.		
Responses		
Yes	55	90
No	6	10
Total	61	100
Last one Month Condom usage During Insertive anal with Male Regular partner		
Responses		
Always	50	82
Some Time	7	11
Rarely		
Never	4	7
Total	61	100
Frequency of Receptive anal sex with Male Regular partner in last one month.		
Responses		
Frequently	34	12
Sometime	31	11
Rarely	2	1
Never	207	76
Total	274	100
Last time condom usages During Receptive anal sex with Male Regular partner.		
Responses		
Yes	60	90
No	7	10
Total	67	100
Frequency of condom usages During Receptive anal sex with Male Regular partner in last one Month .		
Responses		
Always	53	79
Sometime	9	14
Rarely	1	1
Never	4	6
Total	67	100

6.5.4 Sexual Behavior with Male Casual Partner

Nearly three fourth of the respondents engaged in anal sex with their male Casual partner in last one month (Chart: 6.5.4).



A total of 97 percent respondents had in Insertive anal sex of varying frequency with their male casual partners in last one month (Table: 6.5.4). A majority of 87 percent of the respondents reported having used condoms during last time Insertive anal sex with their Male casual partner. Consistent condom usage in last one month during anal sex was 66 percent.

Nearly three fourths of the respondents reported to have engaged in receptive anal sex with their male casual partner in last one month. Last time condom usage (89%) and consistent condom usage (73%) during receptive anal sex was very encouraging.

Table: 6.5.4 Anal Sex With Male Casual Partner And Condom Usages

FREQUENCY OF INSERTIVE ANAL SEX WITH MALE CASUAL PARTNER IN LAST ONE MONTH.	NO. OF RESPONDENTS	% OF RESPONDENTS
Responses		
Frequently	126	64
Sometime	60	30
Rarely	5	3
Never	7	3
Total	198	100
Last Time condom usages During Insertive Anal Sex with Male Casual Partner.		
Responses		
Yes	166	87
No	25	13
Total	191	100
Frequency of condom usages During Insertive anal sex with Male casual partner in last one Month.		
Responses		
Always	126	66
Sometime	46	24
Rarely	1	1
Never	18	9
Total	191	100
Frequency of Receptive anal sex with Male Casual partner in last one Month.		
Responses		
Frequently	98	50
Sometime	37	19
Rarely	7	3
Never	56	28
Total	198	100
Last time condom usages During Receptive anal sex with Male casual partner.		
Responses		
Yes	126	89
No	16	11
Total	142	100
Frequency of condom usages During Receptive anal sex in Last one month.		
Responses		
Always	104	73
Sometime	27	19
Rarely	1	1
Never	10	7
Total	142	100

6.5.4.1.1 Anal Sex And Condom Usages With Various Partners In Last One Month: A Comparison

During the comparison, it was observed that the respondents were having insertive anal sex, more frequently with their casual partner (64%) (Table: 6.5.4.1) and last time condom usage with all the three types of partners was quite high. Surprisingly, consistent condom usage was lowest (66%) in case of casual partner.

Likewise, respondents engaged in receptive anal sex more frequently with their casual partner (50%) and last time condom usage with all the three types of partners was quite high. Consistent condom usage during receptive anal sex with all three types of partners was high albeit with casual partner it was the lowest.

Interestingly, last time and consistent condom usage with regular partner was high during insertive as well as receptive anal sex.

Table: 6.5.4.1: Comparison Of Sexual Behavior With Various Partners

	TYPES OF PARTNERS					
	Male Spouse		Regular Partners		Casual Partners	
	N	%	N	%	N	%
Frequency of Insertive Anal sex Responses						
Frequently	12	23	31	35	126	64
Sometimes	10	19	26	30	60	30
Rarely	5	10	4	4	5	3
Never	25	48	27	31	7	3
Total	52	100	88	100	198	100
Last time condom usages during Insertive anal Sex. Responses	N	%	N	%	N	%
Yes	23	85	55	90	166	87
No	4	15	6	10	25	13
Total	27	100	61	100	191	100
Last one month condom Usages During Insertive anal Sex.	N	%	N	%	N	%
Always	20	75	50	82	126	66
Some time	3	11	7	11	46	24
Rarely	2	7			1	1
Never	2	7	4	7	18	9
Total	27	100	61	100	191	100
Frequency of Receptive anal sex Responses	N	%	N	%	N	%
Frequently	23	44	34	12	98	50
Sometimes	15	29	31	11	37	19
Rarely	4	8	2	1	7	3
Never	10	19	207	76	56	28
Total	52	100	274	100	198	100
Last time Condom usages during receptive anal sex Responses	N	%	N	%	N	%
Yes	35	83	60	90	126	89
No.	7	17	7	10	16	11
Total	42	100	67	100	142	100
Last one month condom usages During receptive anal sex Responses	N	%	N	%	N	%
Always	34	81	53	79	104	73
Some time	2	5	9	14	27	19
Rarely	0	0	1	1	1	1
Never	6	14	4	6	10	7
Total	42	100	67	100	142	100

6.5.5 Sexual Behavior with Female Partner

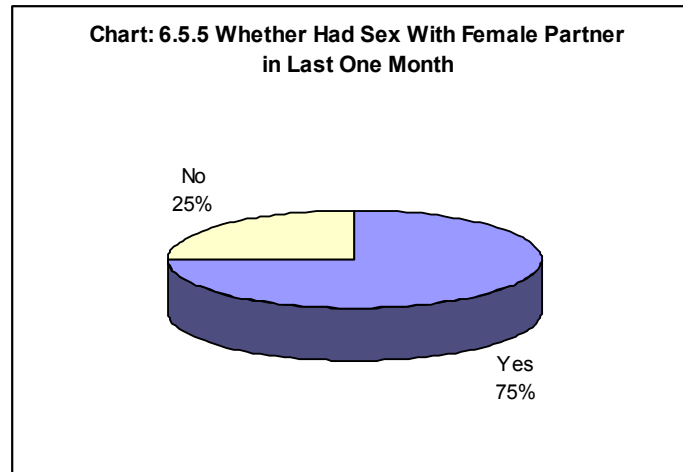
Besides having sex with MSM partners, a total of 39 percent of the respondents were having sex with female partners in varying degrees (Table: 6.5.5a). One fifth of the respondents said that they had 'always' sex with a female partner.

Table: 6.5.5a Whether Respondents Have Sex With Female Partner

N = 274

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Frequently	51	19
Sometime	34	12
Rarely	22	8
Never	167	61
Total	274	100

In last one month, three fourth of the respondents had been having sex with female partner (Chart: 6.5.5).



N = 274

Respondents in general had sex with wife (married respondents) and other women as well. It could be seen that 65 percent of respondents said that they had sex with wife. The average number of female partner, other than wife was 2 (Table: 6.5.5b)

Table: 6.5.5b MSM'S Female Partner

N=274

NUMBER OF FEMALE PARTNER IN LAST ONE MONTH	NO. OF RESPONDENTS	% OF RESPONDENTS
Wife	52	65
Others		
1	13	16
2	15	19
3	3	4
4	4	5
5	3	4

In last one month, 98 percent of respondents had sex with a female partner in varying degrees (Table: 6.5.5c). Of these, 46 percent of the respondents had sex “frequently” with their female partner. Only 49 percent of the respondents said that they used condom during last time sex with female partner. However, only 41 percent had reported “always” condom usage during last one month. It could be seen that a minor percentage (17%) of the respondents reported having anal sex with female partner in last one month. A majority (71%) of the respondents replied that they had usages condom during last time anal sex with female partner.

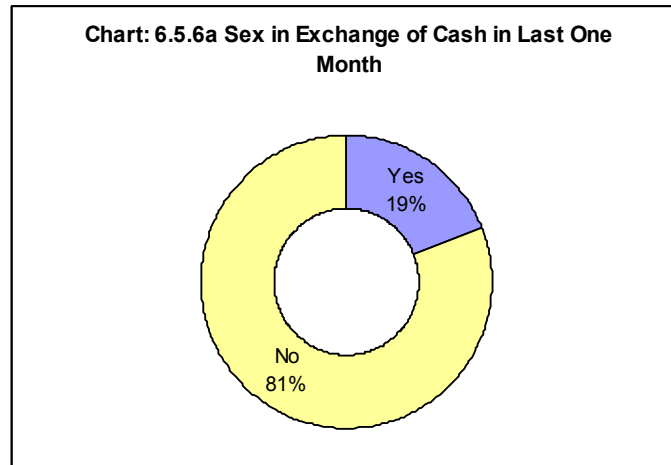
A total of 14 respondents were having anal sex with a female partner, of which 10 respondents reported last time condom usage. “Always” condom usage was reported by 8 respondents.

Table: 6.5.5c Vaginal & Anal Sex With Female Partner

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Frequency of Vaginal sex with female partner in last one month		
Frequently	37	46
Sometimes	27	34
Rarely	14	18
Never	2	2
Total	80	100
Last time condom usages during Peno-Vaginal Sex		
Responses		
Yes	39	49
No	41	51
Total	80	100
Frequency of Last one month condom Usages During Peno-Vaginal Sex.		
Always	32	41
Some time	11	14
Rarely		
Never	35	45
Total	78	100
Frequency of Peno-Anal Sex with female partner in Last one Month	No. of Respondents	% of Respondents
Responses		
Always	2	2
Sometimes (2-5 times a month)	9	11
Rarely (once a month or less)	3	4
Never	66	83
Total	80	100
Last time condom usages During peno-Anal sex with female partner		
Responses		
Yes	10	
No	4	
Total	14	
Frequency of condom usages during peno-Anal sex with female Partner		
Always	8	
Some time	4	
Never	2	
Total	14	

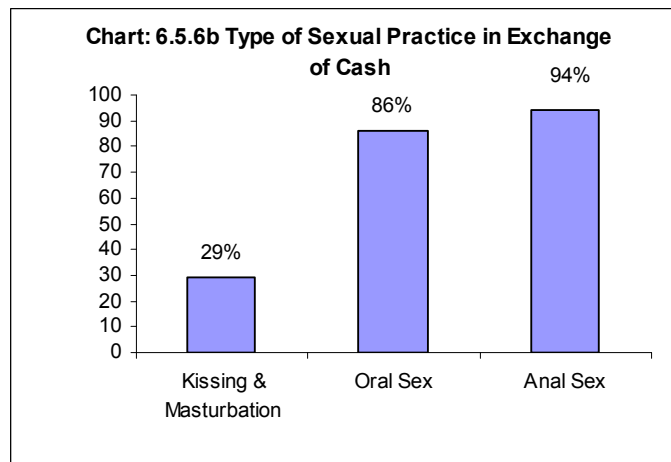
6.5.6 Sex In Exchange Of Cash

A section of MSM was also engaged in commercial sex (Chart: 6.5.6a). Nearly two fifths of the respondents said that they had been picked by someone for sex in exchange of cash in last one month.



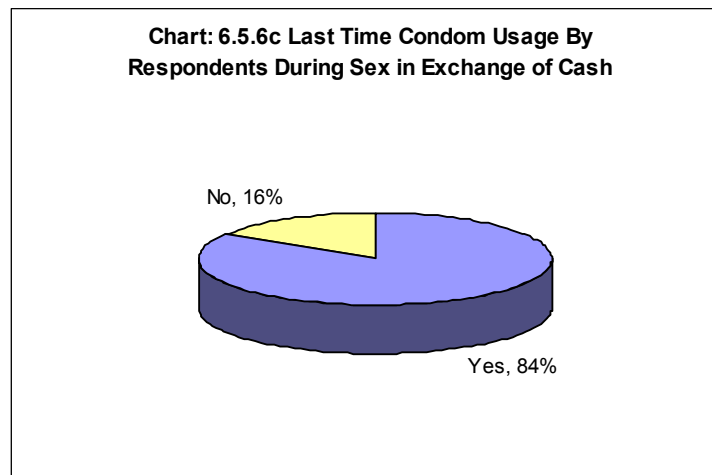
Base: N=274

It could be seen that those respondents who picked up someone for sex engaged in mainly anal sex (94%) and oral sex (86%) (Chart: 6.5.6b)



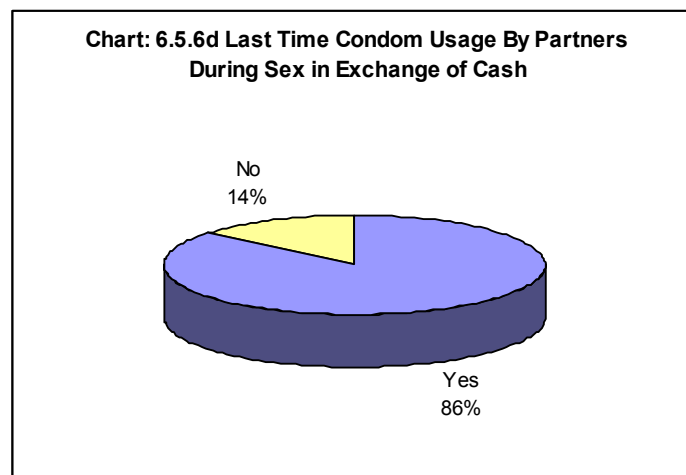
Base: N=51 (Multiple responses)

A majority, 84 percent of the respondents reported that they had used condom during last time sex in exchange of cash (Chart: 6.5.6c).



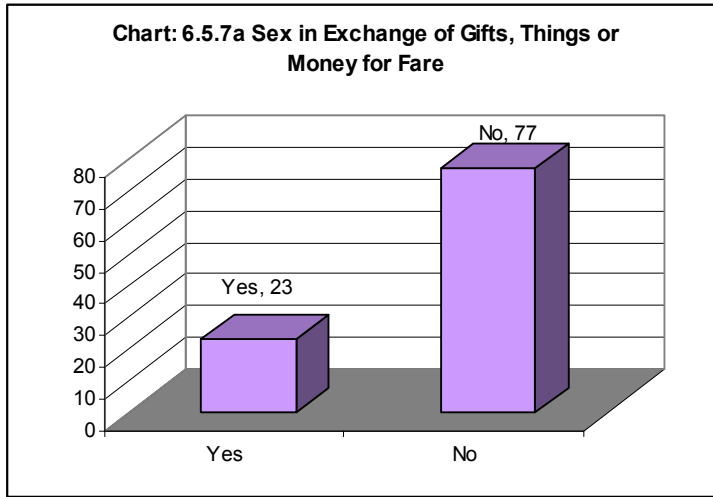
Base: N=51

Similarly, 86 percent reported partner condom usage during sex in exchange of cash (Chart: 6.5.6d).



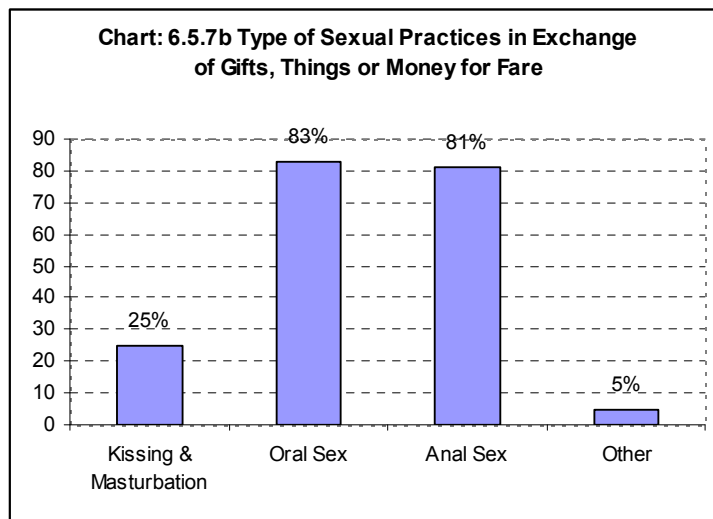
6.5.7 Sex In Exchange Of Gifts, Article, Things Or Vehicle Fare

Besides sex in lieu of money, there is another form of sex which is in exchange of gifts, articles or vehicle fare. This was not a predetermined transaction between two MSM. MSM usually picked a partner and after sex gave gifts, articles and Taxi/Rickshaw fare thereby making it commercial sex (Chart: 6.5.7a). It could be seen that 23 percent of the respondents reported that they had been pick by someone for sex in exchange of gifts, things, or money



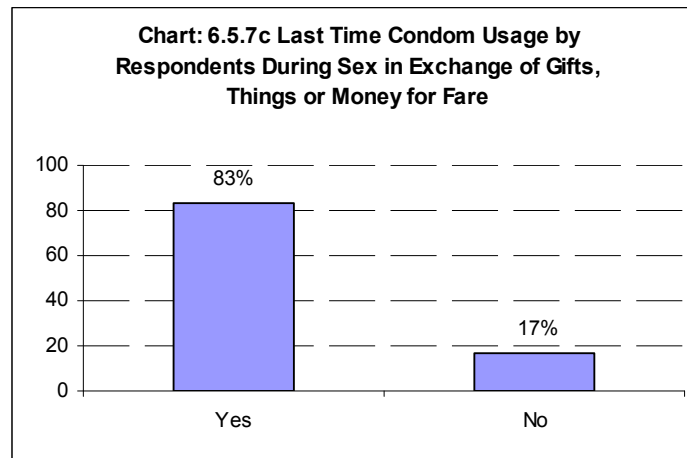
Base: N=274

It could be seen that majority of the respondents engaged in anal and oral sex in exchange of gifts, article, things or Taxi fare (Chart: 6.5.7b).



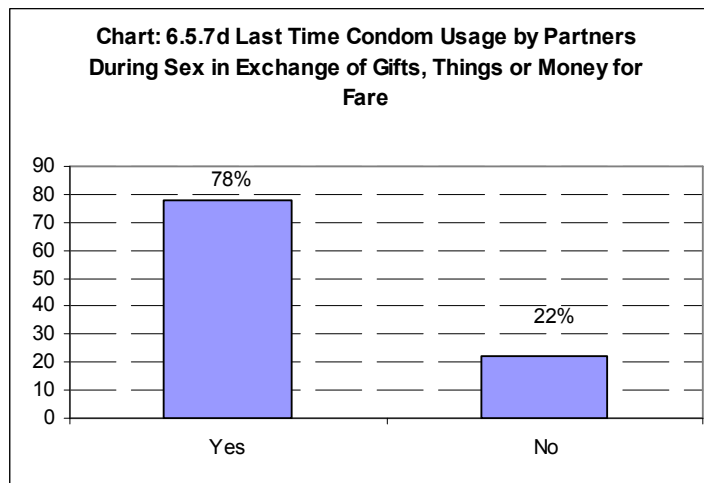
Base: N=64

During such an interaction a majority (83%) of the respondents used condoms (Chart: 6.5.7c).



Base: N=64

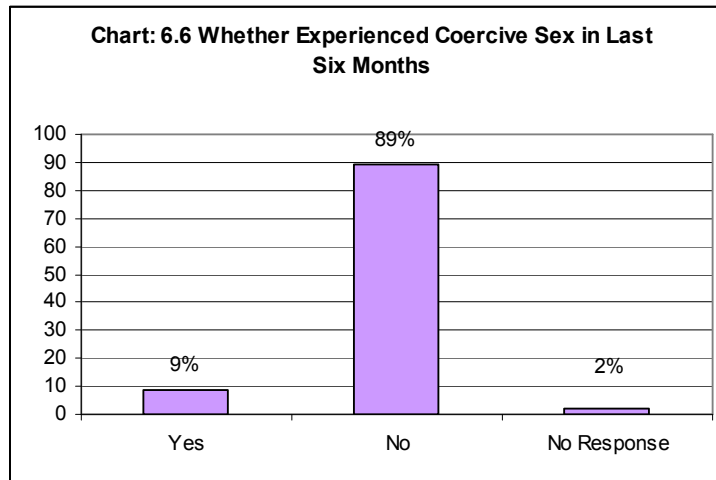
Also a little over three fourths of the respondents reported condom usage by their partners during sex in exchange of gifts, things or money for fare (Chart: 6.5.7d).



Base: N=64

6.6 Sex By Coercion

Counselors at HST have occasionally come across such clients who have been coerced into having sex. In the study also, 9 percent of the respondents experienced sexual coercion in last six months.(Chart: 6.6)



Base: N= 274

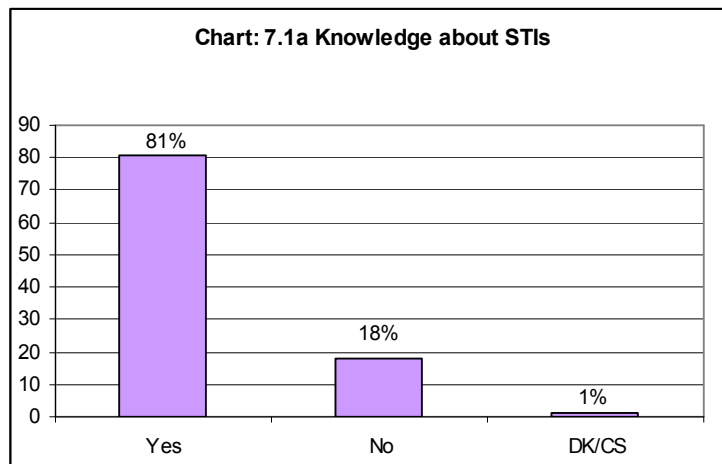
Chapter 7

Health and Treatment Seeking Behavior

7.0 Public information and discussion on sexual health in India is limited to magazine/newspaper columns of Sex Experts, advertisement on railway track's compound wall, inside train compartment and roadside shacks of quacks. Highly taboo subjects, Sexually Transmitted Infections (STIs) are viewed with disgust and thus there is a lot of stigma attached to it. As a result of this, people hesitate to access the services from public as well as private practitioners. As per NACP III, Quality STI Treatment and provision of condoms for each sexual encounter is one of the important key areas of the organizations who work for the vulnerable group like men who have sex with men (MSM) and transgender individuals (TGs). The following chapter focuses on the health problems faced and the treatment seeking behavior among MSM in Mumbai and Thane.

7.1 Ever Heard about STIs and Symptoms

A majority of the respondents (81%) had heard about STIs (Chart: 7.1a).



Base: N=274

During this study the respondents were also questioned about their knowledge of symptoms of STIs (Table: 7.1a) A majority (78%) of the respondents reported to have heard about itching in genitals. Half of the respondents knew about greenish-yellowish discharge. Almost two fifth of the respondents were aware about blister/ulcer on and around penis; 32 percent of the respondents heard about redness and swelling of scrotum.

Table 7.1a Knowledge About STI Symptoms

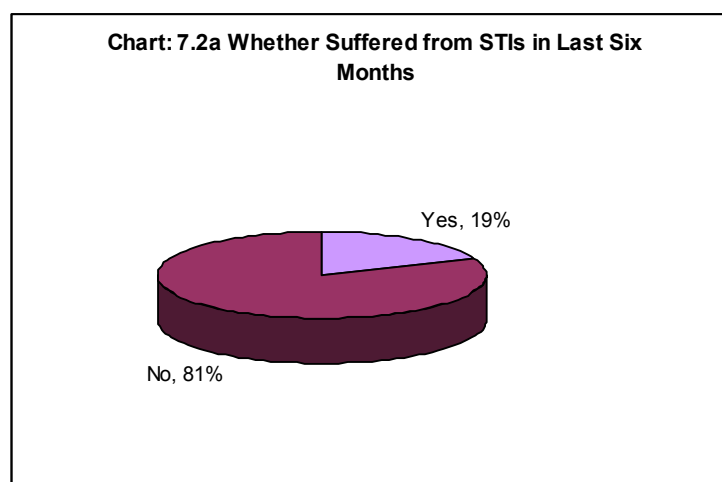
N=274

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Greenish- Yellowish discharge from penis	147	54
Blister/ ulcer on and around penis	106	39
Redness and swelling of scrotum	88	32
Sores on anus	50	18
Itching in genitals	215	78
Other	20	7

* Multiple Responses

7.2 Self Reported STI S And Treatment

Nearly one fifth of the respondents had reported having suffered from an STI problem in last six months (Chart: 7.2a).



Base: N=274

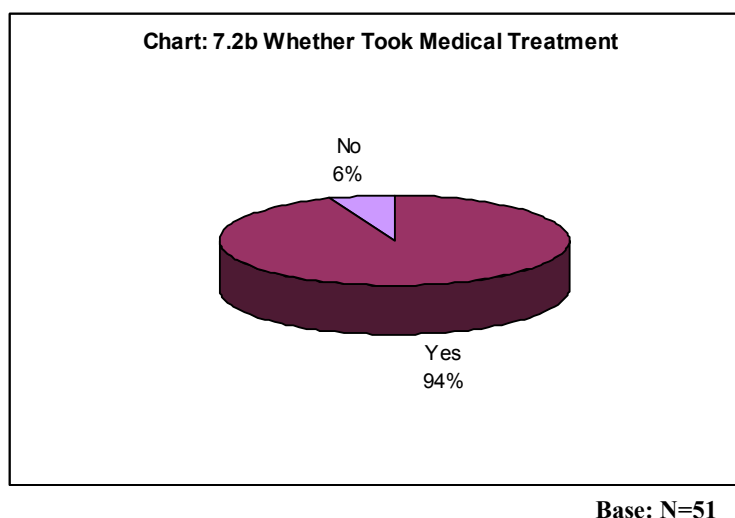
The respondents suffered most common problem like itching in genital (72%) (Table: 7.2 a). It was alarming to note that respondents had suffered from greenish-yellowish discharge, sores on anus (16%) and blister/ulcer on and around penis (10%) respectively.

Table: 7.2a Type Of Symptoms In Last Six Months

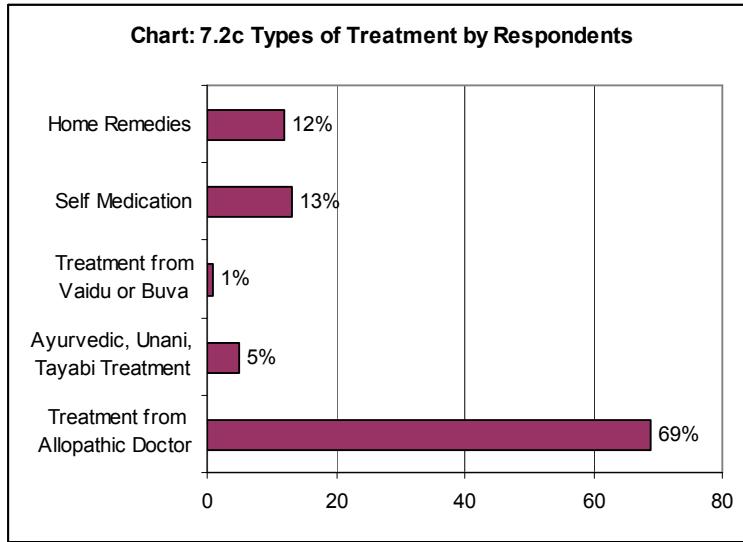
N=51*		
RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Greenish- Yellowish discharge from penis	13	25
Sores on anus	8	16
Blister/ ulcer on and around penis	5	10
Redness and swelling of scrotum	4	8
Itching in genitals	37	72

*Multiple Responses

An overwhelming majority of respondents (94%) had taken medical treatment for their problem (Chart: 7.2b)



It was encouraging to note that 82 percent of the respondents took treatment from allopathic doctor (Chart: 7.2c). However some of them have tried self medication (16%) and Home remedies (14%). Only one of the respondents took treatment from Vaidu or Buva. Hence its shows that misunderstanding towards STIs treatment has reduced considerably over the period of intervention.

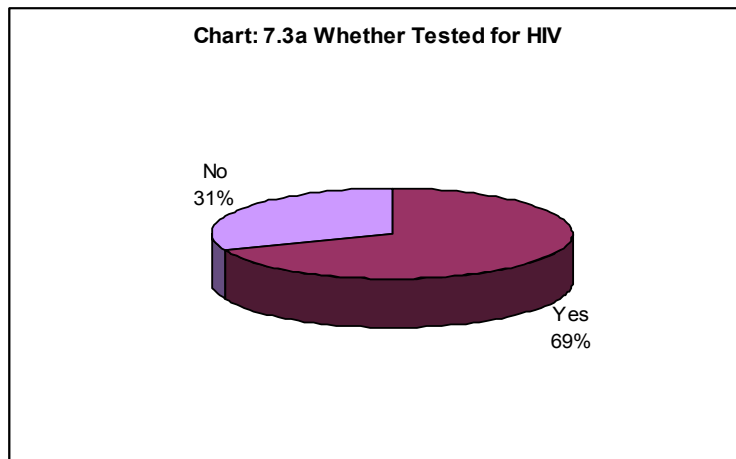


Base: N=51

7.3

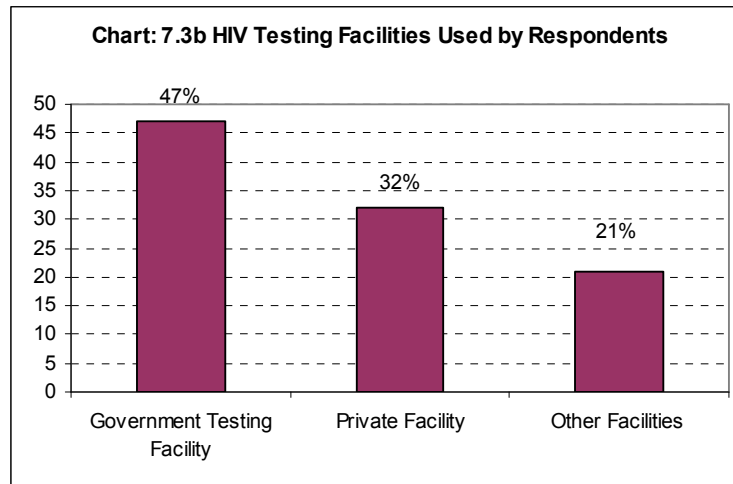
HIV Testing

High risk groups such as that of MSM need to be motivated to test themselves regularly for HIV/AIDS, so that they could access counseling and treatment on right time. This is also one of the priority areas of the Humsafar Trust interventions. In this study, 69 percent of the respondents have undergone HIV testing facility (Chart: 7.3a).



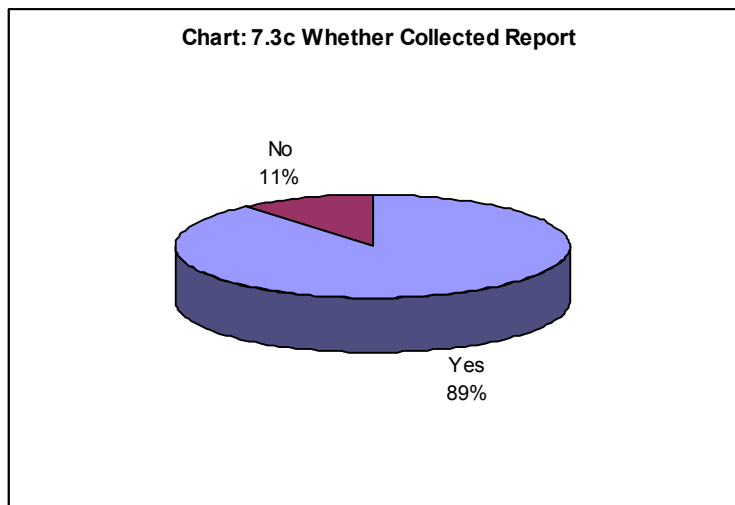
Base: N=274

Nearly half of the respondents (47%) utilized services from Government HIV Testing Facility and 32 percent of the respondents acquire the services from private clinics (.Chart: 7.3b)



Base: N=189

It was encouraging to note that a predominant majority of respondents had collected the result of their test (Chart: 7.3c).



Base: N=189

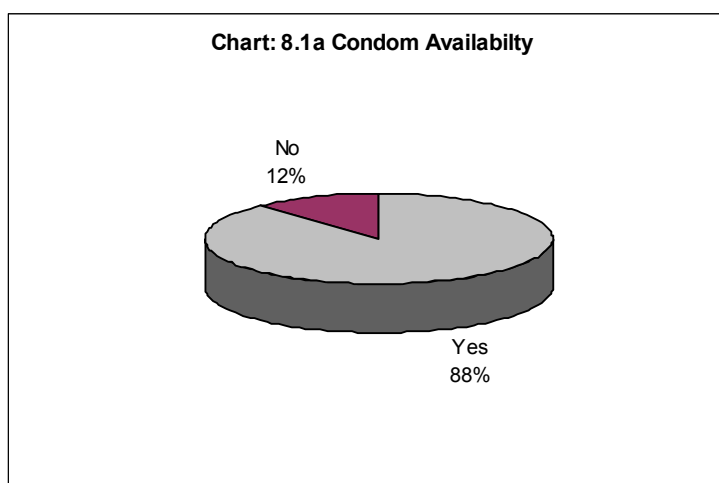
Chapter 8

Reach of Condoms & Lubricants

8.0 Using condoms correctly during every sexual encounter is the only way to prevent HIV transmission. HST not only champions condom usage, but also educates MSM on its' correct usage and makes it available to them. This chapter focuses on the availability of condoms, lubricants and knowledge related utility of lubricants.

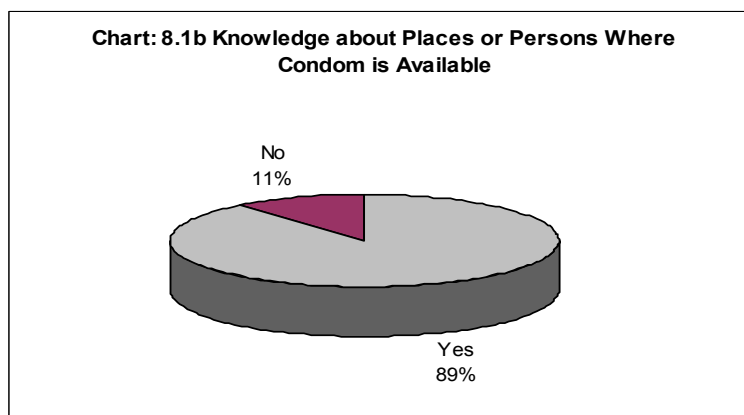
8.1 Condoms

Condoms are easily available to a majority of the population (88%) (Chart: 8.1a).



Base: N=274

A majority of the respondents (89%) were aware about the places and person where condoms were easily available (Chart: 8.1b).



There were a variety of places and persons to obtain condoms. According to the respondents, condoms were easily available at Medical Shop (94%) followed by

Humsafar Trust (73%), Pan shop (62%), Friends (58%) and Family Planning Centers (47%). (Table: 8.1)

Table: 8.1 Places And Persons To Obtain Condom

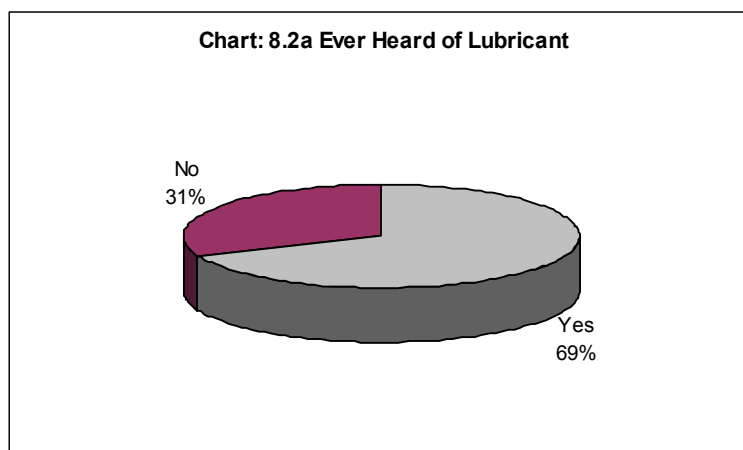
N= 244

RESPONSES	YES		NO		DK/CS	
	N	%	N.	%	N.	%
Pan Shop	152	62	84	34	8	4
Medical Shop	230	94	12	5	2	1
General Shop	20	8	203	83	21	9
Clinic	84	34	129	53	37	15
Hospital	97	40	126	52	21	9
Family Planning Centers	114	47	109	45	21	8
Bar/ Guest House/ Hotel	71	29	137	56	36	15
Peer Educator	110	45	108	44	26	11
Friend	142	58	94	39	8	3
NGO Humsafar Trust	177	73	57	23	10	4
Public Toilets	128	53	98	40	18	7

8.2

Lubricants

Use of lubricants along with condoms reduces the tearing thereby reducing the risk of accidental transmission of STIs/ HIV/AIDS (Chart: 8.2a).



Base: N=274

A little less than three fourth of the respondents said that lubricant was used to reduce pain during anal Sex (71%), to enhance sexual pleasure (44%), to prevent condom from tearing (31%) (Table: 8.2a).

Table: 8.2a Perceived Utility Of Lubrication

N= 190*

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
To enhance sexual Pleasure	83	44
To Prevent condom from tearing while Having Sex	60	31
To Reduce pain During anal Sex	135	71
Other	4	2

*** Multiple Responses**

A majority (64%) was aware of K.Y.Jelly, other lubricant such as coconut oil (59%), Spit (50%), Vaseline (31%) (Table: 8.2b).

Table 8.2b: Awareness Of Types Of Lubricant

N=190

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
K.Y. Jelly	121	64
Vaseline	60	31
Coconut oil	112	59
Spit	95	50
Other	6	3

Further question was asked about the places and persons to obtain lubricants. Respondents knew that medical shop (56%), Humsafar Trust (28%), General Stores (8%) were some of the places to obtain lubricants (Table: 8.2c).

Table 8.2c: Places And Persons To Obtain Lubricants

N=190

PLACES AND PERSON	NO. OF RESPONDENTS	% OF RESPONDENTS
Medical Shop	106	56
Humsafar Trust	54	28
General Stores	14	8
N.G.O	3	1
Friends	4	2
Dk/CS	9	5
Total	190	100

Further questions were asked to respondents if they ever used lubricant, to which 66 percent of the respondents said they had used lubricants (Table: 8.2d).

Table 8.2d: If Respondents Ever Used Lubricants

N = 190

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
Yes	125	66
No	65	34
Total	190	100

Of those who ever used lubricants in last one month, 69 percent of the respondents reported using `always` using condoms (Table: 8.2e).

Table 8.2e Frequency Of Usage Of Lubricant In Last One Month

N=125

FREQUENCY	NO. OF RESPONDENTS	% OF RESPONDENTS
Always	87	69
Sometimes	34	27
Rarely	2	2
Never	2	2
Total	125	100

Of the respondents who used lubricants, K.Y.Jelly was the most popular lubricant (69%), followed by coconut oil (62%), Spit (52%), Vaseline (41%) (Table: 8.2f).

Table: 8.2f Types Of Lubricant Used In Last One Month

N= 123*

RESPONSES	NO. OF RESPONDENTS	% OF RESPONDENTS
K.Y. Jelly	85	69
Vaseline	51	41
Coconut oil	76	62
Spit	64	52

*Multiple Responses

Chapter: 9

Comparison Of Select Indicators

9.0 As this evaluation study began in the year 2000 and was periodically done thereafter, there is a scope to compare indicators across the study, albeit select indicators. As there was a major modification in the study tool regarding the questions on sexual behaviors with different partners, a comparison could not be made. Sections below presents select indicators that have not changed across four studies.

9.1 Knowledge and Attitude Of MSM Towards HIV/AIDS

Table 9.1a shows that across the five studies a little more or a little than one fourth of the respondents have an accurate understanding of HIV as a micro-organism that causes AIDS and AIDS as a condition where body's immune system breaks down. An overwhelming majority have the correct information on the modes of transmission of HIV. However incorrect information is also observed among the respondents. Condom usage during penetrative sex and usage of sterilized needles and skin piercing instruments was known to an overwhelming majority of respondents. A little less than the three fourth of the respondents considered HIV means death.

Table: 9.1a Knowledge About HIV/AIDS

QUESTIONS PERTAINING TO KNOWLEDGE OF HIV/AIDS	YEAR 2000 (%)	YEAR 2001 (%)	YEAR 2003 (%)	YEAR 2005 (%)	YEAR 2008 (%)
What is HIV?					
A micro organism that causes AIDS	20	32	25	16	27
A fatal disease	39	31	43	50	49
Modes of Transmission of HIV					
Correct Information					
From infected mother to child	11	83	85	86	76
Through sex without condoms	95	81	98	99	95
Incorrect Information					
By mosquito bite	9	20	13	10	37
By eating in the utensils of the infected person	20	19	31	47	36
By residing with an HIV+ve person	20	14	12	18	12
Prevention of HIV					
By avoiding penetrative sex	21	46	74	75	67
By using condoms during penetrative sex	86	96	97	96	90
By using sterilized needles, syringes and skin piercing instruments	51	78	93	69	88
By avoiding pregnancy if a woman is discovered to be HIV+ve	42	62	80	81	67
Yes, HIV means death	73	68	60	68	70
What is AIDS?					
A condition where body's immune system breaks down	20	33	26	22	28
A killer disease	68	43	61	54	60

It is encouraging to note that the attitude towards HIV+ve people is changing over the years with lesser number of respondents saying HIV+ve status as a reason to break off the relationship and continuing the relationship without sex (Table: 9.1b). In the first

two waves the biggest need was for counseling facilities as well as hospices. These have reduced over a period of time as more counseling facilities have emerged.

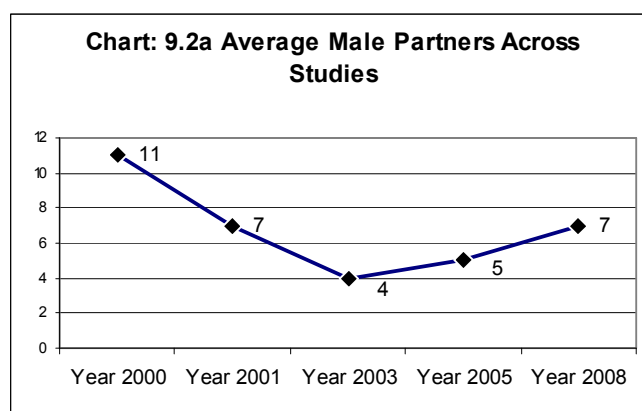
Table: 9.1b Attitude Towards HIV/AIDS

QUESTIONS PERTAINING TO ATTITUDE TOWARDS HIV+VE	YEAR 2000 (%)	YEAR 2001 (%)	YEAR 2003 (%)	YEAR 2005 (%)	YEAR 2008 (%)
If the partner is HIV+ve					
Break off the relationship	32	18	16	14	10
Continue the relationship but not have sex	38	34	49	32	21
Required support services for HIV+ve MSM					
Counseling facility for HIV+ve	37	84	30	26	11
Counseling facilities for prevention	62	74	23	21	19
Hospices for HIV+ve	65	74	50	24	24
STD diagnostic and treatment facility	34	64	11	6	27
HIV testing facilities	23	61	28	13	87

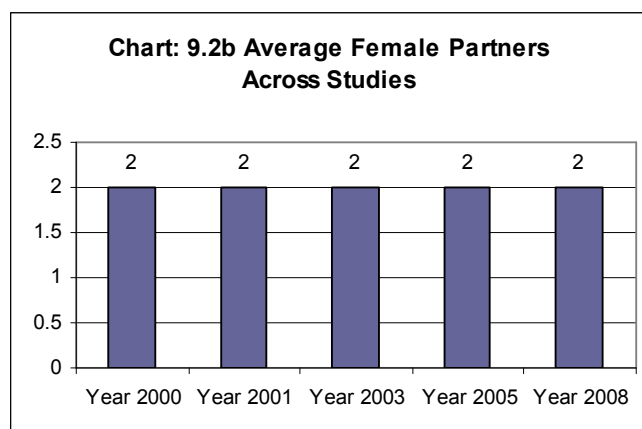
9.2

Number of Sex Partners

It is alarming to note that after showing a drop in the number of partners in the four years of intervention, there was a gradual rise from year 2005 (Chart: 9.2a), eventually average number of partners in 2008 (7) equated year 2001.



The average number (2) of female partner though remained the same over the years (Chart: 9.2b)



9.2.1 Partner Seeking

Over the years friends and cruising remained the popular sources of meeting partners (Table: 9.2.1). Mumbai and Thane's extremely well connected local railway network offered stations and public toilets (mostly at the railway platform or in the vicinity) as popular places of meeting. Homes and friend's house served as popular places to have sex.

Table: 9.2.1 Partner Seeking

SOURCES OF MEETING PARTNERS	YEAR 2000 (%)	YEAR 2001 (%)	YEAR 2003 (%)	YEAR 2005 (%)	YEAR 2008 (%)
Friends	64	74	56	67	55
Internet	3	20	20	16	19
Cruising	50	0	92	73	77
Places Of Meeting					
Local Railway Station	71	85	81	53	69
Public Toilets	51	40	69	73	57
Parks	21	40	29	27	27
Places Of Sex					
Home	44	76	63	73	62
Friend's House	48	74	70	54	50
Public Toilet	26	35	52	45	27

9.3 Oral Sex And Condom Usage

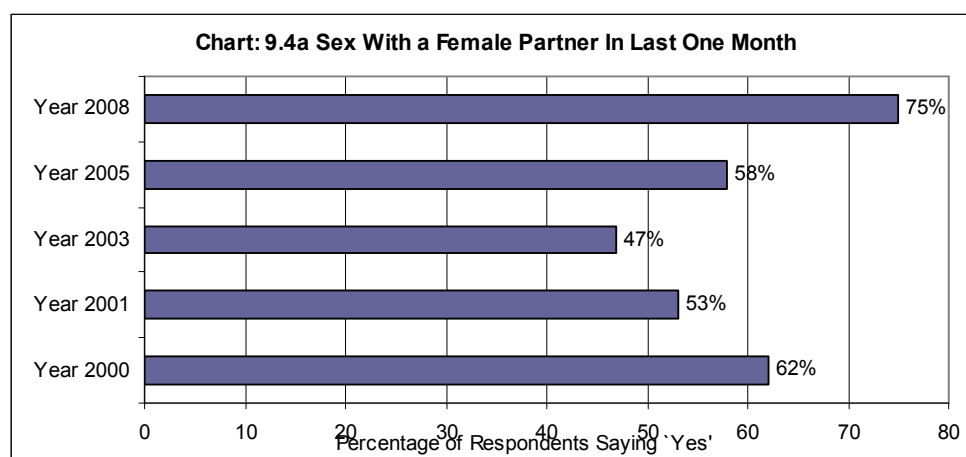
A large number of respondents were engaging in oral sex with their MSM partners (Table: 9.3). However, it was encouraging to note that though condom usage was far below the levels expected, it was showing a rise from year 2005 to 2008.

Table: 9.3 Oral Sex Across Studies

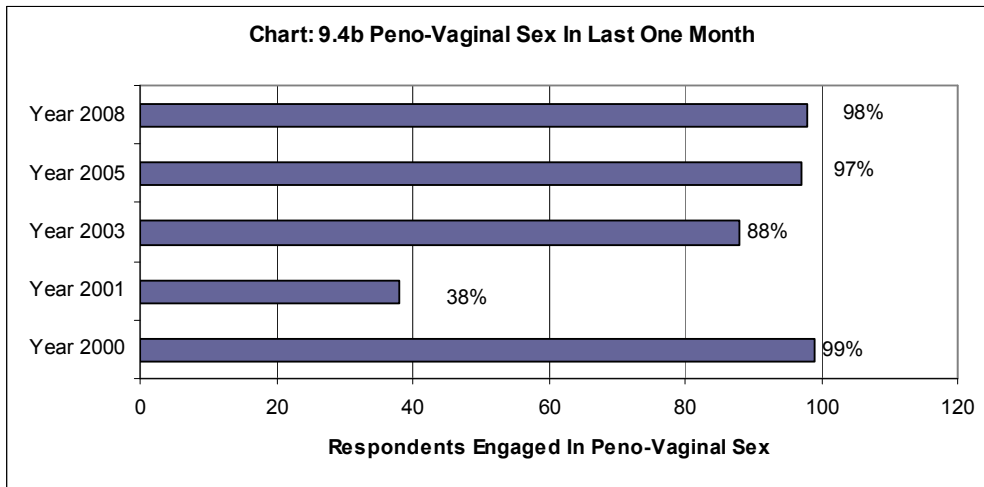
PENO-ORAL SEX	YEAR 2000 (%)	YEAR 2001 (%)	YEAR 2003 (%)	YEAR 2005 (%)	YEAR 2008 (%)
Yes, had peno-oral sex in last one month	64	79	85	89	87
Yes, Sex Partner used condoms (Oral sex given by respondent)	14	38	21	21	42
Yes, Respondent used condoms (Oral sex received by respondent)	9	33	12	24	42

9.4 Sex with Female Partners

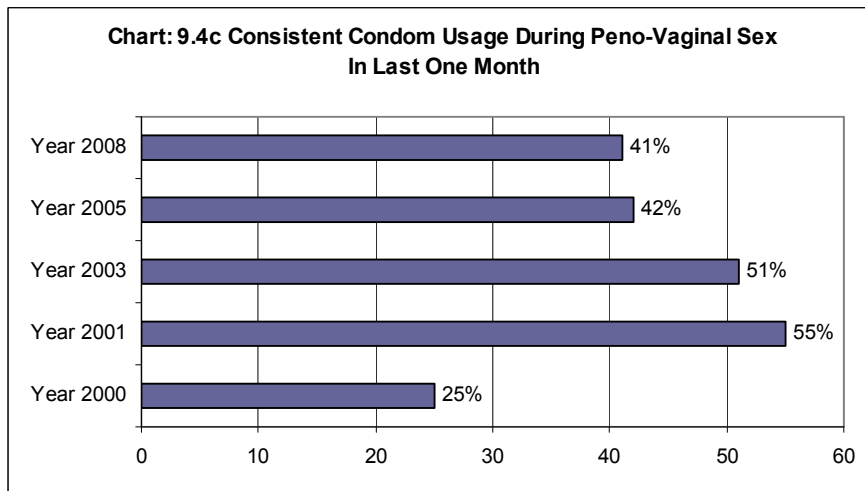
Right from the first study in year 2000, the respondents were found to engage in sex with a female partner. In the year 2008, of those who engaged in sex with a female partner, highest ever reported to have sex with a female partner in last one month (Chart: 9.4a).



Barring year 2001, through out four waves, an overwhelming majority of the respondents engaged in peno-vaginal sex with their female partners in last one month (Chart:9.4b).

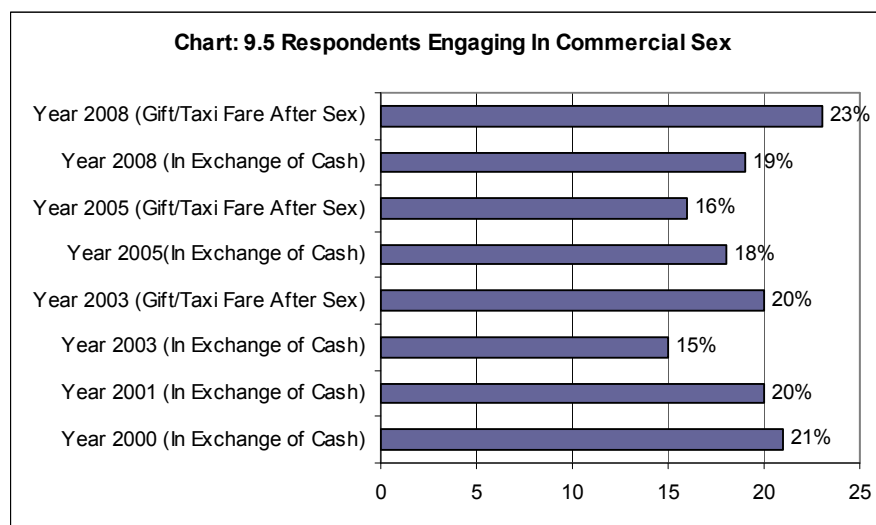


The consistent condom usage during peno-vaginal sex however did not show an increase (Chart: 9.4c).



9.5 Commercial Sex

Over the years the number of respondents who engaged in sex in exchange of cash or kind fluctuated but remained less than one fourth of the respondents (Chart: 9.5).



9.6 STIs and Treatment Seeking Behavior

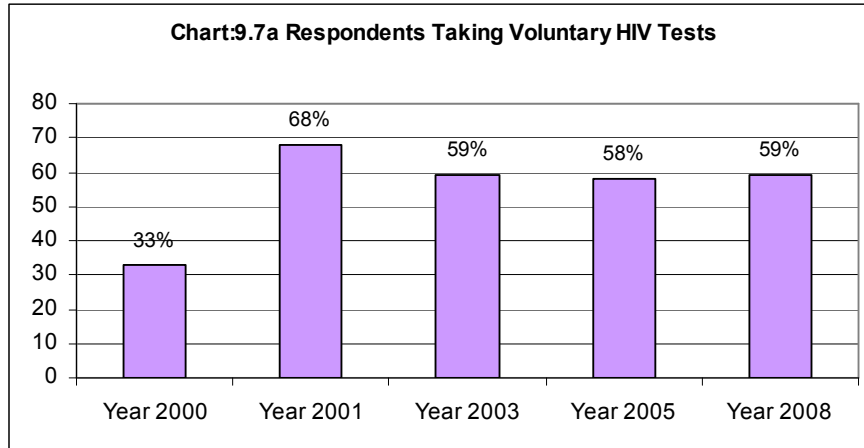
In the year 2001 and 2003, the number of respondents reporting STIs had increased, which came down in year 2005 and remained at that level in 2008 (Table: 9.6). Across five studies, highest number of respondents experienced symptoms of Gonorrhoea in the year 2008. It was encouraging to note that barring year 2000 and 2005, a majority took treatment from an allopath.

Table: 9.6 STIs and Treatment Seeking Behavior

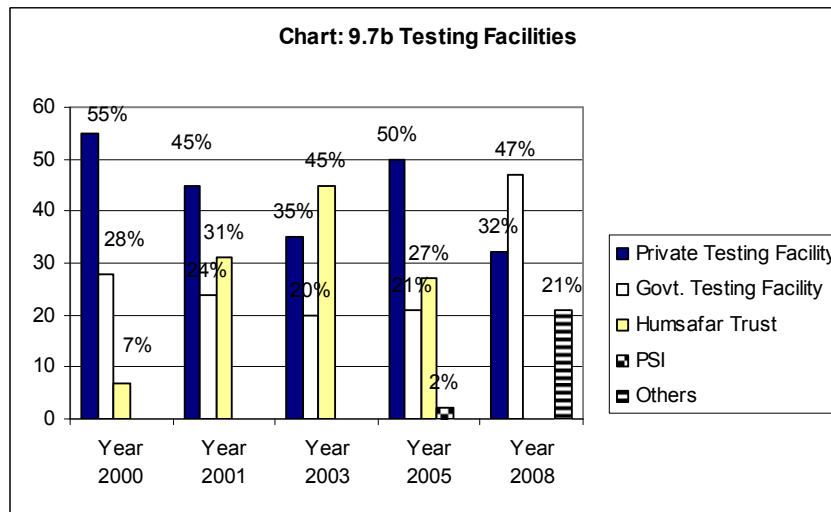
STI AND TREATMENT SEEKING BEHAVIOR	YEAR 2000 (%)	YEAR 2001 (%)	YEAR 2003 (%)	YEAR 2005 (%)	YEAR 2008 (%)
Yes, suffered from STIS in last six months	21	35	30	20	19
Symptoms of health problem					
Greenish-Yellowish discharge from Penis	22	9	23	16	25
Blisters and ulcers on and around penis	19	22	8	15	10
Redness and swelling of scrotum	6	13	21	7	8
Itching in genital	42	8	61	28	72
Yes, took treatment	75	86	94	83	94
Took treatment from an allopathic doctor	63	89	88	63	82

9.7 Voluntary HIV Tests

What emerged as an encouraging data (68%) pertaining to MSM undergoing voluntary HIV tests in year 2001, saw a downward trend in the year 2003 and stayed at that level subsequently (Chart:9.7a).



Private facilities remained popular until year 2003, when finally it was surpassed by first HST (in year 2003) then government facility (in year 2008) (Chart: 9.7b). HST’s share of respondents seeking tests also declined in the year 2005.



Chapter: 10

Discussion And Suggestions

10.0 This chapter contains discussions on the findings of the study and suggestions which may be utilized to fine tune intervention program.

10.1 Discussion

- A closer look at the data revealed that out of 28% of the respondents who were migrants to Mumbai, 43% came from 'A' category districts that is termed as 'high prevalence district'¹ by NACO². A majority of these were other districts of Maharashtra. There is a need to study relationship between MSM migrants and HIV/AIDS at the destination and source level (Mumbai & other districts).
- Across the studies, half of the respondents have considered 'HIV a fatal disease' and a little over half considered AIDS a 'killer disease'. This could be due to the fact in the various campaigns, terms HIV and AIDS are used simultaneously hence the respondents are unable to distinguish them appropriately.
- Over the years the respondents have reflected less stigmatizing attitude which could be due to the increased exposure to HIV related public campaigns and other print and electronic media.
- A very high level of awareness regarding transmission and prevention knowledge indicates reach of IEC and BCC of national, state and local level agencies.
- The repeated messages on safe sex behavior may have been like an old wine in new bottle; hence the BCC regarding reducing the number of partners may not have had an effect. This may have led to an increase in the number of partners.
- MSM specific BCC and one to one interaction may not have been emphasizing/ or missing out on the importance of reducing the number of male as well as female partners.

¹ Pune, Nagpur, Ratnagiri, Kolhapur, Wardha, Ahmednagar, Solapur, Nanded, Raigad, Allahabad, Surat, Hyderabad, Goa are all 'A' Category districts

² www.nacoonline.org

National AIDS Control Programme-III envisages district level planning and implementation of all the programmatic initiatives. For the purpose of planning and implementation of NACP-III, all the districts in the country are classified into four categories based on HIV prevalence in the districts among different population groups for three consecutive years. The definitions of the four categories are as follows:

Category A: More than 1% ANC prevalence in district in any of the sites in the last 3 years.

Category B: Less than 1% ANC prevalence in all the sites during last 3 years with more than 5% prevalence in any HRG site (STD/FSW/ MSM/IDU).

Category C: Less than 1% ANC prevalence in all sites during last 3 years with less than 5% in all HRG sites, with known hot spots (Migrants, truckers, large aggregation of factory workers, tourist etc.).

Category D: Less than 1% ANC prevalence in all sites during last 3 years with less than 5% in all HRG sites with no known hot spots OR no or poor HIV data.

- It is logical for the intervening NGO to focus on cruising sites at various locations, especially at the railway stations to reach out to MSM. These are the places where people are meeting their potential sex partners.
- Condom usage during oral sex (insertive and receptive) was not very encouraging hence this area needs to be looked into.
- Although the casual partners top the list of partners with whom the respondents would have anal sex frequently, it needs to be explored why is there a better condom usage with a regular partner.
- There is a possibility that there may have been weakening of message or message fatigue at the outreach level itself. It is reflected by the fact that the proportion of MSM going for voluntary HIV tests has remained the same over last three studies.
- Across the studies, private testing facilities have remained popular among the respondents until year 2008 when government testing facility was more popular than any other facility. This may be attributed to a well advertised national campaign on the hoardings and local radio stations that informed listeners about the nearest testing facility.

10.2 Recommendations

- HIV and AIDS needs to be distinguished in BCC and IEC materials.
- It needs to be checked if the visibility of services of Humsafar Trust has reduced.
- Although HIV treatment is now more frequently advertised, yet only a little over half of MSM are aware about HIV treatment, of which only 65% know about ART. It needs to be identified if there is a communication gap at the field level pertaining to HIV treatment.
- After showing a rise in self reported STIs, in 2001 and 2003 self reported symptoms have gone slightly below the 2000 level yet this is an alarming situation that needs to be improved through HST's intervention.
- Data on Stigma and discrimination shows that there is an encouraging response towards a positive person; however it needs to be explored if PLHA are actually getting any kind of support from other MSM and the community or are facing stigma and discrimination.

- Relationship between the alcohol use and condom use needs to be explored qualitatively. Another collaborative study³ conducted by HST may dwell on this aspect.
- While there is a wide availability of condoms, lubricants need to be advertised more.

Recommended Studies

- Qualitative assessment of outreach services provided by Humsafar Trust
- Condom Satisfaction Study
- Qualitative study on MSM Migrants

³ HST-Fenway' on going study titled 'Social and Sexual Networks of High Risk Married MSM in Mumbai'