

# **A Study of Behavior of Men Who Have Sex with Men in Mumbai and Thane: Wave - 6**

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**3<sup>rd</sup> Floor, Manthan Plaza,  
Vakola Market, Nehru Road  
Santacruz East, Mumbai  
India  
Telephone: 26673800, 26650547  
[www.humsafar.org](http://www.humsafar.org)  
[info@humsafar.org](mailto:info@humsafar.org)**

# Chapter 1

## Introduction

- 1.0** Research studies have been an integral part of Humsafar Trust's endeavors since the year 2000. These studies have contributed significantly in assessing and modifying Humsafar Trust's HIV prevention programs for Men Having Sex with Men (MSM) to achieve greater efficiency. This is the sixth report which studies key knowledge, behavioral, stigma and discrimination indicators for HIV/AIDS prevention, care and support.

### **HST Continuum of HIV/AIDS Prevention and Care**

The Humsafar trust interventions practically cover 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

MSM hot spots and cruising places are identified through sex mapping exercise and are covered through the intervention projects. Outreach work is a daily field exercise involving condom distribution, Behavior Change Communication (BCC) sessions on the field to promote safer sex, motivating and helping 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.

The National AIDS Control Organization (NACO) had been acknowledging MSM as a key group that needed focused intervention. However, 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 the Mumbai District AIDS Control Society (MDACS) in 1999-2000 to work with MSM community. Humsafar currently (is this

information updated?) runs 9 TIs and 1 care and support project for sexual minorities including MSM, TGs and male sex workers (MSW). These interventions are supported by agencies like MDACS; AVERT Society and Bill and Melinda Gates Foundation (BMGF). Lately Humsafar has become the co recipient of Global Fund Round 9 (GFTAM) under which it will partner in the mammoth task of building the institutional capacity of 200 CBOs over the next three years, along with strengthening the civil society towards a rights based approach. Humsafar is the biggest partner and will carry out implementation in the states of Goa, Madhya Pradesh, Rajasthan, Gujarat and Maharashtra.

## **1.1 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 Trust has a community based full fledged Research Division which undertakes not only in-house studies but also collaborative studies with national and international agencies. The Division comprises individuals from the community, having a basic level of aptitude in research. 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.

Since last four years, the Humsafar Trust has a fully functional 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.

## **1.2 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

### **1.3 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. This may be reviewed once the entire report is collated.

# Chapter 2

## Research Methodology

**2.0** The study was planned and executed in a systematic manner. This chapter gives an overview of the methodology, sampling and all other steps and processes necessary for carrying out a scientific social research. The methodology of the 6<sup>th</sup> wave is replicated from the third wave onwards. To better understand, the methodology can be divided into three parts/phases. *Phase 1* was a formative stage prior to collecting the data and involved shaping of the research objectives, calculation of the sample size, finalization of the study tools as well as selection of the sites for data collection; *Phase 2* consisted of data collection and recording the experiences during the data collection and *phase 3* involved the data analysis and understanding the results of the study.

### **2.1 Assistance of Technical Advisory Group**

As the first step, 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 and the Social Research Consultant. This group met and discussed to finalize the methodology, sampling and instrument. The group was regularly updated the progress of the study through e-mails and presentation.

### **2.2 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. All the important documents of the study: The proposal, tools and informed consent of this wave were submitted to the IRB. After a meticulous review the members of IRB made some

suggestions that were then incorporated into the study. Subsequently, the revised documents of the study were approved by the board. Following the IRB approval, the study was carried forward by the HST research team.

### **2.3 The Respondents and Study Area**

The respondents of this study were self identified homosexual men who accessed the cruising sites either for socialization or for sex activities in Mumbai and Thane. The study sites were spread from Churchgate to Dahisar on western line, from Mumbai to Ambarnath on Central line and Mumbai to Vashi on harbor line.

Mapping of these sites, adding and updating them is a regular activity at the Humsafar Trust. Changes in Mumbai, such as construction of shopping malls and multiplexes have given rise to new MSM socializing and cruising sites. Periodic mapping enables revamping of the sites, and the new sites are included for the outreach work. Prior to the study, such an updated map of sites was utilized.

All the mapped pockets of MSM activity were listed and categorized as high, medium and low turnover sites. The categorization of the sites has remained the same from third wave onwards. The categorization of the sites is as follows:

- ✓ **High:** More than 10 MSM visiting the beat in given time.
- ✓ **Medium:** 6 to 9 MSM visiting the beat in given time.
- ✓ **Low:** Less than 5 MSM visiting the beat in given time

### **2.4 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 in order to understand the effectiveness of the intervention.

The core indicators are as follows:

#### **Awareness Related Indicators**

1. Knowledge of HIV prevention.
2. 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
6. one month
7. Condom use at last insertive anal sex (with spouse, casual and non-regular male partners).
8. Consistent condom use during insertive anal sex (with spouse, casual and non-regular male partners) in last one month
9. Condom use at last receptive anal sex (with spouse, casual and non-regular male partners).
10. Consistent condom use during receptive anal sex (with spouse, casual and non-regular male partners) in last one month
11. Condom use at last vaginal sex (with a female partner)
12. Consistent condom use during vaginal sex during last one month
13. Besides core indicators, the following additional indicators are also studied as they provide key information Additional indicators are as follows:
14. Self reported sexually transmitted infections
15. Treatment seeking behaviour on sexually transmitted infections
16. Men who have sex with men seeking voluntary HIV tests
17. Men receiving/paying in cash or kind for sex
18. Condom use during paid sex
19. Awareness about care and support services
20. Levels of stigma and discrimination

## **2.5 Modalities of Informed Consent**

For a sensitive study such as this, informed consent is a necessary requirement prior to the administration of the questionnaire. The Technical Advisory Group discussed the informed consent used in previous studies; a few modifications were made in the informed consent and it was up to the standards and norms suggested by the best international research practices.

## 2.6 Research Instrument

The semi structured research questionnaire that was used for the previous studies was also used in this study, with some minor modifications. The questionnaire was then translated into Hindi and Marathi languages and tested on the field by the team for the language flow, easiness of administering as well as pre-testing of the Wave-6 questionnaire as such.

## 2.7 Sample Size calculation

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 sixth 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.

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

$P_1$  = 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  $\alpha$  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 400. (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	Total number of clusters selected for form filling	Terminated /Rejected Interviews	Final Sample Size
400	133	5	380

The sample size of 400 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 380 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.

## 2.8 Process of Sampling

Men who have sex with men are hard to reach group for research studies. However in many setting, MSM congregate in certain type of establishment or places in sufficient numbers, such locations may be used as the primary sampling unit for cluster sampling.<sup>1</sup> A two staged time location cluster was used for this study. In the first stage the required number of time-location clusters were selected through systematic random sampling through an exhaustive list of time-location clusters that were arranged geographically.

The process of cluster selection was as followed:

Stage 1-cluster selection

1. A detailed list of various times locations clusters across Mumbai was prepared. The sites were active on all days/ specific days/ specific times for MSM activities. If a site was active on all days of the week, four times a day , then different days a week with different time locations were considered for listing them. As an exhaustive list contained over 400 time location clusters across Mumbai was prepared

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<sup>1</sup> Handbook for Program Managers and Decision Maker; edited by- Thomas Rehle, Tobi Saidel and Robert Magnani

2. The sampling interval (SI) was calculated by dividing the total number of clusters in the target group (M) by the number of clusters to be selected. (a).  
 $SI=M/a$
3. A list of random numbers between 1 and (SI) was generated in Microsoft excel. The cluster on the numbering list corresponding to this number was the first sample cluster.
4. Successive clusters were selected by adding the( SI ) to the number identified in step 3; that is, RS+SI, RS+2SI, RS+3SI etc.
5. This procedure was followed till all the required clusters were selected.

#### Stage 2- selection of respondents

Investigators were deputed on assigned time location sufficiently in advance prior to the activation of the site. On reaching the site, they made a quick listing of people on the bases of attire, office bags, and umbrella etc. Investigators chose one criteria and randomly selected three respondents falling into that criteria.

## **2.9 The Research Team and Training Program**

A panel interview was held to select the interviews and the supervisors. 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.

Two day training program was organized at the Humsafar Centre 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 questionnaire training, mock sessions and the field testing. The training manual that was used for the earlier studies was adapted for this training programme. Several learning games were added to act as ice breakers, energisers for the interviewers.

The training covered the following points:

- ✓ Research as HST
- ✓ Brief Overview of KABP study and its background
- ✓ Meaning and importance of research on the MSM

- ✓ 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. Supervisors were trained in filling up the supervision protocol.

After the training was completed, the interviewers were given copies of the questionnaires for a pre-testing in the field.

A follow- up of the training was conducted where the interviewers asked questions and clarification.

## **2.10 Site Of Data Collection And Selection Of Respondents**

Each of the 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 reached on the allocated time location cluster adequately in advance. On reaching the site, the investigator made a quick listing of people on the site, and contacted eligible respondents for the interview based on criteria set by him that day. 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 investigators

stayed till the entire duration (3 hours) of the TLC and recorded the number of MSM visiting the TLC.

MSM who were above 18 years of age, sexually active in the month prior to the interview and who gave free consent after the informed consent was read to them were recruited for the study.

## **2.11 Fieldwork Management**

The fieldwork took place in the month of June-July 2010. The administrator was responsible for all the logistics related to questionnaire, transportation and small cash. The study researchers assigned the TLCs to research investigators on a daily basis (?), and in some cases a day before if the designated TLC operated very early in the morning. In the same way cluster for supervision were also assigned to the supervisors. Questionnaires were deposited for tally and scrutiny at the center.

## **2.12 Data Management and Analysis**

After the questionnaires were received by the HST research center, they were scrutinized at two levels, first manually before the coding and then after the data were entered in Microsoft excel data sheet and then again checked for errors and missing values and any errors. After the data was cleaned, the data was run and analysed using SPSS v.10.0 software. The analysis was mainly focused on frequencies, mean and median values of the demographic, core and other indicators.

The data analysis was done by study team members 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 at times affected the turnover of MSM on the site besides posing the practical difficulty of conducting the interview.

## **2.14 Limitations Of The Research Study**

This study would primarily be a helpful resource for the Humsafar Trust to strengthen their programs and services to the community and also help in informing the policy level decisions. This study, however is not without limitations.

Although 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 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's risky sexual behaviors.

# Chapter 3

## Demographic Profile of the Respondents

**3.0** The demographic information gives insight into the profile of the study participants.

### **3.1 Place of origin**

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. Socially speaking, 'native place' as a concept is a very emotional one in Mumbai. Everyone from the migrants to those who are born and brought up in Mumbai and are living here for years also refer to a native place which may be in the other part of Maharashtra/ India.

An analysis of questions pertaining to nativity revealed that three fourth of the respondents were born and brought up in Mumbai and Thane. Data analysis revealed that only 3% of the respondents were migrants to Mumbai and Thane.

**Table: 3.1a Origin of the Respondent**

<b>STATUS</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Born and brought up in Mumbai and Thane	295	78
Only Born in Mumbai and Thane	71	19
Neither Born or Brought up in Mumbai and Thane	14	3
<b>Total</b>	<b>380</b>	<b>100</b>

**Base: N= 380**

The mobility pattern indicates that the largest group of respondents (40%) came from various districts of Maharashtra, followed by the respondents (32%) who were the natives of Uttar Pradesh. The third largest groups of respondents were from the neighboring state of Gujarat (8%).

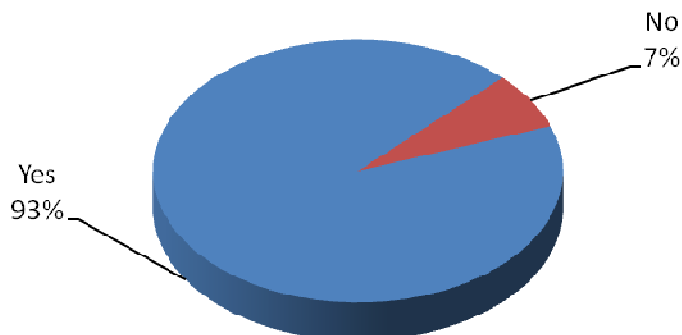
**Table: 3.1b Native State of the Respondents**

<b>NATIVE STATE</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
<b>Maharashtra</b>	33	40
<b>Uttar Pradesh</b>	27	32
<b>Gujarat</b>	8	9
<b>Punjab</b>	2	2
<b>Madhya Pradesh</b>	2	2
<b>Delhi</b>	2	2
<b>Nepal</b>	1	1
<b>Bihar</b>	4	5
<b>Rajasthan</b>	1	1
<b>West Bengal</b>	1	1
<b>Karnataka</b>	1	1
<b>Tamil nadu</b>	1	1
<b>Goa</b>	1	1
<b>Kerala</b>	1	1
	<b>85</b>	<b>100</b>

**Base: N= 85**

As it is expected that people's mobility is governed by the need to find a living as the Chart: 3.1a shows that a majority of the people came to Mumbai in search of work

**Chart 3.1a Whether came in search for work**



**Base: N = 85**

### **3.2 Age and Education**

The median age of the Respondents was 26 years. Around three fourth of the respondents were less than thirty years of age. One fourth of the respondents were aged between 30 to 55 years. MSM who are 38 years plus continue to elude the TLCs of Humsafar trust as barely 8 percent of them could be covered in the study.

**Table: 3.2a Age**

<b>AGE RANGE</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
18-21	49	13
22-25	115	30
26-29	97	26
30-33	52	14
34-37	36	9
38-41	22	6
42-55	9	2
<b>Total</b>	<b>380</b>	<b>100</b>

**Base: N=380**

Only 2 percent of the respondents were illiterate, about 3% could just read and write. A majority of the respondents had completed their education up to higher secondary



class. Almost 15 percent of the respondents had qualifications up to graduation and above.

**Table: 3.2b Education**

<b>EDUCATION LEVEL</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Illiterate	7	2
Can read and write	10	3
Can just Sign	7	2
Primary	30	8
Middle	52	14
Secondary	99	26
Higher secondary	119	31
Graduate	48	13
Post Graduate	8	2
<b>Total</b>	<b>380</b>	<b>100</b>

**Base: N = 380**

### **3.3 Marital Status**

A majority of the Respondent (63%) were unmarried. Little less than one third of the respondents were married to women.

**Table 3.3 Marital Status**

<b>RESPONSES</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Unmarried	240	63
Married	124	32
Divorced	8	2
Widower	7	2
Separated	1	1
<b>Total</b>	<b>380</b>	<b>100</b>

**Base: N = 380**

### 3.4 Arrangement of Residence

Data revealed that more than half of the respondents resided with their parents. Out of the 124 respondents who were married, 94 are living exclusively with wife and children.

**Table: 3.4 Arrangement of Residence**

<b>RESPONSES</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
With wife and children	94	25
With parents	211	55
With friends	33	9
With Male partner	3	1
With female partner	21	5
With Parents and Wife/ Joint Family	8	2
With other Relatives	6	1
With TG Group	2	1
With Single Parent	2	1
<b>Total</b>	<b>380</b>	<b>100</b>

**Base: N=380**

### 3.5 Occupation

Almost three fifth of the respondents were into service (private and government). Others include MSWs which was about 2% percent.

**Table: 3.5a Occupations of The Respondents**

<b>RESPONSES</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Business	60	15
Service	223	58
Student	37	9
MSW	3	2
Unemployed	18	4
Dancer	2	1
Laborer	34	9
Beautician	3	2
<b>Total</b>	<b>380</b>	<b>100</b>

**Base: N=380****Table: 3.5b Place of work and study**

<b>RESPONSES</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Churchgate To Mumbai Central	26	7
Mahalaxmi To Dadar	35	9
Matunga Road To Andheri	84	22
Jogeshwari To Dahisar	115	31
Mira Road To Virar	9	2
CST To Panvel	8	2
Sion To Mulund	53	14
Thane to Karjat	3	1
Dockyard Road to King circle	8	2
GTB Nagar to Vashi	13	4
Sanpada – Panvel - Thurabe	12	3
Diwa Daman	14	4
<b>Total</b>	<b>380</b>	<b>100</b>

On income, twelve respondents did not report any family income. Only one of the respondents reported that monthly family income was less than three thousand. A little under one fourth of the respondents reported that their monthly family income was in the range of above Rupees 9000 to 12000. 40% of the respondents reported their monthly family incomes to be more than 18000 rupees.

**Table 3.5c Monthly Family Income**

<b>INCOME RANGE</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
No. Income	12	3
< Rs. 3,000	1	1
Rs. 3,001 – Rs. 6,000	17	4
Rs. 6,001 – Rs. 9000	33	9
Rs. 9,001 – Rs. 12,000	78	20
Rs. 12001 – Rs. 15000	63	17
Rs. 15001 – Rs. 18000	26	7
Rs. 18,000+	150	40
<b>Total</b>	<b>379</b>	<b>100</b>
<b>Mean</b>	<b>Rupees</b>	

**Base: N=380**

Mean monthly individual income of the respondent was Rs. 6500. A little over one fifth of the respondents reported their monthly individual income between 6000 To 9000 rupees. Around 40% percent of the respondents had monthly income more than 18000 rupees.

**Table: 3.5d Monthly Individual Income**

<b>INCOME RANGE</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
No. Income	59	16
< Rs. 3,000	9	2
Rs.3,000 - Rs. 6,000	131	34
Rs. 6,001 – Rs. 9000	77	20
Rs. 9,001 – Rs. 12,000	51	13
Rs. 12001 – Rs. 15000	24	6
Rs. 15001 – Rs. 18000	5	1
Rs. 18,000+	24	7
<b>Total</b>	<b>380</b>	<b>98</b>
<b>Mean</b>	<b>Rupees</b>	

**N=380**

More than half of the respondents (60%, 229) travel outside of Mumbai.

**Table: 3.5e Travel outside Mumbai**

<b>RESPONSES</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Yes	229	60
No	151	40

**Base: N= 380**

Of those who travel outside Mumbai, more than one fourth of the respondents travel at least once in a year while another one fourth traveled at least once in a month. Very small number of respondents traveled once a week.

**Table: 3.5f Frequency of Travel outside Mumbai**

FREQUENCY	NO. OF RESPONDENTS	PERCENTAGE
Once / Twice week	15	7
Once a fortnight	42	18
Once a month	45	20
Once in a six month	20	9
Once in year	80	35
Once in two year	14	6
Twice a year	5	2
Once in 2-5 years	8	5

**Base: N= 229**

More than half (54%) of the respondents traveled outside Mumbai, due to various social and religious commitments. Thirty two percent of the respondents traveled outside Mumbai in search of entertainment. Only 4 percent of the respondents traveled in search of sex partner..

**Table: 3.5g Reason of Travel outside Mumbai**

REASON	NO. OF RESPONDENTS	PERCENTAGE
In search of Sex Partner	17	7
Work related	70	30
Family commitment	125	54
Entertainment	75	32
Other	11	5

**Base: N=229 Multiple responses**

Of those who travelled outside Mumbai, 8 percent travelled to Pune and another 6 percent travelled to Surat or Gujarat percent.

**Table: 3.5h Cities of Travel outside Mumbai**

CITIES	NO. OF RESPONDENTS	PERCENTAGE
Pune	32	8
Surat / Gujarat	21	6
Ratanagiri	11	3
Nasik	9	2
Others	137	36

**Multiple responses**

# Chapter 4

## Awareness and Understanding of MSM Regarding HIV/AIDS

**4.0** Possessing correct knowledge about HIV/AIDS and 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. The knowledge of HIV/AIDS can influence all factors from consistent condom usage to regular testing of self and partners. This is a key program area for the national, state and local level HIV prevention programs.

### **4.1 Knowledge about HIV/AIDS**

Mumbai city has witnessed multiple HIV/AIDS awareness related campaigns since past many years. The campaigns have focused on the methods of transmission as well as prevention. However it is interesting to note that in spite of high level of knowledge of HIV/AIDS prevention and transmission, the general understanding of HIV/AIDS could be very different. When asked what is HIV, only approximately one fourth of the respondents were aware of the correct response “ a virus that causes AIDS”, slightly less than half the sample reported HIV to be “a fatal disease” (table 4.1a) 8% of the sample reported HIV to be a foreign germ, where 1 % each stated that HIV is a dangerous illness and will shorten life

**Table 4.1a Knowledge about HIV**

What is HIV	NO. OF RESPONDENTS	PERCENTAGE
Insect	53	14
A foreign germ	32	8
A fatal Disease	175	46
A virus that cause AIDS	90	24
Will Shorten Life	3	1
Dangerous Illness	3	1

Virus	1	0.3
DK/CS	23	6
<b>Total</b>	<b>380</b>	<b>100</b>

Similarly only 18 % of the sample was aware of the correct answer to “what is AIDS”, 57% of the sample reported AIDS to be a killer disease (table4.1b), 15% reported AIDS to be a deadly virus.

**Table 4.1b Knowledge about AIDS**

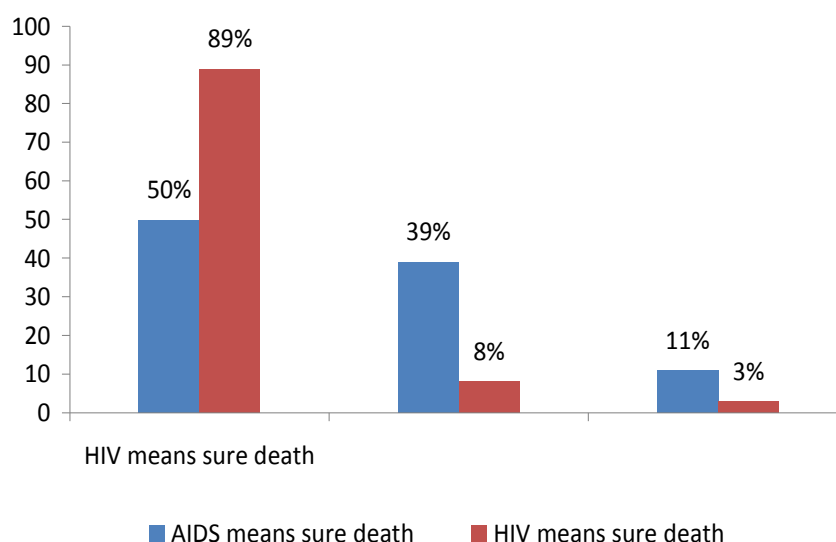
What is AIDS	NO. OF RESPONDENTS	PERCENTAGE
A condition where Body’s immune system breaks down	65	18
A killer disease	217	57
A deadly virus	57	15
DK/CS	32	8
Other	9	2
<b>Total</b>	<b>380</b>	<b>100</b>

**Base: N= 380**

As seen in chart 4.1a, 50% of the sample reported that HIV meant sure death and 89% of the participant reported AIDS meant sure death. Surprisingly 10% of the participants couldn’t give an answer.



**Chart4.1a: Knowledge of HIV/AIDS**



**Base: N= 380**

## 4.2 Knowledge of modes of transmission and prevention

Respondents were asked the different ways of preventing HIV transmission. Overall, more than 90% of the sample had correct knowledge of HIV transmission . (table 4.2a) Almost all participants (99%) reported unprotected sex as the prime mode of HIV transmission. Participants reported lower number of misconceptions, highest being, mosquito bite (16%) transmits HIV.

**Table 4.2a Knowledge of HIV Transmission**

Modes of Transmission of HIV	Yes		No		DK/CS	
	N	%	N	%	N	%
<b><u>Correct Information</u></b>						
Through sex without condom	354	99	3	1	0	0
From infected mother to unborn child	307	86	18	5	32	9
Through transfusion of HIV infected blood	344	96	9	3	4	2
Through usage of infected needle	341	95	7	2	9	3
Through usage of infected blade	320	90	24	7	12	3
<b><u>Incorrect Information</u></b>						
By mosquito bite	58	16	293	82	6	2
By kissing on cheeks	25	7	321	90	11	3

By using utensils of infected person	34	9	297	83	26	8
By hugging infected person	26	7	322	90	8	3
By using the same toilet / bathroom as used by an infected person	39	11	302	84	16	5
By residing with HIV infected person	38	11	295	83	23	6

**Base : N= 357**

As seen in the table below (table 4.2b), most participants (97%) believed that HIV can be prevented by using condoms during penetrative sex. Even though, more than half of the population was aware about the various modes of HIV prevention, the knowledge of “avoiding pregnancy in HIV + women” (66%) was considerably low.

**Table 4.2b Knowledge about HIV prevention**

Ways of prevention	Yes		No		DK/CS	
	N	%	N	%	N	%
By avoiding penetrative sex	268	75	70	20	19	5
By using condom during penetrative sex	346	97	9	2	2	1
By using sterilized needles/syringes	274	77	68	19	15	4
By avoiding pregnancy in HIV+ person	236	66	56	16	65	18

**Base : N= 357**

### 4.3 Knowledge of treatment for HIV/AIDS

Even though 65% participants were aware of organizations that run programs for HIV/AIDS ( table 4.3a), only 52% of the sample was unaware of/ had knowledge of treatment being available for HIV/AIDS (table 4.3a). Of those who were aware of the presence of treatment for HIV/AIDS, 94% were able to identify “ART” as the treatment for HIV/AIDS.

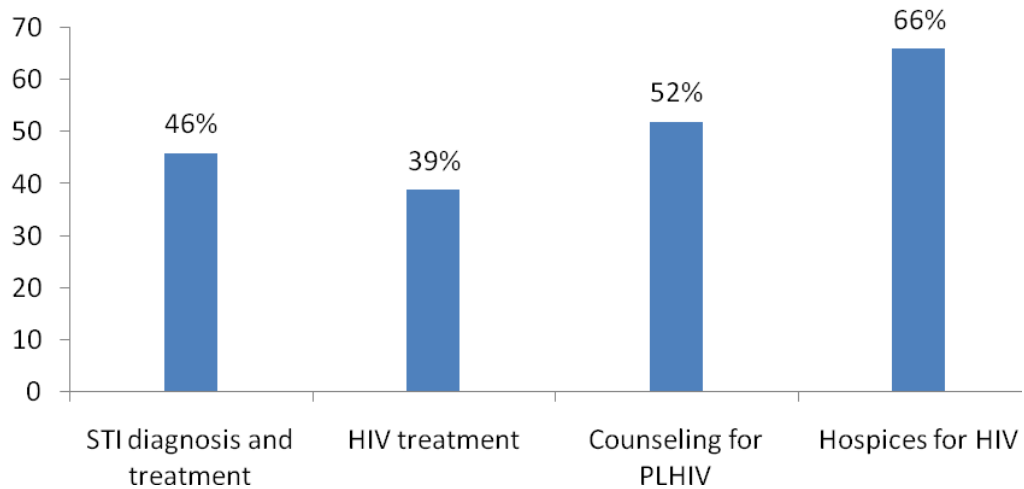
**Tale 4.3a Knowledge of treatment for HIV/AIDS**

Treatment for HIV/AIDS	NO. OF RESPONDENTS	PERCENTAGE
Yes	135	39
No	183	52
DK/CS	30	9
Total	348	100
<b>Knowledge of treatment</b>	N	%

ART	127	94
Other	2	1
Dk/cs	6	5
Total	135	100
<b>Knowledge of HIV/AIDS prevention programs</b>	N	%
Yes	247	65
No	133	35
Total	380	100

When asked about what services that should be given to those who are positive, respondents stated hospices (66%) and counseling (52%) as prime services that should be given to those who were infected. (chart 4.3b).

**Chart 4.3b : Participants response to services that should be given to HIV+ individuals**



**Base : N = 380 Multiple response**

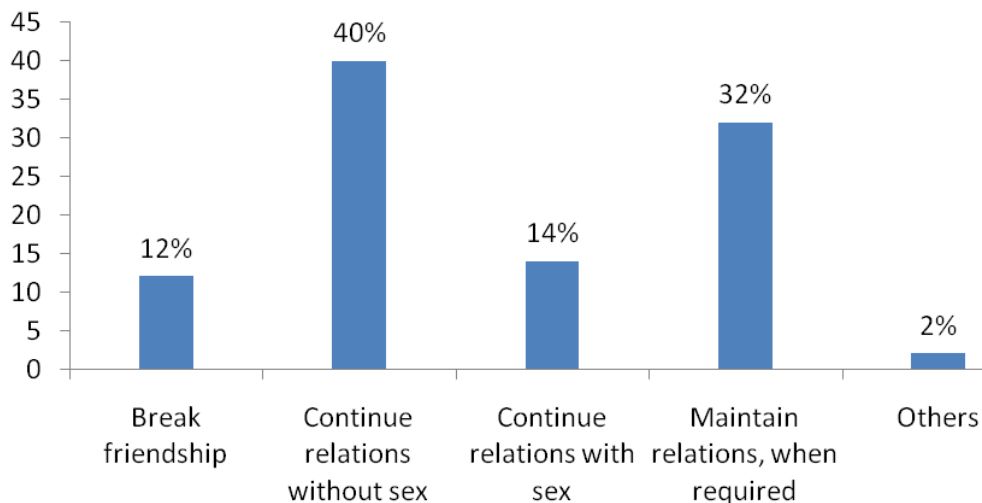
#### **4.4 Stigma and discrimination**

Stigmatizing attitude and discrimination towards those who are positive has a direct impact on whether a person, once infected, would access services and treatment. It

would also shape his mental makeup and affect the impact psychological distress on finding out his HIV+ status.

On an encouraging note, only 12% of participants reported that they would break off the relationship with friend/partner who is infected, while a good number of participants (40%) reported that they would have relationship with the participant without sex, while only 14% reported that they would continue their relationship, using safer sex practices. Thirty two percent of sample reported that they would maintain contact, so as to help them whenever required. (Chart 4.4a)

**Chart 4.4a : Participants response to friend and partner's HIV status**



**Base : N = 380**

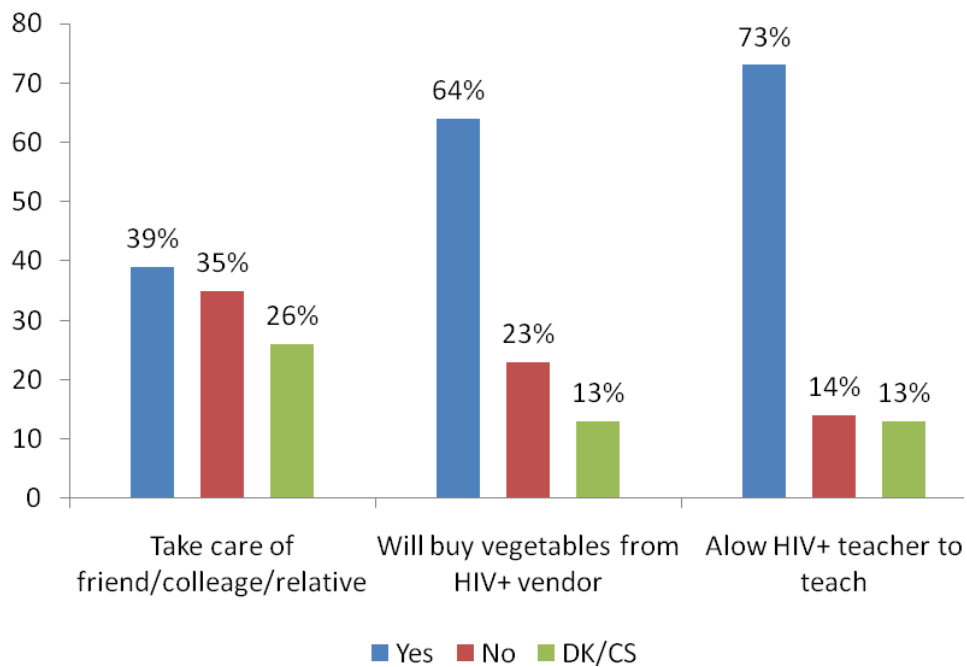
As seen in table 4.4a, majority of the participants didn't know anybody, who is infected with HIV (69%) or any person who has died due to AIDS (68%).

**Table 4.4a person experience with HIV+ individuals**

<b>Do you know any one infected with HIV/AIDS</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Yes	117	31
No	263	69
<b>Total</b>	<b>380</b>	<b>100</b>
<b>Do you know anyone who has died due to AIDS</b>		
Yes	111	29
No	257	68
Don't know, cant say	12	3
<b>Total</b>	<b>380</b>	<b>100</b>

**Base : N = 380**

**Chart 4.4b: Willingness to accept HIV+ individual**



**Base : N = 380**

Thirty nine percent of the respondents reported that they would take care of friend, colleague or relative who is infected with HIV. (Chart 4.4b); on the other hand, larger percent of respondents were more than willing to take services from those who are infected

# Chapter 5

## Sexual Behavior and Condom Usage

**5.0** 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.

### 5.1 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 respondents 34% affirmed that they consumed alcohol while 66% said that they did not consume alcohol (Table 5.1a).

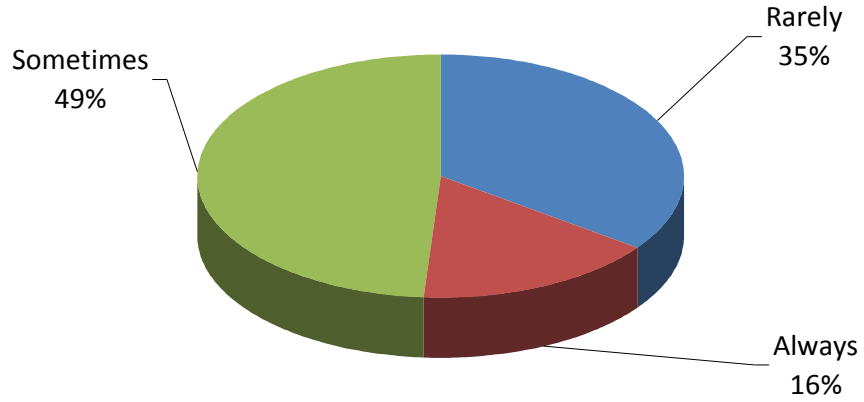
**Table: 5.1a Substance use prior To Sex**

	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Yes	128	34
No	252	66
Total	380	100

**Base : N=380**

Of those who consume alcohol, 16 percent reported that they always consume Liquor/alcohol prior to sex while 49% said that they consumed it sometimes and 35% of the respondents reported that they rarely consumed alcohol/Liquor prior to sex (Chart: 5.1a).

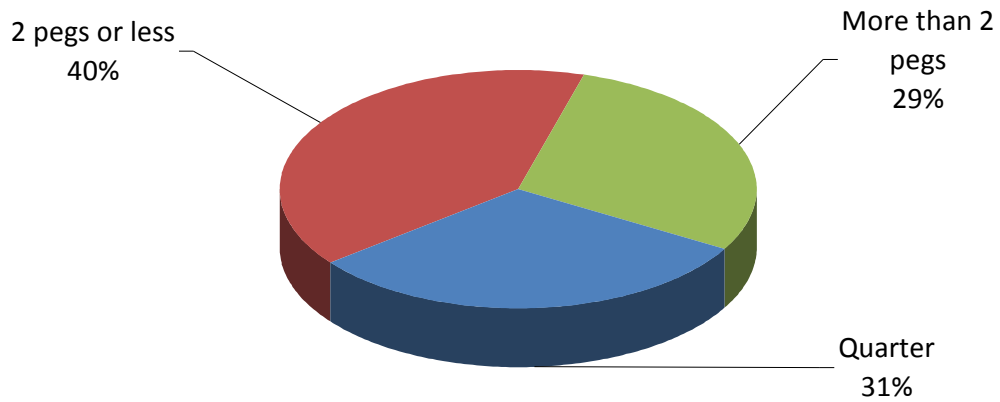
**Chart 5.1a Consumption of Alcohol/Liquor**



**Base: N=128**

Quantity of alcohol consumption also affects the person state of mind. Hence the respondents were asked about the quantity of Alcohol consumption. It was observed that 31 percent of the respondents usually consumed a Quarter (1 ½) prior to sex. (Chart: 5.1b).

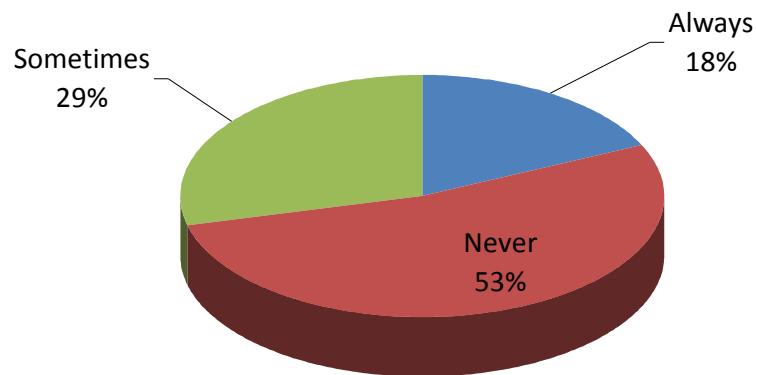
**Chart 5.1b Quantity of Consumption of Liquor/ Alcohol**



**Base: N=128**

More than 50 percent of the respondents never chewed tobacco, or other solid substances. Less than one fifth of the respondents always consumed substances like tobacco, gutka, mawa, and pan (Chart: 5.1c).

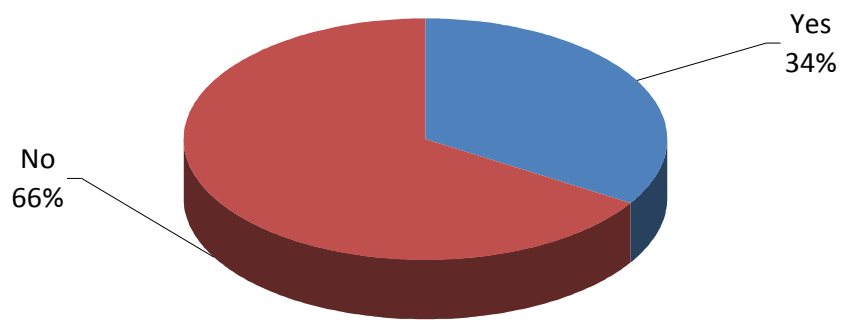
**Chart : 5.1c Chewing Tobacco,Gutka,Mawa,Pan**



**Base : N=380**

It was alarming to note that 34 percent of the respondents consumed alcohol or substances before having sex (Chart: 5.1d).

**Chart : 5.1d Consumption of Alcohol prior to sex**



**Base : N=380**



## 5.2 Partner Seeking

It is a common knowledge that, MSM relationships are temporary in nature and change frequently. Separate questions were asked for sources, places of meeting the partner and having sex. It was observed, that sometimes, the same place served both purposes (place for meeting partner and place for having sex) (Table: 5.2). Cruising (85%) and friends (64%) mostly enabled respondents to pick up a partner.

Suburban Train Networks (73%) and Public Toilets (70%) facilitated meeting of people. Own home (67%) and friend's house (73%) served as major places for having sex. Interestingly, almost 40% of the respondents said that they had sex in rented/room lodge.

**Table 5.2 Partner Seeking**

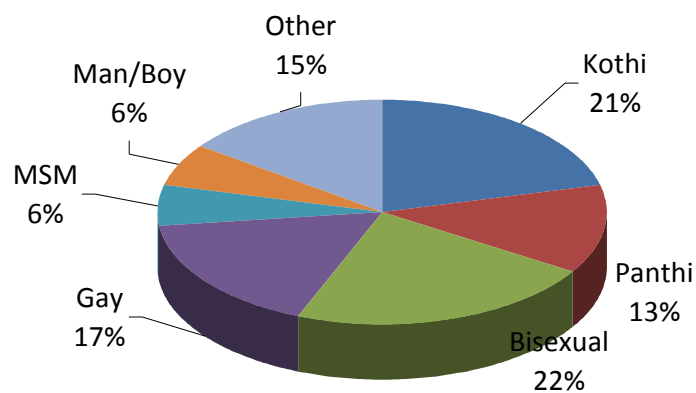
<b>PARTNER SEEKING</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
<b>Source</b>		
Internet	126	33
Newspaper/Magazine	4	1
Friends	244	64
Cruising	323	85
Other	40	11
<b>Places of Meeting</b>		
Public Toilet	264	70
Parks	167	44
Public Transport	163	43
Local Railway station	276	73
Sea Beaches	94	25
Other	36	10
<b>Place for Sex</b>		
Home	255	67
Public Toilet	186	49
Parks	45	12
Friends House	277	73
Rent room/ lodge room	147	39

**N = 380 \* Multiple Responses**

### 5.3 MSM Identities

Identities of MSM are dynamic in nature and may change with time. A little under one fourth of the respondents identified themselves as Kothi, less than one fifth as Panthi, a little under one fifth as Gay, 6% as MSM (Chart: 5.3). About one fourth of the respondents said that they were Bi-Sexual. A minor percentage of respondents were unsure of their identity.

Chart : 5.3 Identities



Base : N= 380

### 5.4 Sex Partners of MSM

#### 5.4.1 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

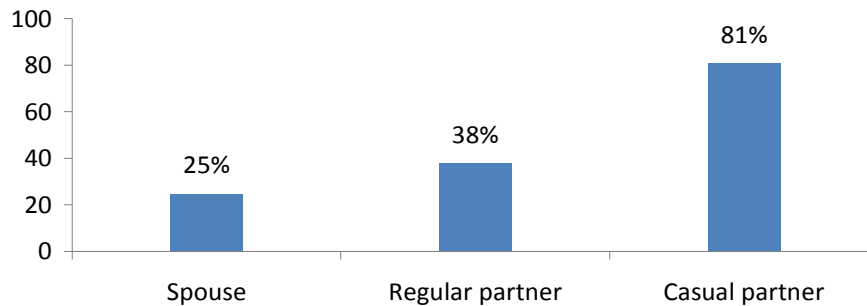
In the last one month, a majority of respondents (81%) had sex with Casual partners, followed by regular partner (38%) and spouse (25%) (Table: 6.4.1a).

**Table: 5.4.1a Types Of Partner In Last One Month**

TYPES	NO. OF RESPONDENTS	PERCENTAGE
Spouse (MSM Husband /wife )	95	25
Regular Partner (Sex with such partner at least once a month, but not spouse)	145	38
Casual Partner (any Pick up )	309	81

**Base : N=380 Multiple Responses\***

**Chart : 5.4.1 Types of partner in last one month**



**Base : N= 380**

The respondents were asked about the total number of male partners in last one month period (Table: 5.4.1b). The average number of MSM partners in last one month was, three. Almost 79 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 less than one fifth of the respondents had more than 8 partners.

**Table 5.4.1b Male Partners In Last one Month**

RESPONSES	NO. OF RESPONDENTS	PERCENTAGE
1	167	44
2-4	301	79
5-7	88	23
8-10	33	9

11+	18	5
<b>Average No. of Partners</b>		<b>3</b>

**Base : N=380 Multiple Responses\***

Further questions were asked to respondents on types of sexual practices in last one month. A majority (84%) engaged in Anal sex, while 39% in Oral sex in last one Month (Table: 5.4.1c). About one fourth of the respondents said that they indulged in inter-femoral sex in last one Month.

**Table: 5.4.1c Types of Sexual Practices In Last One Month**

<b>RESPONSES</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Anal Sex	319	84
Oral Sex	149	39
Inter-femoral Sex	92	24
Other	254	67

**Base : N= 380 Multiple Responses**

## **5.4.2 Female Partners**

Besides male partners, MSM were also having sex with female partners, 17 percent of whom had frequent sexual intercourse with women. (Table: 5.4.2a)

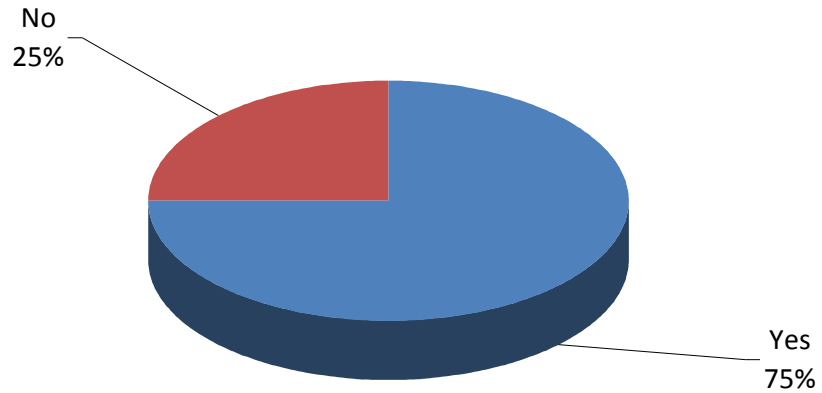
**Table 5.4.2a Ever Had Sex with Female Partner**

<b>RESPONSES</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Frequently	64	17
Sometime	67	18
Rarely	82	22
Never	167	43
<b>Total</b>	<b>380</b>	<b>100</b>

**Base : N=380**

In all, 56 percent of the respondents said that they had sex with female partners and 75 percent of them, had sex with female partner in the last one month (Chart: 5.4.2).

**Chart : 5.4 2 Whether had sex with female partner in last one month**



**Base: N=213**

Table 5.4.2b shows that of those who ever had sex with a female, 63 percent of respondents said that they had sex with their wife. Respondents on an average had sex with one female in the last one month.

**Table 5.4.2b Number of Female Partner In Last One Month**

<b>RESPONSES</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Wife	102	63
Girlfriend	47	29
CSW	43	26

**Base : N =163 Multiple response**

## **5.5 Sexual Behavior**

### **5.5.1 Mutual Masturbation**

Nearly one third of the respondents reported to have never involved in mutual masturbation during last one month. (Table: 5.5.1)

**Table: 5.5.1 Masturbate Each other in past one month**

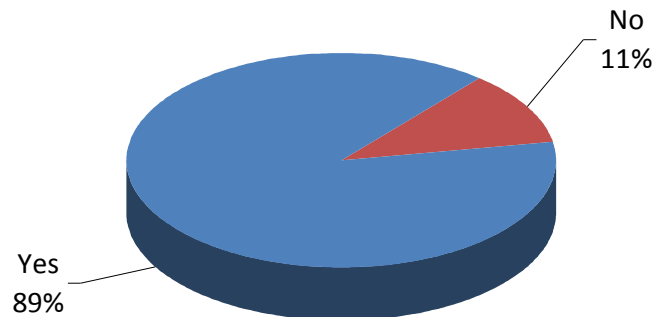
<b>RESPONSES</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Frequently (5 times or more in a month )	49	13
Sometimes (2 to 5 times a month )	124	33
Rarely ( once a month )	79	21
Never	128	34
<b>Total</b>	<b>380</b>	<b>100</b>

**Base : N = 380**

### **5.5.2 Peno- Oral Sex and Condom usage**

While peno-oral sex is relatively safer, it still requires usages of condom to prevent any kind of oral transmission of HIV/STI. A large majority, 89 percent of the respondents had peno-oral sex in last one month (Chart: 5.5.2).

**Chart : 5.5 2 Whether had Peno-oral sex in the last one month**



**Base: N=213**

Respondents engaged in both receptive and insertive oral sex with their partners, in the last one month. About 23 of those engaging in oral sex claimed to have always used condoms. It was seen that a little under half the respondents had used condoms last time and consistent condom usage (24% “always”) was low, making them vulnerable to oral STIs (Table: 5.5.2).

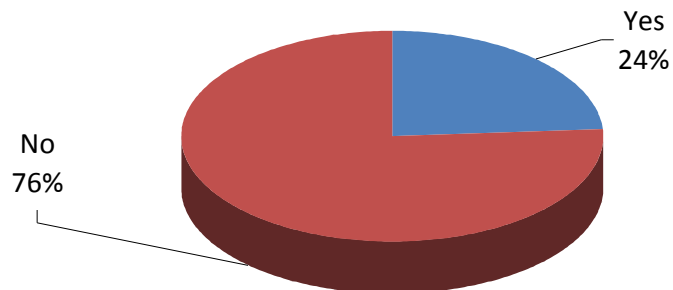
**Table: 5.5.2 Peno-Oral Sex and Condom Usage With Male Partner In Last One Month**

<b>Frequency of respondent giving oral sex to another person in last one month</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Frequently( 5 times or More )	103	31
Sometimes ( 2 to 4 times in month )	102	30
Rarely ( once in month	27	8
Never	105	31
<b>Total</b>	<b>337</b>	<b>100</b>
<b>Last time condom usages by partner when Respondent gave oral sex</b>		
Yes	102	44
No	130	56
<b>Total</b>	<b>232</b>	<b>100</b>
<b>Frequency of condom usages by partner when Respondent gave oral sex</b>		
Always	55	24
Sometime	51	22
Rarel	8	3
Never	118	51
<b>Total</b>	<b>232</b>	<b>100</b>
<b>Frequency of Another Person giving oral sex To Respondent</b>		
Frequently( 5 times or More )	74	22
Sometimes ( 2 to 4 times in month )	150	45
Rarely ( once in month	34	11
Never	79	23
<b>Total</b>	<b>337</b>	<b>100</b>
<b>Last Time Condom usages by Respondent when he Received oral Sex</b>		
Yes	87	34
No	171	66
<b>Total</b>	<b>258</b>	<b>100</b>
<b>Last one Month Condom Usages by Respondent when He Received oral sex</b>		
Always	39	15
Sometime	43	17
Rarely	14	5
Never	162	63
<b>Total</b>	<b>258</b>	<b>100</b>

### 5.5.3 Sexual Behavior with Male Spouse

Nearly 24% of the respondents were engaging in Anal sex with their male spouse (Chart: 5.5.3).

**Chart: 5.5.3 Whether Engaged in Anal Sex with Male Spouse in Last One Month**



**Base: N=379**

It was observed that about one fourth of the respondents had indulged in insertive anal sex in the last one month (Table: 5.5.3). Last time condom usage (85%) has been fairly well, while consistent condom (55% “always”) was low. Three fourth of the respondents had receptive anal sex with male spouse. Condom usage for receptive anal sex for the last time (87%) is very encouraging, though consistent condom usage was low at 53%.

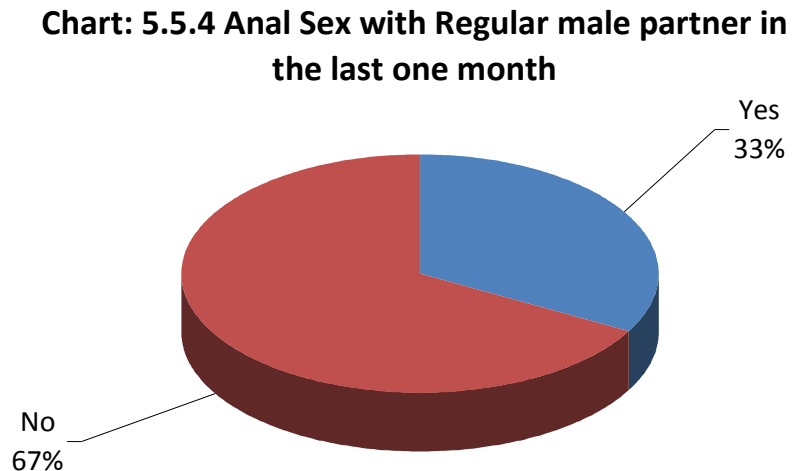


**Table: 5.5.3 Anal Sex with Male Spouse and Condom usage**

<b>Frequency of insertive anal sex with male spouse.</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Frequently	19	21
Sometimes	29	32
Rarely	5	5
Never	39	42
<b>Total</b>	<b>92</b>	<b>100</b>
<b>Last time condom usages during Insertive anal Sex.</b>		
Yes	45	85
No	8	15
<b>Total</b>	<b>53</b>	<b>100</b>
<b>Last one month condom usages During Insertive anal Sex.</b>		
Always	29	55
Some time	12	23
Rarely	5	9
Never	7	13
<b>Total</b>	<b>53</b>	<b>100</b>
<b>Frequency of Receptive anal sex with Male spouse</b>		
Frequently	29	32
Sometimes	37	40
Rarely	2	2
Never	24	26
<b>Total</b>	<b>92</b>	<b>100</b>
<b>Last time Condom usages during receptive anal sex with Male spouse.</b>		
Yes	59	87
No.	9	13
Total	68	100
<b>Last one month condom usages During receptive anal sex with Male Spouse.</b>		
Always	36	53
Some time	20	29
Rarely	2	3
Never	10	15
<b>Total</b>	<b>68</b>	<b>100</b>

### 5.5.4 Sexual Behavior with Regular Male Partner

Respondents also engaged in anal sex with their male regular partner in last one month (33%). This group of respondents had insertive as well receptive anal sex. (Chart: 5.5.4)



**Base: N=380**

Of those who had anal sex with their regular male partner, a total of 73 percent of the respondents engaged in Insertive anal sex with male regular partner (Table: 6.5.4b). For insertive anal sex, last time condom usage (99%) was significantly high though consistent condom usage was only 32% (down from 82%, last wave). Almost three fourth of the respondents had receptive anal sex with regular male partner. Last time condom usage (97%) was encouraging but consistent condom usage (50%) dropped from 79% of previous wave, during receptive anal sex.

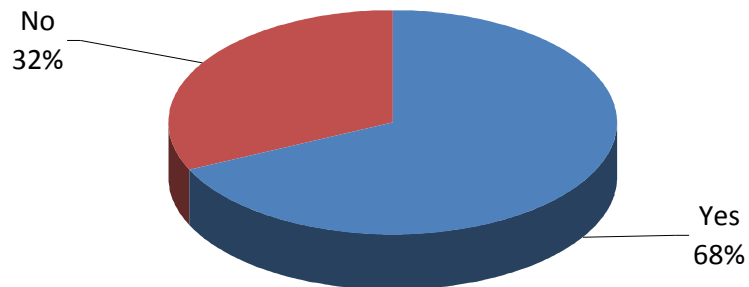
**Table: 5.5.4 Anal Sex with Male Regular Partner**

<b>Frequency of insertive anal sex with male regular partner in last one month.</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Frequently	16	13
Sometimes	61	48
Rarely	16	13
Never	34	27
<b>Total</b>	<b>127</b>	<b>100</b>
<b>Last Time condom usages During Insertive anal sex with Male regular Partner.</b>		
Yes	92	99
No	1	1
<b>Total</b>	<b>93</b>	<b>100</b>
<b>Last one Month Condom usage During Insertive anal with Male Regular partner</b>		
Always	30	32
Some Time	47	55
Rarely	14	15
Never	2	2
<b>Total</b>	<b>93</b>	<b>100</b>
<b>Frequency of Receptive anal sex with Male Regular partner in last one month.</b>		
Frequently	24	19
Sometime	52	42
Rarely	11	9
Never	38	30
<b>Total</b>	<b>125</b>	<b>100</b>
<b>Last time condom usages During Receptive anal sex with Male Regular partner.</b>		
Yes	84	97
No	3	3
<b>Total</b>	<b>87</b>	<b>100</b>
<b>Frequency of condom usages During Receptive anal sex with Male Regular partner in last one Month .</b>		
Always	44	50
Sometime	31	36
Rarely	11	13
Never	1	1
<b>Total</b>	<b>87</b>	<b>100</b>

### 5.5.5 Sexual Behavior with Male Casual Partner

A little under three fourth (68%) of the respondents engaged in anal sex with their male Casual partner in last one month (Chart: 5.5.5).

**Chart: 5.5.5 Anal Sex with Casual male partner in the last one month**



**Base: N=380**

A total of 97 percent respondents had Insertive anal sex of varying frequency with their male casual partners in last one month (Table: 5.5.5). A majority 89% of the respondents reported having used condoms during Insertive anal sex, for the last time with their Male casual partner. Consistent condom usage for the same during the last one month was only 45%. Sixty three percent of the respondents reported having engaged in receptive anal sex with their male casual partner. Last time condom usage for receptive anal sex with the male casual partner was high (93%) while consistent condom usage was low at 56%.

**Table: 5.5.5 Anal Sex With Male Casual Partner And Condom Usages**

<b>Frequency of insertive anal sex with male casual partner in last one month.</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
Frequently	56	22
Sometime	108	42
Rarely	36	14
Never	60	23
<b>Total</b>	<b>260</b>	<b>100</b>
<b>Last Time condom usages During Insertive Anal Sex with Male Casual Partner.</b>		
Yes	178	89
No	22	11
<b>Total</b>	<b>200</b>	<b>100</b>
<b>Frequency of condom usages During Insertive anal sex with Male casual partner in last one Month.</b>		
Always	89	45
Sometime	66	33
Rarely	27	14
Never	18	9
<b>Total</b>	<b>200</b>	<b>100</b>
<b>Frequency of Receptive anal sex with Male Casual partner in last one Month.</b>		
Frequently	56	22
Sometime	74	29
Rarely	33	13
Never	97	37
<b>Total</b>	<b>260</b>	<b>100</b>
<b>Last time condom usages During Receptive anal sex with Male casual partner.</b>		
Yes	152	93
No	11	7
<b>Total</b>	<b>163</b>	<b>100</b>
<b>Frequency of condom usages During Receptive anal sex in Last one month.</b>		
Always	91	56
Sometime	43	26
Rarely	20	12
Never	9	6
<b>Total</b>	<b>163</b>	<b>100</b>

### **5.5.6 Anal Sex and Condom Usages with Various Partners in the last one month: A Comparison**

During comparison it was observed that respondents were having insertive anal sex less frequently with regular partners (13%) (Table 5.5.6). Compared to the previous wave, frequency of insertive anal sex with casual partners is considerably lower ( 22% in current wave as against 64% in the previous wave). Percentage of insertive anal sex with regular partners was also lower compared to previous wave ( 13% against 35% in Vth Wave).

Consistent condom usage was lowest (32%) in the case of regular partner.

Although last time condom usage with all three partners is high, consistent condom usage across partners is significantly low.

Consistent condom usage with receptive partners has dropped compared to previous wave. Last time condom usage during receptive anal sex was highest with regular partners, while consistent condom usage during anal sex was highest with casual partners.

**Table: 5.5.6: Comparison Of Sexual Behavior With Various Partners**

	TYPES OF PARTNERS					
	Male Spouse		Regular Partners		Casual Partners	
<b>Frequency of Insertive Anal sex</b>	N	%	N	%	N	%
Frequently	19	21	16	13	56	22
Sometimes	29	32	61	48	108	42
Rarely	5	5	16	13	36	14
Never	39	42	34	27	60	23
<b>Total</b>	<b>92</b>	<b>100</b>	<b>127</b>	<b>100</b>	<b>260</b>	<b>100</b>
<b>Last time condom usages during Insertive anal Sex.</b>						
Yes	45	85	92	99	178	89
No	8	15	1	1	22	11
<b>Total</b>	<b>53</b>	<b>100</b>	<b>93</b>	<b>100</b>	<b>200</b>	<b>100</b>
<b>Last one month condom Usages During Insertive anal Sex.</b>						
Always	29	55	30	32	89	45
Some time	12	23	47	55	66	33
Rarely	5	9	14	15	27	14
Never	7	13	2	2	18	9
<b>Total</b>	<b>53</b>	<b>100</b>	<b>93</b>	<b>100</b>	<b>200</b>	<b>100</b>
<b>Frequency of Receptive anal sex</b>						
Frequently	29	32	24	19	56	22
Sometimes	37	40	52	42	74	29
Rarely	2	2	11	9	33	13
Never	24	26	38	80	97	37
<b>Total</b>	<b>92</b>	<b>100</b>	<b>125</b>	<b>100</b>	<b>260</b>	<b>100</b>
<b>Last time Condom usages during receptive anal sex</b>						
Yes	59	87	34	97	152	93
No	9	13	3	3	11	7
<b>Total</b>	<b>68</b>	<b>100</b>	<b>87</b>	<b>100</b>	<b>163</b>	<b>100</b>
<b>Last one month condom usages During receptive anal sex</b>						
Always	36	53	44	50	91	56
Some time	20	29	31	36	43	26
Rarely	2	3	11	13	20	12
Never	10	15	1	1	9	6
<b>Total</b>	<b>68</b>	<b>100</b>	<b>87</b>	<b>100</b>	<b>163</b>	<b>100</b>

### **5.5.7 Sexual Behavior with Female Partner**

Besides having sex with MSM partners, a total of 57 percent of the respondents were having sex with female partners in varying degrees (Table: 5.4.2a). A little over one fourth of the respondents said that they `frequently` had sex with a female partner.

In last one month, 76 percent of respondents had sex with a female partner in varying degrees (Table: 5.5.7c). Of these, nearly two fifth of the respondents had sex “frequently” with their female partner. Forty seven percent of the respondents said that they used condoms during the last peno-vaginal sex. Only 19 percent reported consistent condom usage during peno-vaginal sex, in the last one month (down from 41 percent of previous wave). A total of 30 respondents were having anal sex with a female partner, of which 22 respondents reported last time condom usage; consistent (“Always”) condom usage was reported by 9 respondents.



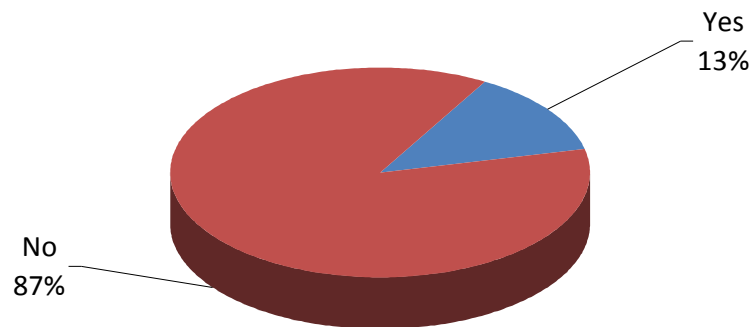
**Table: 5.5.7 Vaginal & Anal Sex With Female Partner**

<b>RESPONSES</b>	<b>NO. OF RESPONDENTS</b>	<b>PERCENTAGE</b>
<b>Frequency of Vaginal sex with female partner in last one month</b>		
Frequently	60	37
Sometimes	55	34
Rarely	48	29
Total	163	100
<b>Last time condom usages during Peno-Vaginal Sex</b>		
Yes	77	47
No	86	53
Total	163	100
<b>Frequency of Last one month condom Usages During Peno-Vaginal Sex.</b>		
Always	31	19
Some time	22	14
Rarely	24	15
Never	86	53
Total	163	100
<b>Frequency of Peno-Anal Sex with female partner in Last one Month</b>		
Always	3	2
Sometimes ( 2-5 times a month )	14	8
Rarely ( once a month or less )	13	8
Never	133	82
Total	163	100
<b>Last time condom usages During peno-Anal sex with female partner</b>		
Yes	22	
No	8	
Total	30	
<b>Frequency of condom usages during peno-Anal sex with female Partner</b>		
Always	9	
Some times	5	
Rarely	9	
Never	7	
Total	30	

### 5.5.8 Sex in Exchange of Cash

A section of MSM was also engaged in commercial sex (Chart: 6.5.8). Under one fifth of the respondents said that they had been picked by someone for sex in exchange of cash in the last one month.

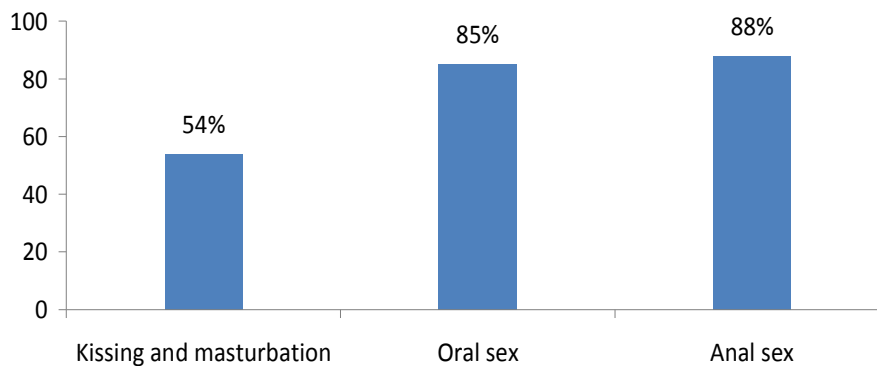
**Chart: 5.5.8a Had sex in exchange of cash in the last one month**



**Base: N=380**

It could be seen that those respondents who were picked up by someone for sex engaged in mainly anal sex (88%) and oral sex (85%) (Chart: 5.5.8b)

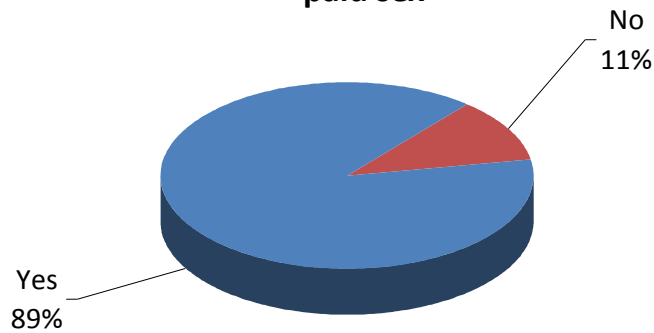
**Chart : 5.5.8b Type of sexual practice in exchange of cash**



**Base: N=48 (Multiple responses)**

A majority, 89 percent of the respondents reported that they had used condoms during last sex, in exchange of cash (Chart: 5.5.8c).

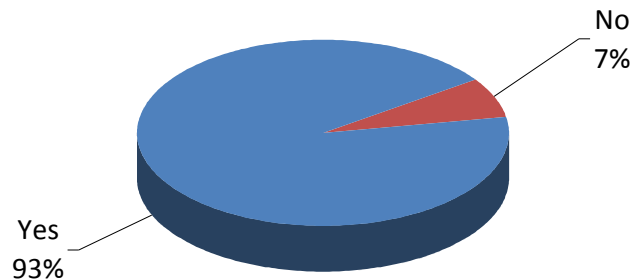
**Chart: 5.5.8c Use of condom by respondent during last paid sex**



**Base: N=47**

Similarly, 93 percent reported condom usage by the partner during sex in exchange of cash(Chart:5.5.8d).

**Chart: 5.5.8d Use of condom by partner during last paid sex**

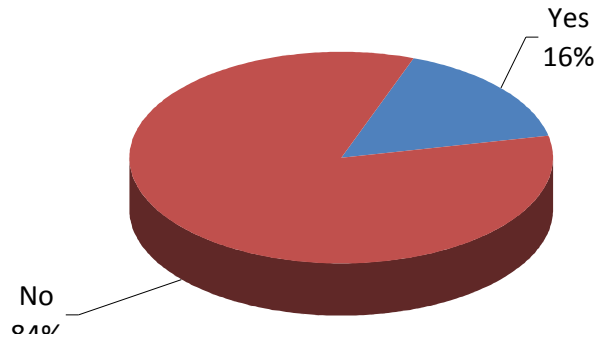


**Base: N = 47**

### **5.5.9 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 pick a partner and after sex gave gifts, articles and Taxi/Rickshaw fare thereby making it commercial sex (Chart: 5.5.9a). It could be seen that 16 percent of the respondents reported that they had been picked by someone for sex in exchange of gifts, things, or money for fare.

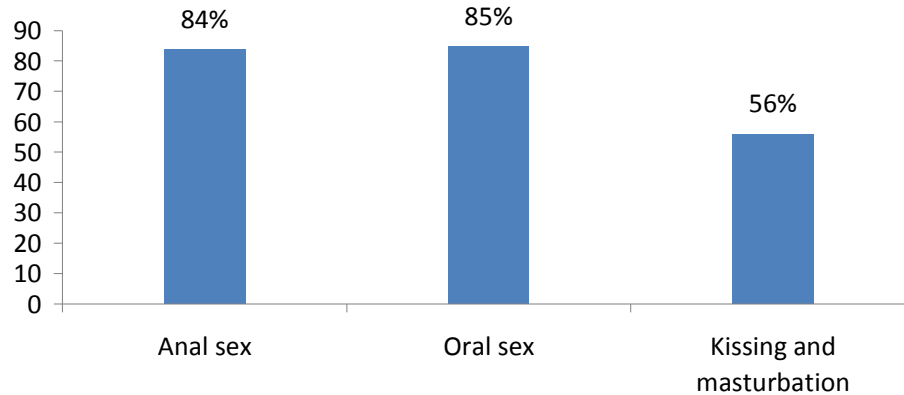
**Chart 5.5 9a Reported sex in Exchange of gifts, things or travel fare**



**Base: N=380**

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: 5.5.9b).

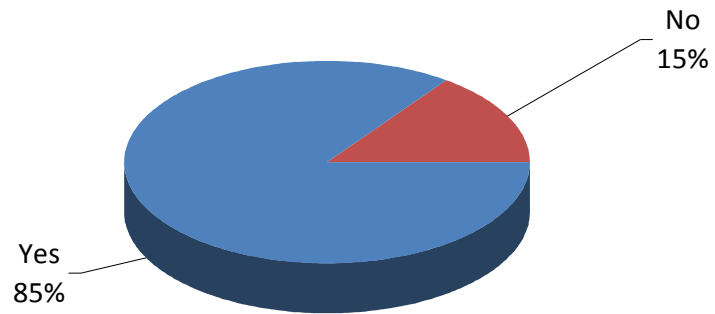
**Chart 5.5.9b Sexual practices in exchange of gifts, things or travel fare**



**Base: N=61**

During such an interaction a majority (85%) of the respondents used condoms (Chart: 5.5.9c).

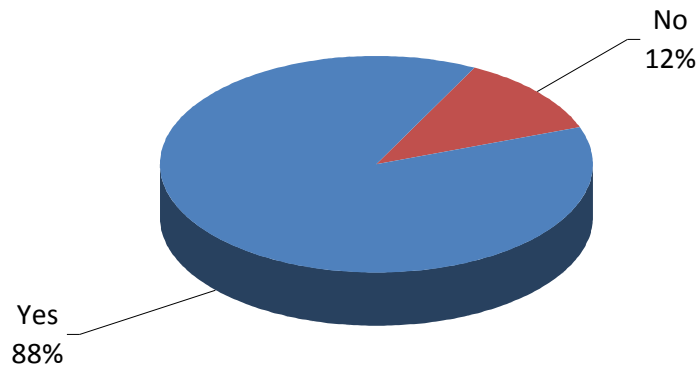
**Chart : 5.5 9c Use of condom during last sex by respondent in exchange of gifts, things or travel fare**



**Base: N=59**

Also a majority of the respondents reported condom usage by their partners during sex in exchange of gifts, things or money for fare (Chart: 5.5.9d).

**Chart : 5.5.9d Use of condom during last sex by partner in exchange of gifts, things or travel fare**

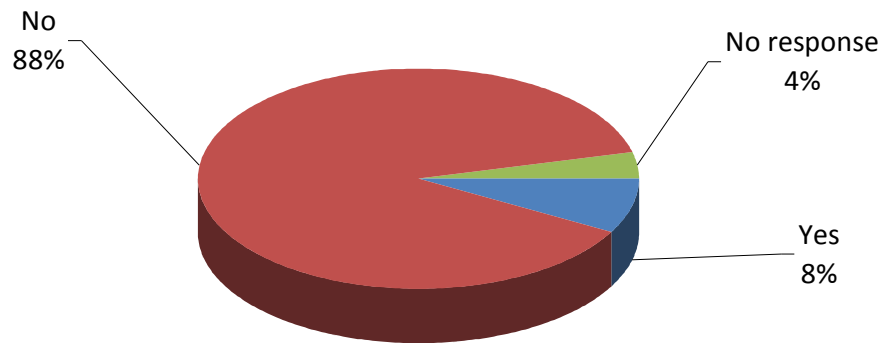


**Base: N= 59**

## 5.6 Sex By Coercion

Counselors at HST have occasionally come across such clients who have been coerced into having sex. In the study also, 8 percent of the respondents experienced sexual coercion in last six months.( Chart: 5.6 ).

**Chart : 5.6 Experience of coercive sex in last six months**



**Base: N= 380**

# Chapter 6

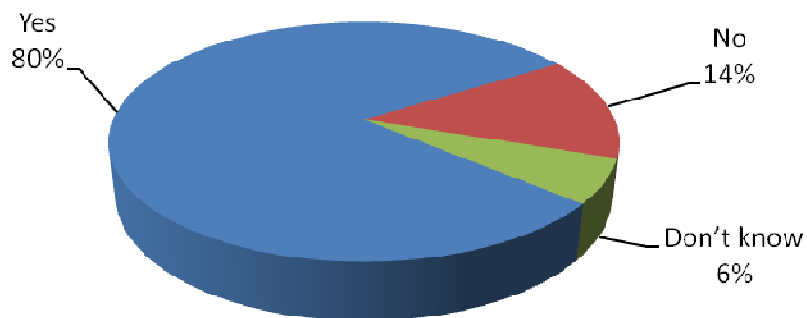
## Treatment Seeking Behavior

**6.0** Humsafar Trust has been working with the MSM through its' outreach and specialized clinic to improve the sexual health and treatment seeking behavior. Since many years, there is an attempt to increase the awareness regarding the symptoms of sexually transmitted infections through IEC materials and inter-personal communication. Also the peers and ORWs also encourage clients to seek treatment at the HST clinic.

### 6.1 STI Awareness and Treatment seeking

From the sample, 80% of the participants reported that they had heard about STIs “gupt rog” , 14% have not heard about STIs, 6% of participants reported “don't know”.

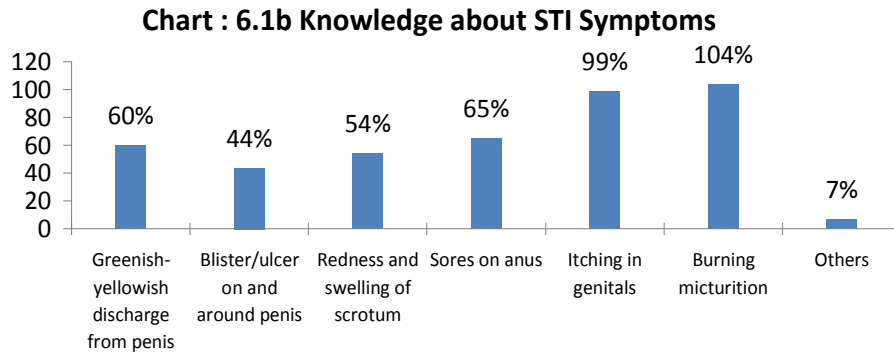
**Chart: 5a Had heard about STIs**



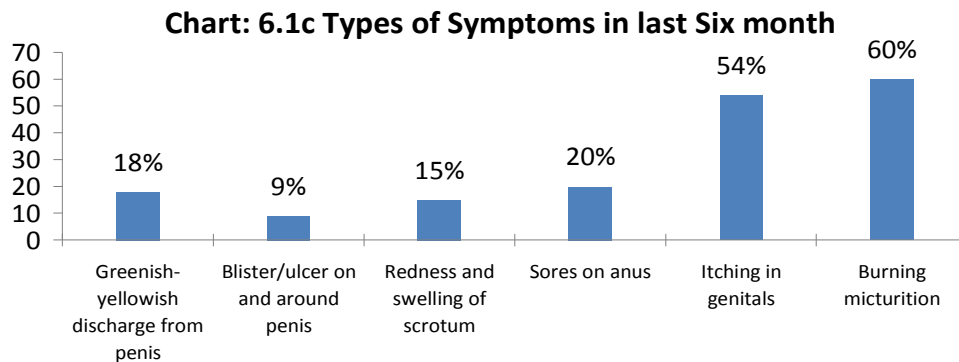
**Base : N= 380**

Seventy eight participants (20%) reported having symptoms of STI in the last 6 months.. As seen in chart 5c, the most known symptoms of STIs were burning

sensation during urination (60%), itching on genitals (54%) and sores on anus (20%); these were also the most self reported symptoms by participants.



**Base : N= 306 multiple responses**

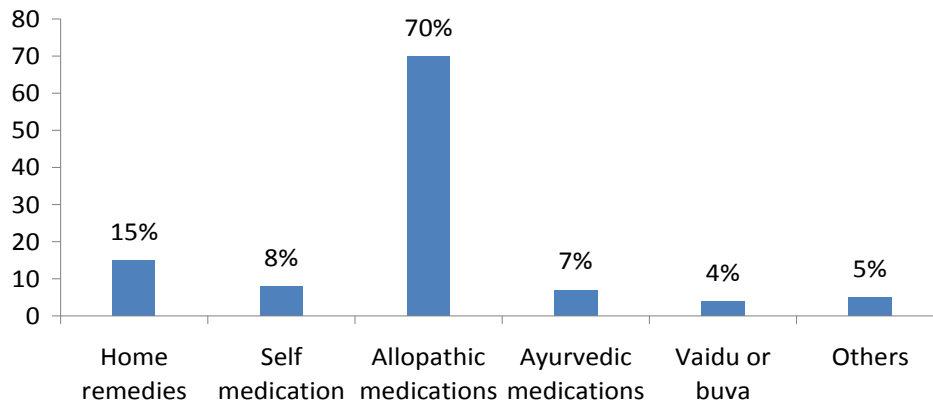


**Base : N= 78 multiple reponses**

Out of those who self reported having symptoms of STIs, 94% reported taking treatment for the STI. Most participants preferred to take allopathic medication (14%), followed by home remedies (3%).



**Chart: 6.1d Treatment preference**



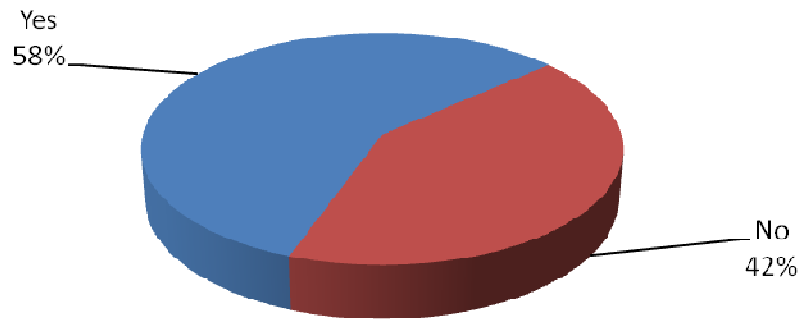
**Base : N= 74**

When asked about the chances of a person with STI acquiring HIV, greater part of participant reported with certainty (29%) that a VDRL+ person could get HIV infected, while many reported that it was a possibility (22%).

## **6.2 HIV Testing**

Encouraging MSM during the outreach to get their HIV status checked is one of the priority areas of the Humsafar Intervention programme. In this study we have seen 58% of the respondent's accessing any HIV testing facility. During this study we also tried to understand the reasons for not getting tested. Majority of the respondents feel that they are consistently using condoms with regular as well as casual partners and also they feel that they are safe. Some of the respondents also said that they feel scared to undergo HIV testing.

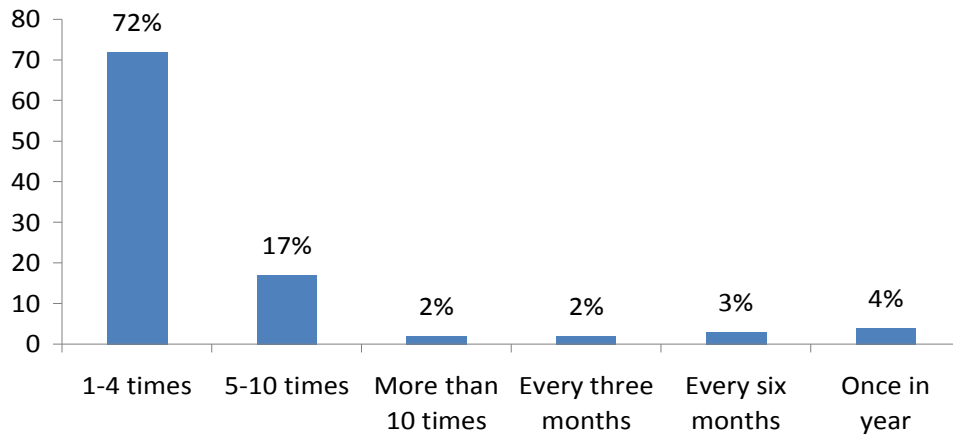
**Chart: 5.2a Whether Tested for HIV**



**Base : N= 380**

In this study we have seen that 72% of the respondents have undergone testing from 1 to 4 times.

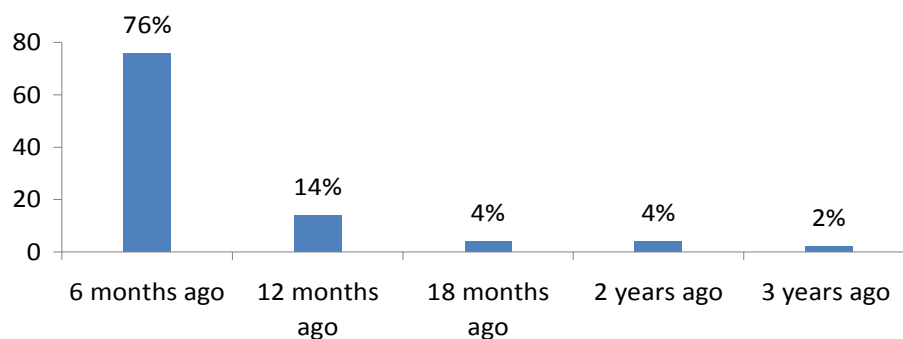
**Chart: 6.2b How many times have tested for HIV test**



**Base N = 215**

Almost three fourth of the respondents has undergone HIV testing.

**Chart: 6.2c Period of last time tested HIV**

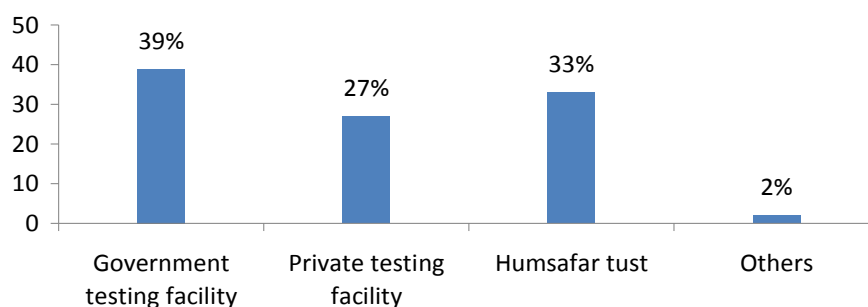


**Base N = 215**

### **HIV Testing facility used by Respondents**

Nearly 39% of the respondents are reported using the services from Government testing facility and 33 % of the respondents access the services from The Humsafar Trust

**Chart:6.2d HIV Testing facility used by Respondents**

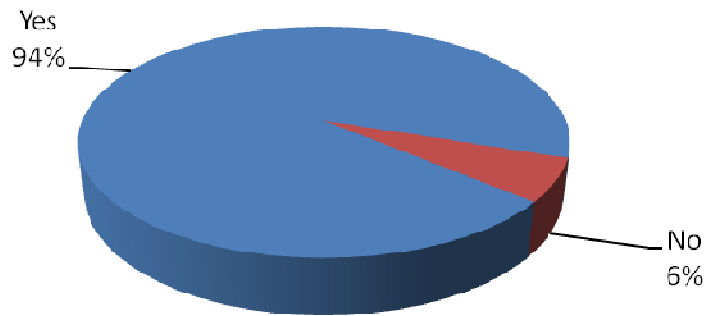


**Base: N=215**

A majority (94%) of the respondents have collected the result of their test. During the study the respondents were questioned about the action they take after receiving their

reports and majority of them reported that after receiving the reports they have started using condoms in all types of sexual encounters as a precaution.

**Chart: 5.2e Whether collected report**



**Base: N = 221**

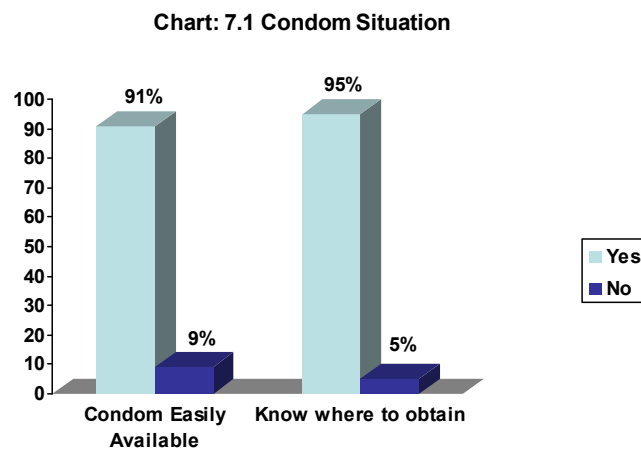
# Chapter 7

## Reach of Condoms and Lubricants

**7.0** Across the world, promotion of condom is a prime area of work to prevent HIV/AIDS as in high risk situation condom use is the most effective barrier to the transmission of HIV/AIDS. The NACO and social marketing organizations as well as the NGOs have worked towards making condoms available to the clients. This chapter studies the reach of condoms and lubricants.

### 7.1 Condom Availability

In this study, the respondents have reflected the wide scale availability of condom. A predominant majority of respondents said that condoms were easily available and they were aware where to obtain it from (Chart: 7.1).



Base: N=380

Medical stores were the most popular place to obtain condoms followed by Humsafar Trust and friends and family planning centers (Table: 7.1).

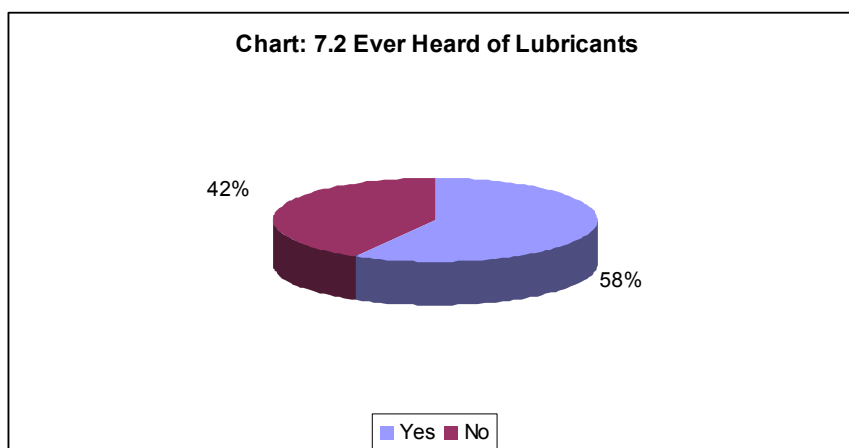
**Table: 7.1 Places And Persons To Obtain Condoms**

Places and Person from Where Condoms Could Be Obtained	Yes		No		Total	
	N	(%)	N	(%)	N	(%)
Pan Shop	261				359	100
Medical Shops					359	100
General Shop					359	100
Clinic					359	100
Hospital					359	100
Family Planning Center					359	100
Bar/ Guest House/Hotel					359	100
Peer Educator					359	100
Friend					359	100
NGO Humsafar Trust					359	100

Base: N=

## 7.2 Condom Lubricants

Lubricants, when used with condoms are expected to reduce the risk of tearing of condoms. In this wave, 58 percent had ever heard of lubricants (Chart: 7.2).



Base: N=380

Out of those respondents who had ever heard of lubricants, 76 percent respondents reasoned that lubricant was used to reduce pain during anal sex, to enhance sexual pleasure (62%) and to prevent condom from tearing (49%) (Table: 7.2a). There were minor responses like 'use it for easy penetration' avoiding STI' and 'to prolong sex'.

**Table: 7.2a Knowledge On Usage Of Lubricant**

Why Is Lubricant Used?	No. Of Respondents	% Of Respondents
To reduce pain during anal sex	169	76
To enhance sexual pleasure	138	62
To prevent condom from tearing while having sex	109	42

Base: N=222  
 \*Multiple Responses

A predominant majority (87%) was aware of K.Y. Jelly, respondents named other lubricants such as coconut oil (29%) and Vaseline (17%) (Table: 7.2b).

**Table: 7.2b Awareness Of Types Of Lubricants**

Lubricants	No. Of Respondents	% Of Respondents
K.Y. Jelly	175	79
Coconut Oil	93	42
Vaseline	149	67
Soframycin	6	2
Oil, spit, honey	4	2

Base: N=222  
 \*Multiple Responses

For a majority of the respondents that the medical stores/chemists were the places from where they could obtain the condoms (62%) followed by the Humsafar Trust (9%) etc. was the places to obtain lubricants (Table: 7.2c)

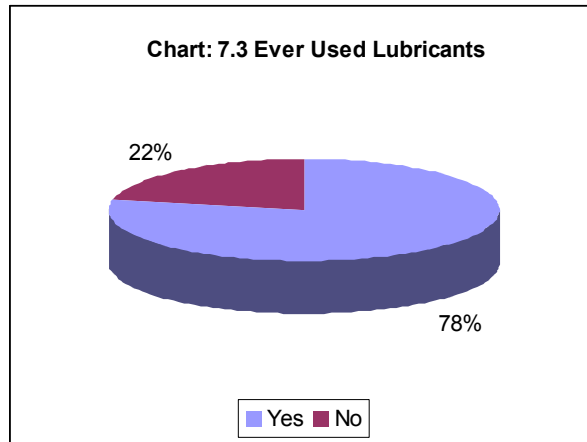
**Table: 7.2c Places and Persons To Obtain Lubricants**

Places and Persons	No. Of Respondents	% Of Respondents
Medical Stores/ Chemists	138	62
Doctor	9	4
Humsafar Trust	19	9
Outreach Person	2	1
Home Products	2	1
Beauty Parlor	1	0
Don't Know	51	23
Total	222	100

Base: N=222

### 7.3 Usage of Lubricants

Respondents were asked if they use lubricants. A little over three fourth of the respondents said they used lubricants (Chart: 7.3).



Base: N=222

However, the consistency of using lubricants was not very high, only a little over one fourth Of those who ever used lubricants and in last one month, little less than one fourth reported using it always (Table: 7.3a).

**Table: 7.3a Usage Of Lubricants In Last One Month**

Frequency	No. Of Respondents	% Of Respondents
Always	51	30
Sometimes	75	43
Rarely	36	21
Never	11	6
Total	173	100

Base: N=173

K.Y. Jelly was the most popular lubricant used by the respondents (88%), followed by easily available coconut oil (28%) and Vaseline (12%) (Table: 7.3b).

**Table: 7.3b Type Of Lubricants Used In Last One Month**

Lubricants	No. Of Respondents	% Of Respondents
K.Y. Jelly	117	68
Coconut Oil	75	43
Vaseline	22	13
Spit, honey	4	2

Base: N=173

\*Multiple Responses



# Chapter 8

## Trends across the Studies

### 8.0

### 8.1 Knowledge of HIV and ART

Most MSM (46%) in 2010, similar to those in 2008 (49%), identified HIV as a fatal disease. Knowledge that HIV is a virus that causes AIDS is only known to one fourth (27%) of the study participants and has dropped from 27% in 2008 to 24% in 2010.

**Table 8.1a Knowledge about HIV**

WHAT IS HIV	2008 (N 274 )	2010 ( N 380)
Insect	14%	14%
A foreign germ	3%	8%
A fatal Disease	49%	46%
A virus that cause AIDS	27%	24%
DK/ CS	3%	6%
Miscellaneous	4%	2%

Similar to the year 2008 (90%), most participants in 2010 believed that HIV can be prevented by having penetrative sex with condoms (97%). Knowledge of avoiding penetrative sex as a means of prevention has increased from 67% in 2008 to 75% in 2010. Knowledge that HIV infection can be averted by sterilizing needles/syringes and by avoiding pregnancy in HIV+ person has dropped form from 88% and 67% in 2008 to 77% and 66% in 2010.

**Table 8.1b Knowledge of means of preventing HIV**

	2008 (N 257)			2010		
	Yes	No	DK/CS	Yes	N0	Dk/Cs
By avoiding penetrative sex	67%	31%	2%	75%	20%	5%
By using condom during penetrative sex	90%	9%	1%	97%	2%	1%
By using sterilized needles/syringes	88%	10%	2%	77%	19%	4%
By avoiding pregnancy in HIV+ person	67%	21%	12%	66%	16%	18%

Most participants in 2010 had correct knowledge about HIV transmission and it has improved since the previous study done in 2008. The knowledge that HIV transmits from an infected mother to her unborn child has also risen from 76% in 2008 to 86% in 2010. MSMs continue to believe in misconceptions of HIV transmission like Mosquito bite(16%), sharing toilet and bathroom (11%), and residing with an HIV infected person (11%).

**Table 8.1c Knowledge of modes of HIV transmission**

	2008 (N 257)			2010		
	yes	No	DK/CS	Yes	No	DK/CS
<b>Correct Information</b>						
Through sex without condom	95%	4%	1%	99%	1%	
From infected mother to unborn child	76%	14%	10%	86%	5%	9%
Through transfusion of HIV infected blood	96%	2%	2%	97%	2%	1%
Through usages of infected needle	95%	4%	1%	96%	1%	3%
<b>Incorrect Information</b>						
By mosquito bite	14%	80%	6%	16%	82%	2%
By kissing on cheeks	6%	88%	6%	7%	90%	3%
By using utensils of infected person	14%	79%	7%	9%	83%	7%
By hugging infected person	4%	93%	3%	8%	90%	2%
By using the same toilet / bathroom as used by an infected person	5%	89%	6%	11%	85%	4%
By residing with HIV infected person	5%	89%	6%	11%	83%	6%

The understanding that AIDS is a condition in which the immunity of a person breaks down, has dropped from 28% in 2008 to 17% in 2010. Little less than three fourth of the participants across these two studies believed that AIDS is a killer disease.

**Table 8.1d Knowledge of AIDS**

WHAT IS AIDS	2008 (N 274)	2010(N 380)
A condition where body's immune system breaks down	28%	17%
A killer disease	60%	57%
A deadly virus	7%	15%
DK/CS	4%	0.3%
Other	1%	10%

The knowledge about the availability of treatment for management of AIDS has fallen from 55% in 2008 to 39% in 2010.

**Table 8.1e Knowledge of management of AIDS**

	2008 (N 260)	2010 (N 348)
Yes	55%	39%
No	28%	52%
DK/CS	17%	9%

Of those who knew about the treatment availability, it was in the year 2010 that most knew about ART (94%) compared to those in 2008 (65%).

**Table 8.1f Heard of ART**

	2008 (N 143)	2010 (N 134)
Yes	65%	94%
No	1%	1%
DK/CS	34%	5%

The table 8.1g shows that the knowledge, that HIV is a virus that causes AIDS had dropped in the year 2005-06, but has increased since then, though it is still low, with only one fourth (24%) of the total participants in 2010 having a clearer understanding of “what is HIV”. The understanding of AIDS has also fallen, with only 17% in 2010, knowing that AIDS is condition where the body’s immune system breaks down. Knowledge about the correct modes of HIV transmission has increased over the years while the beliefs related to incorrect modes of HIV transmission has shown a drastic decline in the year 2010. Over the years, higher number of participants, continue to remain aware that HIV can be prevented by using condom during penetrative sex, using sterilized needles and by avoiding penetrative sex. Though the knowledge of using sterilized needles, syringes and skin piercing instruments has still remained high among respondents, it has shown a decline in 2010. Knowledge that HIV transmission can be averted by avoiding pregnancy in a HIV+ woman has fallen after peaking in 2003 and in 2005. The belief that “HIV means death”, is still prevalent in three fourth of the respondents and would severely hamper the access to care and support, in-case some of them turn HIV+.

**Table 8.1g Trend of HIV/AIDS knowledge**

<b>QUESTIONS PERTAINING TO KNOWLEDGE OF HIV/AIDS</b>	<b>YEAR 2000-01 (%)</b>	<b>YEAR 2001-02 (%)</b>	<b>YEAR 2003-04 (%)</b>	<b>YEAR 2005-06 (%)</b>	<b>YEAR 2008-09 (%)</b>	<b>YEAR 2010-11 (%)</b>
<b>What is HIV?</b>						
A micro organism that causes AIDS	20	32	25	16	27	24
A fatal disease	39	31	43	50	49	46
<b>Modes of Transmission of HIV</b>						
<b>Correct Information</b>						
From infected mother to child	11	83	85	86	76	90
Through sex without condoms	95	81	98	99	95	99
<b>Incorrect Information</b>						
By mosquito bite	9	20	13	10	37	16
By eating in the utensils of the infected person	20	19	31	47	36	9
By residing with an HIV+ve person	20	14	12	18	12	11
<b>Prevention of HIV</b>						
By avoiding penetrative sex	21	46	74	75	67	75
By using condoms during penetrative sex	86	96	97	96	90	97
By using sterilized needles, syringes and skin piercing instruments	51	78	93	69	88	77
By avoiding pregnancy if a woman is discovered to be HIV +ve	42	62	80	81	67	66
Yes, HIV means death	73	68	60	68	70	51
<b>What is AIDS?</b>						
A condition where body's immune system breaks down	20	33	26	22	28	17
A killer disease	68	43	61	54	60	57

## 8.2 MSM Identities

Similar to the study done in 2008, the study done in 2010 had more number of participants who identified themselves as “kothi” (28%; 21%). Greater number of participants identified themselves as “others” in 2010 (15%), signaling that they are unsure of their identity as compared to the participants in 2008 (1%).

**Table 8.2 MSM Identities**

	<b>2008 (N 274)</b>	<b>2010 ( N 380)</b>
Kothi	28%	21%
Panthi	11%	13%
Bi-Sexual	21%	22%
Gay	20%	17%
MSM	17%	6%
None	2%	6%
Other	1%	15%

### 8.3 Partner seeking

Cruising and friends has been the most common sources through which MSMs meet their partner. Though, fewer number of MSMs meet partners through internet, the 2010 data shows an upward trend. Local railway stations and public toilets continue to remain the popular places at which MSMs meet their sexual partners. Sexual acts most commonly takes place at a friends' house or at the respondents/partners home.

**Table 8.3 Partner seeking**

<b>SOURCES OF MEETING PARTNERS</b>	<b>YEAR 2000-01 (%)</b>	<b>YEAR 2001-02 (%)</b>	<b>YEAR 2003-04 (%)</b>	<b>YEAR 2005 -06 (%)</b>	<b>YEAR 2008-09 (%)</b>	<b>YEAR 2010-11 (%)</b>
Friends	64	74	56	67	55	64
Internet	3	20	20	16	19	33
Cruising	50	0	92	73	77	85
<b>Places Of Meeting</b>						
Local Railway Station	71	85	81	53	69	73
Public Toilets	51	40	69	73	57	70
Parks	21	40	29	27	27	44
<b>Places Of Sex</b>						
Home	44	76	63	73	62	67
Friend's House	48	74	70	54	50	73
Public Toilet	26	35	52	45	27	49

### 8.4 Sexual partners of MSM

### 8.4.1 Male Sexual Partners

Only a little over than one third of the population (34% in 2008; 38% in 2010) has been indulging in sexual activity with a fixed regular partner. Sex with casual partner, putting MSM at risk of acquiring STIs and HIV has been reported by most participants and has increased from 77% in 2008 to 81% in 2010.

**Table 8.4.1a Types of male sexual partners of MSM in the last one month**

	2008 (N 274)	2010 ( N 380)
Spouse ( MSM Husband /wife )	19%	25%
Regular Partner ( Sex with such partner at least once a month, but not spouse )	34%	38%
Casual Partner ( any Pick up )	77%	81%

The average number of male sexual partners during the last month has decreased from 7 in 2008 to 3 in 2010. Almost half of the population (44%) in 2010, indulged in sexual activity with no more than one partner compared to only 5% in 2008, indicating a change into safe sexual behavior by the MSM population.

**Table 8.4.1b Male sexual partners in the last one month**

	2008 (N 274)	2010( N 380)
1	5%	44%
2-4	33%	79%
5-7	23%	23%
8-10	16%	9%
11+	13%	5%
<b>Average No. of Partners</b>	7	3

With 85% of respondents indulging in Anal sex, it remains the most common form of sexual activity across both studies done in 2008 and in 2010. Oral sex has dropped from 85% in 2008 to 39% in 2010. There has been an increase in MSM indulging in Inter-formal Sex and Other forms of sex from 15% and 5% in 2008 to 24% and 67% in 2010.

**Table 8.4.1c Types of sexual practices with males in the last one month**

	2008 (N 274)	2010 ( N 380)
Anal Sex	85%	84%

Oral Sex	85%	39%
Interformal Sex	15%	24%
Other	5%	67%

## 8.4.2 Female Sexual Partners

Number of MSM who reported that they have never indulged in sexual activity with women has dropped from 61% in 2008 to 43% in 2010, thereby acting as a form of bridge population between their MSM partners and the opposite sex. Though the number of MSM indulging in frequent sexual intercourse with the female partner has decreased over time (19% in 2008 to 17% in 2010), the combined percentage of MSM indulging in sexual activity for “sometime” and “rarely” has increased from 20% in 2008 to 40% in 2010.

**Table 8.4.2a Ever indulged in sex with a Female partner**

	2008 (N 274)	2010 ( N380)
Frequently	19%	17%
Sometime	12%	18%
Rarely	8%	22%
Never	61%	43%

MSMs most commonly indulge in sexual activity with their wives. Additionally, their indulgence in sexual activity with their girlfriends and with CSWs, is on the rise.

**Table 8.4.2b Female sexual partners in the last month**

	2008 (N 274)	2010( N 102 )
Wife	65%	63%
Others		
Girlfriend	16%	29%
CSW	19%	26%
Bhabhi	4%	0%

## 8.5 Sexual Behavior

### 8.5.1 Mutual Masturbation

It has been observed that mutual masturbation, one of the safest sexual practices is being increasingly practiced by MSMs, with only one third of them reporting that they have never indulged in mutual masturbation compared to almost half of the respondents (49%) in 2008. Though, the number of participants who either “frequently” or “sometimes” indulged in mutual masturbation has remained constant at 46%.

**Table 8.5.1 Mutual masturbation with male partners in the last month**

	2008 (N 274)	2010 ( N 380)
Frequently ( 5 Times or more in a month )	20%	13%
Sometimes ( 2 to 5 times a month )	26%	33%
Rarely ( once a month )	5%	21%
Never	49%	34%

### 8.5.2 Peno-Oral Sex and Condom Usage

Of those who had ever indulged in receptive oral sex, the number of participants who claimed to have indulged in receptive oral sex during the last month has dropped from 83% in 2008 to 69% in 2010. Number of participants reporting condom usage during last respective oral sex has only marginally increased from 42% in 2008 to 44% in 2010. With only one fourth of the participants reporting consistent condom usage during every act of receptive oral sex; that to have slumped down from 28% in 2008 to 24% in 2010, MSMs are at great risk of acquiring oral STIs.

Among those who have ever indulged in insertive oral sex, the participants who claimed to have indulged in insertive oral sex during the last month has increased from 70% in 2008 to 77% in 2010. Number of participants reporting condom usage during last insertive oral sex has dropped from 42% in 2008 to 34% in 2010. The number of participants who reported that they have never used condoms during the



insertive anal sex in last month has seen an exponential increase from 48% in 2008 to 63% in 2010, putting the receptive partners of MSM at great risk of acquiring oral STIs.

**Table 8.5.2 Oral sex with male partner in the last month**

<b>Frequency of respondent giving oral sex to another person in last one month</b>	<b>2008 (N 239)</b>	<b>2010 ( N 337)</b>
Frequently( 5 times or More )	47%	31%
Sometimes ( 2 to 4 times in month )	31%	30%
Rarely ( once in month	5%	8%
Never	17%	31%
<b>Last time condom usages by partner when Respondent gave oral sex</b>	<b>2008 (N 200)</b>	<b>2010 ( N 232 )</b>
Yes	42%	44%
No	58%	56%
<b>Frequency of condom usages by partner when Respondent gave oral sex</b>	<b>2008 (N 200)</b>	<b>2010 ( N 232 )</b>
Always	28%	24%
Sometime	31%	22%
Rarely	1%	3%
Never	40%	51%
<b>Frequency of Another Person giving oral sex To Respondent</b>	<b>2008 (N 239)</b>	<b>2010 ( N 337)</b>
Frequently( 5 times or More )	35%	22%
Sometimes ( 2 to 4 times in month )	31%	45%
Rarely ( once in month	4%	11%
Never	30%	23%
<b>Last Time Condom usages by Respondent when he Received oral Sex</b>	<b>2008 (N166)</b>	<b>2010 ( N 258 )</b>
Yes	42%	34%
No	58%	66%
<b>Last one Month Condom Usages by Respondent when He Received oral sex</b>	<b>2008 (N166)</b>	<b>2010( N 259)</b>
Always	25%	15%
Sometime	26%	17%
Rarely	1%	5%
Never	48%	63%

### 8.5.3 Sexual Behavior with Male Spouse

Among those participants who reported of having a male spouse, lesser number of participants (42%) in 2010 compared to 48% in 2008 reported that they never indulged in insertive anal sex in the last one month. Conversely, number of participants reporting that they never indulged in receptive anal sex in the last month rose from 19% in 2008 to 26% in 2010. The number of participants reporting condom use during last insertive sex has been consistently high (85% in 2008 and in 2010) while the there has been a marginal increase in the number or respondents reporting

condom use during last receptive anal sex from 83% in 2008 to 87% in 2010. The consistent condom use during insertive anal sex with male spouse during the last month has dropped from 75% in 2008 to 55% in 2010 and so has the consistent condom use during receptive anal sex from 81% in 2008 to 53% in 2010.

**Table 8.5.3 Type of Sexual activity and condom usage with male spouse**

<b>Frequency of insertive anal sex with male spouse.</b>	<b>2008 (N52)</b>	<b>2010(N 127)</b>
Frequently	23%	21%
Sometimes	19%	32%
Rarely	10%	5%
Never	48%	42%
<b>Last time condom usages during Insertive anal Sex.</b>	<b>2008 (N 27)</b>	<b>2010( N 93)</b>
Yes	85%	85%
No	15%	15%
<b>Last one month condom Usages During Insertive anal Sex.</b>	<b>2008 (N 27)</b>	<b>2010 ( N 93)</b>
Always	75%	55%
Some time	11%	23%
Rarely	7%	9%
Never	7%	13%
<b>Frequency of Receptive anal sex with Male spouse</b>	<b>2008 (N 52)</b>	<b>2010 ( N125)</b>
Frequently	44%	32%
Sometimes	29%	40%
Rarely	8%	2%
Never	19%	26%
<b>Last time Condom usages during receptive anal sex with Male spouse.</b>	<b>2008 (N 42)</b>	<b>2010 (N 88)</b>
Yes	83%	87%
No.	17%	13%
<b>Last one month condom usages During receptive anal sex with Male Spouse.</b>	<b>2008 (N 42)</b>	<b>2010 ( N 88)</b>
Always	81%	53%
Some time	5%	29%
Rarely	0	3%
Never	14%	15%

#### **8.5.4 Sexual Behavior with Male Regular Partner**

Among those MSM who reported that they indulged in anal sex with their regular male partner, only a little over one fourth of the participants, across both studies (31% in 2008, 27% in 2010) reported that they never indulged in insertive anal sex with their regular male partner in the last one month. In 2008, three fourth of the respondents reported that they never indulged in receptive anal sex with their regular partner, this had drastically reduced (30%) in 2010, indicating an increased frequency of receptive anal sex with regular male partner. Condom usage during last sex insertive and receptive sex has increased from 90% in 2008 to 99 % in 2010 and from

90% in 2008 to 97% in 2010 respectively. Conversely to this safe sex behavior, the number of participants using condoms consistently during every act of anal sex, be it insertive or receptive has decreased from 82% in 2008 to 32 % in 2010 and from 79% in 2008 to 50% in 2010 respectively.

**Table 8.5.4 Type of Sexual activity and condom usage with male regular partner**

<b>Frequency of insertive anal sex with male regular partner in last one month.</b>	<b>2008 (N 88)</b>	<b>2010( N 127)</b>
Frequently	35%	13%
Sometimes	30%	48%
Rarely	4%	13%
Never	31%	27%
<b>Last Time condom usages During Insertive anal sex with Male regular Partner.</b>	<b>2008 (N 61)</b>	<b>2010( N 93)</b>
Yes	90%	99%
No	10%	1%
<b>Last one Month Condom usage During Insertive anal with Male Regular partner</b>	<b>2008 (61)</b>	<b>2010( N 93)</b>
Always	82%	32%
Some Time	11%	55%
Rarely	0	15%
Never	7%	2%
<b>Frequency of Receptive anal sex with Male Regular partner in last one month.</b>	<b>2008 (N 274)</b>	<b>2010 ( N 125)</b>
Frequently	12%	19%
Sometime	11%	42%
Rarely	1%	9%
Never	76%	30%
<b>Last time condom usages During Receptive anal sex with Male Regular partner.</b>	<b>2008 (N 67)</b>	<b>2010 ( N 88)</b>
Yes	90%	97%
No	10%	3%
<b>Frequency of condom usages During Receptive anal sex with Male Regular partner in last one Month .</b>	<b>2008 (N 67)</b>	<b>2010 ( N 88)</b>
Always	79%	50%
Sometime	14%	36%
Rarely	1%	13%
Never	6%	1%

### 8.5.5 Sexual Behavior with Male Casual Partner

Among those MSM who reported to have indulged in anal sex with other casual male partner, compared to only 3% in 2008, a greater number (23%) in 2010 reported to have never indulged in insertive anal sex with a casual partner in the last one month. Similar trend has been seen in receptive anal sex, with 37% of the participants in 2010, compared to 28% in 2008 reporting that they never indulged in receptive anal sex during the last one month. The condom usage during the last sex insertive anal sex has increased marginally from 87% in 2008 to 89% in 2010. Similarly, condom usage

during the last sex receptive anal sex has increased from 89% in 2008 to 93% in 2010. Ironically, consistent condom usage during every act of insertive and penetrative anal sex has dropped from 66% in 2008 to 45% in 2010 and 73% in 2008 to 56% in 2010 respectively. This fall in frequency of consistent condom usage, potentially nullifies the reduced chances of HIV and STI transmission due to decreased frequency of anal sex and of increased condom usage during last sex with casual male partners.

**Table 8.5.5 Type of Sexual activity and condom usage with male casual partner**

<b>Frequency of insertive anal sex with male casual partner in last one month.</b>	<b>2008 (N 198)</b>	<b>2010 ( N 260)</b>
Frequently	64%	22%
Sometime	30%	42%
Rarely	3%	14%
Never	3%	23%
<b>Last Time condom usages During Insertive Anal Sex with Male Casual Partner.</b>	<b>2008 (N 191)</b>	<b>2010 ( N 200)</b>
Yes	87%	89%
No	13%	11%
<b>Frequency of condom usages During Insertive anal sex with Male casual partner in last one Month.</b>	<b>2008 (N 191)</b>	<b>2010( N 200)</b>
Always	66%	45%
Sometime	24%	33%
Rarely	1%	14%
Never	9%	9%
<b>Frequency of Receptive anal sex with Male Casual partner in last one Month.</b>	<b>2008 (N 198)</b>	<b>2010 ( N 260)</b>
Frequently	50%	22%
Sometime	19%	29%
Rarely	3%	13%
Never	28%	37%
<b>Last time condom usages During Receptive anal sex with Male casual partner.</b>	<b>2008 (N 142)</b>	<b>2010 ( N 163)</b>
Yes	89%	93%
No	11%	7%
<b>Frequency of condom usages During Receptive anal sex in Last one month.</b>	<b>2008 (N 142)</b>	<b>2010 ( N 163)</b>
Always	73%	56%
Sometime	19%	26%
Rarely	1%	12%
Never	7%	6%

### 8.5.6 Sexual Behavior with Female Partner

Among those who ever indulged in peno-vaginal sex, almost half of the study respondents (43%) in 2010 reported that they never indulged in Peno-vaginal sex in the last month compared to only two percent in 2008. Number of participants reporting condom usage during last Peno-vaginal sex dropped marginally from 49%

in 2008 to 47% in 2010. Number of participants reporting consistent condom usage during every act of Peno-vaginal sex dropped from 41% in 2008 to 19% in 2010, acting as potential bridge population for HIV and STI transmission.

Of those participants who reported that they ever indulged in sexual activity with a woman, almost four fifth of the study participants across both the studies (83% in 2010 compare to 81% in 2008) reported that they never indulged in anal sex with a female in the last one month. Condom usage during last anal sex has remained high but consistent condom usage during every act of anal sex with a woman has dropped from 57% in 2008 to 30% in 2010. With such low frequency of anal sex with female partner, the chance of spread of HIV/STI to woman through this route is minimal.

**Table 8.5.6 Type of Sexual activity and condom usage with females**

<b>Frequency of Vaginal sex with female partner in last one month</b>	<b>2008 (N 80)</b>	<b>2010 ( N 163 )</b>
Frequently	46%	17%
Sometimes	34%	18%
Rarely	14%	22%
Never	2%	43%
<b>Last time condom usages during Peno-Vaginal Sex</b>	<b>2008 (N80)</b>	<b>2010 ( N 163 )</b>
Yes	49%	47%
No	51%	53%
<b>Frequency of Last one month condom Usages During Peno-Vaginal Sex.</b>	<b>2008 (N 78)</b>	<b>2010( N 163 )</b>
Always	41%	19%
Some time	14%	13%
Rarely	0	15%
Never	45%	53%
<b>Frequency of Peno-Anal Sex with female partner in Last one Month</b>	<b>2008 (N 80)</b>	<b>2010 ( N 163 )</b>
Always	2%	2%
Sometimes ( 2-5 times a month )	11%	9%
Rarely ( once a month or less )	4%	8%
Never	83%	81%
<b>Last time condom usages During peno-Anal sex with female partner</b>	<b>2008 (N 14)</b>	<b>2010 ( N 30 )</b>
Yes	71%	73%
No	29%	27%
<b>Frequency of condom usages during peno-Anal sex with female Partner</b>		
Always	57%	30%
Some time	29%	17%
Rarely	0%	30%
Never	14%	23%

### 8.5.7 Use of Lubricant

The consistent use of lubricant during every act of anal sex, that helps avert anal tear and thereby reducing HIV/STI transmission, has dropped from 69% in 2008 to 30 % in 2010.

**Table 8.5.7 Frequency of Lubricant use by respondents**

<b>FREQUENCY OF LUBRICANT USAGE</b>	<b>2008 (N 125)</b>	<b>2010</b>
Always	69%	30%
Sometimes	27%	43%
Rarely	2%	21%
Never	2%	6%

# Chapter: 8

## A Discourse on Study Trends

**8.0** At the time of this study, the Humsafar Trust had completed 11 years of intervention with the MSM community. It was catering to the knowledge and prevention needs of the MSM across the length and breadth of Mumbai and Thane District. Several TIs funded by the Avert Society, MDACS and AVAHAN Project were catering to not only to MSM but also the subgroups of MSWs and transgender. Several CBOs working for MSM/TG groups were also active in the study area. This study, it must be remembered was limited to the sites of the interventions that worked for self identified MSM at the public sites. These interventions were primarily designed on the guidelines provided by the NACO, NACP-III. In this chapter, an attempt will be made to understand the study trends.

### **8.1 What Do Study Trends Convey?**

- An overwhelming number of respondents had correct knowledge of HIV transmission and methods of prevention. This could be due to the various public campaigns and information through the project. However, only nearly one fourth knew correct scientific information that 'HIV was a virus that causes AIDS'. Even lesser (18%) respondents had correct information that 'AIDS is condition in which body's immunity system breaks down.' It was observed that still half the respondent considered that HIV meant sure death and an overwhelming majority (89%) felt that AIDS meant death. This is alarming as this is indicating negativism associated with the HIV/AIDS epidemic.
- This is corroborated by the finding that perhaps this negative view is persisting because the information on availability of HIV treatment may not be widely reaching the respondents. Only 39 percent are aware about the HIV treatment.
- More than three fourth of the respondents reflected non stigmatizing attitude towards the person living with HIV/AIDS. In last couple of years there have been several

campaigns regarding stigma and discrimination, which could have created an enabling environment towards PLWHAs. However there is a need to collect qualitative information regarding how the PLWHAs especially from among the MSM community are faring on care and support.

- In spite of much talked reach of internet for work and socializing, for the study respondents cruising in trains and railway stations other public spot is a source to find new partners. Public toilet and local station were the popular meeting place. This underlines the importance of continuing the intervention by regularly updating the sites and reaching out to MSM in these places. As against the private spaces such as own /friend's house, rented room still nearly half the respondents listed public toilet as a place to have sex. Again the intervention may continue to reach out to these places.
- As nearly one fourth of the respondents have identified themselves to be bisexual and these plus others (57%) have reported sex with the female partners; the intervention has to continue to communicate about safe sex while engaging in sex with a female partner.
- In this round too, the casual or non-regular partners were reported by the majority of the respondents. Consistent, safe sexual behavior with the non-regular partner is of utmost importance for the project and must be the focus of interventions in near future.
- If the pattern of condom usage across the type of partners is studied, then the challenge becomes obvious. The last time condom usage recall is often very high and when contrasted with the frequency, it plunges drastically. This always was and will be a challenge to the project.
- Although a majority of the respondents have heard about the STIs and can list the symptoms, there is a need to communicate STI information to more number of respondents. Appropriate treatment for STIs must be encouraged.



- The study population is vulnerable to STI/HIV hence voluntary HIV testing is important, and only a little over half the respondents have reported to have undergone HIV tests. The project may positively encourage project participants to undergo voluntary tests. The project NGO needs to advertise its' HIV testing facility. This is corroborated by the finding that perhaps this negative view is persisting because the information on availability of HIV treatment may not be known to the respondents. Only 39 percent are aware about the HIV treatment. Information on HIV treatment may need to be publicized.
- More than three fourth of the respondents reflected non stigmatizing attitude towards the person living with HIV/AIDS. In last couple of years there have been several campaigns regarding stigma and discrimination, which could have created an enabling environment towards PLWHAs. However there is a need to collect qualitative information regarding how the PLWHAs especially from among the MSM community are faring on care and support.
- In spite of much talked reach of internet for work and socializing, for the study respondents cruising in trains and railway stations other public spot is a source to find new partners. Public toilet and local station were the popular meeting place. This underlines the importance of continuing the intervention by regularly updating the sites and reaching out to MSM in these places. As against the private spaces such as own /friend's house, rented room still nearly half the respondents listed public toilet as a place to have sex. Again the intervention may continue to reach out to these places.
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- If the pattern of condom usage across the type of partners is studied, then the challenge becomes obvious. The last time condom usage recall is often very high and when contrasted with the frequency, it plunges drastically. This always was and will be a challenge to the project.
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- The study population is vulnerable to STI/HIV hence voluntary HIV testing is important, and only a little over half the respondents have reported to have undergone HIV tests. The project NGO needs to advertise its' voluntary HIV testing facility.

## **8.2 Why are the trends the way they are?**

It can not be ignored that a lot needs to be done to improve the core indicators related to the high risk behavior. After the data of this study were analyzed, the HST team tried to seek an explanation on why are the trends the way they are; what are the various organizational, programmatic factors which may be affecting the field based realities. After the findings were available, a discussion was held among the outreach staff to where the limitations experienced by the staff at the field level were discussed. Besides this discussion, the Humsafar Trust also had an opportunity to hold a consultation with the INFOSEM members (who were engaged in implementing TIs across thirteen states) to discuss the factors in general that might be affecting the effectiveness of their programs and other limitations. Although INFOSEM forum is a large forum comprising MSM as well as TG NGOs and CBOs, there were common limitations which were discussed across the organizations. These common limitations may have been diluting the quality of interventions. The common views expressed by the ORWs of HST and the INFOSEM members are presented below:

- ***Problems related to Staff?***

The turnover of staff especially, that of ORWs and peers was a common phenomenon. According to the program managers, counselors, supervisors and ORWs, there was too much dependence on the peers for BCC as well as connecting clients to the NGO services such as counseling, testing and treatment. The peers were also expected to document their work which was considered a burden by many of the peers. The peers were working on a small honorarium and were engaged in their respective vocations hence they could not be compelled to perform or reprimanded for non-performance. The quantum of work and documentation was often resulting into peers leaving the project, hence the ORWs had to identify new peers and retrain them every now and then. This led to inconsistencies and irregularity in the implementation.

- ***IEC/BCC related issues?***

While lack of MSM specific IEC and BCC material was not a problem of HST interventions, it was a common problem in other interventions. In HST however the problem was in execution. It was experienced that the BCC messages related to consistent condom usage were communicated more regularly to a new client; the messages were not followed up if the client was more familiar or was with the intervention for a few years. There was perhaps 'message fatigue' among clients that led to ignoring the safe sex message and thereby leading to inconsistent condom usage during anal sex with non-regular partners.

- ***Problems of target driven approach?***

Under NACP-III project, targets were given to the ORWs and also the project was expected to serve them in every way like BCC, Condoms and HIV testing. There was unanimity of opinion that the target approach could have led to manipulation of data by the peers and the existing clients were put off by over emphasis on HIV testing. As a result fewer tasks may actually have been performed on the field.

### **8.3 Way Forward**

With the high level of awareness of HIV/AIDS knowledge related indicators in place the HST needs, to focus on increasing awareness on HIV treatment and its' availability, rework and effectively communicate about the necessity of safe sex behavior and positively encourage people to voluntarily test for HIV.