

MSM SITUATIONAL ASSESSMENT QUESTIONNAIRE

The following questions are designed to helpto develop appropriate HIV/AIDS education and prevention programmes addressing the sexual health needs of men who have sex with men in.....

THIS QUESTIONNAIRE IS STRICTLY CONFIDENTIAL

The questions are structured to gather information on a wide range of topics. They will test your knowledge about safer sex, HIV/AIDS, and tell us something about yourself and your personal sexual practices.

Please try and answer all the questions honestly. If you have any questions regarding this questionnaire please ask your interviewer.

NUMBER

LOCATION

PERSON CODE

NAME OF INTERVIEWER

DATE OF INTERVIEW

INFORMED CONSENT STATEMENT

Please read this out to the person being interviewed prior to thhe interview

This interview is for a research study that is being done by

This research will gather information on what men who have sex with men think about sexuality, STD, HIV (the virus that causes AIDS) and AIDS in this city. We will interview about 200 men in this city using a questionnaire. The interview will take about one hour. W will not take the names of the people who agree to be interviewed.

Your participation is totally voluntary and there is no penalty for refusing to take part. There is no compensation for participating.

You may refuse to answer any question in the interview or stop the interview at any time.

I certify that the nature and purpose, the potential benefits and possible risks associated with participating in this research have been explained to the volunteer.

Signature of person obtaining consent

Date

Contact for Questions

Please contactif you have any problems or questions about this research.

If you have any questions about your rights while you are in the research you may contact

SECTION ONE: YOURSELF

Please tick the appropriate response and fill in the required information

1. How old are you? (in years)

2. Are you

married

not married but in a relationship with a male

unmarried

married and in a relationship with a male

married and sexually active outside marriage

other

(please state)

3. Are you currently employed?

Yes

No

4. What is your occupation?

5. Please state your monthly income

below 1000

5000 - 10000

1000 - 2000

above 10000

2000 - 5000

6. How many years of formal education have you had?

7. Have you had sex....

In the last month

with a male

with a female

In the last 12 months

with a male

with a female

8. How do you think of yourself? As.....?

koti

heterosexual

panthi

homosexual/gay

double-decker

other

(please state)

SECTION TWO: YOUR SEXUAL ACTIVITY WITH OTHER MALES

9. How many DIFFERENT males have you had sex with in the last

week? month?

9a. How many of these times did you use condoms?

week? month?

10. How many times did you do anal sex in the past week?

insertive receptive

in the past month?

insertive receptive

10a. How many of these times did you use condoms in the past week?

insertive receptive

in the past month?

insertive receptive

11. How many times did you do oral sex to ejaculation in the past week?

insertive receptive

in the past month?

insertive receptive

11a. How many of these times did you use condoms in the past week?

insertive receptive

in the past month?

insertive receptive

12. What were their relationships to yourself? Can you give the numbers for the last month?

relationship quantity

friends

strangers

neighbours

male prostitutes

relationship quantity

relatives

servants

paying clients

others
(please state)

13. Where did you meet the males you had sex with in the last month?

place	quantity	place	quantity
bars/clubs		truck stands	
street		neighbourhood	
personal home		health club	
parks/beach		bazaars	
friends home		cinemas	
toilets		hotels	
railway stations		bus stations	
guest house		other (please state)	

14. Where did you have sex with these males?

place	quantity	place	quantity
your home		bar/club	
friends home		public toilet	
park/cruising area		in a car	
hotel/guest house		train	
hostel		train/bus depot	
cinema/theatre		other (please state)	

15. What were the ages of your last two male sex partners?**16. Of your last 5 male sex partners, how many were married?**

17. Where do you usually get your condoms from?

pharmacy/medicine shop	doctors
family planning clinic	vending machines
shops/paanwalla	friends
MSM project	STD clinics
social workers	your sexual partners
AIDS NGO (please name)	
other (please state)	

18. What brand/type do you usually use?**19. Choose up to four reasons you do NOT use condoms, marking them in order of importance, i.e. 1, 2, 3, 4**

don't carry condoms with me	am not sick
not satisfying	partner not sick
hard to dispose	not easy to use
never used before	main partner is faithful
to shameful to buy/use	other
don't know where to get condoms	

20. Do you have any condoms with you now? Yes No

21. Can we see them? Yes No

22. How many times did you or your male sex partner use lubricant for anal sex in the last month?

none of the time

every time

some of the time

23. What lubricant did you usually use?

oil

ghee/butter

saliva

vaseline

KY jelly

soap

other (please state)

SECTION THREE: PAID SEX

24. **Have you ever been paid by a man for sex?** Yes No

If no go to question 30

25. **How many times have you been paid by men for sex in the last week?**
in the last month?

26. **What sort of sex did you were paid for in the last week/month? (give number of times)**

anal sex insertive receptive

oral sex insertive receptive

masturbation

other (please state)

27. **In the last 5 times you were paid for sex, how many times were condoms used?**

28. **Who initiated condom use?**

yourself your partner

29. **The last time you were paid for sex by a man, how much were you paid?**

30. **Have you ever paid for sex with a male?** Yes No

If no go to question 36

31. **How many times have you paid for sex with a male in the last week?**
in the last month?

32. What sort of sex did you pay for in the last month? (give number of times)

anal sex	insertive	receptive
oral sex	insertive	receptive
masturbation		
other (please state)		

33. How many times did you NOT use condoms when you paid for sex during this time?

34. The last time you paid for sex with a male, how much did you pay?

35. What was the age of the last male you paid to have sex with?

SECTION FOUR: YOUR SEXUAL ACTIVITY WITH FEMALES

If you have never had sex with a female then go to question 46

A. MARRIED MALES

36. How many times have you had sex with your wife in the last month?

37. What sex did you do?

vaginal sex	number of times	condoms used
anal sex	number of times	condoms used
oral sex (to ejaculation)	number of times	condoms used
other (please state)	number of times	

B. OTHER MALES

If you have only had sex with your wife then go to question 46

38. How many DIFFERENT females (not your wife) have you had sex with in the last month?

39. In the last month, with females (not yourwife), how many times did you do:

vaginal sex	number of times	condoms used
anal sex	number of times	condoms used
oral sex (to ejaculation)	number of times	condoms used
masturbation	number of times	
other (please state)	number of times	

40. What were the relationships of these females to yourself? Please give quantity?

friend	relative
stranger	servant
neighbour	female sex worker
others (please state)	

41. Out of the last 5 of these female sex partners, how many were married?

42. With the last five female sex partners you had sex with, how many times did you use a condom?

43. Have you paid for sex with a female in the last month? Yes No

44. What sex did you do when you paid?

vaginal sex	number of times
anal sex	number of times
oral sex	number of times
masturbation	number of times
other (please list)	number of times

45. Of the last 5 times you paid for sex, how many times did you use a condom?

Who initiated condom use? yourself your partner

SECTION FIVE: YOUR HEALTH**46. Do you have any of the following problems now?**

Symptom	No	Yes	Length of time with symptom
pain when urinating			
Itching or burning around anus			
pus or discharge from penis			
pus or discharge in stools			
pain upon defecation			
bleeding when defecating			
genital sores			
itchy rash on genitals			
blisters or sores inside mouth			
pain during sex			
other			
don't know			

47. What are you doing to treat these symptoms?

nothing	hospital	other clinic
medicine shop	friend/relative	
private doctor	street "quack"	
other (please state)		

48. The last time you had any of these symptoms what did you do? (if several number the order)

nothing	hospital	other clinic
medicine shop	friend/relative	
private doctor	street “quack”	
other (please state)		

49. Have you heard of HIV and/or AIDS? Yes No

50. If yes, tell us what you have heard

51. If yes, from what source did you get information?

doctor	hospital	local MSM project
radio	clinic	friends
social worker	family member	sex partners
NGO	other (please state)	
newspaper/magazine: which one?		
leaflets	where did you get these leaflets?	
posters	where did you see these posters?	

52. What risk do you personally think you have of getting HIV/AIDS

large medium small I don't know

What are your reasons for your answer?

53. Tell us whether you think you can get HIV from...

	yes	no	not sure
Experience			
sharing needles			
fucking a man without a condom			
being fucked by a man wearing a condom			
fucking a woman without a condom			
fucking a woman with a condom			
only sexual contact with a woman			
sucking a penis			
swallowing semen			
licking vagina			
masturbating someone			
rubbing bodies			
thigh sex			
licking anus			
deep kissing			

54. Tell us all the ways you can prevent getting or passing on sex diseases/HIV/AIDS.

55. Have you heard of safer sex?	Yes	No
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56. Tell us what safer sex means to you? Please describe

57. Can you reduce the risks of getting or passing on sex diseases/HIV/AIDS through

always using a condom for anal or vaginal sex	Yes	No	don't know
only doing non-penetrative sex	Yes	No	don't know
reducing the number of sexual partners	Yes	No	don't know

58. Describe what you could do to reduce the risks of getting or passing on sex diseases/HIV/AIDS?

59. If were experiencing symptoms of sex diseases will you tell your sexual partners?

male partners	Yes	No	don't know
female partners	Yes	No	don't know
wife	Yes	No	don't know

60. Have you ever been tested for HIV (“AIDS Test”)?

Yes No

If yes, please state the following

date tested day/month/year	test results	
	Negative	Positive
	Negative	Positive

If yes, where did you have the test?

hospital private clinic

other (please state)

61. Were you counselled before/after taking the test

Yes No

62. In the last two years have you been counselled on how to prevent sexually transmitted diseases/HIV/AIDS?

Yes No

If yes, who counselled you and where**63. Have you or one of your sex partners ever injected drugs in the last year?**

Self: Yes No

Partner: Yes No

64. Where would you prefer to go to get help if you were worried about sex diseases or AIDS?

Government hospital	private doctor	other clinic worker
AIDS NGO	local MSM project	peer educator
religion	don't know	other

65. Tell us what information you think you need to have about sex diseases/HIV/AIDS?

Your interview is now complete. Thank you for your time. Your cooperation is greatly appreciated.

INTERVIEWER'S COMMENTS