

## **Trichy, Tamil Nadu**

**A situational assessment of males who have sex with  
males and their sexual partners in Trichy, Tamil Nadu,  
India**

**August 2006**

## Acknowledgements

This study would not have been possible without the support for the Department for International Development (UK), India Office and the DfID Project Management Office, along with the study team members in Trichy, and all the respondents who were courageous enough to respond to the questionnaires. We thank them all.

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## Acronyms

AIDS	Acquired Immune-Deficiency Syndrome
CBO	Community-based organisations – in this context organisations developed by MSM for MSM
DFID	Department for International Development, UK
HIV	Human Immunodeficiency Virus
MSM	Males/men who have sex with males/men: NFI prefers the term biological term 'male' rather than the socially constructed word 'man' in the South Asia context
MSW	Male sex workers – specifically refers to those males whose sole source of income is from sex work
NFI	Naz Foundation International
NGO	Non-government organisation
STI	Sexually transmitted infection

## The Project

India is a male dominated society where the social and public spaces are primarily male and masculine. As a homosocial and homoaffectionalist society, sexual boundaries between males can be readily crossed and may often become sexual acts. Whereas some of these acts can perhaps be called homosexual (within the context of local identities based upon female gender identification - also self-labelled as *kothis*) in that a sexual sense of self is operating within a framework of gender sex roles and desires, the majority of male to male sexual encounters should be seen within a context of semen discharge.

With DFID support, NFI is implementing a pilot project to test the replicability of its training programmes and resources for a process of rapidly scaling up of community-led MSM organizations providing HIV prevention, care and support services to their constituents. This involves developing 9 new MSM and HIV projects in each of four states: Andhra Pradesh, Karnataka, Tamil Nadu and Uttar Pradesh.

Field visits were conducted in each of these 36 cities by the NFI State Project offices in each state to identify key MSM informants and leaders from the range of social networks who were willing and committed to develop HIV services for their networks (up to 7 such individuals from each city). Each state held its own 3-day consultation meeting with these individuals from each of the 9 target cities to explore issues, needs and concerns in regard to male-to-male sex and HIV risk and vulnerability. This was followed by two 7-day training programmes to develop a community-based organisation, which also included a skills-building component for conducting a peer-led situational assessment of MSM in the specific city. Situational Assessments were conducted in two groups of city projects, the first phase beginning in June 2006 (4 cities in each state), and in August 2006 (second group of 5 cities in each state). Some 200 respondents in each city were identified through snowballing techniques and respondent driven sampling. A questionnaire had been developed and translated into the local language, and field-tested in each city prior to the actual assessment data collection. A drop-in centre was also developed as a part of HIV project development in each city, which was used to conduct the interviews. Confidentiality was assured and informed consent was taken from each respondent.

Data analysis was done by Bamon Development Consultancies using an analysis packaged based on SPSS.



## A summary of the key findings

### Trichy

The population of Trichy is 24 lakhs (male – 12 lakhs and female – 12 lakhs). The sex ratio is 1001, and the literacy rate is 77.9%.

The Situational Assessment consisted of interviewing 200 MSM in Trichy through questionnaires, by snowballing techniques via friendship networks of the study team members. All participants were above 18 years of age.

Because of this process for identifying respondents, the study should be considered biased in terms of the age of respondents, marital status, class and self-identity. Thus:

#### Q. No.1 Age of the respondents (N=197)

Categories	No. of Respondents	Percentage Value
18 To 21	21	10.66
22 To 30	80	40.61
31 To 40	67	34.01
Above 40	29	14.72

#### Q. No.2 Marital status of the respondents (N=197)

Categories	No. of Respondents	Percentage Value
Married	57	28.93
Unmarried	140	71.07

#### Q. No.3 Currently employed? (N=196)

Categories	No. of Respondents	Percentage Value
Yes	172	87.76
No	24	12.24

**Q. No.4 Occupation of the respondents (N=166)**

<b>Categories</b>	<b>No. of Respondents</b>	<b>Percentage Value</b>
coolie	11	6.63
mansion	3	1.81
gold smith	2	1.20
leather factory labour	2	1.20
flower work	5	3.01
agriculture	6	3.61
photographer	2	1.20
Vegetable shop	2	1.20
cooking work	9	5.42
house work	6	3.61
hotel work	3	1.81
painter	2	1.20
no job	2	1.20
assistant	2	1.20
sweeper	2	1.20
daily coolie	3	1.81
provision store	2	1.20
electrician	2	1.20
privet company	3	1.81
male sex work	6	3.61
minions	2	1.20
pool work	2	1.20
business	3	1.81
B.H.E.L.	3	1.81
hotel	2	1.20
painting work	2	1.20
finance	3	1.81
company	2	1.20
Others	72	43.37

**Q. No.5 Monthly income of respondents (N=184)**

<b>Categories</b>	<b>No. of Respondents</b>	<b>Percentage Value</b>
Below 1000	23	12.50
1000 - 2000	81	44.02
2000 - 5000	69	37.50
5000 - 10,000	8	4.35
Above 10,000	3	1.63

**Q. No.6 Self sexual labelling by respondents (N=199)**

<b>Categories</b>	<b>No. of Respondents</b>	<b>Percentage Value</b>
Kothi	152	76.38
Panthi	3	1.51
Double - decker	38	19.10
Heterosexual	0	0
Homosexual / Gay	6	3.01
Others	0	0

The data does not provide the full picture of the MSM population in Trichy, but only of those accessed by the study team. Thus we note that while 23% of respondents reported being married (*table 2*), this does not mean that 23% of all MSM in Trichy are married.

51% of respondents reported being between the ages of 18 to 30 years (*table 1*), while 76% of respondents self-identified as *kothis* and 19% of respondents identified as double-deckers (*table 6*).

56% of respondents reported having incomes below 2000 rupees a month, and 12% reported being unemployed.

Significant levels of unprotected anal sex acts exist among MSM in Trichy, where in the previous month, 87 respondents reported 2514 anal sex acts in the previous month, of which only 1015 of them (40%) were covered with a condom (*table 8-ii comparative data*).

The majority of the sex acts in Trichy were in personal homes (50%), but a significant number (35%) of sex acts were in public spaces such as parks, public toilets, and cinemas or theatres (*table 12*).

While 24% of respondents reported that they use lubricants every time they have anal sex, it was primarily oil based lubricants products being used along with saliva (*table 20 and 21*), where if these products are used with condoms, there is a likelihood of condom damage.

While 60% of respondents had heard of HIV/AIDS (*table 47*), however only 24% of respondents believed that they personally had any significant risk of being infected with HIV (*table 50*). But 64% correctly identified that not using a condom for receptive anal sex a person is more likely to get infected with HIV (*table 51-ii*). Here we see that knowledge does not always relate to personal risk perception.

In a follow on question, however, only 28 % of respondents suggested condom use as a means of prevention of transmission of HIV (*table 52*), and only 11% stated that they were carrying a condom at the time of the interview (*table 18*).

26% of respondents reported that they had been paid by other males for sex in the previous month of which 12% of them reported that they had been paid more than 15 times in the previous month (*table 23-ii*). Primary sexual act was receptive anal sex (*table 24*). Consistent condom usage was non-existent (*table 25*).

While 41 married MSM reported regular vaginal sex with their wives, only 2% of these acts were covered with condoms, (*table 35*). Data on other female partners was not possible to obtain.

Respondents reported significant levels of possible rectal damage and possible STI symptoms, while 77% of these respondents stated that they did not seek any treatment (*tables 44 and 45*).

Only 1 respondents reported injecting drug use in the previous year, also stating that at least one of his sexual partners in the same period also injected drugs (*table 60*).

50 respondents had been tested for HIV, and 6 admitted to having a positive result.

## Key points

1. Low level of condom usage both with male and wives
2. Significant level of different sexual partners
3. No access to water-based lubricants
4. Anal sex primary sexual activity with male partner
5. High level of possible STI symptoms
6. Low levels of treatment seeking behaviours
7. Significant level of male sex work
8. Confused knowledge
9. Low levels of personal risk assessment

## **Conclusion**

The above key points indicate that there is an urgent need for an appropriate and comprehensive package of HIV and STI prevention, care and support services for MSM in Trichy including condom promotion, access to water based lubricant, utilising community sexual networks for promoting risk reduction and safer sex activities, effective and appropriate STI treatment that can address anal and oral sex issues, support and care services for MSM infected with HIV.

## Naz Foundation International

Naz Foundation International (NFI) was established in 1996, when it became clear that HIV was increasingly becoming a significant issue of concern in South Asia, whilst at the same time, there was not only very little recognition of male to male sex in the region, but even a will or action in providing services to this vulnerable population.

NFI has developed a range of capacity-building tools, training manuals, documentation and other resources in order to provide technical assistance and support to MSM networks in a range of cities across South Asia to develop their own responses to HIV/AIDS, as well as work with a range of international NGOs and other organisations towards ensuring the provision of appropriate HIV and AIDS prevention coverage to MSM. As the only agency of its kind in the region, NFI has provided assistance to over forty MSM HIV/AIDS projects across South Asia, building a reservoir of knowledge, skills and expertise that was culturally specific in responding to the HIV/AIDS prevention, care and support needs of males who have sex with males in South Asia.

### Goal

To improve the quality, capacity, and coverage of service delivery of HIV/AIDS prevention, care and support programmes focusing on the needs of males who have sex with males in South Asia.

### Objectives

- To enhance the institutional, technical and delivery capacity of organisations working with males who have sex with males on HIV prevention, care and support, whether supported by the Pakistan Enhanced Programme on HIV/AIDS or not.
- To enhance the institutional and technical capacity of the Provincial AIDS Control Programmes to effectively manage, monitor and evaluate MSM HIV/AIDS prevention, care and support programmes they support.
- To develop an in-country technical support capacity in the area of appropriate service delivery on HIV and AIDS prevention, care and support for MSM.
- Explore the possibility of the development of MSM community-based self-help approaches to HIV and AIDS in the country.

## Why we should work with males who have sex with males

Why we should work with male-to-male sex and HIV prevention, care and support?

Because:

- It is the right thing to do on humanitarian grounds.
- It is the right thing to do epidemiologically.
- It is the right thing to do from a public health perspective.

Males who have sex with males (MSM) whether their self-identity is linked to their same sex behaviour or not, have:

- The right to be free from violence and harassment;
- The right to be treated with dignity and respect;
- The right to be treated as full citizens in their country;
- The right to be free from HIV/AIDS;

MSM who are already infected with HIV have the right to access appropriate care and treatment equally with everyone else, regardless of how the virus was transmitted to them.

## Definitions

### Double-decker

Sometimes known as AC/DC, or even bisexual, this *kothi* label is used for those who state that they sexually penetrate and are also penetrated. Over the past few years, this label has also been adopted as an identity term.

### Gay

While some males with a specific sexual preference for other labels use the term “gay” as means of self-identity, these men tend to be from the more educated classes. In its Western meaning, the word “gay” defines a man who sexually desires other men, and whose sense of self is based on developing egalitarian relationships of mutual desire and similarity in socio-economic status.

### Gender

There are some basic biological differences between female and male bodies, linked to their different roles in reproduction. But beyond these differences, many societies define different roles, rights and responsibilities for women and men. “Gender” is the term used to refer to these socially defined differences between men and women.

Gender differences are based on widely shared beliefs and norms within a society or culture about male and female characteristics and capacities. These beliefs and norms about gender usually create inequality between men and women. In most societies, men have more political, economic, and social power than women. Such gender inequalities have a significant impact on women and men’s sexual health.

### Gendered framework

The word *gender* is a classifying noun and but often when the term gender is used, it is focused on women, where men are absent as a gender in themselves. The author has used the term *gendered* as an adjective to describe a state. In South Asia where there is often fairly strict social policing of gender(ed) boundaries, and where the primary (and visible) framework of male-to-male sexual behaviours is constructed not around sexual orientation, but around gender(ed) identities, the term *gendered framework* is used as a short-hand description of this state of affairs, i.e. males/men who identified as *kothis* do not perceive themselves as males, but as “not-males” or feminised males.

### Hierarchical and oppositional framework

NFI uses this phrase in the specific context of gender(ed) relationships between male and female, or masculinity and femininity, where these genders and their qualities are seen as a hierarchical and in opposition to each other. In other words, maleness is superior to femaleness and in opposition to it.

### Hijra

A self-identified term used by males who define themselves as “not men/not women” but as a “third gender.” *Hijras* cross-dress publicly and privately and are a part of a social, religious, and cultural community. Ritual castration may be part of the *hijra* identity, but not all *hijras* are castrated. Sex with men is common. They also have their own language, known as *farsi*, which many *kothi*-identified males share.

To often there is a major confusion between *hijras* and *kothi*-identified males, with both sub-populations being grouped as one. But this is not so. *Hijras* represent a specific community with its own rules, regulations and order. To become a *hijra* is not only about dress code, behaviour and language, but includes the acceptance of the hierarchal structure of the *hijra* community. There are rituals to perform such as the *reet* which is a ritual where a young male (and

sometimes not so young), primarily *kothi* identified, who enters a *hijra* household through ritual offerings made to the *guru/nayak*, who has absolute authority over the new *chela*. Thus the hierarchy is *chela* - *guru* - *nayak*. A *guru* may have several *chelas*, while the *nayak* will be the head of the *hijra* community. *Chelas* must get permission from their *gurus*, and *gurus* must get permission from their *nayak* - head of a particular *hijra* household (not a *dehra*) to be involved in any activity.

*Hijras* have specific beliefs relating to their spiritually given powers over fertility, which are granted following the castration ritual. Not all *hijras* are castrated, but this is the end goal.

### Homosocial and homoaffectionalist culture

In South Asian countries, gender segregation of social spaces is a strong form of social policing of gender relationships. Primary relations are between the same gender (homosocial). Homoaffectionalism in the sense that the term is used in this text means social acceptance of the public display of male-to-male or female-to-female affection. For example, it is common in Bangladesh to see two males holding hands or arms wrapped around each other as they walk. Often male friends will also share beds when sleeping, wrapping themselves around each other. (See Hardman: 1993; Also Khan: 1996, where he points out that the boundary between homoaffectionalism and homosexual behaviours is very “thin” particularly in shared spaces and “under the blanket.”)

### Kothi

Primarily used in Bangladesh and India, this is a self-identifying label for those males who feminise their behaviours (either to attract “manly” male sexual partners and/or as part of their own gender construction and usually in specific situations and contexts), and who state that they prefer to be sexually penetrated anally and/or orally. *Kothi* behaviours have a highly performative quality in social spaces. Self-identified *kothis* use this term for males who are sexually penetrated, even when their behaviour is not feminised. This is the primary and most visible framework of MSM behaviours. *Kothis* state that they do not have sex with other *kothis*; however, they may also be married to women.

### Masculinity

Masculinity is interpreted as the predominant and “hegemonic” framework, which defines how a man should behave and act personally, sexually, socially, and culturally. However, it is also recognised that there are different constructions of masculinity that vary across cultures, age groups, sexual orientations, sexual preferences, actual behaviours, gender identifications, economic classes, and religions, and thus we should speak of masculinities.

### Males who have sex with males (MSM)

While the term men who have sex with men is generally used, NFI prefers to use the term males in this context in its biological sense, as many males do not identify as “men”, nor are they usually perceived by their sexual partners as “men”. The term “man” as usually used in India is around how the framework of manhood and masculinity is socially defined, i.e., in terms of social obligations, family duties, and marital status as much as the penetrative role that “men” are supposed to take.

Its use does not imply that it is an identity term referring to an identifiable community that can be segregated and so labelled. Within the framework of male-to-male sex, there are a range of masculinities, along with diverse sexual and gender identities, communities, networks, and collectivities, as well as just behaviours without any sense of affiliation to an identity or community.

### Panthi

This is a *kothi* label for any “manly male” primarily used in North India. Male-to-male sexual behaviours are usually highly gendered in terms of sexual roles and reflect insertive or receptive

practices. Most male-to-male sex in South Asia appears to follow this pattern, where a *kothi* is not defined as a man, thus enabling the penetrating partner to still see himself as manly. A *panthi* is by definition a man who penetrates, whether it is a woman and/or another male. *Panthis* may also be married to women, and usually are if they are of marital age. Their occupations vary across the social class spectrum from rickshaw drivers to businessmen.

An equivalent term is *giryā* which tends to be used more in North India.

### Sexual health

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

*World Health Organisation  
Draft working definition, October 2002*

### Sexuality

"Sexuality" refers to all aspects of people's sexual lives: their sexual desires, their sexual **behaviours** and their sexual identities. It is important to focus on sexuality in HIV prevention work because it is important to understand people's risk behaviours in the context of their sexual desires and sexual identities. However, contemporary researchers have been discussing the concept of a range of **sexualities**, expressing the enormous diversity of cultural interpretations, meanings and significance placed upon sexuality.

### Transgender

Broadly speaking, transgender people are individuals whose gender expression and/or gender identity differs from conventional expectations based on the physical sex they were born into. The word transgender is an umbrella term which is often used to describe a wide range of identities and experiences, including: female-to-male and male-to-female sexual reassigned persons, cross-dressers, drag queens, drag kings, gender queers, and many more. [In the Asia and Pacific region this would include *hijras*, some *kothis*, *zenanas* and *metis*, *kathoey*, *waria*, *bakla*, *fa'fa'finis*, etc.] Because transgender is an umbrella term, it is often thought to be an imprecise term that does not adequately describe the particulars of specific identities and experiences. (For example, the identity/experience of a post-operative FTM transsexual will probably be very different from that of a female-identified drag king who performs on weekends, but both are often lumped together under the term "transgender.")  
*web.mit.edu/hudson/www/terminology.html, accessed 14/9/06*



# **Towards Universal Access to HIV Prevention, Treatment, Care and Support for Men who have Sex with Men and Transgender People**

## **“Principles of Good Practice”**

We the participants in the Male Sexual Health and HIV in Asia and the Pacific International Consultation: “Risks and Responsibilities”, New Delhi, September 23-26, 2006, hereby agree on and accept the following Principles of Good Practice towards Universal Access to Prevention, Treatment, Care and Support for men who have sex with men, and transgender people:

### **Bridging the knowledge gap**

In order to develop strategic and effective responses to the HIV prevention, treatment, care and support needs of men who have sex with men and transgender people, anthropological, sociological, behavioural and epidemiological research are essential, and need to be undertaken in partnership with the affected populations, understanding dynamics of male-to-male and transgender sexuality, including the multiplicity of frameworks, gender identities, behavioural practices within national and local socio-cultural contexts.

Governments and donors can and must play a pivotal role in undertaking and supporting such participatory assessments and research concerning the prevention, treatment, care and support needs of men who have sex with men and transgender populations for the development of comprehensive programmes that will be informed by evidence as well as implementing policy support for these interventions. In addition, there is a need to undertake participatory community oriented size estimations of men who have sex with men and transgender populations in order to advocate for and ensure adequate levels of resources for programmes of scale, for the reduction of risk and vulnerability of these marginalised sexualities.

### **Focused participatory interventions**

For any HIV and AIDS prevention, treatment, care and support intervention to be effective within networks and communities of men who have sex with men and transgender people, these marginalised sexualities must be actively and substantively involved in planning, designing and implementation of such interventions. This includes participation in problem identification, needs assessments, programme design, monitoring and evaluation. Participation is essential in areas related to the development of legal frameworks and laws, policy, advocacy, education and programme design and implementation. Participation must include and reflect the full cultural and sexual diversity of men who have sex with men and transgender people.

Further, HIV positive people from these diverse networks, communities, groups and organisations need to be fully involved, with the GIPA (Greater involvement of people living with HIV) principles meaningfully implemented.

### **Promoting ownership and an enabling environment**

Governments and states can and must enhance efficacy of policy and programme interventions by ensuring that representative ownership is key in all legal, policy and programme efforts aimed at stemming the spread of HIV among men who have sex with men and transgender people's networks, groups and communities. Supportive legal, policy and programme environments are instrumental in helping men who have sex with men and transgender people to acknowledge their own risk and responsibilities in stemming the spread of HIV. For building enabling environments, governments must enact legal and policy guidelines and structures that respect and protect the right of all its citizens to good quality prevention, treatment, care and support services. To ensure moving towards true universal access, actions must include the de-criminalisation of sexual acts between consenting men who have sex with men and transgender

people, as well as addressing legal issues relating to sex work. Governments, states and donors must play an active role in helping men who have sex with men and transgender people understand their rights and empower them to respond to discrimination and harassment.

### **Organisational development and strengthening**

To ensure that good quality HIV prevention, treatment, care and support services are provided and accessed, organisations that include and represent men who have sex with men and transgender networks, groups and communities should be fostered and supported. This includes supporting the development of representative service organisations. Where this is not possible because of legal/social constraints, other implementing NGOs/international agencies could act as 'shelter' agencies providing technical, operational, management and other capacity building support. This process recognises the need for empowerment and personal decision-making, along with peer processes for promoting safer sex practices. Safe-spaces (i.e. drop-in centres) where meetings, social gatherings and other community activities can be held should also be supported.

### **Access to appropriate and affordable STI diagnostic and treatment services**

Many men who have sex with men and transgender people living with HIV are not only stigmatised by their HIV positive status, but also by the route of infection and issues related to their sexual and gender identities. Treatment, care and support programmes need to be competent to address these different frameworks and address them appropriately. All health care providers providing STI prevention, diagnosis, treatment and care services must therefore be professionally competent in addressing specific sexual health needs of men who have sex with men and transgender people. This includes providing STI prevention and management in regard to anal STI and other pathologies that could be a result of anal and/or oral sex. Such services, as all other medical services, must be confidential. This, not only regards STI but also pertains to overall professional conduct and attitudes in providing comprehensive health care related to consenting adults' sexual and gender preferences and choices. As much as possible these services should be provided to men who have sex with men and transgender people within locally accepted community-based project structures, i.e. as a part of drop-in services. At the same time however, sexual health clinics for the general male population must also address male-male and transgender sexual behaviours and possible related health issues.

### **Access to appropriate HIV voluntary testing and counselling**

Governments, and CBOs need to provide and donors must support pre- and post-testing counselling services for HIV and other STI that are confidential, non-judgemental and empathic to the needs of men who have sex with men and transgender people. As much as possible these services should be provided to men who have sex with men and transgender people within locally accepted community-based project structures, i.e. as a part of drop-in services. Post-test support services must include counselling on the meaning of an HIV diagnosis and referrals to men who have sex with men or transgender-competent prevention, treatment, care and support programmes and services.

### **Access to affordable condoms (including "female condoms") and water-based lubricants**

Reducing the primary risk of infection with HIV and other STI must be central to all HIV prevention programmes. Governments, CBOs and donors must support population-specific, free or affordable distribution of condoms along with social marketing campaigns to promote consistent use of condoms, as an essential component of risk reduction strategies for men who have sex with men and transgender people. In addition, governments, CBOs and donors must ensure ready access to appropriately packaged water-based lubricants that enhance the efficacy of condoms used for protection in anal sex, by men who have sex with men and transgender people.

## **Access to specific information through appropriate communication**

Research consistently shows that HIV prevention information that is communicated to the general population is insufficient to generate sustained protective behaviour among men who have sex with men and transgender people. Governments, NGOs, CBOs and donors must support the development and dissemination of information by and for men who have sex with men and transgender people, addressing their concerns, in languages, terminology and imagery that is realistic, life-affirming, meaningful, understandable, acceptable and engaging. Men who have sex with men and transgender and transgender people must not be passive recipients of such information but as the producers of their own information, education and methodologies of communication.

## **Long-term technical and financial support**

Governments, national and international donors, multilateral institutions and international NGOs must commit and provide sustained technical and financial support to build the capacity of individuals and service organisations by and for men who have sex with men and transgender people working in the areas of HIV prevention, treatment, care and support. This, in order to enhance core capacities such as HIV competence and other technical HIV-related knowledge and skills, as well as programmatic and managerial governance and monitoring expertise. It is crucial that skills and opportunities in networking, community-building, advocacy and policy development and monitoring are also supported. Successful pilots and programmes must be documented and taken to scale in a manner that ensures sustainability, quality, and community ownership.

## **Advocacy on legal, judicial and social impediments to effective HIV and other STI prevention and sexual health for men who have sex with men and transgender people**

Governments, international donors, multilateral institutions and international NGOs must assist in developing the capacity of men who have sex with men and transgender people for advocating and effecting change on legal, judicial and social impediments that hinder HIV and other STI prevention, treatment, care and support programmes for individuals or networks, groups and communities of these marginalised sexualities.

Laws that criminalise consensual sex between adult males and transgender sex continue to drive the spread of HIV by impeding the development, implementation and access to essential prevention, treatment, care, and support programmes. Donors, multilateral institutions and international non-governmental organisations must therefore support and governments must react progressively to advocacy efforts directed toward law reform and address social stigmatisation that increases HIV vulnerability among men who have sex with men and transgender people.

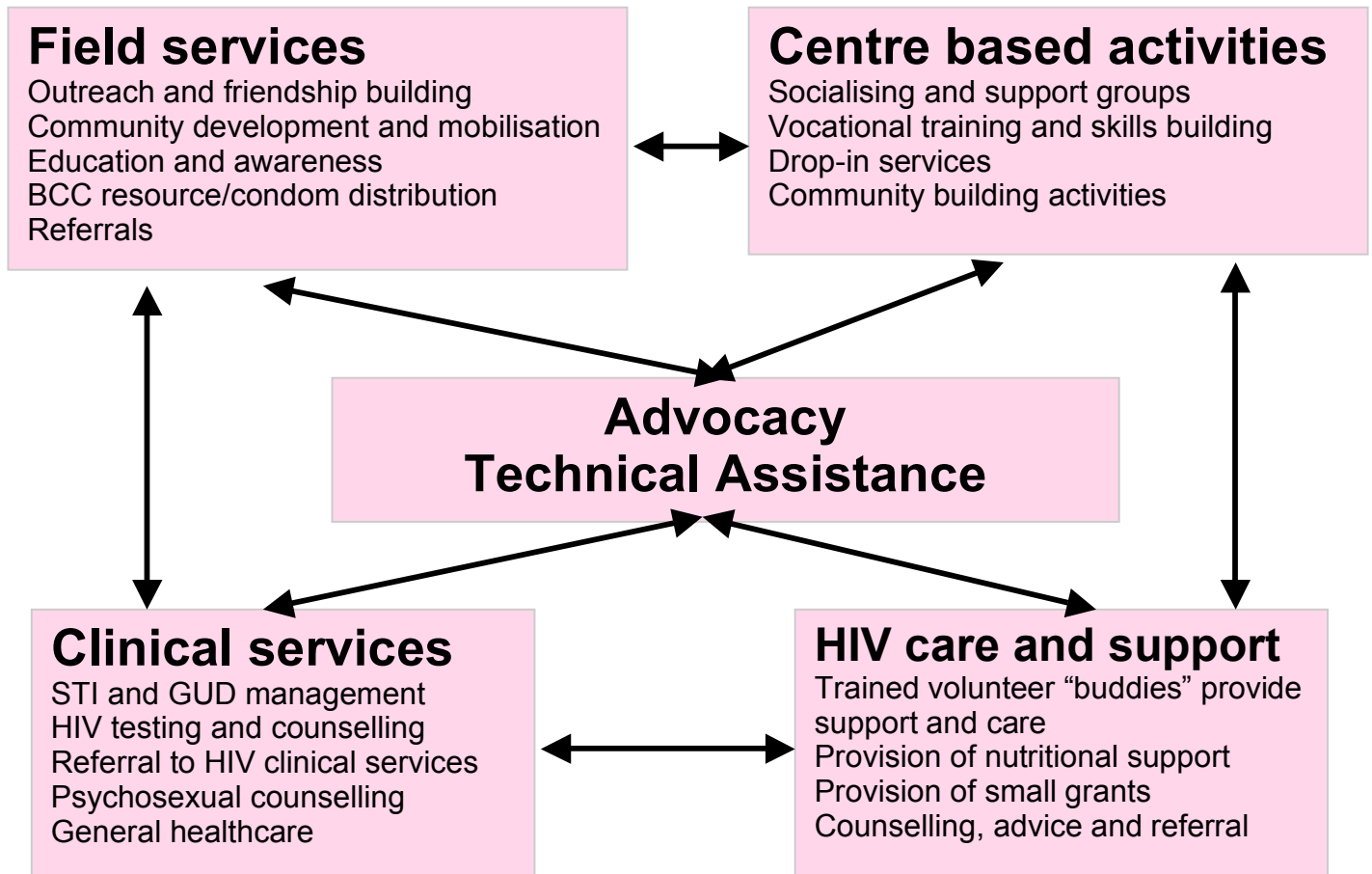
## **Broadening the education and awareness agenda**

Unprotected anal sex is not as uncommon as many may assume, and is not restricted to self-identified men who have sex with men, and transgender people, but includes males in an array of different situations as well as between males and females. Community-based organisations working with men who have sex with men and transgender people in the area of HIV may not be able to reach such non-identified males easily. By ensuring that all HIV and STI prevention materials, programmes, and services include information pertaining to the risks of unprotected anal sex as part of broader sexual and reproductive public health awareness efforts, governments, academic institutions and international donors and international NGOs must ensure that this life-saving information reaches and is understood by the general population; male and female alike.

## **Transparent governance and accountability to communities and constituencies of males who have sex with males and transgender people**

Governments, donors and multi-lateral agencies must practice transparent governance and have clear written policies and implementation guidelines on HIV prevention amongst men who have sex with men and transgender communities in a sensitive and supportive manner. Furthermore, non-government and community-based implementing partners must be selected in a transparent and objective manner. Finally, governments, donors, multilateral institutions and international non-governmental organisations must ensure that their own organisational environments are non-discriminatory and stigmatising towards men who have sex with men and transgender people.

## Model of an MSM community-based HIV prevention, care and support service package





## Trichy

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## Section One: your self

### Q. No.1 Age of the respondents (N=197)

Categories	No. of Respondents	Percentage Value
18 To 21	21	10.66
22 To 30	80	40.61
31 To 40	67	34.01
Above 40	29	14.72

### Q. No.2 Marital status of the respondents (N=197)

Categories	No. of Respondents	Percentage Value
Married	57	28.93
Unmarried	140	71.07

### Q. No.3 Currently employed? (N=196)

Categories	No. of Respondents	Percentage Value
Yes	172	87.76
No	24	12.24

### Q. No.4 Occupation of the respondents (N=166)

Categories	No. of Respondents	Percentage Value
coolie	11	6.63
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gold smith	2	1.20
leather factory labour	2	1.20
flower work	5	3.01
agriculture	6	3.61
photographer	2	1.20
Vegetable vendor	2	1.20
cooking work	9	5.42
house work	6	3.61
hotel work	3	1.81
painter	2	1.20
no job	2	1.20
assistant	2	1.20
sweeper	2	1.20
daily coolie	3	1.81
provision store	2	1.20
electrician	2	1.20
privet company	3	1.81
male sex work	6	3.61
minions	2	1.20
pool work	2	1.20
business	3	1.81
B.H.E.L.	3	1.81
hotel	2	1.20
painting work	2	1.20
finance	3	1.81
company	2	1.20
Others	72	43.37

**Q. No.5 Monthly income of respondents (N=184)**

<b>Categories</b>	<b>No. of Respondents</b>	<b>Percentage Value</b>
Below 1000	23	12.50
1000 To 2000	81	44.02
2000 To 5000	69	37.50
5000 To 10,000	8	4.35
Above 10,000	3	1.63

**Q. No.6 Self sexual labelling by respondents (N=199)**

<b>Categories</b>	<b>No. of Respondents</b>	<b>Percentage Value</b>
Kothi	152	76.38
Panthi	3	1.51
Double - decker	38	19.10
Heterosexual	0	0
Homosexual / Gay	6	3.01
Others	0	0

## Section Two: your sexual activity with males

### Q. No.7 Sexual activities with males (N=198)

Categories	Sex acts	Condom use
No. of respondents have had sex with male	198	72
No. of sex acts in last week	757	209
No. of sex acts in last month	2502	708

### Q. No.8 Anal sex acts in last week (N=86)

Categories	Sex acts	Condom use
No. of respondents	86	83
Insertive sex acts	61	43
Receptive sex acts	733	316

### Q. No.8 Anal sex acts in last month (N=87)

Categories	Sex acts	Condom use
No. of respondents	87	83
Insertive sex acts	167	85
Receptive sex acts	2347	941

### Q. No.9 Oral sex in last week (N=191)

Categories	Sex acts	Condom use
No. of respondents	191	185
Insertive sex acts	73	27
Receptive sex acts	678	246

### Q. No.9 Oral sex acts in last month (N=191)

Categories	Sex acts	Condom use
No. of respondents	191	185
Insertive sex acts	180	61
Receptive sex acts	1985	628

### Q. No.10 Relationship with sex partners (N=198)

Categories	No. of Times
Friends	983
Strangers	899
Neighbours	266
Male Prostitutes	7
Relatives	161
Servants	108
Paying Clients	117
Others	33

**Q. No.11 Places of meeting with males you had sex with in the last month (N=190)**

Categories	No. of Times
Bar / Club	23
Street	462
Personal home	196
Park	104
Friend's home	306
Toilets	223
Railway station	1
Guest house	43
Magazine ad.	7
Neighbourhood	60
Health club	3
Bazaar	50
Cinema	341
Hotels	11
Bus Stations	275
Others	284

**Q. No.12 Places of sex acts (N=187)**

Categories	No. of Times
Your home	362
Friend's home	613
Park/cruising area	76
Hotel/guest house	67
Hostel	180
Cinema/theatre	321
Bar / club	0
Public toilet	311
In a car	2
In a train	85
Train / bus depot	70
Others	370

**Q. No.13(i) Age of last male sex partner (N=199)**

Categories	No. of Respondents	Percentage Value
18 To 21	48	24.12
22 To 24	45	22.61
25 To 30	84	42.21
31 To 40	14	7.04
41 To 50	7	3.52
Above 50	1	0.50

**Q. No.13(ii) Age of second last male sex partner  
(N=194)**

Categories	No. of Respondents	Percentage Value
18 To 21	32	16.49
22 To 24	40	20.62
25 To 30	77	39.69
31 To 40	36	18.56
41 To 50	6	3.09
Above 50	3	1.55

**Q. No.14 Last 5 male sex partners' marital status (N=91)**

Categories	No. of Respondents	Percentage Value
All were unmarried	0	0
1 was married	25	27.47
2 were married	27	29.67
3 were married	28	30.77
4 were married	6	6.59
5 were married	4	4.4
I Don't Know	1	1.1

**Q. No.15 Availability of condoms from..(N=81)**

Categories	No. of Respondents	Percentage Value
Pharmacy/medicine shop	10	12.35
Family planning clinic	1	1.23
Shops/Paanwallas	4	4.94
MSM projects	63	77.78
Social worker	11	13.58
Doctors	1	1.23
Vending machines	0	0
Friends	6	7.41
STD clinics	1	1.23
Sexual partners	0	0
AIDS NGO	2	2.47
Others	0	0

**Q. 16 Brand of Condom Used by respondents (N=99)**

Categories	No. of Respondents	Percentage Value
Nirodh	3	3.03
No use	17	17.17
Moods	5	5.05
Govt. Condom	68	68.69
Kohinoor	9	9.09
Kamasutra	1	1.01

**Q. No.17 Reasons for not using condom (N=0)**

Categories	No. of Times
Don't carry condoms with me	0
Not satisfying	0
Hard to dispose	0
Never used before	0
To shameful to buy/use	0
Don't know where to get condoms	0
Am not sick	0
Partner not sick	0
Not easy to use	0
Main partner is faithful	0
Others	0

**Q. No.18 Do you have a condom now? (N=195)**

Categories	No. of Respondents	Percentage Value
Yes	21	10.77
No	174	89.23

**Q. No.19 Can we see your condoms? (N=150)**

Categories	No. of Respondents	Percentage Value
Yes	20	13.33
No	130	86.67

**Q. No.20 Use of lubricant for anal sex (N=144)**

Categories	No. of Respondents	Percentage Value
None of the time	82	56.94
Some of the time	27	18.75
Every of the time	35	24.31

**Q. No.21 Type of lubricant used for anal sex (N=78)**

Categories	No. of Respondents	Percentage Value
Oil	49	62.82
Ghee/Butter	4	5.13
Saliva	38	48.72
Vaseline	0	0
KY Jelly	16	20.51
Soap	9	11.54
Others	0	0

## Section Three: paid sex

**Q. No.22 Have you ever been paid by a man for sex (N=195)**

Categories	No. of Respondents	Percentage Value
Yes	52	26.67
No	143	73.33

**Q. No.23 No. of times you have been paid by men for sex in last week (N=52)**

Categories	No. of Respondents	Percentage Value
1 To 5 times	45	86.54
6 To 10 times	3	5.77
11 To 15 times	3	5.77
More than 15	1	1.92

**Q. No.23 No. of times you have been paid by men for sex in last month (N=51)**

Categories	No. of Respondents	Percentage Value
1 to 5 times	23	45.10
6 to 10 times	16	31.37
11 To 15 times	6	11.76
More than 15	6	11.77

**Q. No.24 Pattern of sex when paid for sex in last week (N=9)**

Categories	No.
No. of anal insertive sex acts	24
No. of respondents doing anal insertive sex acts	3
No. of anal receptive sex acts	12
No. of respondents doing anal receptive sex acts	1
No. of oral insertive sex acts	31
No. of respondents doing anal insertive sex acts	4
No. of oral receptive sex acts	58
No. of respondents doing oral receptive sex acts	5
No. of masturbation sex acts	4
No. of respondents doing masturbation	1
No. of other type of sex acts	0
No. respondents doing other type of sex acts	0

**Q. No.24 Pattern of sex when paid for sex in last month (N=25)**

Categories	No.
No. of anal insertive sex acts	4
No. of respondents doing anal insertive sex acts	1
No. of anal receptive sex acts	144
No. of respondents doing anal receptive sex acts	18
No. of oral insertive sex acts	4
No. of respondents doing anal insertive sex acts	1
No. of oral receptive sex acts	201
No. of respondents doing oral receptive sex acts	34
No. of masturbation sex acts	4
No. of respondents doing masturbation	3
No. of other type of sex acts	0
No. respondents doing other type of sex acts	0

**Q. No.25 During last 5 times, when you were paid for sex , No. of times condom used (N=27)**

Categories	No. of Respondents	Percentage Value
Never.	0	0
Single time	2	7.41
Two times	3	11.11
Three times	8	29.63
Four Times	2	7.41
Five Times	12	44.44

**Q. No.26 Who initiated condom use? (N=35)**

Categories	No. of Respondents	Percentage Value
Your Self	25	71.43
Your Partner	10	28.57

**Q. No.27 Last time how much were you paid for sex by a man (N=51)**

Categories	No. of Respondents	Percentage Value
1 To 10	2	3.92
11 To 20	5	9.80
21 To 30	9	17.65
31 To 40	1	1.96
41 To 50	15	29.41
51 To 100	17	33.33
101 To 150	1	1.96
151 To 200	1	1.96
Above 200	0	0

**Q. No.28 Ever paid for sex with a male? (N=189)**

Categories	No. of Respondents	Percentage Value
Yes	15	7.94
No	174	92.06

**Q. No.29 No. of times you paid for sex with a male in last week (N=15)**

Categories	No. of Respondents	Percentage Value
1 to 3	13	86.67
4 to 6	2	13.33
7 to 10	0	0
11 to 15	0	0
16 to 20	0	0
21 to 25	0	0
Above 25	0	0

**Q. No.29 No. of times you paid for sex with a male in last month (N=15)**

Categories	No. of Respondents	Percentage Value
1 to 3	7	46.67
4 to 6	3	20.00
7 to 10	4	26.67
11 to 15	0	0
16 to 20	1	6.67
21 to 25	0	0
26 to 30	0	0
31 to 40	0	0
41 to 50	0	0
Above 50	0	0

**Q. No.30 Pattern of sex when paid for sex in last month (N=14)**

Categories	No.
No. of anal insertive sex acts	3
No. of respondents doing anal insertive sex acts	1
No. of anal receptive sex acts	29
No. of respondents doing anal receptive sex acts	8
No. of oral insertive sex acts	5
No. of respondents doing oral insertive sex acts	2
No. of oral receptive sex acts	28
No. of respondents doing oral receptive sex acts	10
No. of masturbation sex acts	5
No. of respondents doing masturbation	1
No. of other type of sex acts	0
No. of respondents doing other type of sex acts	0

**Q. No.31 No. of times not used condom when paid for sex (N=9)**

Categories	No. of Respondents
1 to 3	5
4 to 6	2
7 to 10	2
11 to 15	0
16 to 20	0
21 to 30	0
31 to 40	0
41 to 50	0
Above 50	0

**Q. No.32 Last time how much you paid for sex with a male (N=15)**

Categories	No. of Respondents	Percentage Value
1 to 10 Rps	0	0
11 to 20	1	6.67
21 to 30	1	6.67
31 to 40	0	0
41 to 50	2	13.33
51 to 100	8	53.33
101 to 150	0	0
151 to 200	2	13.33
Above 200	1	6.67

**Q. No.33 Age of last male you paid to have sex with? (N=15)**

<b>Categories</b>	<b>No. of Respondents</b>	<b>Percentage Value</b>
18 to 21	4	26.67
22 to 24	3	20.00
25 to 30	6	40.00
31 to 40	2	13.33
Above 40	0	0

## Section Four: your sexual activity with females

### A: Married Males

Q. No.34 No. of times you have sex with your wife in the last month (N=43)

Categories	No. of Respondents	Percentage Value
1 to 5	34	79.07
6 to 10	8	18.60
11 to 15	0	0
16 to 20	1	2.33
Above 20	0	0

Q. No.35 Pattern of sex with your wife in the last month (N=41)

Categories	No.
No. of times of anal sex acts	0
No. of respondents doing anal sex	0
No. of times of anal sex with condom	0
No. of respondents doing anal sex with condom	0
No. of times of oral sex acts	2
No. of respondents doing oral sex	2
No. of times of oral sex with condom	0
No. of respondents doing oral sex with condom	0
No. of times of vaginal sex acts	176
No. of respondents doing vaginal sex	41
No. of times of vaginal sex acts with condom	3
No. of respondents doing vaginal sex with condom	1
No. of times of masturbation	0
No. of respondents doing Masturbation	0
No. of times of other sex acts	0
No. of respondents doing other sex acts	0
No. of times of other sex with condom	0
No. of respondents doing other sex with condom	0

### B : All Males

Q. No.36 No. of females (not wife) have you had sex with in the last month (N=1)

Categories	No. of Respondents
None	0
One	0
Two	1
Three	0
Four	0
Five	0
Above Five	0

**Q. No.37 Pattern of sex with females (not wife) in the last month (N=1)**

Categories	No.
No. of times of anal sex acts	0
No. of respondents doing anal sex	0
No. of times of anal sex with condom	0
No. of respondents doing anal sex with condom	0
No. of times of oral sex acts	0
No. of respondents doing oral sex	0
No. of times of oral sex with condom	0
No. of respondents doing oral sex with condom	0
No. of times of vaginal sex acts	3
No. of respondents doing vaginal sex	1
No. of times of vaginal sex acts with condom	0
No. of respondents doing vaginal sex with condom	0
No. of times of masturbation	0
No. of respondents doing Masturbation	0
No. of times of other sex acts	0
No. of respondents doing other sex acts	0
No. of times of other sex with condom	0
No. of respondents doing other sex with condom	0

**Q. No.38 Relationship with female sex partner to yourself (N=0)**

Categories	No. of Times
Friends	0
Relatives	0
Strangers	0
Servants	0
Neighbours	0
Female sex workers	0
Others	0

**Q. No.39 Last 5 female Sex partners' marital status (N=0)**

Categories	No. of Respondents
All unmarried	0
One was married	0
Two were married	0
Three were married	0
Four were married	0
All were married	0
Don't know	0

**Q. No.40 No. of times condoms used while having sex with last five female sex partners (N=0)**

Categories	No. of Respondents
No time	0
One time	0
Two times	0
Three times	0
Four times	0
Every time	0

**Q. No.41 Have you paid for sex with a female in last month (N=0)**

Categories	No. of Respondents
Yes	0
No	0

**Q. No.42 Pattern of sex, when paid for it with 5 last females (N=0)**

Categories	No.
No. of respondents who had anal sex	0
No. of times did anal sex acts	0
No. of respondents who had oral sex	0
No. of times did oral sex acts	0
No. of respondents who had vaginal sex	0
No. of times did vaginal sex acts	0
No. of respondents who had masturbation sex	0
No. of times did masturbation	0
No. of respondents who had other type of sex	0
No. of times did other type of sex acts	0

**Q. No.43(i) No. of times condoms used during last 5 times, when you paid for sex with females (N=0)**

Categories	No. of respondents
Never	0
Single time	0
Two times	0
Three times	0
Four times	0
Five times	0

**Q. No.43(ii) Who initiated condom use? (N=0)**

Categories	No. of respondents
Your self	0
Your Partner	0



## Section Five: your health and knowledge

### Q. No.44 Currently having these symptoms (N=51)

Categories	No. of respondents	Percentage Value
Pain while urinating	22	43.14
Itching or burning around anus	27	52.94
Pus or discharge from penis	0	0
Pus or discharge in stools	1	1.96
Pain upon defecation	1	1.96
Bleeding when defecating	0	0
Genital sores	1	1.96
Itchy rash on genitals	9	17.65
Blisters or sores inside mouth	10	19.61
Pain during sex	5	9.80
Others	2	3.92

### Q. No.45 What are you doing to treat these symptoms (N=99)

Categories	No. of respondents	Percentage Value
Nothing	76	76.77
Medical shop	9	9.09
Private doctor	4	4.04
Hospital	8	8.08
Friends/Relatives	2	2.02
Street 'Quack'	0	0
Other clinic	0	0
Others	0	0

### Q. No.46 What did you do, when last time you had these symptoms? (N=100)

Categories	No. of respondents	Percentage Value
Nothing	76	76.00
Medical shop	6	6.00
Private doctor	2	2.00
Hospital	13	13.00
Friends/Relatives	2	2.00
Street 'Quack'	0	0
Other clinic	0	0
Others	1	1.00

### Q. No.47 Ever heard of HIV/AIDS? (N=200)

Categories	No. of Respondents	Percentage Value
Yes	121	60.50
No	79	39.50

**Q. 48 Tell us what you have heard (N= 126)**

Categories	No. of Respondents	Percentage Value
It is a dangerous disease	26	20.63
It is deadly disease	14	11.11
Use condom	12	9.52
Don't know	10	7.94
When have sex with multi partners	9	7.14
It spreads through sex	8	6.35
Through unsafe sex spreads sex	7	5.56
How spreads HIV/AIDS	7	5.56
Safe sex	6	4.76
It is fatal disease	6	4.76
When have male sex with female HIV spread over	4	3.17
Awareness through Radio/TV	5	3.97
I participate snegyitham and PID office meeting	4	3.17
Avoid use call girls/ untested blood	3	2.38
HIV is a virus it destroy WBC	3	2.38
Worst disease	2	1.59
MSM field offices	2	1.59
Others	5	3.97

**Q. No.49 Sources of information on HIV/AIDS (N=115)**

Categories	No. of Respondents	Percentage Value
Doctor	3	2.61
Radio	26	22.61
Social Worker	12	10.43
NGO	14	12.17
Newspaper	0	0
Leaflets	0	0
Posters	0	0
Hospital	6	5.22
Clinic	6	5.22
Family member	1	0.87
Local MSM projects	85	73.91
Friends	5	4.35
Sex partners	1	0.87
Others	1	0.87

**Q. No.50 What risk do you personally think you have of getting HIV/AIDS? (N=195)**

Categories	No. of Respondents	Percentage Value
Large	47	24.10
Medium	43	22.05
Small	24	12.31
I do not know	81	41.54

**Q. No.50 What is the reason for your answer? (N=4)**

Categories	No. of Respondents
Safe sex	2
Condom no uses	2

**Q. No.51(i) Tell us whether you think you can get HIV from sharing a needle (N=194)**

Categories	No. of Respondents	Percentage Value
Yes	147	75.77
No	1	0.52
Not Sure	46	23.71

**Q. No.51(ii) Tell us whether you think you can get HIV from being penetrated by a man without a condom (N=190)**

Categories	No. of Respondents	Percentage Value
Yes	121	63.68
No	19	10.00
Not Sure	50	26.32

**Q. No.51(iii) Tell us whether you think you can get HIV from being penetrated by a man with a Condom (N=188)**

Categories	No. of Respondents	Percentage Value
Yes	10	5.32
No	135	71.81
Not Sure	43	22.87

**Q. No.51(iv) Tell us whether you think you can get HIV from penetrating a woman without a Condom (N=188)**

Categories	No. of Respondents	Percentage Value
Yes	123	65.43
No	12	6.38
Not Sure	53	28.19

**Q. No.51(v) Tell us whether you think you can get HIV from penetrating a woman with a condom (N=188)**

Categories	No. of Respondents	Percentage Value
Yes	8	4.26
No	127	67.55
Not Sure	53	28.19

**Q. No.51(vi) Tell us whether you think you can get HIV from only having a sexual contact with a Woman (N=188)**

Categories	No. of Respondents	Percentage Value
Yes	76	40.43
No	47	25.00
Not Sure	65	34.57

**Q. No.51(vii) Tell us whether you think you can get HIV from sucking a penis (N=189)**

Categories	No. of Respondents	Percentage Value
Yes	81	42.86
No	26	13.76
Not Sure	82	43.39

**Q. No.51(viii) Tell us whether you think you can get HIV from swallowing semen (N=194)**

Categories	No. of Respondents	Percentage Value
Yes	90	46.39
No	20	10.31
Not Sure	84	43.30

**Q. No.51(ix) Tell us whether you think you can get HIV from licking vagina (N=190)**

Categories	No. of Respondents	Percentage Value
Yes	73	38.42
No	13	6.84
Not Sure	104	54.74

**Q. No.51(x) Tell us whether you think you can get HIV from masturbating someone (N=187)**

Categories	No. of Respondents	Percentage Value
Yes	24	12.83
No	93	49.73
Not Sure	70	37.43

**Q. No.51(xi) Tell us whether you think you can get HIV from rubbing bodies (N=187)**

Categories	No. of Respondents	Percentage Value
Yes	24	12.83
No	100	53.48
Not Sure	63	33.69

**Q. No.51(xii) Tell us whether you think you can get HIV from thigh sex (N=189)**

Categories	No. of Respondents	Percentage Value
Yes	30	15.87
No	94	49.74
Not Sure	65	34.39

**Q. No.51(xiii) Tell us whether you think you can get HIV from licking anus (N=188)**

Categories	No. of Respondents	Percentage Value
Yes	64	34.04
No	22	11.70
Not Sure	102	54.26

**Q. No.51(xiv) Tell us whether you think you can get HIV from deep kissing (N=189)**

Categories	No. of Respondents	Percentage Value
Yes	44	23.28
No	54	28.57
Not Sure	91	48.15

**Q. No.52 How can you prevent getting or passing of HIV /AIDS? (N=186)**

Categories	No. of Respondents	Percentage Value
Use condom	53	28.49
Safer sex	20	10.75
Possible	12	6.45
Give awareness	6	3.23
Yes	5	2.69
We can't explain	5	2.69
Use clean and tested blood	5	2.69
Have sex with well known person	2	1.08
Keep control one to another	2	1.08
Others	6	3.23
Don't know	70	37.63

**Q. No.53 Ever heard of safer sex? (N=193)**

Categories	No. of Respondents	Percentage Value
Yes	118	61.14
No	75	38.86

**Q. No.54 Tell us what have you heard of safer sex? (N=23)**

Categories	No. of Respondents	Percentage Value
Use condom for sex	20	86.96
cease panthi	2	8.70
don't know	1	4.35

**Q. No.55(i) Can you reduce the risk of getting STDs or HIV/AIDS by always using a condom for anal or vaginal sex (N=193)**

Categories	No. of Respondents	Percentage Value
Yes	102	52.85
No	44	22.80
Do not know	47	24.35

**Q. No.55(ii) Can you reduce the risk of getting STDs or HIV/AIDS by only doing non-penetrative Sex (N=190)**

Categories	No. of Respondents	Percentage Value
Yes	82	43.16
No	55	28.95
Do not know	53	27.89

**Q. No.55(iii) Can you reduce the risk of getting STDs or HIV/AIDS by reducing the number of sexual partners (N=197)**

Categories	No. of Respondents	Percentage Value
Yes	85	43.15
No	54	27.41
Do not know	58	29.44

**Q. No.56(i) Will you tell your male sex partner, if you were experiencing symptoms of STDs/HIV/AIDS (N=191)**

Categories	No. of Respondents	Percentage Value
Yes	73	38.22
No	91	47.64
Do not know	27	14.14

**Q. No.56(ii) Will you tell your female sex partner, if you were experiencing symptoms of STDs/HIV/AIDS (N=97)**

Categories	No. of Respondents	Percentage Value
Yes	28	28.87
No	49	50.52
Do not know	20	20.62

**Q. No.56(iii) Will you tell your wife, if you were experiencing symptoms of STDs/HIV/AIDS (N=97)**

Categories	No. of Respondents	Percentage Value
Yes	37	38.14
No	41	42.27
Do not know	19	19.59

**Q. No.57(i) Have your ever been tested for HIV/AIDS (N=193)**

Categories	No. of Respondents	Percentage Value
Yes	50	25.91
No	143	74.09

**Q. No.57(ii) HIV Test(I) Results?(N=42)**

Categories	No. of Respondents	Percentage Value
Negative	36	85.71
Positive	6	14.29

**Q. No.57(iii) HIV Test(II) Results? (N=2)**

Categories	No. of Respondents
Negative	1
Positive	1

**Q. No.57(iv) Place of HIV Test (N=44)**

Categories	No. of Respondents	Percentage Value
Hospital	33	75
Private Clinic	9	20.45
Other Places	2	4.55

**Q. No.58 Were you counselled before/after taking the test? (N=122)**

Categories	No. of Respondents	Percentage Value
Yes	43	35.25
No	79	64.75

**Q. No.59 In the last two years have you been counselled on STD\HIV\AIDS (N=191)**

Categories	No. of Respondents	Percentage Value
Yes	72	37.7
No	119	62.3

**Q. No.59 Who counselled you and where (N=37)**

Categories	No. of Respondents	Percentage Value
Snegitham	19	51.35
CBO	4	10.81
Govt. Hospital	5	13.51
VCTC	4	10.81
MSM	2	5.41
PDI	2	5.41
Friends	1	2.70

**Q. No.60(i) Have you ever injected drugs in the last year? (N=198)**

Categories	No. of Respondents	Percentage Value
Yes	1	0.51
No	197	99.49

**Q. No.60(ii) Have your partner ever injected drugs in the last year? (N=184)**

Categories	No. of Respondents	Percentage Value
Yes	1	0.54
No	183	99.46

**Q. No.61 Where would you prefer to go to get help if you were worried about STDs or AIDS? (N=194)**

Categories	No. of Respondents	Percentage Value
Government hospital	42	21.65
AIDS NGO	58	29.9
Religion	0	0
Private doctor	2	1.03
Local MSM Projects	166	85.57
Other clinic workers	7	3.61
Peer educator	1	0.52
Do not know	1	0.52
Others	3	1.55

**Q. No.62 Tell us what more information you need? (N=192)**

<b>Categories</b>	<b>No. of Respondents</b>	<b>Percentage Value</b>
Need more details information	79	41.15
Would you like to know	18	9.38
What are the STD's symptoms	15	7.81
I don't know	14	7.29
Counselling, film, drama, news paper, & TV	9	4.69
What to learn more	8	4.17
Need awareness about HIV/AIDS	7	3.65
Safe sex	6	3.13
Through Radio/TV	5	2.60
No need	5	2.60
Need information through film, book, kothis	5	2.60
It is dangerous disease	4	2.08
What ways HIV/AIDS spreads	3	1.56
Through kothis	3	1.56
Your, after like to know more about that	2	1.04
Use condom	2	1.04
MSM project office	2	1.04
How spreads over among MSM people	2	1.04
What is mean by safe sex male to male	1	0.52
Should not tell younger boy about this	1	0.52
Need all kothis this information by them all	1	0.52
Like to know how to life long when infected by HIV/AIDS	1	0.52

## Section 6: comparative report between kothi, panthi, double-decker, heterosexual, homosexual, gay and others

### Q. No.7(i) Sexual activities with males in last week (N=194)

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi	148	616	169
Panthi	2	2	1
Double-decker	38	128	38
Heterosexual	0	0	0
Homosexual/Gay	6	11	1

### Q. No.7(ii) Sexual activities with males in last month (N=197)

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi	150	2039	586
Panthi	3	5	3
Double-decker	38	431	113
Heterosexual	0	0	0
Homosexual/Gay	6	27	6

### Q. No.8(i) Anal sex acts in last week (N=86)

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi - Insertive	2	18	15
Kothi - Receptive	60	648	273
Panthi - Insertive	0	0	0
Panthi - Receptive	0	0	0
Double-decker- Insertive	16	43	28
Double-decker- Receptive	18	80	39
Heterosexual- Insertive	0	0	0
Heterosexual- Receptive	0	0	0
Homosexual/Gay- Insertive	0	0	0
Homosexual/Gay- Receptive	2	5	4

### Q. No.8(ii) Anal sex acts in last month (N=87)

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi - Insertive	2	41	27
Kothi - Receptive	61	2065	821
Panthi - Insertive	0	0	0
Panthi - Receptive	0	0	0
Double-decker- Insertive	16	126	58
Double-decker- Receptive	18	264	109
Heterosexual- Insertive	0	0	0
Heterosexual- Receptive	0	0	0
Homosexual/Gay- Insertive	0	0	0
Homosexual/Gay- Receptive	2	18	11

**Q. No.8(iii) Anal insertive sex acts in last week (N=18)**

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi	2	18	15
Panthi	0	0	0
Double-decker	16	43	28
Heterosexual	0	0	0
Homosexual/Gay	0	0	0

**Q. No.8(iv) Anal receptive sex acts in last week (N=80)**

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi	60	648	273
Panthi	0	0	0
Double-decker	18	80	39
Heterosexual	0	0	0
Homosexual/Gay	2	5	4

**Q. No.8(v) Anal insertive sex acts in last month (N=18)**

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi	2	41	27
Panthi	0	0	0
Double-decker	16	126	58
Heterosexual	0	0	0
Homosexual/Gay	0	0	0

**Q. No.8(vi) Anal receptive sex acts in last month (N=81)**

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi	61	2065	821
Panthi	0	0	0
Double-decker	18	264	109
Heterosexual	0	0	0
Homosexual/Gay	2	18	11

**Q. No.9 Oral sex in last week (N=191)**

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi - Insertive	7	15	5
Kothi - Receptive	137	559	208
Panthi - Insertive	1	2	1
Panthi - Receptive	1	4	0
Double-decker- Insertive	22	54	21
Double-decker- Receptive	35	110	37
Heterosexual- Insertive	0	0	0
Heterosexual- Receptive	0	0	0
Homosexual/Gay- Insertive	1	2	0
Homosexual/Gay- Receptive	4	5	1

**Q. No.9(ii) Oral sex in last month (N=191)**

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi - Insertive	7	33	12
Kothi - Receptive	137	1688	538
Panhi - Insertive	1	5	2
Panhi - Receptive	1	12	0
Double-decker- Insertive	22	137	47
Double-decker- Receptive	35	256	82
Heterosexual- Insertive	0	0	0
Heterosexual- Receptive	0	0	0
Homosexual/Gay- Insertive	1	5	0
Homosexual/Gay- Receptive	4	29	8

**Q. No.9(iii) Oral insertive sex in last week (N=31)**

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi	7	15	5
Panhi	1	2	1
Double-decker	22	54	21
Heterosexual	0	0	0
Homosexual/Gay	1	2	0

**Q. No.9(iv) Oral receptive sex in last week (N=177)**

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi	137	559	208
Panhi	1	4	0
Double-decker	35	110	37
Heterosexual	0	0	0
Homosexual/Gay	4	5	1

**Q. No.9(v) Oral insertive sex in last month (N=31)**

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi	7	33	12
Panhi	1	5	2
Double-decker	22	137	47
Heterosexual	0	0	0
Homosexual/Gay	1	5	0

**Q. No.9(vi) Oral receptive sex in last month (N=177)**

Categories	No. of Respondents	No. of sex acts	No. of sex acts with condom
Kothi	137	1688	538
Panhi	1	12	0
Double-decker	35	256	82
Heterosexual	0	0	0
Homosexual/Gay	4	29	8

**Q. No.47 Ever heard of HIV/AIDS? ( N=199)**

Categories	No. of Respondents	Percentage Value	Percentage by identity
Kothi- Yes	87	43.72	57.24
Kothi- No	65	32.66	42.76
Panthi- Yes	3	1.51	3 out of 3
Panthi- No	0	0	-
Double-Decker - Yes	26	13.07	68.42
Double-Decker - No	12	6.03	31.58
Heterosexual - Yes	0	0	-
Heterosexual - No	0	0	-
Homosexual- Yes	5	2.51	5 out of 6
Homosexual- No	1	0.50	1 out of 6

**Q. No.53 Ever heard of safer sex? (N=192)**

Categories	No. of Respondents	Percentage Value	Percentage by identity
Kothi- Yes	86	44.79	58.11
Kothi- No	62	32.29	41.89
Panthi- Yes	1	0.52	1 out of 2
Panthi- No	1	0.52	1 out of 2
Double-Decker - Yes	27	14.06	75.00
Double-Decker - No	9	4.69	25.00
Heterosexual - Yes	0	0	-
Heterosexual - No	0	0	-
Homosexual- Yes	4	2.08	4 out of 6
Homosexual- No	2	1.04	4 out of 6