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Sexual Practice and Perception of HIV/AIDS And Health Seeking Behaviour Among Men Who Have Sex with Men in Hyderabad

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ABSTRACT

Introduction: The Men who have Sex with Men (MSM) are a vulnerable population and need special attention in fight against the HIV/AIDS. The HIV trend has been an increasing trend among MSM.

Methodology: It's a facility based cross sectional study undertaken in the Targeted Intervention sites in Hyderabad, Telangana. A total of 300 Men who have Sex with Men who are above 18 years of age and registered were included. All the MSM visiting the TI centers during the study period were interviewed by using a pre-designed, pre-tested, semi structured and pre-coded proforma.

Results: Majority of participants 119(39.66%) had their first sexual encounter at the age of 15-17 years. 130(43.33%) visited the Target Intervention centers 1-2 times during the last month. About half of the participants i.e., 141(47.00%) belongs to Kothi Group and most of the MSM i.e., 198(66.00%) used condom during the sex with male last time.

Conclusions: Stigma and cultural intolerance of same-sex relations are often largely to blame for rising epidemics, and until these issues are addressed it will be difficult to make headway in reducing HIV infection levels among MSM - which, in turn, will hinder the wider global efforts to manage HIV and AIDS.

Key words: Men who have Sex with Men (MSM), Target Intervention Site, HIV/AIDS, Sexual practice, perceptions, Health seeking behaviour

INTRODUCTION

The Acquired Immuno Deficiency Syndrome (AIDS) is a major emerging public health problem in India. According to an estimate made by the regional office of the World Health Organization (WHO) for Southeast Asia, India accounts for over two-thirds of all Human Immunodeficiency Virus (HIV)-infected individuals in the region.[1] The total annual economic loss due to HIV/AIDS in India is estimated to be Rs 3447 billion.[2,3] These figures emphasize the societal burden posed by HIV infection in India.

The National AIDS Control Programme (NACP) of India had estimated that there were 2.7 Lakh Men who have Sex with Men (MSM).[4]National Integrated Behavioural and Biological Surveillance has estimated the HIV prevalence among MSM to be 4.3% at National level, among Female Sexual Workers (FSWs) at 2.2% andamong Injecting Drug Users (IDUs) at 9.9%.[5] The National AIDS Control Organization (NACO) had subscribed to the recommendations made under Asia Epidemic Model that advocated at least 80% coverage of HRG population.[6] The current coverage of services in India among MSM varies

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widely between 17% and 97%, but mostly being below 80%.[7]

The Men who have Sex with Men (MSM) based on their sexual behaviour classified as Kothi (Receive during anal sex), Panthi (Insert during Anal sex) AC/DC or Double decker (Receive / insert during anal sex) and Bisexual (Sex with male and female).[8] The reliability of HIV infection data among Men who have Sex with Men (MSM) is influenced by: (i) The lack of knowledge and understanding of MSM behavioral patterns as many MSM do not have a conscious sexual identity/orientation; the fact that (ii) Many do not consider reporting on their same sex behaviors even when asked; (iii) Many do not identify their sexual behavior as MSM since their partners are not perceived as men.[9,10]

Legal discrimination is a further factor affecting MSM and Transgenders in India. Section 377 of the Indian Penal Code, which makes "Carnal intercourse against the order of nature with any man, woman or animal" a crime punishable by imprisonment, has been interpreted as including anal intercourse and has been used to criminalize sex between men. This law has made them vulnerable to harassment and violence from the police. In July 2009 a landmark judgment of the Delhi High Court ruled that Section 377 was unconstitutional.[11] This ruling appealed in the Indian Supreme Court and Supreme court upholds section 377 criminalizing homosexual sex in December 2013.

There are very limited information and few studies are only available regarding Men who have Sex with Men (MSM) in Hyderabad. Hence the present study was undertaken to study the factors influencing Sexual practice, Perception of HIV/AIDS and Health seeking behaviour among Men who have Sex with Men in Hyderabad.

METHODOLOGY

A Facility based cross sectional study was done among Men who have Sex with Men, above 18 years of age and registered at Targeted Intervention centres in Hyderabad for a period of one year

Sample size is calculated based on the following formula $n=4pq/l^2$

Where, n = No. of eligible participants included in the study; p = Knowledge of HIV/AIDS, Risk Perception and Health seeking behavior of MSM in Andhra Pradesh. i.e 60%[7]; q = 100 – p i.e 40%; and l = allowable relative error, here taken as 10% of p. i.e., 6.0

Hence, the sample size is 266. Allowing for 10% non-response rate gave the total sample size as 292 which is rounded off to 300.

In Hyderabad there are 24 Non-Governmental Organizations (NGOs) & Community Based Organizations (CBOs) are working in partnership with TSACS, Govt. of Telangana, Ministry of Health & Family welfare. Out of 24 NGOs & CBOs; five are working with High-Risk Groups of MSM & TGs.

Out of the five TIs three were selected by convenient sampling method. The Out Reach Workers (ORWs), who are part of the TI centres and from the MSM community, conducted regular outreach at cruising sites of MSM. This outreach often consisted of workers distributing information, condoms, lubricants, and other items to the Men who have Sex with Men. These outreach workers facilitate them to visit the TI centres where they are registered. Neither participants were not asked about their HIV status nor were any biological specimen for HIV testing and other STIs was collected during the study. The sampling strategy was consecutive samplings of those that fulfilled the inclusion criteria and were present at the site on the day of the visit of the investigator.

The subjects for the study were selected based on the following criteria, after a written informed consent was obtained following national guidelines.[12]

Inclusion criteria: MSM's above 18 years of age, Men who identified themselves and registered as MSM at the selected Targeted Intervention site, those who have engaged in sex – anal or oral with another male at least once in the previous month and MSMs who were present at the targeted intervention site at the time of visit and given informed consent.

Sample size being 300 and selected Targeted Intervention centres being 3, a total of 100 selected from each TI centre. All The MSM visiting the TI centres during the study period above 18 years of age were interviewed personally in their local language by using a pre-designed, pre-tested, semi structured and pre-coded proforma which was prepared with the help of the faculty. The questions were partially closed ended. Ethical clearance was taken from the Institutional Ethical Committee, Osmania Medical College, Koti, Hyderabad (Regd. No. ECR/300/Inst/AP/2013). Permission to visit Targeted Intervention centres was taken from the State AIDS control society. Informed consent from study participants and confidentiality was ensured.

Data was entered using Microsoft Excel 2010 version and analyzed manually in the initial stages and later by using Epi-Info version 7. Data was summarized in percentages and proportions. Univariate analysis using Chi-square test with significance level at 5% was used to determine the association of various independent factors.

RESULTS

Out of the total 300 respondents, majority of them 100 (33.33%) were in the age group of 20-24 years with mean age being 27.68±6.34 years. 29% (n=87) were educated up to high school and more than one thirds (40%, n=120) were in Service (Private/Government). With regards to marital status, two thirds (67%, n=201) were never married.

Table 1: Sexual practice of the study population

Sexual practice	Participants (%)
Receptive (Kothi)	141 (47)
Penetrative (Panthi)	30 (10)
Both (Double Decker)	103 (34.33)
Bisexual (Sex with Male &Female)	26 (8.67)

Table 2: Participant's reasons for not using condom

Reason for not using Condom	Participants (%)
Partner objected	18 (17.65)
Trusted partner	15 (14.7)
Condom not available	23 (22.54)
Do not like using condom	34 (33.34)
Paid more for without condom	12 (11.77)
Total	102 (100)

Table 3: MSM & regular sexual partners (n=300)

Regular Sexual partner (Does not pay to have sex)	Participants response (%)
Male Partner	
Yes	145 (48.33)
No	155 (51.67)
Female Partner (Spouse/Lover)	
Yes	101 (33.45)
No	199 (66.55)

Table 4: Discrimination Experienced by MSM from Family/Neighbours/Friends:

Discrimination by Family / Friends / Neighbors	Participants Response (%)
Yes	88 (29.33)
No	60 (20)
No One Knows	152 (50.67)
Total	**300**

Table 5: Distribution of MSM according to HIV/AIDS risk perception

HIV/AIDS Risk Perception	Participants Response (%)
High > 75	137 (45.67)
Moderate 25 to 75	62 (20.66)
Low < 25	42 (14)
Unsure of Risk	59 (19.67)
Total	300

Majority of the MSM's 146 (48.66%) were living with friends followed by 72(24.00%) who were living with Male/Hizra partner, 62(20.67%) with family, and 20 (6.67%) living alone. More than one third (39.66%, n=119) had their first sexual encounter at a very early age of 15-17 years followed by 24% at 18-20 years. Majority of the study subjects 141(47.00%) belonged to Kothi Group (Table 1).

With regards to condom usage, 198 (66.00%) used condom during the sex with male last time and 102 (34.00%) participants didn't use condom. Among the reasons for not using condom, most common reason was that they don't like using condom (n=34 (33.34%) (Table 2). And the association between sexual practice and condom usage was not significant statistically (p>0.05).

Almost half the proportion [145 (48.33%)] had regular male sex partner and one thirds [101(33.45%)] participants had regular female sex partner. It was observed that 64(44.14%) participants act as anal receptive while sex with regular male partners, 39(26.89%) participants act as anal penetrative, 27(18.26%) participated in oral sex and 15(10.35%) participants had manual sex with regular male partner. Out of 101 participants who had regular female partner, 82(81.18%) participants partners knew that these participants were MSMs.

Alcohol, Drug use practice and Physical & Sexual Violence experienced by MSM: Majority of the subjects 212(70.66%) were alcoholic and one third 71(33.49%) participants were using drinks before or during sex.292(97.33%) were never used drugs and only 8(2.67%) participants had drug practice. Out 8 participants who had drug practice 5 of them used the drug in oral form (Ganja, Heroine) and 3 of them in the form of injectables.

Majority of the participants 152(50.67%) said that no one knew about their MSM identity, 88(29.33%) participants revealed that they experienced discrimination by their Family/Friends/neighbours. (Table 4) And with regards to discrimination from health facilities, majority of the participants 138(46.00%) said that no one knew about their MSM identity and 66(22.00%) participants revealed that they experienced discrimination by Health facilities. Majority of them 188(62.66%) revealed they never experienced physical and sexual violence in the last 12 months.

With regards to risk perception, 137(45.67%) participants responded that they were at high risk of being infected with HIV/AIDS. (Table 5) Out of 300 participants, 288 of them ever heard about STD's, 284 participants ever heard about HIV and 294 participants ever heard about AIDS. With regards to knowledge about HIV testing centres, 294(98.00%) responded that HIV test done at Government hospitals, 119(39.66%) at NGO run clinic, 67(22.33%) at private clinic, 13(4.33%) at Health camp and only 8(2.66%0 participants revealed the place of HIV test is Mobile clinics. Majority 154(51.34%) of them heard about Anti-Retroviral Treatment.

Most of the participants 287(95.66%) had the knowledge of HIV/AIDS transmission by unprotected sex with infected person, 256 (85.33%) by sharing of infected needles, 275(91.66%) by infected blood transfusion. Majority 242(80.66%) of the participants had the knowledge of HIV/AIDS transmission from mother to child during pregnancy/delivery. About 37(12.34%) participants had the misconception that HIV/AIDS can be transmitted by sharing meal with infected person and 71(23.66%) of participants through mosquito bites.

The common source of information about HIV/AIDS is NGO/Health worker 279 (93%) followed by friends/ Relatives (63%).

Table 6: Distribution of MSM based on health seeking behaviour

Health seeking Behaviour	Participants response	
	Yes (%)	No (%)
Ever been Tested for HIV/AIDS	285 (95)	15 (5)
Tested for HIV In Last 12 mnths	239 (79.7)	61 (20.3)
RMC in last 3 months	152 (50.7)	148 (49.3)

RMC=Routine medical checkup

Table 7: Distribution of MSM based HIV test, treatment and services provided

Health seeking Behavior	Participants (%)
Referral for HIV/AIDS Test By (Last Time)	
NGO	198 (69.47)
Private Clinic Health Professional	14 (4.92)
On their own	73 (25.61)
Place of HIV test done	
Government hospital	204 (71.57)
Private clinic	29 (10.18)
NGO run clinic	52 (18.25)
Collected the HIV test report	
Yes	267 (93.68)
No	18 (6.32)
Services Received from NGOs/Groups/Programmes	
Information on HIV/AIDS	292 (97.33)
Received Condoms	288 (96)
Received Lubricants	154 (51.33)
Demonstration of Condom use	103 (34.33)
Medical Checkup & STI's Counselling	157 (52.33)
Received free Medicines	96 (32)
Received Help and Support	223 (74.33)

Health seeking behavior: Out of the total 300 participants 285 participants ever been tested for HIV/AIDS, 239 participants tested in last 12 months and 152 participants went through routine medical checkup in last 3 months.73 (24.33%) participants tested once in last 12 months (Table 6).

The common source of referral for HIV/AIDS test is NGO/TI 198 (69.47%), followed by 73 (25.61%) participants tested for HIV/AIDS voluntarily and 14 (4.92%) referred by Private clinics/health professionals. Majority (71.57%) of the subjects tested for HIV/AIDS at Govt hospitals, 10.18% were tested at private clinics and 18.25% were tested at NGO run clinics. Majority 267 (93.68%) of the participants who tested for HIV/AIDS collected their report (Table 7).

Majority 130 (43.33%) of the participants visited the Target Intervention centers 1-2 times during the last month, 49 (16.34%) were visited 3-4 times, 47 (24.67%) were visited 5 and more times. With regards to services received, 292 (97.33%) participants received information about HIV/AIDS from NGO/ Groups/programmes during the last 12 months, 288 (96.00%) participants received condoms, 154 (51.33%) received lubricants, 103 (34.33%) were shown the demonstration of condom use, 157 (52.33%) were received medical services and counselling for STI's, 96 (32.00%) were received free medicines and 223 (74.33%) were received Help and support.

DISCUSSION

Men who have Sex with Men (MSM) are a vulnerable population and need special attention in the fight against the global pandemic of HIV/AIDS. The Present study was a facility based cross sectional study done in 3 Targeted Intervention centres Suraksha, Darpan and Avagaahan in Hyderabad which included 300 MSM who registered at these Targeted Intervention centres. Mean age was 27.68 years. Majority of participants (39.66%) had their first sexual encounter at the age of 15-17 years. 43.33% visited the Target Intervention centres 1-2 times during the last month.

In the current study, out of 300 study participants (66.00%) used condom during the sex with male last time and 34% participants didn't use condom. Majority of the participants (33.34%) response for not using condom was they don't like using condom, (22.54%) participants responded that condom not available, (17.65%) responded that their partner objected for condom, (14.70%) participants responded that they trust their partner, and 11.77% participants responded that they paid more for sex without condom. In comparison, study by Dandona et al. found that MSM reported high rates of unprotected anal sex with other men and women.[13] This might be due to geographical variations which might have influenced as Dandona study was done in both urban and rural areas compared to only urban centres covered in present study. In a study by Beena Thomas et al condom use by MSM in Manipur was 57.6% and 48.9% in Tamil Nadu. Consistent condom use with paid male partners was low in Karnataka at 35% and 54% in Tamil Nadu. [14] These observations indicate the need for condom promotion and its usage in effective manner to reduce the chances of infection.

About half of the participants (47%) belonged to Kothi Group and most of the MSM (66%) used condom during the sex with male last time in comparison with a report by Bill and Melinda Gates foundation 2006-07 consistent condom use with regular female partner was very low: 29% among panthis, 20% among Double Deckers, and just 2% among Bisexuals.[10] These variation in condom usage among MSM's might be due to different various demographic and cultural factors. In a study by Misovisch SJ et al MSM are less likely to practice safe sex with close, regular relationship partners compared with sexual partners perceived as casual. This poses a sexual health challenge for couples that are unaware of their respective sero status.[15]Another study by Verma RK et al. which reported nearly 10 per cent same-sex behavior among men in rural India, indicated that all anal intercourse between men was unprotected.[16] These studies underscore the need for a much more vigilant and aggressive prevention and education campaigns targeted towards MSM.

Majority of the participants (50.67%) mentioned no one knew about their MSM identity, (29.33%) participants revealed that they are experiencing discrimi-

nation and 20% participants revealed that they never experienced any discrimination by their Family/Friends/neighbors because of their MSM identity. In Health facilities 22% participants revealed that they are experiencing discrimination and 32% participants revealed that they never experienced any discrimination by Health workers because of their MSM identity. In a study by Heather Fay et al in Malawi, Namebia (17%) MSM ever disclosing same sex practices to a health professional and 19% reported ever being afraid to seek health care. Men reported ever been denied health care services (5%) and 21% had ever been black mailed because of their sexual identity.[17] Stigma and cultural intolerance of same-sex relations are often largely to blame for rising epidemics, and until these issues are addressed it will be difficult to make headway in reducing HIV infection levels among Men who have Sex with Men.

Because of being in high-risk group, it is extremely important that MSM's under testing for HIV/AIDS regularly. In the present study out of the total 300 participants, 239 participants tested for HIV / AIDS in last 12 months. Majority 118(39.33%) of the participants tested 2 times, 73(24.33%) participants tested once in last 12 months. These findings were in concurrence with study conducted by Finlayson TJ and Leb et al where 90% had been tested for HIV during their life time, 62% had been tested during the past 12 months.[18]

More awareness campaigns are required around combined HIV/AIDS & MSM and coordinated, collective effort should continue to be encouraged between the government, NGOs, and LGBTI organizations working with MSM to develop and implement effective HIV/AIDS prevention programmes.

CONCLUSIONS

MSM's have faced discrimination from Family/Friends/Neighbours and also in Health facilities which can be hurdle in accessing services which needs to be taken into consideration. Though in spite of being in High-risk category, only half of them felt they were at high risk of being infected with HIV/AIDS which needs to be addressed. NGO's and Health workers should play a key role in spreading awareness and conducting campaigns and to promote increased usage of condoms.

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