Structural violence and HIV prevention among Kothi-identified men who have sex with men (MSM) in Chennai, India

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Introduction

- Stigma and discrimination against MSM may need to be explored as a product of structural societal forces, as opposed to traditional models that focus on stigma as an individual. level phenomenon (Galtung, 1969; Parker & Aggleton, 2003).
- "Rersonal violence shows . . . Structural violence is silent . . . Structural violence may be seen as about as natural as the air around us +- Galtung, 1969.
- Limited investigations have focused on stigma and discrimination faced by MSM and Hijras in India. (Chakrapani et al., 2004 & 2007; PUCL-K 2001 & 2003; Human Rights Watch, 2002).

Study Purpose

To explore the experiences and contexts of stigma, discrimination and violence among HIV-positive and high-risk Kothi-identified MSM in Chennai, India, and implications for HIV prevention.

Methodology

- Qualitative methodology
- In-depth interviews with:
 - 10 HIV-positive kothi-identified MSM
 - 8 Kothi-identified MSM of unknown HIV status
 - 3 key informants
- In collaboration with 3 community -based organizations (CBOs) in Chennai - SWAM, Sahodaran and Allaigal
- Sampling . Peer driven & Snowball sampling
- Narrative thematic analysis & Constant comparison method

Background Characteristics

In-depth interview participants (n=18)

- Mean age 28 years (Range=19 to 52)
- All from lower socioeconomic status (Most earned < 1 USD per day)
- Nine MSM engaged in sex work occasionally
- 4 MSM were heterosexually married

Key informants (n=3)

Community activists or CBO leaders

Kothis

- Kothisqgender expression is feminine and they are attracted to masculine male partners, whom they call Panthis.
- Kothis are generally receptive partners in sexual encounters with panthis, who are assumed by kothis to be predominantly heterosexual.
- Though Hijras (or transgender women) may also identify as *Kothisq in our study we restricted our study population to only those MSM who identify as *Kothisq

Findings

Kothi-identified MSM face Stigma/Discrimination from

- 1. Police
- 2. Ruffians (:Rowdiesø)
- 3. Heterosexual friends
- 4. Family members
- 5. Health care providers

Forms of stigma and discrimination

Direct & Indirect forms of oppression

1. Police

Direct forms:

Verbal and Physical Harassment

"That policeman said to me, 'Why are you standing here? I know who you are;' and before I reacted he started to beat me with a lathi [police stick] on my back and legs."

Sexual Assault and Rape

"Policemen took me to police station and during the night one policeman asked me to come to the bathroom. He had sex with me in the back. I did not have condoms at that time."

Blackmail and Extortion of money

"He [the policeman] took away my driver's license and said that if I want to have it back I need to give him 200 rupees. I had no other option and gave it."

Indirect forms:

- Arrest on false allegations
- Refusing to offer protection to MSM from ruffians
- Harassment of MSM outreach workers

2. Ruffians

Violence by ruffians

% They will beat us and show us a knife... They also take away our money. +

Blackmail by ruffians

"That rowdy by some way got my home phone number and threatened me that he will tell my fami ly members if I do not give him money periodically."

3. Heterosexual friends

- Rejection by heterosexual f riends
 - Could not reveal sexuality or HIV status. Fear that friends might leave if disclosed.

4. Kothi friends

- Fear of rejection by other Kothis if HIV-positive status revealed
- Reported Breach of conf identiality about HIV status and Discrimination on the basis of HIV status

5. Family Members

Direct forms:

Verbal abuse (Bringing shame to family)

Physical abuse

"My brothers had beaten me black and blue after they came to know about me. Later I had to run out of my family to settle in Chennai."

Indirect forms:

- Need to fulfil family expectation to get married
- Greater stigma associ ated with same-sex sexuality

"[M]y father told me that he could tolerate that I was HIV-positive but asked me not to tell others that I got it by having sex with men."

6. Health care providers

Direct forms:

Derogatory labelin g & Insulting remarks

"Are you a man? . . . You have a moustache and why do you want to have sex with other men? Try women."

Breach of confidentiality & Outright ref usal of services

Cont...

Indirect forms:

- Lack of sensitivity and knowledge in working with MSM
- Doctors and Counselors were reportedly negl igent & embarrassed in asking about sexual history
- Lack of information on saf er sex for HIV-positive MSM

Thus, Kothis were uncomfortable in reporting their anal symptoms that led to substandard care

Interlinking Factors

Example 1: Rowdies extort money and sexuall y abuse kothis because of

- Lack of police support to Kothis
- Criminalization of same-sex sexual behavior

Example 2: Police can extort money and sexuall y abuse kothis because of

- Criminalization of same-sex sexual behavior
- Media attention if police do not ±ontrol homosexual activityqin their beat
- Lower socioeconomic status

Structural level

Discriminatory practices **Indirect Direct** Legal system - Criminalization of **Police Police** "homosexual - False arrest - Verbal & physical behavior" - Refusing to offer harassment **Stigma** protection - Sexual assault & - Harassment of violence community workers **Vulnerability** Community to HIV/AIDS **Community** members members - Physical violence & - Social exclusion by blackmail by ruffians peer groups & other Kothis **Family Family Family** - Violence - Arranged - Blame for conflict - Forced out of marriage & family stress house - Taboos around - Shame regarding sex and same-sex sexual orientation Healthcare relations - Refusal of service Healthcare - Insensitive practice

Community

- Stigma against homosexuality and HIV/AIDS
- Taboos against homosexuality

- Inadequate training

Health care system

- Lack of services competent in working with MSM
- Inaccessibility to MSM

Recommendations

- Decriminalizing same. sex relations among consenting adults are central to resisting structural violence.
- Antidiscrimination education campaigns in the mass media targeting the general public to combat stigma/discrimination associated with MSM and HIV.
- Extensive education of police on rights of sexual minorities and wide-spread monitoring of police abuse.
- Programs for health care providers, both to counteract ignorance and end outright prejudice and discrimination.