Compilation of Abstracts on Men who have Sex with Men and Transgender People in India (www.indianLGBThealth.info)

The XVII International AIDS Conference in Mexico City from 3 – 8 August 2008

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[MOAX0203] Health and treatment seeking behaviour among Hijras

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Issues: The objectives of the study were to identify health and treatment seeking behavior of Hijra community and to integrate right based approach in their prevention programs in Delhi. Hijras identify themselves as neither man nor woman. They always cross dress and hence are extremely marginalized. Hijras do not get access to the government medical facilities. Under present laws becoming hijra is illegal. Most of the hijras are sex workers. Thus marginalization resulting from social attitude and legal framework makes hijras an extremely vulnerable population in the context of HIV and AIDS.

Description: This study was done in Delhi and involved 5 focus group discussions and 30 qualitative interviews. Two case studies were identified. The sample of stakeholders for qualitative interviews included 5 doctors, 5 community healers, 5 policemen, 5 religious leaders, 5 community leaders, 5 area in-charge personnel and 20 community members.

Lessons learned: The major findings of the reports are as follows:
1. Hijras are being denied admissions in the government hospitals because they are not considered to be worth living.
2. Doctors feel hijras are a “nuisance” and their admissions would be resisted by the mainstream.
3. Police believe that hijras are criminals under existing laws and have no right to coexist with the mainstream.
4. Due to discrimination, hijras seek medical support from “quacks”. Also, they do not get access to information on HIV and AIDS.

Next steps:
1. Major stakeholders need to be provided sensitization trainings on the issues of sexuality and gender as a part of their curriculum.
2. Law enforcement agencies need to understand the implications of certain provisions in the laws and make self initiated changes in the same.
3. Hijra community should be aware of their rights and realize that their health is too precious to be treated by quacks.

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[WEPDE202] Capacity building of MSM and TG community based organizations as support to national AIDS control program phase III in India

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Issues: The prevalence of HIV in MSM is 15% while among TG is 49% in India. The community lacks adequate representation at national level. There are less 30 MSM and TG interventions in India. The national AIDS program has been unable to identify MSM and TG groups and address their issues.

Description: India Network for sexual Minorities (INFOSEM) was set up to provide capacity building to sexual minorities and conduct community based research. In April 2006, a grant was awarded for one year by Department for International Development (DFID) to build capacities of the MSM and TG organizations on managing targeting interventions in NACP-III.A needs assessment with 22 organizations to prioritize areas of capacity building was conducted. Ten areas were identified and four prioritized that included grant writing, advocacy, program planning and documentation and reporting. The workshops were conducted in Mumbai, Chennai, Kolkatta and Goa.The CBOs were also trained on computer skills and human rights violations documentations. Minutes of community meetings were sent to community organizations and feedback sought. 256 individuals from 25 organizations attended workshops where community skills were used to provide training. Four guidebooks were printed on trained areas to serve as ready reference for CBOs. INFOSEM secretariat coordinator was hired and process of registration as society commenced. A website for INFOSEM was developed. Five CBOs were granted intervention projects based on their enhanced capacities.

Lessons learned: Extended partnerships outside the network helped in rich, in-depth and strong training workshops. A network helps to maximize their resources and increase bargaining of CBOs and is beneficial to donors and communities.

Next steps: On-going review of the capacities of communities will bring improvement in better quality programs and stronger outputs.

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[MOPE0116] Improve health seeking behavior of HIV positive transgender

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Issues: The Transgender (TG) community in India lives in a hierarchy structure. Their support comes from gurus (leaders) and fellow sisters. A baseline study of Humsafar Trust shows that out of 5000 TGs in Thane region of India, 4000 engage in sex work thus enhancing their risk to HIV and STIs. The prevalence of HIV is 49% in the TG community. The community is visible but hard to reach owing to strict norms of the gharana's (Households) and external stigma. The health care providers are not sensitized to the medical needs and hesitate to examine transgender and thus their health needs are not addressed.

Description: The Humsafar Trust has an HIV intervention programme in Thane district, Maharashtra, India with MSM and TG population. The outreach program includes interacting with the TG community and guru's are sensitized to improve
access of health care services. Doctors in public hospitals are regularly sensitized on TG issues and a collaboration with MSF, an INGO to enroll HIV positive transgender for ARV treatment was made. TG peers act as facilitators and accompany clients to the treatment centre. 40 HIV positive TGs are availing ART along with treatment OIs and adherence counseling. This process has facilitated the formation of a self group of HIV positive TG who facilitate the enrollment of other HIV positive TGs. They share their concerns beyond HIV and lead a life with positive mental health.

Lessons learned: The issues of Transgender community are unique and need to be addressed on urgent basis. Sensitization of health care providers and guru's of households helps increase access of health services. Formation of support groups instills empowerment and enables life of dignity.

Next steps: Sensitization of Health care providers should be taken and ongoing process and TG interventions should be designed with community involvement.

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[MOPE0298] Alcohol use and sexual risk among MSM in Chennai, India

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Background: India has the greatest number of HIV infections in Asia and the third highest total number of infected persons globally. Heavy alcohol consumption is associated with increased sexual risk taking behaviors in many cultures.
Men who have sex with men (MSM) in India experience multiple and complex challenges including stigmatization, isolation, homophobia, criminalization, and discrimination which may put them at risk for alcohol abuse and/or unprotected sex.

Methods: 210 MSM in Chennai completed an interviewer-administered psychosocial assessment battery, which included questions about alcohol use, sexual risk taking, demographics, and MSM identities. Bivariate and multivariable logistic regression procedures were used to examine behavioral and demographic associations with weekly alcohol consumption.

Results: The mean age was 28.9 years old (SD=7.83); This MSM sample included Kothis (feminine acting/appearing and predominantly receptive partners in anal sex; 25.7%), Panthis (masculine appearing, predominantly insertive partners; 37.6%), and Double-deckers (both insertive and receptive and often bisexual; 36.7%). 28% reported that they used alcohol at least weekly, which was associated with unprotected anal sex (OR=1.99; p=.05). MSM with 12 or more male sexual partners in the past three months more often reported at least weekly alcohol use (OR=1.99; p=.05), as were older men (OR=1.04; p=.05). Panthis were more likely to use alcohol than Kothis (OR=1.57, p=.05), and MSM who were married to women used alcohol more often than unmarried MSM (OR=3.11, p=.001). In a multivariable model, being married was the only unique variable that was predictive of weekly alcohol use (OR=2.58, p=.02).

Conclusions: Further investigation of alcohol use within the context of sexual risk taking is warranted. Maleidentified (Panthis) and MSM who are married to women may be particularly likely to benefit from interventions to decrease alcohol intake and unsafe sex.

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[MOPE0338] A study on sexual practices and sexual morbities among the clients of a STD clinic

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Background: Men Having Sex with Men (MSM) and clients of Commercial sex workers or practicing unsafe sex are a vulnerable population who deserve special attention in the fight against the global pandemic of HIV/AIDS.

Methods: Descriptive, cross sectional study conducted in an MSM clinic in central Kolkata.

Results: A total of 108 MSM and 96 other male clients were studied overall. Most of the clients were adolescents. Students among MSM was significantly more (25%) as compared to others (9.4%) [p<0.01]. The proportion of MSM with perianal symptoms like itching, burning, trauma, bleeding per rectum and pus/discharge with stool was significantly higher (35.2%) as compared to only 3.4% in others (p<0.01). Others mainly suffered from rash on genitals (41.7%) followed by urethral discharge (26%) and dysuria (16.7%). The mean age of first sexual act among MSM was significantly lower as compared to others (p<0.05), lowest being 10 years age. Most of the MSM (48.3%) had two or more sexual partners in the last one month even going up to the order of 9 in one instance. Receptive anal sex and insertive anal sex were significantly high among MSM (83.3% and 29.6% respectively) in the last one year. However use of condoms during last sexual act was very poor among both MSM and others (11.1% and 18.7% respectively). Conclusion Some of the sexual practices of the clients of the STD clinic were alarming enough to demand immediate intervention in the form of intensified IEC regarding condom use and raising awareness of both groups about STD as well as HIV/AIDS. The findings of the study are enough to ring in the warning bells for a concerted efforts to contain the spread of STDs among both MSM and other clients practicing unsafe sex, otherwise the pandemic of HIV/AIDS may just go out of our hands.

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[MOPE0376] STI and HIV prevalence in male-to-female transgender communities in Chennai, Southern India

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Background: India´s National AIDS Control Program (NACP-III) has identified MSM as among the most-at-risk groups for HIV requiring rigorous prevention interventions. Until recently, transgender communities were not distinguished from MSM in sentinel surveillance, and consequently prevalence of HIV and STI in transgender communities remains poorly documented.

Methods: A cross-sectional study was conducted in Chennai, India among 131 male-to-female transgenders from April to July 2007. Adult (> 18) individuals were recruited through peer-driven sampling, with eligibility criteria including transgender self-identification, and residency in Chennai for the last six months. They were administered a structured questionnaire for assessing behavior and screened for bacterial and viral STIs through physical examination and laboratory investigations.

Results: The mean age of the participants was 28 yrs. Of the 125 individuals who consented for clinical examination, none exhibited anal, oral or skin symptoms. Laboratory investigations revealed that 72% of the participant had at least one STI. 48% tested seropositive for HSV-1 IgG, 29% for HSV-2 IgG, and 7.8% for HBV. Of the 23 (17.5%) individuals diagnosed as HIV positive, only 4 had prior knowledge of their seropositivity. Among the bacterial STIs,1.5% tested for N.gonorrhea, and 0.76% for C.trachomatis. RPR was reactive for 5.4%, and both RPR and TPHA for15.50%, signifying that they had had Syphilis at one point or another in their lives.

Conclusions: Routine laboratory diagnosis, treatment for STIs and voluntary counseling and testing for HIV is urgently required for transgender community. Education regarding symptoms and episodic treatment of HSV- 1and 2 is strongly recommended.

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[MOPE0429] Community-based ethnography and HIV prevention among MSM in Mysore, India

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Background: MSM in Mysore were trained in ethnographic techniques to achieve the following objectives:
1) To generate detailed and reliable qualitative information on the relationship between social stigmatization and
HIV vulnerability;
2) To bypass the lengthy rapport process that “outside researchers” require to conduct extensive qualitative research
with “hidden” MSM;
3) To facilitate a community action plan to confront broader political, local environmental, and individual-psychological factors.

Methods: We consulted with 51 MSM leaders working with human rights and health promotion NGOs. This process raised key themes related to HIV vulnerability. Although the MSM community expressed enthusiasm over ethnographic training, interagency politics and local power hierarchies initially posed a challenge to building a research consensus. To access differing socio-sexual networks, community leaders chose 12 MSM from diverse social-economic backgrounds for the training. Community ethnographers were trained in ethics, qualitative interviewing, participant observation and fieldnote writing. Community ethnographers then recruited participants purposively through their socio-sexual networks. Data collection yielded 70 sexual life histories with respondents ranging from 18 to 40 years old (mode=20, mean=22). Participant observation generated “thick descriptions” of sites where MSM congregated, cruised for sex and practiced sex work.Community ethnographers followed a simplified thematic-coding technique and conducted group analysis. The MSM community formulated recommendations and disseminated findings to the MSM community.

Results: Sexual histories and thick descriptions illustrated how stigma, gender inequality and kinship interact to shape contexts of HIV vulnerability. Community researchers captured the sexual histories of 21MSM who never attended STI clinics. Regardless of their educational background, 73% of respondents claimed to have practiced some form of sex work, Through this project an MSM collective formed that now has greater visibility within local, HIV prevention policy arenas.

Conclusions: Involving vulnerable communities directly in knowledge production can enhance community mobilization needed for effective HIV prevention.

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[MOPE0582] Livelihood insecurity attributes to high psychiatric morbidity and stress in MSM youth

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Background: There are limited studies on the MSM community indicate poor mental health, anxiety & mood disorders. Therefore, to gather more understanding on this, a study was undertaken with clients from a MSM support group, established for rural young boys in Rajasthan province of India. The purpose of this intervention was to assess level of psychological morbidity and its attributes among MSM youth.

Methods: Psychological Assessments (Stress Index and General Health Questionnaire (GHQ) were done using techniques such as interviews, small group discussions and story telling, to understand stress level and psychiatric morbidity. Study was done on 24 MSM individuals in the age range of 18-24 years.

Results: Results indicate 71% youth reported moderate/high stress with 21% youth falling in the “Danger Zone”. GHQ scores of almost half of them had scores indicating possibility of mental illness and psychological disturbances. Further analysis of data showed linkage of psychological morbidity with the livelihood insecurity. Those who scored poorly did not have a stable income and were confused about their livelihood options/vocation. They were also unclear about future occupation and goals. These youth reported depression, anxiety & helplessness as a fall out of poor occupational options. Further, youth with livelihood insecurity found to exhibit maladaptive coping methods such as aggression, blame, withdrawal, self-defeating thoughts or giving up.

Conclusions: High level of psychiatric morbidity found young MSM and livelihood insecurity found to be an important attributable factor to this. Thus, it is recommended that comprehensive programming including livelihood skill-building component leading to income security should be an integral part of MSM programs.

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[MOPE0697] The effects of scale on costs of targeted HIV prevention interventions among female and male sex workers, MSM, and transgenders in India

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Background: To-date there has been little information on how average costs of delivering services vary with scale. The India AIDS Initiative (Avahan) project is involved in rapid scale up of HIV prevention interventions in high-risk populations. This study examines the cost variation of 98 Non-Governmental Organisation (NGOs) implementing targeted interventions over a two-year period of scale-up. Services were delivered in 61districts in the states of Andhra Pradesh, Karnataka, Maharashtra, and Tamil Nadu to high-risk target populations of female and male sex workers, men who have sex with men (MSM) and transgenders.

Methods: Incremental costs of the first 2 years were collected and analysed. Financial and economic costs were retrospectively and prospectively collected from a provider perspective. Ingredients and step-down allocation processes were used. Outcomes were measured using routinely collected project data by number of people registered and contacted from the target populations. Costs were calculated in US$ 2006.

Results: Total registered people were 135,277 at the end of two years. The scale of activity varied from 63-8234 people registered, and 79-8629 people contacted across NGO interventions. The median cost per person registered was US $39, with a mean cost of US $80 (95 Confidence Interval $53-$107). Large reductions in the cost per person registered were observed. Costs declined from $452 for low scales of activity to $14 for the highest scale of activity. Scale was significantly associated with decreasing average costs (Pearson correlation coefficient -0.328, p=0.001).

Conclusions: During rapid scale-up of targeted HIV preventions, a 32-fold reduction in average costs was observed as the scale of activity increased over 100-fold. Scale effects are important to quantify for planning future resource requirements of large-scale interventions.

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[MOPE0958] From "risks and responsibilities" to "APCOM" - the successful development of an Asia Pacific regional tripartite MSM coalition - involving the MSM/transgender(TG) community groups, governments of the region, donors & funders, and the UN agencies

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Issues: A tripartite collaboration between community, governments, funders, and the UN system in a regional advocacy coalition is a successful model for ensuring higher investments, greater coverage, and enhanced knowledge base for MSM and TG HIV prevntion, treatment, care, and support services.

Description: The tripartite model was first tested in the "Risks and Responsibilities" consultation held in New Delhi in September 2006. This was a success inasmuch as it brought these primary stakeholders to the same table to address MSM HIV issues, and therefore ensured removal of barriers. The pre consultation in-contry work created the necessary linkages between governments and communities which´s crucial to availability of MSM/TG HIV services. One of the major reccomendation of the consultation was to carry on and institutionalise the tripartite model in a regional coalition
for regional advocacy on MSM/TG issues. Therefore the ´Asia Pacific Coalition on Male Sexual Health (APCOM) was formally formed in July 2007 with the primary objective of conducting targeted advocacy with governments, donors, research agencies, civil society organizations and UN bodies for an improved HIV policy framework, increased investment, scaled up programs, reduced stigma and discrimination and the promotion of individual rights of MSM/TG. It has been successful in securing institutional funding for itself and adopt a democratic community participation structure. In its short existence it has already created an impact.

Lessons learned: That involving governments, communities, and funders in a regional coalition is a successful model of cooperation that ensures enhanced coverage, better research, and higher investments.

Next steps: To ensure that the mission of APCOM as a regional coalition of MSM and transgender community-based organisations, government sector representatives, funding support agencies, and technical experts, advocating for increasing investment and coverage of HIV services for these communities, along with promoting the Principles of Good Practice is actualised.

[MOPE1067] Community mobilization and leadership - case study Tadipathri

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Background: The program involves the community in its planning, implementation and monitoring. Tadipathri, an intervention site in Ananthapur District outreaches over 700 Key population members FSW and MSMs. The community manages all the components of the programme - outreach, condom promotion, STI screening, advocacy, behavior change communication and linkages with Government health services. The community maintains all records and collects, records data and the reporting. The community led programme has made it more community owned and involved, creating greater accountability in the community, positive behavior change and community leadership.

Methods: Enabling framework for community led programming

•Participatory Site Appraisal - Community participatory study was conducted using different tools which, elicited information regarding the numbers. of KP's risk pattern, service availability, and needs assessment... exclusively planned and executed by the community
•Community Outreach - micro planning, risk profiling : Community plans the outreach services like condoms, providing skill for condom usage, negotiation skills, motivating them for the medical services
•Community monitoring and management committees - PAC,CSR C, DIC committee: They are various community led committees like drop-in-center committee, Clinical Services Review, Project Advisory, Procurement, Outreach review committees for monitoring and improving service delivery.
•Community led advocacy - Core Advocacy Group Community led core advocacy groups formed at to address issues of violence ,extortion, stigma and discrimination

Result:

•70% of identified KP's are part of the CBO
•10% of the total condom distributed are through Social marketing
•20% growth in Condom usage with the client among FSWs.
•15%reduction in STI incidence among FSWs and MSMs
•90% growth in condom usage among MSMs

Outcome:
The striking factor is all the initiatives are planned, executed, monitored and documented by the community vindicating
the community ownership.

Conclusions: Involving community at various levels enables capacity building for leadership and ownwership.

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[TUPE0287] What the new estimates for HIV+ people in India mean for MSM communities

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Issues: Although MSM HIV monitoring through sentinel surveillance sites have shown about 10% prevalence, there has been no systemic estimates on countrywide trends. This is where UNAIDS and the Indian government are collaborating to develop awareness for the future.

Description: Previous estimates of 5.7 million HIV+ were subsequently downsized to 2.5 million in 2007 due to a more robust use of methodology by National Family Health Surveys (NFHS) along with Integrated Biologic and Behavioral Surveillance (IBBA) and NACO sentinel surveillance sites. Recommended use of UNAIDS/WHO methods by the national committee on estimation allowed producing indicators of planning for all age groups such as ART needs and finally facilitated projections and impact forecasting. The data used by NFHS 3 was robust for high prevalence states (78,000) data for low prevalence states was significantly smaller (24,000). HIV-C prevalence remained remarkably stable since 2002 (0.37%, 2002 to 0.36%, 2006) but the epidemic was heavily concentrated among males (62.35 % males). With 87% infections restricted to age 15-49 groups, making it a primarily Male Sexual problem. In spite of the 65% HIV load shared amongst the high epidemic states, surprisingly, 41.87% was carried by the MSM/TG group alone. This signified that the fastest mode of HIV transmission in India is probably unprotected male-to-male sex. This is the first evidence from India, that patterns of transmission is similar to that in America vis-à-vis gay and MSM population.

Lessons learned: Imperatively, more operational research and awareness must be initiated in the MSM/TG sector, especially when they fall way back in ART programmes.

Next steps: MSM/TG communities need their voice to be heard now and fight the increasing stigma and discrimination arising from the dissemination of these new estimates.

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[TUPE0392] VCCTC in a drop in center space increased health seeking behavior among MSM and TG population in Mumbai metro

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Issues: The MSM and TG community face severe discrimination in Voluntary Counseling and Confidential Testing Center in Mumbai metro. The community refuses to speak openly about their sexual behavior for fear of ridicule. Insensitive doctors and counselors do not examine MSM and TG clients. The Humsafar Trust, the first gay organization of the country thought of mobilizing the community through setting up a safe space along with a testing center.

Description: In June 1999 with support from Mumbai District AIDS Control Society a VCCTC was set up in the drop in center premises of the organization. The community met every Friday and health issues were discussed. Two young doctors from Sion Public Hospital were brought into the clinic and sensitized on issues of MSM and TG. Community members were motivated to visit the clinic and talk freely about their health issues. This led to quality health care provision and the doctors also started attending to MSM and TG clients in Sion Hospital during Out Patient Department (OPD) hours. The community that visited the drop in center started visiting the clinic and Friday workshops saw the highest number of MSM and TG accessing clinical services. Eight years later the VCCTC of Humsafar provides HIV testing and STI examination and treatment to around 6,000 MSM and TG every year A Linkage with Sion Hospital helped HIV
positive MSM and TG access ART.

Lessons learned: A VCCTC in drop in center leads to increased access of clinical services. Sensitization of doctors and counselors within safe spaces is easier who in turn led the process of further sensitization.

Next steps: VCCTC in MSM and TG safe spaces should become part of Targeted interventions to provide discrimination free services. Community led VCCTCs to be linked to various ART centers in the increase access to treatment.

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[TUPE0615] High rate of HIV among short stay MSM migrants in Thane district, India

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Issues: There is an increasing trend in short stay migration in Thane district with migrants coming from Karnataka, Andhra Pradesh, Bihar and Uttar Pradesh. Education levels of migrants are very low and usually they find hazardous labor jobs. They live in groups of 15 - 20 and situational bisexuality and men having sex with men is as high as 18%. They are MSM who are non-identified and thus makes them hard to reach population. Almost 70% are married to women and thus becoming bridge population for their wives.

Description: The Humsafar Trust in collaboration with European Union - HIVOS and South India AIDS Action Program in Chennai through project SARVOJANA implements a care, support and treatment program for MSM and Tg in Thane district. It provides HIV/STI testing and treatment services. The programme has reached out to 530 short stay migrants and with consent provided HIV testing. In counseling 80 clients accepted same sex behavior while others denied, but there is a possibility of same sex behavior being higher. 13 of 80 (16.25%) tested HIV positive among migrant labour who were
MSM compared to 53 migrants of 450 (12%) tested HIV positive, clearly indicating that MSM migrants are higher at risk as compared to migrants who are not MSM. 410 clients were married to women and also act as bridge population enhancing risk of their wives.

Lessons learned: The rate of HIV infection is increasing highly among short stay migrants specially who report MSM behaviour. Lack of awareness on HIV and AIDS, sexuality issues and stigma associated with HIV status creates barriers in care and support programme.

Next steps: To design exclusive intervention programmes for short stay migrants that will focus on awareness, prevention, community mobilization and treatment services to the population

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[TUPE0628] Evidence of harassment and violence faced by men who have sex with men (MSM) in Mumbai and Thane

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Background: Few formative researches have explored the evidence of harassment and violence faced by MSM population in Mumbai and Thane. Center for Health Promotion provides technical support to MSM organizations in Mumbai, Thane and other cities in India. The organization also carries out research and studies on issues of health.

Methods: Structured interviews and focus group discussions were carried out with 410 MSM in Mumbai and Thane over a period of three months.

Results: The study explored the incidence and forms of harassment and violence faced by MSM in Mumbai and Thane. The findings revealed that around 98% respondents had faced at least one incidence of any form of harassment or violence in their life time. Around 87% reported harassment in the form of bullying or teasing, while 85% reported verbal abuse by people, police and local goons. Around 41% reported being physically threatened by partners/boyfriends, 37% reported physical threatening at the hands of goons and 23% by police. Another 20% admitted that they were at least once physically assaulted by police or goons in their lifetime. Around 13% respondents reported sexual abuse either at the hands of the police or local goons, while around 30% faced sexual abuse from their partners. An alarming 50% reported emotional violence at the hands of their partner or boyfriend.

Conclusions: There is high incidence of harassment and violence faced by MSM reflecting the stigma attached to their behavior and sexuality. The physical abuse by police and goons was related with the fear of being involved in a tabooed and criminalized sexual behavior. The violence related to partners or boyfriends indicated the vulnerability individual face in relationships. Violence is a form of enacted stigma. Violence in any form increases the risk of HIV infection in the MSM.

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[TUPE0649] Peer based intervention programs/activities and making aware of their Rights amongst MSM in Delhi, India

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Issues: Mitr has been working with MSM's in Delhi region from past three years using participatory methodology. Interventions took place in those cruising spots where sex (literally 'behind bushes' and in 'toilets') happens. Such spots not only lead to quick but unsafe sex too and most end with the harassment and violence. The interventions therefore, had to be limited promoting safer sex methods in all the manners
.
Description: Most activities are supported through community by contributing volunteer time. Peer prevention- peer educator makes a friendship circle with MSM in designated cruising and community areas to provide psychosocial support, condoms and create awareness on HIV/AIDS/STD transmission and prevention. Friendship circle meetings- held once a month focus on group work activities is an attempt to make community aware of safer sex behavior, treatment of STDs and to address the violence against them. Drop in center- regards this as 'their OWN space' where they are free to themselves and others, share stories of celebrations and also speak about harassment and violence's happening against them.

Lessons learned: The group support makes them feel less isolated and targeted. Kothis believing them as a ´woman - passive, cannot negotiate safer sex and also cases of abuses and blackmailing have been found mostly just because of them what they are, it includes the saddest stories of kothis becoming HIV infected not because of their mistake but were forced into unsafe sex (rape) for being homosexual are issue that must be addressed.

Next steps: Participatory gender responsive peer outreach methods are recommended for sustained behavior change towards safer sexual practices and creating safer environment in the entire context for them.

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[TUPE0762] Fun together: addressing STI, HIV/AIDS among the men who have sex with men (MSMs)/transgenders (TGs)

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Issues: Socio-cultural fences against MSM/TGs restricts natural expression of emotions, sharing, and brings in isolation, self blame, guilt and helplessness. This is aggravated in rural areas due to cultural taboos, open humiliation, disapproval, discrimination and violence. It creates internal barricades within the MSMs/TGs that impinge their access to information and basic rights, health, education, developmental services and livelihood, leaving them economically weak and socially impaired/neglected. Their vulnerability for contracting HIV/AIDS increases and hence further silenced.

Description: A strategic route of fun and entertainment was devised and implemented, in Andhra Pradesh, India, under the title “Sheesh" the MSMs/TGs colloquial language meaning“.the way to be” to mobilize them. Festivity being core to the rural culture more specifically to the MSMs/TGs were encouraged to participate in songs, dance, and entertainment, competitions, thus, breaking barriers of speaking, sharing and coming together at a common physical space on a regular monthly basis. The opportunity was used to discuss sexual health, health information, building access to general health services and provide basic STI services and developmental information.

Lessons learned: Fun and entertainment set the ground for discussing socio-cultural barriers in addressing issues of the MSMs/TGs. This also addressed their greatest concern and fear of belonging, expressing, sharing and coming out in the open had helped them emerge stronger as individuals and as collectives. The internal barriers set through long periods of oppression and stigmatization was broken. Health that seemed like an incidental discussion in these early events became the central topic for discussion. This innovative strategy resulted in health providers extending services proactively in difficult-to-reach interior rural areas. It shaped a safe space (Drop-in-center) for dressing, sharing and learning which transcended into larger issues of sexual rights and reduction of violence.

Next steps: To capacitate MSMs/TGs with skills for effective communication, mobilization and lead interventions within the rights perspective.

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[TUPE0786] Mental health issues in men who have sex with men in Mumbai

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Background: Men who have sex with men (MSM) in India face a variety of psychosocial problems living a society where homosexuality has traditionally been stigmatized. These psychosocial issues may be important to address in HIV prevention programs, because they may moderate their effectiveness.

Methods: The purpose of this study was to articulate the more common mental health concerns for MSM in Mumbai. During a community meeting, MSM who come to Humsafar Trust, a community based NGO for MSM in Mumbai, generated a list of the most common stressful life events (SLE) in the lives of MSM which was made into a SLE checklist. Second, a set of MSM (N=63) completed a quantitative interviewer-administered behavioral assessment battery including the SLE checklist, a measure DSM-IV diagnoses using the MINI, social support, and sexual risk taking.

Results: Of those interviewed, the mean age was 24.6 (SD=5.0), 22% were married to women. MSM self-reported identities were 33% Kothi, 35% Panthi, 17% bisexual, 6% gay. 60% (n=38) had at least one DSM-IV diagnosis, and over half (54%) endorsed some suicidal ideation (though over half in the low current risk category). None were receiving psychiatric treatment. The most frequent diagnoses were major depression (24%) and alcohol abuse or dependence (17%). The mean number of stressful life events (SLE) was 15 (SD=7.2), among the most common were fears of sexual orientation being known to others (78%), fear of being ridiculed (68.3%), pressure to fulfill duty to family (68%), financial problems (81%), fear of being infected with HIV (67%), lack of recognition by society and law (70%).

Conclusions: There are unique and prevalent psychosocial problems faced by MSM in Mumbai. Further study is needed to examine how to address these mental health concerns in the context of comprehensive HIV prevention interventions.

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[TUPE0815] Overcoming religious barriers for effective behavior change communication (BCC) in a MSM targeted intervention in Thane District, Maharashtra in India

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Issues: Humsafar Trust- Thane provides outreach services to MSM and TG community. Bhiwandi, a cruising site has 95% Muslim population and addressing issues of MSM is a huge challenge for religious reasons and the subject is taboo. This area has large migrant populations working in the small scale industry sector. Many migrants stay in one single room and since female sex work has to be paid it is found that 20% of Men have sex with other men. The population is illiterate and does not perceive same sex behavior as risk and have unsafe sex thus enhancing vulnerability to HIV.

Description: The project funded by USAID through AVERT Society for control of STIs, HIV and AIDS conducts various advocacy events and awareness programs in the region. IEC events and street play are performed with the populations with inbuilt subtle messages that unprotected anal sex among MSM is high risk. Workshops have been conducted for religious leaders in the vicinity and efforts are made to convince them on discussing safe sex messages in the community. Linkages are developed with the local public hospital for HIV counseling and testing. Through individual and group sessions it was possible to motivate them and create awareness among them. Clients who tested positive were referred to care and support group of the trust. The MSM community in Bhiwandi has now set up their own Drop in Center to provide a safe space to the MSMs.

Lessons learned: Initial resistance to perceive unprotected anal sex as high risk when addressed through one to one and group interactions served as tool in behavior change. Health seeking behavior of the people in this community increased steadily in the last three years.

Next steps: It is important to design programmes and interventions planned considering the social and cultural aspects of the community.

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[TUPE0829] Reproductive and sexual health concern and HIV risks among rural and tribal youth in India

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Issues: This paper discusses the finding of a baseline study carried out in rural and tribal areas in Orissa and Rajasthan states of India to understand the perception and practices related to sexual and reproductive health (SRH) issues and extent to risk behaviour among youth.

Description: The study was carried out during the 2005-06 under the sponsorship of European Commission and with support from Oxfam. More than 4800 out of school rural and tribal youth in the age group of 13-25 were recruited for the quantitative study. In addition, a series of FGDs and key informant interviews with youth, adolescents, community leaders, parents, health care providers etc. were also held. Nearly 40 percent respondents were female. The study shows that around 30 percent males and 5.5 percent female had pre-marital sex relationships. The use of condom among these sexually active youth was around 15 percent. It was equally large among male and female respondents. Nearly 5 percent male have reported MSM relationships. Use of condom among MSM was around 10 percent. Close to 40 percent males were reportedly habituated to subsequent abuse (intoxicant used were; alcohol, cannabis and opium and hashish). Gender discrimination was very large. Nearly 10 percent girls have reported sexual exploitation. Female social behaviour was closely policed. Knowledge about SRH was relatively poor.

Lessons learned: The study recommended that programme should attempt to build knowledge on SRH, safe sex, HIV/ AIDS and related issues. It called for a particular attention on female. It has also noted that community is not adverse these initiatives.

Next steps: The benchmarks were used to create interventions to reduce vulnerability of youth to HIV/AIDS with the help of local NGOs. End line assessment of interventions shows significantly improvement in these parameters.

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[TUPE0961] From community to government and back: men who have sex with men and transgender people uniting to develop a national HIV/AIDS policy for India

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Issues: In India, men who have sex with men (MSM) and male-to-female transgender persons (TG) are disproportinately impacted HIV with some studies showing infection rates ranging from 4-25%. The government's policies and programmes have not been adequate for addressing HIV in this community; compounded by a lack of a platform for MSM and TG to voice the needs.

Description: Supported by the UK Department for International Development, the India Network for Sexual Minorities (INFOSEM) brought together MSM and TG leaders, groups, and organizations to draft a policy paper to the government to adopt for addressing HIV in their community. Providing the government with endorsed community friendly and -centred HIV continuum of care interventions and services (e.g., increasing the number of community-based VCT centers, improving the sentinel surveillance to better capture MSM and TG risk behavior). Simultaneously training community leaders in advocacy and policy development.

Lessons learned: The government appreciated a community-led response, though tactful lobbying was necessary for getting buy-in. MSM and TG communities provided innovative ways for addressing issues that affect them, but leaders need to be current on HIV issues/policy contexts. In the Indian context divergent cultures, languages, needs and priorities proved a challenge and careful facilitation was necessary for community endorsement and a unified message. Unfortunately TG issues were absorbed into the MSM umbrella though it is recognised that the TG community has divergent needs that must be addressed separately (e.g., issues of health services, sex re-assignment and HIV interaction).

Next steps: Engaging government and donors concurrently with MSM and TG leadership is needed to secure implementation of the policy. There is a need to develop checks and balances to promote government adoption of recommendations, implementing policies appropriately and answering to community challenges. MSM and TG leadership must revisit the policy regularly to ensure relevance to a dynamic community.

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[WEPE0714] Factors influencing STI service uptake by male-to-female transgenders at government clinics in Chennai, India

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Background: Uptake of STI services by marginalized communities such as male-to-female transgender is likely to depend upon both health-care seeking behaviors of the communities and on attitudes of health care providers (HCPs). However, previous studies that have documented stigma and discrimination as the chief barrier for accessing government STI services have only reported the experiences of the target communities and not examined attitudes of the HCPs.

Methods: Knowledge, Attitude, Behavior and Practice (KABP) was assessed among HCPs from government STI clinics (4 Focus Group Discussions, 2 interviews) and among male-to-female transgenders (5 Focus Group Discussions and 2 interviews).

Results: Key barriers to service uptake reported by transgender participants are insensitivity and ignorance of HCPs towards transgender issues, as well as previous experiences of stigma and discrimination. All clients (N=42) and 50% of the providers (N=20) reported that HCPs in the government clinics are ignorant about transgender identities and practices. 75% of the transgender respondents reported insensitivity of providers to confidentiality issues. All the HCPs attributed inadequate infrastructure as the primary reason for lack of privacy for sexual history taking. 80% of the HCPs report that transgender clients are unwilling to provide sexual history and undergo genital examination. 40% of the respondents in both categories reported that lack of specific transgender-specific policies contributed to misassigning transgenders to male wards.

Conclusions: Information on transgender issues, including medical considerations, should be included in undergraduate medical syllabi, while existing HCPs at all levels in government hospitals should be sensitized and trained periodically. Separate spaces should be allotted to ensure privacy. Peer education interventions should be implemented among transgenders, in order to emphasize the importance of genital examination and sexual history. Anti-discrimination policies should be implemented at government STI clinics, including those which will allow male-to-female clients to be assigned to female wards.

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[WEPE0717] Sexual risk practices by sexual identity among men who have sex with men (MSM) in Bangalore, India

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Background: Simple classification of men who have sex with men (MSM) into a single category misses notions of gender and sexual behaviour. In India groups of MSM have been identified: Hijra, male-to-female transgender; Kothi, effeminate men who remain biologically male; Double-Decker, more neutral gender identity; Panthi, masculine identity but do not necessarily identify as homosexual. The objective of this study was to determine to what extent the risk of HIV depended upon behaviour within these sub-groups.

Methods: A cross-sectional survey of self-reported sexual behaviour of MSM in Bangalore in 2006 used face-to-face interviews under Avahan India AIDS Initiative. Two-level cluster sampling was used to select 400 participants in 85 randomly chosen cruising sites (e.g. public places or Hammams) at different times of the day.

Results: Out of 360 respondents, 26% self-identified as Kothi, 10% Panthi, 9% Double-Decker, 30% Hijra, 19% Bisexual and 6% reported no identity. Exclusive receptive (RAI) or insertive (IAI) anal intercourse varied by identity, Kothi and Hijra reported mostly RAI (66% and 81% respectively); Panthi and Bisexual mostly IAI (83% and 68%); the majority of Double-Decker reported both RAI and IAI (70%). Multivariate logistic regression showed significant behaviour differences between identities: Kothi and Hijra were likely to sell sex to men but not buy it and less likely to have non-commercial partners. Double-decker were significantly more likely to have non-commercial sex with men. Many, except Hijra, were currently married (22%) and had sex with FSWs (38%) bridging HIV between risk groups.

Conclusions: Identity and role behaviour during sexual acts are highly interdependent among MSM in Bangalore. Men with masculine identities tend to prefer IAI whereas effeminate men tend to take a receptive role. These role identities have program implications as they influence who has sex with whom and could shape the trajectory of an HIV epidemic in the general population.

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[WEPE0745] Contextual influences on condom use among men who have sex with men (MSM) in India

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Background: Quantitative studies among MSM in India have shown high levels of unprotected anal sex. However, there is little information about in what contexts MSM could not use condoms. Such information will assist in designing HIV prevention programs to remove barriers to consistent condom use. In a larger study on sexual networks of MSM, we explored the contexts in which MSM did not use condoms.

Methods: This qualitative study was conducted in 5 Indian states (Maharashtra, Gujarat, WestBengal, Orissa, and Delhi). Ninety-two in-depth interviews and 12 focus groups were conducted among MSM (Kothis, 'Doubles', Gays), along with 16 key-informant interviews. Data were analyzed using a narrative thematic approach with grounded theory techniques.

Results: Several contexts posed barriers to condom use. Personal-level barriers include: perceived low efficacy of condom, and perceived reduction in sexual pleasure. Interpersonal barriers varied according to the type of male partner. With male steady partner ('husband'/lover): trust/intimacy; fear of arousing suspicion; and having ´negotiated safety' agreement (having unprotected sex if both are HIV-negative). With paying male partners: when more money is paid; and when condom use is seen as partner´s responsibility. With known male partners: when there was group sex; due to 'heat of the moment'; and unexpected sex opportunity. With casual partners: multiple encounters in cruising sites; not wanting to lose good-looking partner; and perception of difficulty in attaining/sustaining erection with condom use. Structural-level barriers include presence of criminal law against consensual sex between adult males that is misused by the police and ruffians to blackmail same-sex attracted males to have forced unprotected sex with them. Typically, an individual faces several levels of barriers concurrently.

Conclusions: HIV prevention programs should address the various contexts that lead to unprotected sex and remove those barriers to consistent condom use at multiple (personal, interpersonal and structural) levels.

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[WEPE0751] Vulnerability to HIV/STI among MSM and transgender populations in India - implications for AIDS prevention research

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Background: In India, MSM and Transgender (TG) populations continue to be identified as most-at-risk of acquiring and transmitting HIV infections. To engage them in prevention research studies, it is important to understand their risk behaviors and accessibility.

Methods: Peer researchers from MSM and TG communities conducted over 100 interviews using the Participatory Ethnographic Evaluation Research approach. Survey was also conducted with a convenience sample of 580 MSM and 229 TG in three states.

Results: Most MSM and TG were 18-25 years. MSM lived with their families, TG lived with friends and leaders from their community. 34% of MSM were married, the majority to women. Both MSM and TG reported multiple gender and sexual identities that have an impact on HIV vulnerability. 60% MSM and TG had traveled out of town more than once in last six months. More mobile MSM reported multi-partner sex and alcohol use. Most TG reported paid sex with regular or non-regular partners whereas MSM reported unpaid sex ($p<.05$) and sex with both male and female partners. Condom use at last sex with last three partners for receptive anal sex was reported by over 85% of MSM and over 75% of TG. More TG reported experiencing physical and sexual violence as compared to MSM ($p<.05$). Most respondents reported low self perception of risk. More MSM reported STI symptoms as compared to TG. MSM sought treatment in NGO clinics while TG sought treatment in public sector hospitals. Qualitative interviews highlighted high levels of stigma and discrimination when accessing health services.

Conclusions: Although some risk behaviors differed, overall similar levels of risk were apparent among MSM and TG. Programs need to tap into TG community structures to enroll/retain TG population and work with NGOs to enroll MSM in HIV research initiatives. Also need to address multiple identities as a predictor of HIV risk.

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[WEPE0752] Psychosocial and demographic predictors of HIV risk and HIV infection in men who have sex with men (MSM) in Chennai, India

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Background: MSM in India are stigmatized, understudied, and potentially at high risk for HIV. The impact of psychosocial issues facing this hidden population on HIV risk behavior and HIV infection needs to be understood in order to develop culturally relevant interventions.

Methods: Outreach workers recruited 210 MSM in Chennai who completed an interviewer-administered psychosocial assessment battery (adapted and translated into Tamil from U.S. standard scales) and HIV testing and counseling.

Results: Eight percent tested positive for HIV; 22% reported at least one unprotected anal (UA) exposure in the past three-months, and 26% had participated in an HIV prevention intervention. The mean age was 28.9 years old (SD=7.83); MSM described themselves as Kothi (25.7%), Panthi (37.6%), or “Double-decker” (36.7%). In a multivariable logistic-regression model controlling for age, MSM subpopulation, marital status, and religion, predictors of any (UA) included education (OR=.54;p=.009; such that more education was protective), not having previously participated in an HIV-prevention program (OR=3.75; p=.056), depression (OR=2.8; p=.023), at least weekly alcohol use OR=3.56; p=.071), and lower perception of self-efficacy (OR=.40; p<.0001). Using bivariate logistic regression, predictors of testing HIV-positive were being older (OR=1.08; p=.006), not living with parents (OR=3.56; p=.023), less educated (OR=.51; p=.020), and disclosure of MSM behavior to one’s family (OR=3.48; p=.020).

Conclusions: Given the high prevalence of HIV among MSM compared to the general population, and relatively low rate of participation in HIV intervention programs, efforts to educate and screen MSM about HIV are urgently needed. Such programs for MSM may need to address co-occurring psychosocial problems faced by this population to maximize their chances of reducing risk.

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[WEPE0754] A Study on sexually transmitted infections among HIV-infected men who have sex with men in AP State

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Background: Studies have shown that the sexually transmitted infections (STI's) are common and also increasing among HIV infected men who have sex with Men (MSM) and associated with significant morbidity and increase HIV transmission.

Methods: The BOSS & CIPCA, Charitable Community Based Organisation working on HIV/AIDS since 1987 has conducted a cross sectional study to determine the bacterial and viral STI's and identify at risk among HIV positive MSM. All the out patients attending our Community Care Centre for PLWHIV/AIDS were enrolled from July 2006 to August 2007, if they agreed with protocol. The Socio-demographic and clinical data, Genital symptoms, sexual history and behavioural data were recorded for the last 12 months period. Urine, anus, throat specimens were tested for C. trachomatis,
N. Gonorrhoeae, mycoplasma, Herpes Simplex virus and Hyman papillomavirus, Serological tests were undertaken for syphilis, C. Trachomatis, Hepatitis A & B.

Results: The Study was proposed to 473 HIV positive MSM and 451 accepted to participate, median age was 32 (IQR: 26-38) 30.1% respondents had a high educational level. The Median time interval since HIV diagnosis was 7.3 years. 12.8% of patients were already at the AIDS stage. 37.1% were on HAART at the time of the survey. 42.1% of patients had more than 20 sexual partners during the last 12 months, 33.7% unprotected anal intercourse and 18.5% oral sex with ejaculation. A STI history was reported 43.4% of the respondents. At the time of the survey 16.8% patients presented genital or clinical symptoms. C. Trachomatis proctitis (10.8%) and syphilis (3.8%) were the commonest bacterial STI's 21.1% of patients has anal HSV, 6.6% had HBs antigen, 25.1% antibodies against a virus.

Conclusions: This study has clearly indicates high STI's prevalence in HIV -infected MSM. A routine screening and preventive interventions, more and more counseling sessions for behavioral change are needed.

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[WEPE0758] From the front line - the impact of social, legal and judicial impediments to sexual health promotion, care and support for males who have sex with males in Bangladesh and India - a study conducted under the aegis of Naz Foundation International

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Background: The study was conducted as part of a larger project to develop strategies to reduce impact of stigma, discrimination, violence, and harassment on HIV vulnerability of MSM. There was already significant anecdotal evidence indicating high levels of abuse, violence and rape of MSM, which was having a detrimental impact on sexual health, directly leading to increased vulnerability, obstructed grievance redressal, and created an atmosphere where prevention intervention became difficult, if not impossible.

Methods: Action research involving field staff of partner MSM CBOs to collect data in two phases: [1] Qualitative data through FGD and in-depth interviews, explored the nature of violence and violation of rights [2] Quantitative by preset questionnaires to explore the extent, degree, & prevalence of violence and rights violation as identified through the qualitative phase. Sampling was based on randomised identification at a range of MSM meeting places
.
Results: High levels of violence, abuse, and stigma identified; Police, family, educational institutions, anti-social rowdies, religious leaders, sex partners, clients of male sex-workers, are primary perpetrators; direct nexus established between feminisation and discrimination in educational setting, leading to droput, poverty and sex work; family support lacking leading to high risk existence; violence leads to deep-seated psychological trauma impacting behaviour; 42% respondents reported they had been sexually assaulted or raped; 60% reported rape by rowdies; 70% of respondents reported facing beating, rape, extortion, blackmail from police; 75% of rape-victims were assaulted because they´re effeminate; 28% thought of or actually attempted suicide. But involving community in action research also trained them on rights issues, created rights advocates, and led to the establishment of policy advocacy units in the CBOs involved in the study.

Conclusions: Clear need for sensitisation training, advocacy, with police, judiciary, medical establisment, educational institutions, and family; Need for psycho-social support; advocacy for positive policies and repeal of bad laws.

[WEPE0762] Widespread myths about male homosexuality leading to greater stigma and discrimination

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Background: There is unprecedented shame, stigma and discrimination faced everyday by homosexual men in India. Focus Group Discussions conducted with college youth brought into light some widespread myths about male homosexuality leading to greater stigma and discrimination. The FGDs were conducted for baseline understanding to gauge the prevailing knowledge and attitude about HIV and AIDS. Inspired by the interesting outcome of the FGDs which was general in nature, a short questionnaire was developed for conducting a survey among college youth to specifically find out
the beliefs, myths and misconceptions that stigmatize and reinforce discrimination against MSM.

Method:
• A short questionnaire based survey with college youth.
• The respondents were selected randomly on campus, comprising 62 youth including 22 women and 40 men.

Results: The survey revealed some startling data about how youth perceive MSM.
• Alarmingly, 75.8% of the youth said that MSM are also pedophiles.
• 85% responded that MSM can be identified by their feminine behavior.
• 100% of them believed that all MSM indulge in anal sex.
• 90% of respondents believed that MSM are the root cause for the spread of HIV.
• While 37% of them said that MSM behaviour is natural but only 9% of them felt comfortable to have one in their family.
• 50% of the youth believed that homosexuality can be treated if ‘diagnosed’ at an early age.
• 62% of them replied that MSM cannot be monogamous as it is against their basic nature. They are sex obsessed people.

Conclusion: Due to silence about the issue of homosexuality, misconceptions are widespread in the society. To reduce incidences of stigma and discrimination, awareness about Gender and Sexuality should be started at least in
colleges, universities and communities. Targetted HIV intervention with MSM is not sufficient. Ignorance about the issue in general population leads to misbelieves which leads to more discrimination and stigmatizing behaviour.

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[WEPE0883] Same sex practices among young men in rural India - implications for programs

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Background: Men who have sex with men are present in every culture. However, the prevalence of male-to-male sexual activity is hard to quantify.

Methods: Horizons/Population Council and MAMTA undertook a cross sectional study with randomly selected 600 young men aged 15-29 years from 24 rural villages in north India to promote gender equity and reduce HIV risk behaviors. In this paper, we present findings from a sub-sample of young men who reported engaging in same sex activity, and describe and characterize their risk behaviors.

Results: 9% young men reported to have ever engaged in same sex activity and 30% of them were married. 20% of young men who reported male-to-male sex also had sex with female sex workers, 64% had sex with female casual partners and 58% had sex with their girlfriends during the previous year. Thirteen percent of young men had anal sex with their female partners, the majority of time without a condom. Condom use during last sex (anal or vaginal) with any partner was less than two percent.

Conclusions: While the study identified a sizeable proportion of young men who report both male-to-male and heterosexual activity, it may be probable that there may be more young men who practiced male-to-male sex but hesitate to admit it. Survey researchers need to ensure time to establish rapport with young men prior to exploring sensitive and taboo issues about sexual behaviors. The practice of unprotected anal sex with both partners poses a considerable risk for HIV transmission. These young men are often not included in programs that reach out to MSM as they may or may not identify as being “gay”, but their behaviors put them at increased risk for HIV and STIs. Interventions need to promote safe anal sex with either male or female partners as part of ongoing messages on safe sexual practices.

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[WEPE0934] Section 377 of Indian penal code: an impediment towards HIV/AIDS prevention

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Issues: In HIV intervention Section 377 and social stigma attached with it makes it difficult for outreach workers in creating awareness and condom distribution for the MSM and TG community in India. Atrocities by police, arrest of outreach workers and harassment by blackmailers is a big impediment in working on cruising sites.

Description: Section 377 reads “Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment for life or with imprisonment of either description for a term which may extend to ten years and shall also be liable to fine”. This works as an obstacle towards prevention and control of HIV and AIDS. The Hums afar trust is the first community based organization working with MSM and TG community since 1999 and as part of its programs has sensitization of Police personnel as its major advocacy thrust. The Humsafar does at least 2-3 sensitization programs every month at police stations around cruising sites in Mumbai. This has brought a change in the attitude of police department in becoming supportive of outreach activities and also understanding of MSM and TG issues. The outreach team takes support from friendly police personnel in dealing with cheaters and blackmailers. In the past three years the recorded incidents of police harassment has been very low and outreach to community has grown in numbers.

Lessons learned: Creating a friendly environment was possible by community efforts and effective sensitization leads to an increase in outreach programs.

Next steps: Amendment in section 377 of Indian Penal Code needs to be pursued aggressively by the community and ongoing sensitization of police department is needed if HIV interventions with MSM and TG community have to be successfully implemented.

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[WEPE1083] Sensitizing police forces through community-led training and advocacy in Tamil Nadu, India

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Issues: The police force in India plays an important role in HIV prevention interventions. Due to criminalization of sex work, substance use and sodomy, HIV-vulnerable communities in India such as transgenders, sex workers, Injecting Drug Users (IDU) and Men Having sex with Men (MSM) are constantly in conflict with law and law-enforcement agencies. Police presence in public areas and cruising sites has also impacted outreach work towards these communities. An advocacy programme was launched by Tamil Nadu State AIDS Control Society (TANSACS) along with United Nations Development Programme and Constella Futures Group to sensitize the police force in Tamil Nadu towards health and human rights issues faced by these HIV-vulnerable communities.

Description: A community-driven approach has been adopted for sensitizing the police. Community representatives from MSM, Transgenders, Sex workers and Injecting Drug Users have been trained as master trainers, who in turn train the police personnel through an interactive module. Through a well-structured training programme about 300 community volunteers are training 7000 police personnel at various levels. The department of police has taken ownership of the programme.

Lessons learned: A pre- and post- assessment of Knowledge and Attitude of training conducted to date showed significant positive behavior change among the police officers. A better understanding of HIV/AIDS issues among the police officers after the training has led to better relationships between police and HIV-vulnerable groups, and improved access to police stations.

Next steps: Police personnel have a crucial role in protecting human rights of vulnerable communities. This can be achieved by improving their understanding of issues and increasing their involvement in HIV programmes. The master trainers group formed will be registered as a community training resource within the state. This group will continue the advocacy initiatives with not only the police but also with other key stakeholders like the lawyers, judiciary, doctors, and stakeholders from all walks of society.

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[THPE0304] High HIV prevalence among male sex workers in Mysore, India - need for integrating care and support with prevention

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Background: Male sex workers (MSWs) are at high-risk of HIV and other sexually transmitted infections (STIs). There are almost 500 MSWs in Mysore city, in South India. A community-based HIV preventive intervention with emphasis on behaviour change was initiated in 2005 among MSWs, with support from the Avahan India AIDS Initiative.

Methods: A cross-sectional survey was conducted on a random sample of 100 MSWs in July 2007 to assess HIV/STI prevalence, sexual behaviour and other risk factors for HIV infection.

Results: 57% of participants reported practising primarily receptive anal intercourse, 29% both receptive and insertive anal intercourse, and 12% identified as transgenders, practicing mainly receptive anal intercourse. The median age was 28, and the majority were Hindu (84%) and literate (77%). The majority (73%) provided sex in exchange for money, with others selling sex for other services. Solicitation predominantly took place at public places, with provision of sexual service at clients' homes, public places and lodges. Rates of HIV infection (24%) and high-titre syphilis (14%) were high, but urethral gonorrhea (1%) and chlamydia (0%) rates were low. Most men reported using condoms at last anal sex with male partners (84% with regular non-commercial partners, 95% with repeat partners and 95% with new clients). About 25% of MSWs (among whom HIV prevalence was 32%) reported living with a female partner, and condoms were rarely used in this context. Sexual violence among MSM was significant, with 31% reporting being raped in the previous year. The main perpetrators were clients (26%), police (16%) and pimps (9%).

Conclusions: HIV preventive interventions among MSWs need to integrate advocacy with power structures to promote an enabling environment for safer sex practices. The HIV risk for female partners must also be addressed. With 24% HIV prevalence, services have to go beyond prevention, and integrate care and support.

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[THPE0317] Rolling out syphilis screening and treatment for sex workers and men who have sex with men in India

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Issues: Evidence shows that syphilis is re-emerging with increased risk of acquiring and transmitting HIV among sex workers (SW) and men who have sex with men (MSM). A survey of high-risk groups in 27 districts of six high HIV prevalence states in India has shown syphilis prevalence rates ranging from 5%-40% in SW and MSM. Syphilis screening and treatment must be scaled up for these high-risk groups.

Description: Avahan's focused prevention program has scaled up across 79 districts reaching over 280,000 SWs and MSM in India. Guidelines on syphilis screening and treatment were developed as a component of an essential package of STI services for SWs and MSM. Three syphilis screening methods were implemented: on-site Rapid Plasma Reagin (RPR) testing followed by Trepenoma pallidum Hemagglutination Assay (TPHA); RPR testing at the off-site laboratory; and an on-site Immunochromatographic strip test (ICST). Support strategies to implement syphilis screening included promotion of syphilis testing through existing peer education; building capacities of clinic staff; enhancing infrastructure for onsite testing; establishing laboratory quality assurance systems; and building linkages with preferred laboratory providers. After one year of implementation,the coverage of syphilis screening was 23% and has increased to 29% with ICST. Treatment with Benzathine Penicillin was administered to 72% of SW and MSM.

Lessons learned: Rolling out syphilis screening and treatment among SWs and MSM is feasible. Coordination with peer educators increases demand for syphilis screening. Use of on-site ICST increases access and acceptability; however, QA systems need to be in place, and treatment compliance needs to be ensured.

Next steps: Outreach and peer education should promote syphilis screening to cover all SWs and MSM. Access to onsite syphilis screening should be improved. Laboratory quality assurance systems should be strengthened. Treatment compliance for reactive syphilis should be ensured. Screening and treating of regular sexual partners should also take place.

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[THPE0344] Creating a safe space and setting up a STI clinic as a tool to reduce incidence of HIV and control of STIs among male sex workers in Mumbai

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Issues: Men in sex work especially in MSM community are much ignored area of work. A baseline study of The Humsafar Trust showed that 25% of MSM have sex with other men in exchange for cash. A needs assessment showed that stigma related to sexuality, sex work, sexual behavior and HIV status made access to health services difficult.

Description: Humsafar Trust with technical support from FPAI and Family Health International is implementing Aastha Project to reduce incidence of STI/HIV among female, male and transgender (TGs) sex workers (SWs) in Mumbai as part of the India AIDS Initiative (Avahan) of the Bill & Melinda Gates Foundation. It has set up a Drop In center and a STI clinic to provide safe space, confidentiality and quality health care services to male sex workers. A community led outreach team was appointed for outreach on 18 sites. In the first 30 months of the project 1,897 sex workers visited the clinic of which 414 visited once and 1483 access services regularly. Health camps and two satellite clinics at six locations helped increase access. Advocacy efforts initiated with police and health care providers reduced harassment and discrimination. 41 support groups and 24 Task force committees formed to address crisis situations with community people.

Lessons learned: Community-based approach and creation of safe space has led to increased access to STI services and community empowerment.

Next steps: Addressing stigma related issues will increase access to Drop in Center and STI clinic. Ongoing capacity and skills building of community will lead to sustainability.

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[THPE0357] A Jihad of the Heart a study with practicing Muslim MSMs to see impact of religious belief on them

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Background: Sexual identities, masculinities and sexualities take shape within psychosocial and historical processes, which in turn are contextualised by religion, culture and language. Different cultures will often contextualise similar words
and phenomena so as to take on different meanings with inherent subtleties typical of that culture. This is true of the South Asia region.

Methods: Through focus group discussions and one on one interview 150 muslim self identified MSMs i.e. kothis, were accessed in 4 cities in India and 1 city in Bangladesh (30 per city).

Results: For Muslim kothi-identified MSM, the daily conflict between sexual practice, desire and gender performance and their Muslim beliefs leads to an emotional life that swings between pleasure and depression as a constant experience. They believed they could never be true to themselves, resulting in very low level of self esteem and self worth. Faced with an either or choice, kothis often expressed their low self worth upon themselves as a form of physical self-damage along with suicidal depression and low condom usage believing that possible HIV infection is upto Allah.

Conclusions: Further studies are planned towards developing resources that will empower Muslim self identified kothis and other muslim MSMs in regard to their religious belief.

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[THPE0370] Dream to reality: a model HIV prevention, care, support and treatment program

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Issues: Till 90s, there was no visibility of gay men in India. HIV among gay men was a matter of concern in the west. In India, building identity, coming out, finding partners and dealing with pressure of marriage were main concerns. Community mobilization was difficult. Few realized that the threat of HIV was looming large, but no efforts to bring gay men under one platform were made.

Description: Bombay Dost, a gay magazine started in June 1990 got an overwhelming response and it was decided that a community based organization (CBO) "Humsafar Trust" for gay men, with focus on sexual health be started. It took three years to register, as a "gay" organization was not acceptable, it finally got registration as "male sexual health" agency. It was soon clear that working with "gay" identified was not enough and working with multiple identities was important. To work within its public health systems was a strategic decision for long term sustainability. Nine years later its collaboration with LTMG Hospital in Mumbai is considered a model of public private partnership. Its seven intervention programs reach out to 13,000 new MSM and TG and 64,000 regular contacts on 230 cruising sites distributing around 7,00000 condoms, providing HIV testing, STI examination to more than 6,000 MSM and TG every year. Its center for excellences has CBO capacity building, advocacy through media and community based research as its main focus.

Lessons learned: Community involvement, staff capacity building, networking with public health systems and government authorities and efforts to improve at all stages made Humsafar a model of community involvement and ownership.

Next steps: This is a replicable model and efforts to build capacities of CBOs to be made and assist National AIDS control program, to start up interventions with MSM and TG in NACP-III.

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[THPE0376] MSM in India: impressive positive changes in sexual behavior are reflected in reduced STI prevalence

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Background: After years of neglect, several recent studies have highlighted the importance of MSM in India's HIV epidemic. The Frontiers Prevention Project (FPP), a comprehensive HIV prevention initiative, implemented in the Telengana and Rayalaseema regions in the southern state of Andhra Pradesh (AP), aimed to reduce HIV transmission by targeting interventions to key populations and saturating geographic sites.

Methods: The prospective evaluation used a dose-response design, with baseline and follow-up surveys implemented in 24 mandals, divided evenly between FPP- and government-implemented sites. Heterogeneity in intervention coverage (intensity) was analyzed in relation to outcomes. The comprehensive 2003 baseline survey (demographic, socioeconomic, and behavior), also collected blood for HSV 2 and syphilis. The mid-2007 follow-up survey collected similar information plus data on exposure to interventions.

Results: 2,786 MSM were interviewed at baseline (40% in non-FPP sites) and 1,535 at follow-up (14% NFPP). Condom use with male partners increased from approximately 50% in both groups to more than 90%; use with female partners increased from about 13% in both groups to 29% in NFPP sites and 41% in FPP sites. Syphilis and HSV2 prevalence decreased from 22% to 8% and 27% to 14% respectively in the comparison sites and from 26% to 9% and 37% to13% respectively in the FPP sites. Exposure measures were higher in the FPP sites.

Conclusions: Between 2003 and 2007, sexual risk behavior and STI transmission appear to have decreased markedly in MSM populations in AP. This analysis is unable to disaggregate which components of the interventions contributed most to these decreases, but the association at the site level between intensity and desirable outcomes suggests that coverage is important factor.

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[THPE0379] Client tracking sheet: a tool that helps to track MSM clients in Mumbai district, India for HIV/ STI follow up services

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Issues: MSM are invisible in nature and that makes it a hard to reach population. Humsafar Trust, a CBO working with MSM and TG has 36 ORWs and 68 PEs on 254 sites providing outreach services. Every year it connects with 13000 New and 64,000 regular clients. The invisibility and stigma associated with MSM makes it difficult to track MSM and provide follow up services on HIV/STI.

Description: As part of the reporting mechanism, the outreach workers were asked to maintain a client tracking dairy mentioning the numbers of new and follow up MSMs registered in the month. At the end of the month all the outreach staff and peer educators can clearly track the clients they have reached and what services they have been provided. For follow up services they can track the client and provide services and can easily figure out the drop our rate in the programme. Efforts are taken to track the drop out clients with the help of community members. Inquiries within the community help them to ascertain the reason for dropping out and whether the community members has moved away from the city or just moved to another site or are dissatisfied with the services.

Lessons learned: Tracking MSM clients for follow up services in HIV/STI intervention programme is very important. Community led outreach helps to keep a track on clients and services provided, which further helps to strengthen the programme and its population coverage.

Next steps: To develop computerized software that helps maintain a track of the clients and the services provided. There should be regular capacity building programme for CBOs working with MSM to develop MIS systems.

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[THPE0394] Exploring local religious traditions in terms of male to male sex in Hyderabad, India

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Background: In Andhra Pradesh, India there is a local religious traditions as expressed by what are known as *shivshakthis*. These are males who cross dress at religious festival and piligrimages who are “married” to gods in the Hindu pantheon, primarily the god Shiva. Frequently they are asked to make prediction for the future of individuals, and they do this in female attire. Anecdotal evidence indicate that often these *shivshakthis* suggest to their clients that having sex with them can solve problems. Due to religious and cultural restrictions this group is rarely reached for HIV interventions even though the sexual practices tend to be unprotected anal sex. The frame work of *shivshakthis* is based on the guru-disciple principle and they tend to isolate themselves from other categories of MSM. The gurus are gate keepers for this group.

Methods: The process that Mithrudu has initiated to involve *shivshakthis* in its MSM HIV Programme by initially identifying the lead Gurus in Hyderabad and organising meetings with them to discuss same sex behaviour and risk towards gaining their trust and confidence, along with their permission to build relationships and solidarity with their disciples. As an outcome Mithrudu has been able to take part in several *shivshakthis* programmes in different localities and has been able to recruit several of them as outreach team to work with their peers. Further community mobilisation activities have been conducted at various pilgrimages.

Results: Awareness on HIV/AIDS increased,consistent condom usage increased. Community mobilisation & building process initiated amongst the community.

Conclusions: Working directly with *shivshakthis* gurus as gate keepers has enabled Mithrudu to promote risk reduction and vulnerability amongst *shivshakthis* and develop community building and mobilising as a strategy towards sustaining risk reduction. Further added value has been the increasing integration of *shivshakthis* with same sex behaviour into the broader MSM community building and mobilising framework.
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[THPE0397] Sexual violence and stigma: a challenge for HIV prevention among MSM in Mysore

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Background: Growing evidence indicates that sexual networks involving MSM are important for HIV transmission in India. Mapping studies and focused prevention programs in urban areas indicate that substantial numbers of MSM sell sex
and have a high number of male partners. Recent surveys of members of these networks found that HIV prevalence ranged from 12-18%. There is, however, little qualitative data to contextualize how MSM in South India come to be vulnerable to HIV-infection. Findings from our community-based research project suggest that sexual violence, reinforced by stigma, undermines HIV prevention programs.

Methods: We trained 12 MSM to conduct ethnographic research with members from their socio-sexual networks. Community ethnographers gathered 70 sexual life histories that detailed sexual debut, induction into sex work, sexual risk practices, HIV/STI knowledge and testing practices, and sexual disclosure in relation to family, friends and health care providers. Using the anthropological technique of “participant observation”, community researchers produced “thick descriptions”, which illustrated social interactions, transactions and incidences of sexual harassment at 7 sites where MSM gather.

Results: Sexual life history transcripts teemed with accounts of sexual violence committed by rowdies (goons) and police officials. Most sexual histories (93%) provided accounts of at least one incident of physical violence. Thick descriptions supported this finding of recurring violence. Rowdies frequently demanded “free sex”—coerced sex that took place without payment or condoms. Police did not harass MSM by enforcing India’s sodomy laws. Instead, by raising the threat of disclosure to family, police coerced MSM into having “free sex,” made them pay fines, and arrested them on petty criminal charges. MSM feared loss of inheritance, family shame and being disowned.

Conclusions: Recurring violence encountered by MSM indicates that human rights and advocacy work is paramount to the success of any long-term intervention work with MSM in Mysore.

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[THPE0398] Support groups on outreach site act as a preventive tool to create awareness on HIV/AIDS among MSM in Mumbai, India

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Issues: In 1999, The Humsafar Trust started its outreach activities among MSM in Mumbai metro. It was a Herculean task to reach MSM on cruising sites as there was no community bonding and harassment from police and blackmailers was rampant. Bringing community together for dissemination of information on HIV/AIDS was a big challenge.

Description: Setting up of support groups for MSM and TG community members began in early 2004 to facilitate community bonding and mobilize them on outreach sites to address their issues and become key peers of the program. Every outreach site has 2 support groups. All support groups have a unique name. These groups are led by the group leaders who design and lead meetings with support from peers on different issues like condom usage, HIV testing, ART services by using flip charts and other IEC materials. Information is provided on sexuality related counseling and experience sharing happens. The support group members become peer influencers promoting consistent condom usage among MSM who are part of the group. The support group also provide inputs on existing services and community expectations that help strengthen programs and services. The group members also meet informally to celebrate birthdays, organize picnics and movie shows. In crisis situation the group leader intervenes and maintains group harmony.

Lessons learned: Forming support groups on outreach sites have helped the outreach staff to mobilize community and empower them to talk about their basic health and human rights. A bonding is developed among group members that create a feeling of ownership which is the ultimate goal of any CBO.

Next steps: The support groups should be registered as formal CBOs and be provided with capacity and skills building. Opportunities should be available to develop income generation programmes to make them independent and empowered.

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[THPE0446] Strengthening MSM-PLHA network across the state to access services without discrimination

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Background: In Andhra Pradesh there are a few PLHA networks operating, but most of the time MSM living with HIV are denied services due to their sexuality and gender performance both by the service providers and by PLHA networks themselves. A significant number of MSM-PLHA populations are facing critical health problems and moving to terminal stages due to the lack of clinical support.

Methods: A group of MSM-PLHA with technical support from India Naz Foundation International has formed a State wide MSM Positive network called ASHA Society. This group has started registering the MSM across the state by Forming District level networks. The initial process takes the complete data of the MSM-PLHA and sends him to the nearest clinic accompanied by its workers for a complete check-up, based on the results of the check-up follow up process takes place. Registered MSM-PLHAs would introduce the new MSM-PLHAs known to them. Advocacy and sensitization programmes have been planned and conducted in two districts of Andhra Pradesh. The services link up strategy developed and implemented in two sites to strengthen the access to services amongst the MSM-PLHA.

Results: Advocacy programmes with the service providers conducted in two districts of Andhra Pradesh. Needs assessment study designed for study of PLHA Services need. Access to clinical services in two districts has been enhanced. Service provider's reception and service provision in these districts have been enhanced. A detailed proposal for funding for further programme implementation across the state developed. 250 MSM-PLHAs registered in the network.

Conclusions: The concept of community led programmes works at a larger perspective with lot of commitment and dedication. Other PLHA Networks also need to think in these lines to develop and strengthen their PLHA service delivery programmes.

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[CDB0598] Safe Sailors Club; A support for HIV positive MSM and Tg in Mumbai metro

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Issues: In 2002, Humsafar Trust realized that no services are available to MSM and TG after testing positive for HIV. The services available in public health systems for providing treatment of opportunistic infections were not effectively reaching positive persons. For the reason of confidentiality no personal contacts were taken which follow-up with the HIV + MSM / Tg populations difficult HIV positive were taking treatment from private practitioners who did not bother with baseline investigations. This led to the issue of providing quality Care, Support and Treatment.

Description: In April 2003 Humsafar initiated a support group “Safe Sailors’ Club” that would be managed by self identified HIV + MSM / Tg members. The support group started with small weekly meetings which further led the incorporation of quality treatment for the opportunistic infections, STIs, referrals for DOT, referrals for ART, linkage with the international NGO, MSF, appointment of peer educators from TG community to work towards providing quality care and support. The support group strategically decided that its services would be made available to all people who are living with HIV and not just restrict its services to MSM and TG. It became the first initiative from the MSM and TG community to mainstream and not further marginalize itself. In January 2008, Safe Sailors Club has 250 registered members who are accessing treatment, nutrition support, mental health counseling, medicine, ART services.

Lessons learned: Forming a support groups helped Humsafar to mobilize HIV + MSM / Tg population and provide quality care, support and treatment.

Next steps: Efforts to be made to mobilize MSM and TG living with HIV to become part of the support group to enable access to treatment services being provided under the government free ART program.

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[CDC0264] High HIV/ STI prevalence among self-identified men who have sex with men in South India

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Background: Men who have sex with men (MSM) are a critical high-risk group covered by HIV intervention programs. Between 2006 and 2007, an Integrated Behavioral and Biological Assessment was conducted among selfidentified MSM in 11 districts of Andhra Pradesh (AP), Maharashtra (MH), Karnataka (KA), and Tamil Nadu (TN) as part of an evaluation for Avahan, the India AIDS Initiative.

Methods: A cross-sectional survey of MSM was conducted using two-staged probability-based sampling design. Men or Hijra (transgenders) 18 years and older having had sex with a male in the last month were sampled using time location sampling (TLS) method. After questionnaire, blood and urine specimens were collected to measure prevalence of HIV and STIs.

Results: Among 4,198 MSM, HIV prevalence ranged from 9.3% to 24.7% in AP, 10.2% to 17.4% in MH, 4.8% to 22.3% in TN, and 19.5% in KA. Prevalence of reactive syphilis serology, with positive confirmatory test, ranged from 3.5% in AP to 17.8% in TN. Prevalence of Gonorrhea (<1%) as well as Chlamydia (<5%) was very low across all districts. MSM having regular male partners ranged from 41% in KA to 100% in AP, while those having regular female partners ranged 8% in TN to 66% in AP. MSM who bought sex from any male partner ranged from 12% in TN to 49% in MH; those who bought sex from any female partner ranged from 6% in TN to 64% in AP. Consistent condom use among MSM with all types of partners was low across many districts; it was as low as 0% with regular female partners, 1% with paid male partners, and 2% with regular male partners in AP.

Conclusions: HIV prevalence among self-identified MSM was very high in many districts. Consistent condom use with all types of partners, syphilis screening and treatment need to be significantly improved in the immediate future.

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[CDC0266] Factors associated with STI and HIV among self-identified men having sex with men (MSM): findings of a cross sectional survey in three states in south India

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Background: As part of an evaluation of Avahan, the India AIDS Initiative, a cross sectional survey of HIV risk, HIV and STI was done in 2006/2007 among several at-risk groups. The objective of the present analysis is to identify the significant factors associated with STI and HIV among self identified MSM.

Methods: Data from 10 selected districts of three states viz. Andhra Pradesh, Maharashtra and Tamil Nadu were considered. 3894 MSM respondents were selected using a two stage cluster sampling method. The estimates were weighed appropriately and both univariate and multivariate logistic regression analysis were performed to identify factors associated with STI and HIV. Any STI was defined as the presence of reactive syphilis serology or detection of N. gonorrhoeae or C. trachomatis (one or more). We explored the effect of several variables related to sociodemographic
characteristics, circumcision, sexual behavior including condom use and knowledge about HIV/AIDS.

Results: The overall HIV prevalence was 12.5% (95% CI: 10.2% - 15.2%) and any STI was 14.3% (95% CI: 12.6% - 16.3%). The prevalence of HIV among those with STIs (29.5%; 95% CI: 23.8% - 35.8%) was significantly ($p<0.001$) higher than those without STIs (9.6%; 95% CI: 7.8% - 11.9%). Current age, illiteracy, living alone, lubricant use while doing anal sex and not having regular sexual partners were significantly associated with having any STI. Important factors significantly associated HIV positivity were illiteracy, living alone, younger age at first sex, misconceptions about
HIV/AIDS and those who infected with STI (OR = 3.50, 95% CI: 2.79 - 4.39; $P <0.001$).

Conclusions: The factors identified for both STI and HIV suggests the importance of literacy to reduce the STI and HIV epidemic in the country.

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[CDC0500] Barriers to HIV testing uptake among marginalized groups in Chennai, South India

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Background: National AIDS Control Organization (NACO), India, has articulated the need to increase uptake of HIV testing among the 'priority' populations such as men who have sex with men (MSM), Hijras/Transwomen, female sex workers, and injecting drug users (IDUs). We conducted this qualitative study to better understand individual-level, system-level, and structural-level barriers to HIV testing uptake among these populations.

Methods: This qualitative study was conducted in Chennai, a metropolitan city, in South India. Twelve focus groups (n=84 participants) and 12 key-informant interviews were conducted, audiotaped, and transcribed. Data were analysed using narrative thematic approach with grounded theory techniques.

Results: Barriers to HIV testing exist at multiple levels. At the individual level, the primary barriers were: fear of adverse consequences if diagnosed as HIV-positive; fear of inability to cope up with a positive HIV diagnosis; precedence given to drug use (among IDUs); lack of awareness about the various benefits of knowing one's HIV status; and lack of risk perception. At the health-care system level, discrimination by providers, unfriendly administrative procedures, and long waiting time acted as deterrents. At the structural level, legal/program barriers include: presence of criminal laws against these marginalized groups; lack of effective coordination between voluntary organizations and HIV testing centers; inconsistent/interrupted funding support for HIV prevention programs; lack of availability of non-blood based HIV tests in government HIV testing centers; and lack of media campaigns that reach out and appeal to these marginalized groups.

Conclusions: Strategies to increase uptake of HIV testing among marginalized groups include: educating about various benefits of knowing one's HIV status; addressing psychological barriers to HIV testing through outreach education/counseling; appointing peer/community counselors in HIV testing centers; ensuring non-discriminatory HIV testing services - by training doctors/counselors; introducing urine/saliva-based HIV tests; addressing legal/policy barriers that affect HIV testing uptake; and reducing stigma/discrimination through public educational programs.

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[CDC0817] Weak masculinity power

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Issues: Increased number of MSMs Activities.

Description: Project located at three Mandals Narsampet, Neckonda, K. Samundaram in Warangal District Andhra Pradesh Outreaching to around 3000 MSMs located in three different Drop in Centres. Project Objective to prevent further HIV infections among the MSMs. Activities Collectivization of MSMs and form them into CBOs & networking, Peer education among MSMs, Responsible behaviour change towards safer sex practices, Clinical services like free STI treatment & Counseling through syndromic case management, periodic training programmes on community lead interventions, for increased knowledge on the HIV transmission modes and preventive measures. Advocacy with various power structures like Police, linkage with care & support services, local Political leaders, religious leaders, addressing non sexual health needs & addressing crisis management.

Lessons learned: Understood the dynamics of MSM activities and its increase in Number, the challenges in working with the MSMs & their culture, this interventions has significantly brought a responsible behaviour change among MSMs in terms of increased & consistent condom usage, positive health seeking behaviour for STI treatment, voluntarily coming forward for HIV testing, amazing community capacities for community lead interventions, reduced stigma & discrimination against MSMs & PLWHAs, Male sex workers are in high demand and profitable, understood the MSMs different position sex activities, and ensuring sustainability through capacitating the MSM communities and their CBOs.

Next steps: In a span of coming five years interventions among MSMs, the NGO is confident in successfully handing over the project for further sustainability with their own governance, linkages & convergence with with different service providers, setting up of crisis management committees among the CBO members, to take up right based issues among the MSMs & provide legal protection & this intervention is one of the best models with easy replication, among the MSMs in similar situations.

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[CDC0822] Social marketing of flavored condoms and lubricant pouches as a tool to increase safe sex practices among MSM and Tg in Mumbai Metro

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Issues: The dependence on free condoms provided by government is very high and there is fear that if free condoms stop the condom usage will reduce. There are 18 hotspots in Mumbai where condom off take is very high. Upper class MSM and sex workers do not prefer government condoms.

Description: The outreach program of Humsafar initiated social marketing of branded condoms on these 18 sites in 2004 to encourage people who could afford to buy condoms Flavored, dotted, ribbed and scented condoms along with a lubricant pouch were introduced. Condom available for Rs.5/- at retail outlets were made available at Rs. 2/- and another Rs.2/- for a lubricant pouch of 4ml. The social marketing is done with support from some unique outlets developed like barber shops, snack bars and tea shops. The owners of these shops are sensitized on population profile and are offered a small commission of 50 paisa for every condom and lubricant pouch sold. This has resulted in increased access and availability of branded condoms on sites where government condoms are not popular. Social marketing was also extended to all MSM on remaining sites along with free condoms. Around 50000 condoms are sold to MSM and male sex workers as opposed to 700,000 free condoms distributed every year.

Lessons learned: Social marketing cannot replace free condoms as they are not meant for those who cannot afford to pay. Easy availability and accessibility of flavored condoms and lubricants at reasonable rate attract MSM and male sex workers to buy and thus reduce dependence on free condoms.

Next steps: Strategies to increase sales of condoms through social marketing should be designed and implemented. Continuous efforts need to be made to negotiate with condom manufacturers on condom purchases for social marketing

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[CDC0842] Drop in centre as a safe space for community empowerment and ownership

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Issues: The MSM is burdened with multiple levels of stigma and discrimination. Stigma attached with same sex behaviour, societal norms and expectations of gender and sexuality, lack of safe spaces and different gender constructs lead to MSM being closeted.

Description: The Humsafar Trust a MSM CBO implementing HIV prevention programs is challenging this stigma by establishing a safe space in Thane region in Maharashtra, India. A multi-pronged strategy linking prevention, care and treatment help reach the MSM and provide support in dealing with their sexuality and other threat factors that affect their well being. The safe space acts as an epicentre for empowerment where MSM with different identities can come together and foster a community bonding. The community has developed its own ethical code of conduct at the drop in centre which all visitors follow. In three years of its work 4000 new MSM have accessed the drop in centre and 6,240 new and regular MSM became part of community events through workshops on weekends.

Lessons learned: Drop In centre is effective community mobilisation tool. MSM accessing safe spaces are very vocal and instrumental in implementation of various community programs. Identification, training and mentoring of peers is made easy and they act as positive re enforcers for behaviour change.

Next steps: Creation of safe spaces needs to be integral part of intervention programs and advocacy efforts at various levels can be initiated within the safe space. The drop in centres should be systematically planned as a tool for community empowerment through programs that encourage community participation and ownership.

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[CDC0848] Livelihood skill development programme for vulnerable MSM

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Issues: Increasing Livelihood options through capacity building towards economic empowerment for low income MSM as a strategy to reduce high risk behaviours.

Description: Through a number of peer lead studies , Mithrudu as an MSM community based organisation providing HIV services in Hyderabad , India has found that there is a direct link between poverty, unemployment and male sex work, were by MSM exhibit high risk behaviours. The assessment study conducted in Hyderabad by NFI in February 2000 shows that 43% are unemployed and 82% of this unemployed, only source of income is sexwork. Prevention strategies focusing only on education and awareness does not appear to have a significant impact on reducing risk and vulnerability. Mithrudu, in a pilot project on economic empowerment for low income MSM, instituted training programme on soft toy production for selected group of ten low-income MSM who had expressed interest. Following on the training programme Mithrudu provided small seed funds for the group to manufacture and market the soft toys in a local bazaar. Funding proposals have now been written to secure sufficient start up funds for creating more stock, and a marketing strategy is being developed.

Lessons learned: The initial process of skills building and seed funding has been shown to be a successful as a means in increasing income levels, and the motivation was maintained. However while initial small seed funds were provided with in the financial capacity of the organisation, for sustainability a larger seed fund is required to build up initial stock of products for a period of six months and a marketing plan developed.

Next steps: Proposals developed for funding and to be submitted to the interested donors to start the implementation. Community sensitisations programmes held to form self help groups and assign roles within the self help group and organise the whole programme properly.

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[CDC0852] Addressing misconceptions & negative moral judgements against males who have sex with males among medical practitioners in Lucknow, India

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Background: From experience medical services providing traetment for sexually transmitted infections along with other medical practitioners hold a range of negative beliefs and myths around same sex behavior and gender performance of some males which reduces accessibilty to such medical services by MSMs particularly around STI treatment and volunatry HIV testing and counselling.

Methods: A series of 18 workhops for medical practitioners (80% STI treatment and 20% general medical practitioners) with 300 paricipants have been conducted. These sensitaisation workshops explored the issue of male to male sex and HIV - risk and vulnerabities. Addressing many of the myths being held including its unnnaturalness, the concept of being a western phenomenon and the nature of Indian masculinity that shapes male to male sex in India. A pre workshop questionnaire was developed to identify the myths, misconceptions of the partcipants. And the same questionnaire was used following the workshop as a comparision.

Results: 300 participants took part in these workshops. A post and pre workshop questionnaire was given to the participants. After question/answer session a set of questioner prepared by Bharosa Trust had been distributed. Every questionnaire has only six questions, which focused on Sexual Health of MSM. Before the start of the workshop about 62.33% believed that homosexuality was abnormal and a disesae. Following the workshop, only 18.3% believed homosexuality as abnormal and a disease.

Conclusions: There needs a study to be conducted to find out that why that 18% still hold on their belief.

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[CDC0853] Addressing the vulnerability of men who have sex with men to enhance their quality of life in Panchkula – India

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Issues: Same sex behavior is not a socially accepted norm in India. Due to stigma most MSM do not access health care services risking themselves and their sexual partners to HIV infection.

Description: FPA India initiated a three-year project in Panchkula to address the SRH needs of MSM to reduce their vulnerability to STI/HIV infection. 475 MSM were identified during the project period. 25% of MSM disclosed their marital status and discussed their problems with the counselor. 78 persons brought in their spouse to access SRH services like infertility, safe abortion, Antenatal care, contraceptives and STI treatment. Unemployment is the major concern with MSM, who are exploited /or discriminated at the workplace. Due to this most of the MSM are engaged in unprotected sex work. 20% of MSM were tested HIV positive and were jobless. Project identified the pressing needs of MSM and started a drop in center in the Reproductive Healthcare clinic to provide a safe space to share their concerns and to impart Income Generating Skills. Two MSM-Living with HIV were trained in making Fancy candles and Artificial Jewelry, who in
turn trained other Forty MSM. Two MSM -LHIV Self-Help Groups (SHG) were formed. Now 18 MSM independently earn approximately Rs. 400 -Rs.1000/- per month by selling ornaments/by making candles. Safe sex practice and health seeking behavior was reiterated at every sessions conducted at the SHGs.

Lessons learned: Employing MSM as staff and addressing their health and economic needs. Non-judgmental attitude of the staff and the Integrated SRH and HIV service provided by FPAI further strengthen the confidence of the MSM to access health care services along with their spouse.

Next steps: Address stigma, advocate for Workplace HIV policy and provide legal services. Linking SHGs to Micro Credit institutions to start self employment in a larger scale.

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[CDC0855] Condom outlets increased the accessibility of condoms for MSM population to practice safe sex in Mumbai metro

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Issues: Condon distribution in Humsafar Trust started in 1999 as it became the country's project with MSM and TG community. Condoms are distributed by outreach workers (ORWs) and peer educators (PEs) but as the scope of the programme increased and intervention crossed more than 60,000 MSM inclusive of new and regular clients, it was becoming difficult to cater condoms round the clock on cruising sites as sexual activities went beyond their outreach hours. Providing free condoms was also very important as its one of the basic services of any intervention programme.

Description: In the outreach support group meetings it came out that condom accessibility round the clock is very vital for prevention from HIV/STI. The idea took shape and setting up of manned and unmanned condom outlets on sites started. Manned condom outlets include Barber shops, snack bars and tea shops. The owners of the said shops / vendors are first sensitized about the project activities and population profile and requested to stock condoms. Un-Manned condom outlets are decided in consultation with the support group members at every site. They decide the location of
the condom outlet and its location is disclosed only to MSM and TG community on those sites so that condoms can be accessed easily. The un-manned condom outlets can be in the bushes, public toilets, electricity poles etc.

Lessons learned: Setting up of manned and unmanned condom outlets increases accessibility of condoms and helps enhance safer sex practices.

Next steps: Condom outlets should be developed on cruising sites. Condom vending machines should be setup for easy condom accessibility as also increases the scope of social marketing.

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[CDC0857] Study of MSM and their social factors

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Background: The present study has been entitled as the social economic background of men having sex with men in Tamil Nadu , India with the objectives as follows - to explore the circumstances leading to have sex with men and understand his positions among his community and find out the social network of the respondent and problems experiences by them in society.

Methods: This study conducted among men having sex with men at chennai city. Random sampling method adopted to collect samples interview schedule and survey research method followed.

Results: Majority of the MSM 68%are living with parents and 84 % are unmarried 56% of them are involved in MSM behavior before the age of 20 years and most of them abused by their relatives 52 % of them are interested in oral sex and 48 percent of them select partners either play ground, school, theatre and dark places. Police and rowdies are their problems and their msm bebavior changing during the last 10 years and frequency of sex also decreased

Conclusions: MSM Behavior starts at the early childhood and they have to be sensitized about the possibility of exploitation and abuse by their own close circle.

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[CDD0026] Raising awareness to address issues of HIV/AIDS for migrant MSM coming from Maharashtra in Goa

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Background: As MSM are far from family they participate in unsafe sexual practices with other men & women. This behavior makes them vulnerable to HIV. As a result most of the migrant MSM face STI/HIV infection which increases the number of HIV infections among MSM population and core groups in the state of Goa. This infection is later transmitted to their female spouses. According to Hamsaath Trust-Goa Outreach Data Baseline Needs Assessment study report & referrals for Sentinel Surveillance. It is observed that almost 25% of this population is being infected.

Methods: Hamsaath Trust-Goa is a community based organization working intensively with MSM population since past 05 years and has been providing services to migrant MSM population in the targeted areas and has been referring them to VCCTC & STD Clinics. Our outreach team provides one to one interaction sessions with the MSM and refers them to counseling to the linked center. We provide treatment support and also promote condom usage amongst these communities. The special events are conducted on weekends to encourage them to practice safer sex methods.

Results: Above mentioned 25% migrant MSM population is being identified through the outreach and reached. The compiled report submitted by the Peer & the Outreach Workers is evidence and the lessons learned about their vulnerability through the interactions & service provisions during the outreach.

Conclusions: Community based approach to Targeted Intervention could help in reducing HIV/AIDS, STI's infections among themselves, their spouses & local MSM Population. Through which they can help to keep the promise.

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[CDD0314] A study on Shivasakthis in Andhra Pradesh

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Background: They are men who dress up as women as they believe themselves to be wives of Lord Shiva, the most abstract and absolute form of Hindu God. These people are called Shiva Shakthulu. (Andhra Pradesh, Maharastra, and Karnataka we can find huge network of these groups).The most famous regional festivals or congregations, which are celebrated with much fervor, are the Sammakka Sarakka jathara in Warangal district and the Yedupayala jathara in the Medak district. They are considered to be a messenger of God who can give solutions to people and are hence treated with due respect and whatever they say or do is considered an act of God. .Many MSM gather to be part of it as it gives cover to their behaviour and desires for cross dressing, meeting partners, etc. It is here, at such religious gatherings, AIDS, the most dreaded disease of the 21st century is spreading at a rapid rate in spite of the many measures that are
being taken both by the government as well as various NGO's.

Methods: This study was led by common outcome indicators applied across various setting and was conducted in 1 year. The first one was written up was to the baseline report. Tools include key informants interviews FGDs and Observation.

Results: The Study tracked the level of Knowledge on HIV/AIDS, risk perceptions, condom use behavior, treatment seeking behaviour for STI and experience of violence by the key population groups.

Conclusions: This is a participatory qualitative approach of enquiry and build on tradition of some aspects of group's discussions and ethnography. The KPs lack information on HIV/AIDS. These groups of people who are shunned by the society practice unsafe sex as for them, more than the concern of their health it is a need that they are satisfying without anybody interfering with them at such events.

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[CDD0321] Depressive symptoms among MSM in Chennai, India

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Background: MSM in India are a hidden population, facing unique environmental stressors and cultural pressures that place them at risk for depression. Depressive symptoms have been shown to be a predictor of HIV risk in prior studies of MSM. Depression in MSM in India, however, has been largely under-studied.

Methods: 210 MSM in Chennai completed an interviewer-administered behavioral assessment battery (adapted and translated into Tamil from U.S. standard scales), which included the CES-D (cutoff for depression= 16), demographics, sexual identity, and other psychosocial variables. Bivariate and multivariable logistic regression procedures were used to examine behavioral and demographic associations with depressive symptoms.

Results: The mean age was 28.9 years old (SD=7.83); MSM described themselves as Kothi (effeminate identity, usually receptive partner)(25.7%), Panthi (masculine identity/insertive partner) (37.6%), and Double-decker (bisexual) (36.7%). CES-D scores ranged from 0 to 58, with a mean of 19.6 (SD=11.1). Over half (55%) of the sample exceeded the cutoff for clinically significant depression; this was associated with having had unprotected anal sex (OR=1.97; p=.05) and number of male partners (OR=1.04; p=.02; M=11.7; SD=33.2). Significant bivariate predictors of exceeding the cutoff for clinical severity included sexual identity (Kothi >Panthi; OR=4.9; p=.001), not being married (OR=3.4; p=.0005), not having a child (OR=4.4; p=.0001), family knowing about MSM status (OR=2.3; p=.02), having been paid for sex (OR=5.1; p<.0001), perceiving that one is at risk for acquiring HIV (OR=1.1; p=.01; continuous). In a multivariable logistic-regression model unique predictors of clinically significant depression included not being married (OR=3.3; p=.01), having been paid for sex (OR=3.5; p=.0006) and their perception of increased HIV risk (OR=1.1; p=.001; continuous).

Conclusions: Depression among MSM in Chennai is of great concern and should be considered while developing HIV prevention interventions with this population. Unmarried men, sex workers, and those who perceive they are at risk for HIV seem are most likely to be clinically depressed.

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[CDD0329] Reviewing understanding of homosexuality of psychology teachers in educational establishments and the resultant impact on student's education

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Background: Homosexuality and homosexual behaviour in Indian society is considered abnormal if not a sickness irrespective of educational status. As a consequence teaching of psychology at colleges and universities usually reflect this view point, which could have serious negative impact on service provisions for MSMs in regard to reducing risks and vulnerabilities and other sexually transmitted infections along with voluntary counselling and testing

Methods: A series focused group discussions (FGDs) were held with college teachers of psychology in Lucknow, India. There were 4 FGDs conducted each compirising of six participants. Apart from noting response to specific questions the FGD reporter also took note of the psychological reactions of the participants expressed through body language, tone of voice and facial expressions.

Sample size: The proposed sample size is of at least 20 teachers of psychology from different colleges of Lucknow as well as Lucknow University and Amity University.

Location: The sample collection will be done through FGDs from Lucknow (Uttar Pradesh), in Amity Institute of Behavioural Sciences, Lucknow University and affiliated colleges.

Results: The results of the FGDs clearly indicated that a majority support to the general view point that homosexuality is a disease and needs to be vured. There is a general need to design general sensitisation programmes to improve the understanding of homosexuality on teachers as well as students of psychology institutions.

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[CDD0339] The long neglected vulnerable of young MSM in Northeast region of India

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Background: MSM - Men having sex with men is socially taboo, legally punishable by section 377 in India. This makes them underground, marginalised increase practicing high risk behaviours, leads various health complicacy - BBVs. Risk behaviour indulge with general population unsafe anal sex with multiple sexual partners including their spouses. They remain hidden in society resulting stigma & discrimination hence its contribution HIV prevalence. People deny their sexual behaviour existence. Reaching them is hard due to perceptions of gender, sexual roles etc. AIDS policy and program does not look seriously whereas 30% positive SS report Manipur.

Method: To explore the risk sexual behaviour, developing comprehensive strategy- Situation Assessment 200 targets, Individual, group interview, Project documentation review, Field visits role play, FGD, GD & Interaction primary and secondary beneficiaries.

Result:
• 2000 MSM estimated (30% positive)
• 1800 - 1000 B (recipients) 200 A (male partners)
• 600 - AB (do both sexual practice), 175 SW
• 96% practice oral and anal sex
• 87.53% multiple partners 16.52% use condom
• 21-37% STIs
• BBVs information & knowledge low
• 87% not access health care
• 45% family discriminated
• law enforcement, married men & ex-IDUs main sexual partners
• 62% physical harassment & being raped
• 36% injecting contraceptive injection.

Conclusion:
• Wider coverage scale up existing intervention
• Inclusion young MSM & their sexual partners, strengthen sex health issue
• Development ‘leaflet’ - ‘flip chart’ and ‘News letter’
• Sensitization, advocacy & IGP program
• Quality condom, water base (lube) provision
• Counsellor & capacity building (exposure & sharing session)
• Separate need based intervention in Christian dominated areas
• Networking & comprehensive approach future intervention
• Immediate in-depth formative research, mapping exercise STI/HIV prevalence and sexual risk taking behaviours in NE regions.

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[CDE0135] HIV, human rights and the LGBTQ movement in India

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Issues: Has HIV provided an impetus for the recognition of queer rights or has it resulted in further compartmentalization or stigmatization; has the demand for rights been utilitarian- that these rights are critical primarily in the context of preventing HIV and not in and of themselves.

Description: This paper discusses the inter-relationship between public health and LGBTQ rights. It explores the dilemma of the LGBTQ movement and HIV activists in India about whether the HIV movement should be the one through which equal rights should be recognized or achieved. This is examined through the process of drafting the HIV/AIDS Bill 2008. At consultations, representatives of the 'MSM community', at an emotional and philosophical level, grappled with the idea of the recognition of their rights in a legislation dealing with HIV.

Lessons learned: This paper argues that the role of the HIV epidemic and its impact on queer rights should not be underestimated. That there has been the realization of some aspects of rights. That the HIV epidemic has added another dimension - of access to healthcare services - to the historical progression of realization of LGBTQ rights from decriminalization to equal rights.

Next steps: There is however truth in the assertion that much of the human rights approach continues in a 'disease prevention' paradigm. Jonathan Mann wrote, "Linking human rights with health offers us a coherent vision of how to add the critical societal dimension to our public health work which, all too often, has stopped at the threshold of real societal issues." Our challenge is to consolidate and document the gains and lessons of years of HIV programming based on human rights and ensure that the opportunity created by the HIV epidemic to highlight marginalization, inequality and inequity and truly tackle societal issues is not lost.

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[CDE0155] Police harassment and societal rejection enhancing vulnerability of HIV among MSM Thane region

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Issues: Social and Cultural norms in India make MSM behavior inappropriate. MSM populations have unsafe sex as a result of low self esteem and threatening environments in which sex takes place. There is little time for condom negotiations in public places and causes harassment from police for money as well as sexual pleasure and fear of arrest under section 377 of Indian Penal Code is very high. The positive MSM face two stigmas, of being a homosexual and living with HIV. Lack of acceptance from family and friends create a threatening and hostile environment.

Description: The Humsafar trust is a male sexual agency working towards the needs of MSM community and has several activities that would help deal with police harassment and families of MSM to create a better enabling environment. There is facility for email-counseling, Internet outreach, telephone counseling, and sensitization of stakeholders like police, public health care providers and families of MSM. The VCCTC provides a safe space for MSM and allows them to talk openly about their sexuality and offer quality information to MSM on STIs, HIV and AIDS. Ongoing sensitization programs with the police department has helped reduce the incidence of harassment and the counseling head deals with the parents of MSM to help create a better understanding on issues of sexuality.

Lessons learned: Effective sensitization of key stakeholders improves the quality of life and creates a friendly environment for MSM populations.

Next steps: Change in the social attitudes and empowerment of MSM to understand their sexuality and rights need to strengthen. Intervention programmes must be holistic. Advocacy programs need to be strengthened and national policy to be created to reduce stigma and discrimination of MSM.

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[CDE0236] Developing a business plan for a community based organization working with MSM and TG community in Mumbai and Thane districts in India

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Issues: Community based organizations in India are not considered professionally managed organizations as they lack capacities at various levels. The Humsafar Trust is a wholly owned community based organization working with MSM and Tg community. The organization manages 6 interventions contacting 13,000 new MSM and TG and 64,000 as repeat contacts every year. It has two VCCTCs and one STI clinic and provides 6,000 HIV tests and STI treatment to over 8,000 every year. Its centre for excellence works on capacity building of communities, advocacy through media
and community based research. It has an organizational MIS that reports its projects on 200 indicators, a human resources policy, an operations manual and sound financial systems. In an effort to strengthen its programs it was decided to develop an organizational business plan for five years.

Description: In March 2007 with support from a young intern from Harvard Business School and funding from Department for International Development, Humsafar core team of 28 individuals spend 4 days working on a business plan. The existing strengths and weaknesses of the organization were listed. The vision and mission statement were revisited, reviewed and reworked. A theory of change was developed and incorporated. The objectives of the organization were clearly defined and activities for next five years identified. Internal resources were assessed and a budget plan was prepared. The team identified sources of potential funding and the final business plan was ready by April end. The Humsafar business plan was presented to board of trustees and approved for implementation.

Lessons learned: Working on grass root levels and inputs from core team help develop a realistic and attainable business plan for the organization.

Next steps: The business plan needs to be reviewed annually and steps need to be taken to ensure effective implementation of the plan.

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