NEEDS ASSESSMENT OF HIV-POSITIVE KOTHI-IDENTIFIED MEN WHO HAVE SEX WITH MEN (MSM) IN CHENNAI, INDIA

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SUBMITTED TO:
Social Welfare Association for Men (SWAM)/Indian Network for People Living with HIV/AIDS, Chennai, India.

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ABBREVIATIONS

AIDS - Acquired Immuno-Deficiency Syndrome

ARV – Antiretrovirals

CBO – Community-Based Organization

FHI – Family Health International

GHTM – Government Hospital for Thoracic Medicine (Tambaram)

HIV - Human Immunodeficiency Virus

INP+ - Indian Network for People living with HIV/AIDS

MSM - Men who have Sex with Men

NACO - National AIDS Control Organization [India]

NGOs – Non Governmental Organizations

STD - Sexually Transmitted Diseases

STI - Sexually Transmitted Infections

SWAM – Social Welfare Association for Men

TNSACS – Tamil Nadu State AIDS Control Society

USAID – United States Agency for International Development

VCTC - Voluntary Counseling and Testing Center

VDRL – Venereal Diseases Research Laboratory

EXECUTIVE SUMMARY

BACKGROUND:
Social Welfare Association for Men (SWAM) is a community-based organization serving men who have sex with men in Chennai since 1997. SWAM is witnessing an increasing number of HIV-positive MSM in Chennai. In order to better understand the various needs of HIV-positive MSM and to provide appropriate services SWAM commissioned this needs assessment study.

AIM OF THE STUDY:
To assess the care/support and prevention needs of HIV-positive men who have sex with men in Chennai, India.

METHODOLOGY:
Qualitative methodology was adopted since it enables in-depth exploration to capture the diverse needs of HIV-positive MSM in Chennai. Ten in-depth interviews with HIV-positive MSM and 3 key informant interviews were conducted. Peer-driven sampling, snowball sampling, and purposive sampling techniques were used to recruit participants for in-depth interviews.

KEY FINDINGS AND CONCLUSIONS:
Post-test and Follow-up counseling
- HIV-positive MSM often do not receive appropriate post-test counseling especially in relation to safer sex.
- No follow-up counseling for ongoing support was provided after the single session of post-test HIV counseling.

Disclosure of HIV status and Psychosocial support
- Disclosure of HIV status to different persons may depend up on the presumed level of support one can get from those persons and the presumed risk of disclosure.
- Disclosure of HIV status to sexual partners may or may not be associated with unsafe sex. Many find it difficult to disclose to steady male partners or wife.

Stigma and discrimination
- HIV-positive MSM face discrimination from various persons in various settings: from their own *Kothi* community; from health care providers; from their families and straight friends; from 'mainstream' positive people groups; and from the society at large.
- Perceived or actual discrimination from friends and families prevents HIV-positive MSM from seeking or getting psychosocial support.
- Discrimination in the medical settings prevents many from accessing clinical (especially sexual health) services.

Condom use with different types of partners
- MSM were unable to use condoms with their different sexual partners due to a variety of reasons: personal (dislike of condoms since no pleasure or difficulty in getting erection);

interpersonal (partner may not like); relational (could not use condoms with wife or with regular male partner); situational (forced sex with policemen or ruffians).
- Lack of sexual communication skills and condom negotiation skills may also contribute to inconsistent condom use.

STD, Sexual health and Safer sex messages
- HIV-positive MSM with STDs had difficulty in revealing their STD symptoms to health care providers and consequently were not treated early.
- MSM also felt that health care providers do not like HIV-positive persons to be sexually active and different providers gave different and conflicting safer sex messages.

Expressed needs
- Steady jobs or switching to physically less stressful jobs.
- Small loans to start small businesses.
- Shelter for many homeless positive and negative (unknown status) MSM.
- Assistance in getting HIV medications.
- Information on HIV/AIDS treatment.

Policy issues
- Outreach workers face problems from policemen in distributing condoms and educational materials to MSM (of any HIV status) even though NACO's HIV/AIDS policy specifies 'MSM' as a 'target group' and mentions condom promotion and distribution as one of the key components of interventions among vulnerable groups.
- There is an impression that TNSACS give less attention to the issues of MSM in general let alone the issues of HIV-positive MSM in Tamil Nadu.

KEY ACTION POINTS FOR SWAM:
Sensitization and training programs: To conduct sensitization and training programs for health care providers on MSM issues to create a non-discriminatory environment for MSM to access clinical services.

Referral services: To create effective and efficient referral linkages with various service providers in Chennai in addition to sensitizing them about MSM issues.

Educational programs for MSM: To educate MSM on various issues - HIV/AIDS treatment, sexual communication and condom negotiation skills, specific issues of HIV-positive MSM, STDs, and availability of various services for HIV-positive persons in Chennai. These can be done through outreach education, conducting workshops, and through brief pamphlets in Tamil.

Advocacy with NACO/TNSACS: To advocate with NACO/TNSACS (along with allies like INP+) on the need to focus on designing secondary prevention interventions for HIV-positive MSM and to improve care and support services for HIV-positive persons of all sexualities.

A. INTRODUCTION

Social Welfare Association for Men (SWAM) is a community-based organization serving men who have sex with men in Chennai since 1997. The various services offered by SWAM to MSM include: outreach STD/HIV education, condom distribution and promotion, information about safer sex practices, drop-in center, sexual health services including clinical services and counseling, and micro-credit scheme. SWAM is witnessing an increasing number of HIV-positive MSM in Chennai. In order to better understand the various needs of HIV-positive MSM and to provide appropriate services, SWAM commissioned the needs assessment study of HIV-positive MSM in Chennai in collaboration with *Sahodaran*, another community organization serving MSM in Chennai, and Indian Network for People living with HIV/AIDS (INP+). This study is supported by USAID/FHI.

The specific aim of the study is:

To assess the care/support and prevention needs of HIV-positive men who have sex with men in Chennai, India.

B. LITERATURE REVIEW

So far, there are no published studies on the needs of HIV-positive MSM in India. Below is a summary of HIV prevalence studies among MSM in Chennai/Tamil Nadu and a study on STD/HIV co-infections among MSM in Chennai.

HIV prevalence among MSM in some parts of India has been documented. In Tamil Nadu, the annual HIV serosurveillance conducted by TNSACS has documented a HIV prevalence of 4.4% among MSM population in 2003 *(NACO, 2004)*. Though the blood samples for this HIV serosurveillance were taken from MSM attending a temporary STD clinic established for serosurveillance, a 2001 clinical records-review study from SWAM's sexual health clinic for MSM showed that about 14% of clinic attendees self-reported being HIV-positive (*Venkatesan C et al, 2001*). Similarly a study from the Institute of Sexually transmitted diseases (STD) of Madras Medical College and Government Hospital showed that about 13% of MSM were HIV-positive. This study also documented co-infections with some sexually transmitted infections (STIs) among HIV-positive MSM (3 were positive for HIV & VDRL; and 7 were positive for both HIV & Hepatitis-B (HBsAg) (*B Srinivasan et al, 2004*). This may indicate that some of these MSM might not be knowing their HIV status when they acquired STI or some HIV-positive MSM may continue to be sexually active and practice unsafe sex resulting in acquisition of new STIs and/or transmission of HIV/STI to their partners.

The stigma and discrimination faced by HIV-positive MSM in Chennai at medical settings have been documented (*P Mahalingam et al, 2004*). It was noted that especially those HIV-infected MSM who are gender-variant and have associated anal STDs could not pass as heterosexual in the health care system and are afraid to seek health care services. It was concluded that stigma and discrimination could significantly impede the treatment-seeking behavior of HIV-infected MSM by decreasing the opportunity for early intervention.

C. METHODOLOGY

Qualitative methodology was adopted since it enables in-depth exploration so as to capture the diverse needs of HIV-positive MSM in Chennai.

1. Methods and Rationale

Previous experiences of the researchers have revealed that HIV-positive MSM may be reluctant to meet in groups because of possible discrimination from members of their own communities, the immense stigma of HIV/AIDS and fears of disclosure to the larger community, and the criminalization of homosexuality in India. Hence rather than focus group discussions, it was decided to have in-depth interviews and key-informant interviews.

a. In-depth interviews

A total of 10 HIV-positive MSM participated in the in-depth interviews.

Peer-driven sampling, snowball sampling, and purposive sampling techniques were used to recruit these participants. SWAM staff informed about this study to HIV-positive MSM who belong to their friendship network and asked about their willingness to participate in this study (Peer-driven sampling). Also, some HIV-positive MSM referred some other HIV-positive MSM to this study (Snowball sampling). To identify the issues of married HIV-positive MSM, SWAM staff were asked to recruit married HIV-positive MSM who were willing to participate in the study (Purposive sampling).

Informed consent was obtained from all the participants for participating in this study and for audiotaping of the interview. The informed consent form is given in the appendices section. A honorarium of Rs.200 was given to each participant as recommended by the community advisory group of SWAM.

The venue of the interviews was chosen according to the convenience of the participants. Most of the interviews were conducted in private rooms of two community organizations. The interviews were about 60–120 minutes in duration. The interview questions were modified or added over the course of the study ('progressive focusing'). The interview consisted of open-ended questions to explore the various needs of HIV-positive MSM in Chennai. The in-depth interview guide is given in the appendix. Since in qualitative methodology the sample size is dependent on saturation of the emerging theory, data collection was continued until saturation of major categories was achieved.

b. Key-Informant interviews

Three key-informants were interviewed to get their perspectives on the needs of HIV-positive MSM in Chennai. All key informants gave informed consent. The informed consent form and the key-informant interview guide are given in the appendices section.

2. Data analysis

As an applied research study, data analysis procedure of this study was similar to that of the 'framework approach' in which the objectives of the study are set in advance and shaped by the information requirements of the funding body (Pope et al, 2000).

The analysis of the interviews proceeded through several stages of organization, analysis and reflection. An initial stage involved the identification of themes arising out of the interviews. Themes were listed, compared and contrasted. Analysis proceeded by comparing and contrasting examples of each theme from the transcripts. Key examples were selected to illuminate the write-up. Examples of diversity and contradiction were included. To promote the credibility of the data, several forms of peer debriefing were employed by the researcher. The community advisory group of SWAM was actively involved in the review of the topic interview guides; progressive review of interview transcripts over the duration of data collection; and reviewing the initial draft of the report.

D. FINDINGS

Understanding the context

SWAM primarily reaches out to *Kothi*-identified MSM especially those who belong to lower socioeconomic status and those who also do sex work on a part-time or full-time basis. The participants in this research study belong to that subpopulation of MSM. Hence the needs identified in this report primarily reflect the needs of Kothi-identified HIV-positive MSM and the conclusions cannot be 'generalized' to represent the needs of all 'HIV-positive MSM' in Chennai.

Kothi-identified MSM, as part of their self-defined role, are not "supposed to" have sex with one another since they are 'feminine' and are attracted to masculine partners (called *Panthis*) whose sexual orientation is assumed by *Kothis* to be predominantly 'heterosexual'. *Kothis* are generally receptive partners in sexual encounters with *Panthis*. MSM who both insert and receive are labeled as 'Double-Decker' ('DD') by *Kothis* but some *Kothis* may admit that they themselves come under the 'DD category'. Thus the construction of the sexuality of *Kothi*-identified MSM may differ from that of middle-class educated gay-identified MSM (*Venkatesan C et al, 2002*). The findings of this study thus need to be interpreted cautiously taking into account the context of *Kothi* identity and its complexities.

1. Reactions to and coping up with HIV diagnosis

After HIV diagnosis a feeling of denial and/or disbelief was mentioned by some MSM. "I was told HIV-positive by the doctor in the GH [refers to Government hospital in Central, Chennai]….then I went to Stanley [another government hospital], Royapettai [another government hospital], ….mmm…....Chennai corporation hospital….also a private clinic….In all I was told to be HIV-positive…"

Some mentioned that they became very helpless and depressed. "I became very sad….did not know what to do next….was crying".

Some reported having developed vengeance and started having unprotected sex. "I was very angry with myself and *Beelis* [a term used by *Kothi*-identified MSM to refer to ruffians]….they gave me this infection….they not only beat me to have sex with them but also take away my money….I was determined to spread HIV to them…". Another person told "…I lured some policemen to have sex with me and no condoms were used….They

might have got HIV now…they need to be taught a lesson…". The same persons who reported these incidents also mentioned that they did not want to deliberately infect others that make us to think about what we can call 'selective vengeance' [i.e., vengeance towards certain group of persons like policemen or ruffians] among some HIV-positive MSM.

One person told he was not aware about the seriousness of HIV infection. He was told by the doctor that his "blood was a little spoiled" after he was diagnosed to have an STD and HIV. He did not take that very seriously and went back to his previous sexual life style after the STD [penile ulcer] was cured.

Some MSM felt ashamed of themselves and developed guilty feelings regarding being born as homosexuals. "It is because I'm born like this [as a homosexual man] I got this infection…".

2. Mental health: Depression, Suicidal ideation, and Coping up

Some MSM who came to know about their HIV-positive status have considered committing suicide. "I would have committed suicide. I told my suicidal feelings to another *Kothi*…he said why to die now when any way we will be dying due to AIDS in the future. Then, I also thought what was the point in dying ….as long as [I] live let me remain *jolly* [happy]".

Some mentioned that even though they do come across suicidal ideas once in a while, by mingling with their *Kothi* friends they get rid of those ideas. Some felt very lonely after leaving their *Kothi* friends with whom they have disclosed their HIV status. "when we [*Kothis*] are together we laugh, tease one another, and chat a lot….we would be very happy….once I have to leave to my home I would feel very lonely….I could not share these things in my home [with the family members]…"

Most often HIV-positive MSM allow the feelings – depression, sadness, loneliness – to go by themselves. When asked about where or to whom they will go to get any psychological support a key informant told "even when depressed one rarely goes to Psychiatrist…then they will ask 'Am I *mental* [nuts]?'…but I know of one positive person who went to a psychiatrist …actually I referred him to that psychiatrist. He could not tell that he is a homosexual since he went with his wife and he was afraid that the psychiatrist might tell his wife…". Thus seeking the help of psychiatrist is rarely done and even those who do go are afraid of disclosing their same-sex orientation or behavior because of various reasons.

3. Effectiveness of the post-test HIV counseling

While the participants did mention that counseling was given after telling their HIV test result many were not sure about what was told. "…I was seventeen…I was very innocent at that time and could not understand what was being told by that counselor. I was just nodding my head. I was asked to come for follow-up but since I was doing well I did not go back." Another person told, "Whatever the counselor tells you will not be absorbed by you since you will be in a state of shock….they [counselors] need to understand that…"

Some did not tell the counselor about their same-sex behavior because "he did not ask" or "…was afraid to tell [because of fear of rejection]…". While another person told the counselor about his same-sex behavior but the counselor did not discuss about that. "It is as though he [counselor] did not hear what I said…may be he wanted to avoid discussing that…"

Thus, some HIV-positive MSM could not able to comprehend all the information given by the well-intentioned counselors. Also, some counselors did not ask about same-sex behavior or MSM did not reveal their same-sex behavior in spite of them being told a positive result.

4. Disclosure of HIV status and psychosocial support

Disclosure of HIV status by some persons has enabled them to get the support of their *Kothi* friends. Some shared the HIV test result with their *Kothi* friends to get their support. "I told my [HIV] test result to a *Kothi* friend of mine….after all he only took me for the test". Another person mentioned, "If I fell ill they will take care of me and if they fell ill I will take care of them…so I need to tell them".

Some disclosed their HIV status to their straight friends. One MSM told the result to his non-sexual *Panthi* friend [means a 'straight masculine friend' here] and he consoled him. "He did not look down on me when I told him about my habit [homosexual behavior]…he asked me to undergo this test…hence I told him once the result came as positive…"

While some persons gained support of their friends by disclosure some other MSM had different experiences. "Once I told my *Panthi* [here it means his masculine sexual partner] he just left me". Another MSM told, "I cried when I was told I was HIV-positive…another *Kothi* saw this and asked why I was crying…at that moment I told I was [HIV] positive without thinking about the consequences…then that *Kothi* spread the news to everyone…"

Having disclosed their status to selected *Kothi* friends (who may or may not be HIV-positive) make them feel like a community and every thing was shared with them. "when we [*Kothis*] are together we laugh, tease one another, and chat a lot….we would be very happy….once I have to leave to my home I would feel very lonely….I could not share these things in my home [with the family members]…" This also may indicate that not disclosing their status to their family members can be stressful and prevent them from getting their support (assuming that family members might provide such support).

One MSM disclosed his HIV status after coming to know that his steady friend is also HIV-positive and then they support each other now. "I was found to be HIV-positive. I was feeling very guilty that I would have already given HIV to my [steady] friend. I asked him to undergo HIV testing. He did… As I suspected he turned out to be positive. Then I told my test result. He would not have believed me had I told my result first. Now we use condoms when we have sex. I know that *viral load* will increase if we have sex with out condoms since I work in [a community organization]"

5. Reasons for non-disclosure of HIV status to nonsexual friends and family members

Mainly fear of rejection and isolation prevent HIV-positive MSM from revealing their status to their non-sexual friends.

"I can not tell this to my *Panthi* [here '*Panthi*' means nonsexual straight masculine friend] friends. They can not understand…". "If I tell my *general* [straight] friends then they will tell my home [family members]"

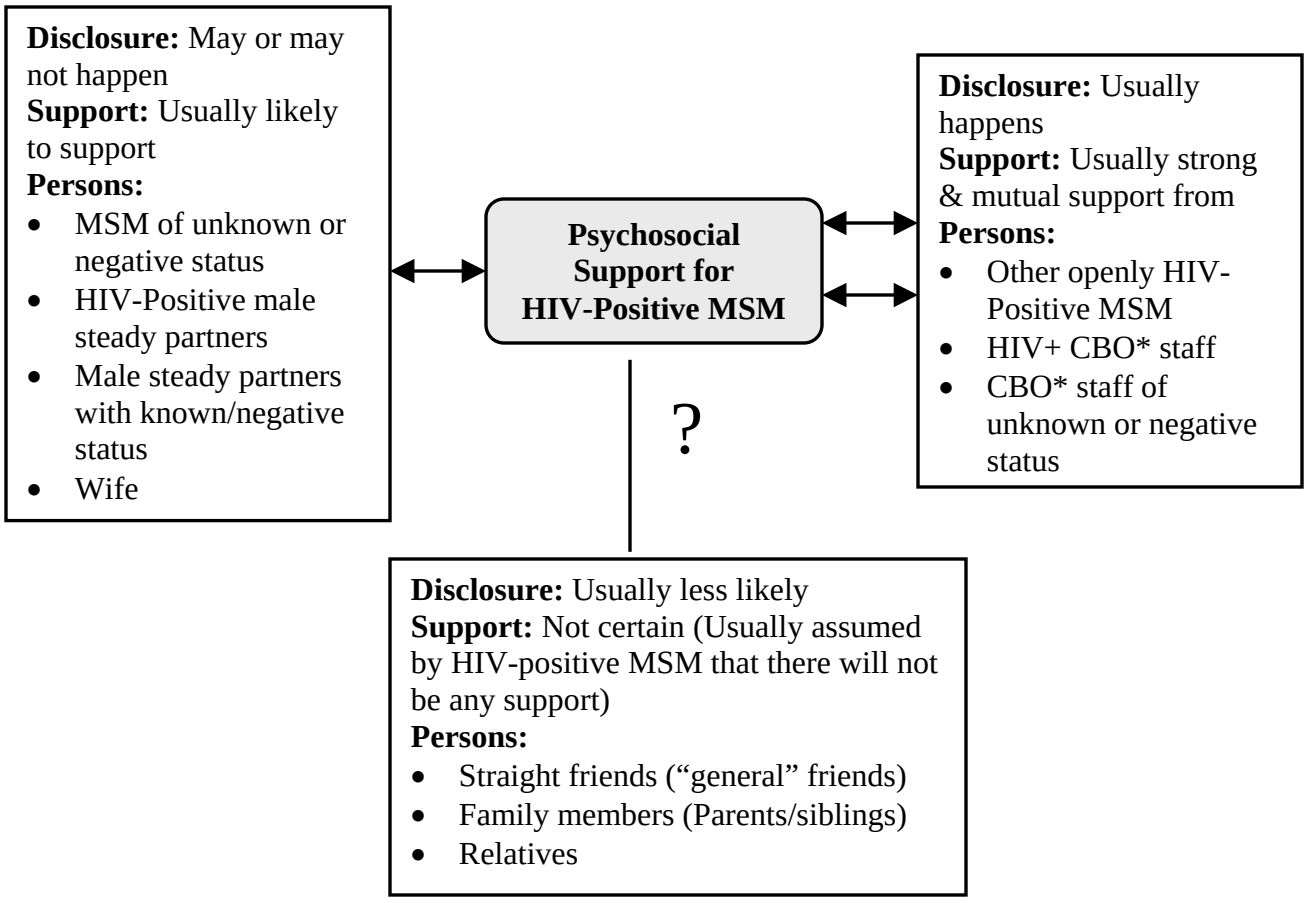
"I do not want to tell my *Kothi* friends. If one knows then everyone will come to know". "I have seen how some positive *Kothis* have suffered from problems created by *Kothis* [of unknown status]…."

The reasons for not telling the family members ranged from bringing shame to family to not making them to suffer by announcing his HIV status. "What will the neighbors speak of my family. They can not show their face outside. …" "Already my brothers do not talk to me because of my feminine nature and if they came to know I am also positive then they will just drive me away". "…But why should we tell our family that we are positive? …that will only make them to suffer…"

Even though the risk of discrimination and rejection from the family members is real, by not disclosing their HIV status MSM may probably be missing out an otherwise important psychosocial support system available to them. For some family members, being HIV-positive might be more acceptable then being a homosexual men as one MSM puts it "my father told me that he could tolerate that I was HIV-positive but asked me not to tell others that I got it by having sex with men".

Box-1: PSYCHOSOCIAL SUPPORT FOR HIV-POSITIVE MSM: RELATION TO DISCLOSURE OF HIV STATUS TO DIFFERENT PERSONS

Unless one discloses his HIV status, psychosocial support may not be obtained. Below the picture shows to whom (persons/groups) HIV-positive MSM usually disclose their HIV status. Note that disclosure may be related to the expected level of support from those persons/groups and the risk of revealing that information to them. (**Note:** For counseling related to mental health issues, only very few HIV-positive MSM may approach professional counselors and rarely psychiatrists).



(* CBO = Community-Based Organization that works with MSM**)**

6. Perceived changes in sexual behavior after HIV diagnosis

To the question of whether any changes happened to their sexual life after HIV diagnosis, there were mixed responses. Some replied that they have decreased the number of sexual partners or no longer have anal sex. Some observed no change in their sexual behavior. In general, however they mentioned about increase in their condom use.

"…there is no change at all [in the sexual life style after HIV diagnosis]….the same thing continues". "Yes. I have greatly decreased *giving my back*…".

The reasons given for changes in the sexual behavior after HIV diagnosis were different. They included: not wanting to pass on the infection to others; do not want to get new STDs; the belief that having anal sex will lead to a decline in the health status; and avoiding re-infection.

"I have got this [HIV] disease…I should not give this to others…"

"I have greatly decreased *giving my back* ….otherwise my health will be spoiled…"

"Even with another positive person one has to use condoms. Otherwise more HIV will come from him and will lay more eggs [his explanation of HIV replication] in our body…"

When asked about what are the places where they have sex after they came to know about their HIV-positive status, the common replies were: "as usual", "where I used to have sex before becoming positive", "the same places [before knowing HIV-positive status]". During the course of interviews with various MSM there were references to beach, parks, theaters, lodges, homes (self or partner's) and other areas where they pick up or have sex with their partners.

MSM from different backgrounds did not want to pass on the HIV infection to selected persons for different reasons. MSM in sex work did not want to pass on the infection to educated and "well-behaved" clients since they were not harsh and gave the requested money. A married MSM did not want to pass on the infection to his unborn child - "I do not want my [unborn] child to suffer from this" – and hence to his wife. A MSM in a steady relation did not want to pass on the infection to his steady partner – "He should not get this…but he might have already got this…"

7. Reasons for non-disclosure of HIV status with sexual partners

Various reasons were given for not disclosing their HIV status to their sexual partners.

With their masculine casual sexual partners (*Panthis*) they did not want to tell since they will not have sex with them and *Kothis* were also afraid of facing violence. "If I tell him he will not come [to have sex] but also beat me up". "That Panthi was *'cheese'* [means very attractive] …I did not want to loose him.". Also, usually *Panthis* do not talk about sex but *do* sex. "*Panthis* come and just ask me to show my back and insert…no talk about sex…". Hence *Kothis* do not know how to disclose even if they want to.

With their clients, male sex workers did not want to disclose because of fear of not getting money. “We get Rs. 10 or Rs.20 from some clients. We do not want to loose even that”.

Some MSM did not see any reasons to disclose – “why should I tell?…” they questioned back. Some also gave ‘reasons’ for their non-disclosure like - “I only have oral sex” “I do not *give my back*” [meaning no or minimal risk of transmission to their partners].

One married MSM found it difficult to tell his HIV status to his wife – “How can I tell her?….will she then eventually come to know I’m a *Kothi* as well?…”.

Non-disclosure of HIV status however did not always result in unprotected sex. A married MSM has told his friend, “My wife never looks down when I have sex with her. So I can use condoms with out her knowledge and take away the condom as I come out [of her]…every thing happens in the dark…”. Thus practicing safer sex with his wife might have made this married MSM not to disclose his HIV status to his wife.

Some male sex workers questioned why they should be responsible for telling others about their HIV status. “I ask my clients to always use condoms. If they do not want to what can I do? Why should *I* tell [my HIV status]?”

BOX-2: RELATION BETWEEN DISCLOSURE OF HIV STATUS AND SAFER SEX - EXAMPLES

(Does disclosure of HIV status associated with safer sex?
Does non-disclosure of HIV status associated with unsafe sex?)

DISCLOSURE OF HIV STATUS TO SEXUAL PARTNERS	ASSOCIATED WITH UNSAFE SEX	ASSOCIATED WITH SAFER SEX
DISCLOSED	• Casual partner did not believe that it was true. Thought it was a way to avoid having sex with him.	• Steady partner agreed to use condoms. Condom use continued even after he was also found to be HIV-positive.
NOT DISCLOSED	• Could not use condoms with wife who had undergone tubectomy. • Could not use condoms with an attractive masculine partner who did not like condoms	• Can able to use condoms with wife since sex happens in night and she does not look ‘down’. • Able to persuade condom use with partners or avoid unprotected anal sex (so did not feel the need to disclose HIV status)

8. Reasons for inconsistent condom use with various sexual partners
Various reasons were given for not using condoms consistently with different types of sexual partners.

a) Casual partners and unprotected sex
With casual partners, it was related to fear of losing them if condom use was insisted. "Some *Panthis* don't like condoms. One *cheese Panthi* [meaning attractive masculine person] told me 'what is the point in using condoms...my semen should touch your anus…[then] there is pleasure [in that]'…what shall I say then?"

Some also admitted that they themselves do not like to use condoms since they decrease the pleasure. "how can I always use that rubber?…I do want to enjoy…some times when I am in *mood* [meaning at the heat of the moment] I do not use condoms".

Sometimes misconceptions may lead to unprotected sex. One MSM told "my friend told me that he always use condoms for oral sex. He said how could one put it [penis] in the mouth using which one eat? ….but he also said he did not use condoms for anal sex since the semen will any way come out in the motion…". Another MSM told similar reasons for allowing unprotected anal sex to happen but gave a different reason for using condoms for oral sex – "I cannot tolerate the smell that comes out of [penis]…hence I always use condoms for oral sex. Anal sex …no worries about that …they do that in the back and you are not disturbed…"

One MSM told "how can I carry condoms always? Once I went to the market. I met with a *Panthi*…we had sex but with out condoms…I did not go there to have sex. It happened…even if I keep condoms in my pocket the *old lady* [mother] who washes my clothes will ask me why I have them."

Some assume that certain persons might have already got HIV infection and hence they need not use condoms. "I have seen him having sex with three other positive *Kothis*…he might have already got HIV…so I did not use condoms with him…he also did not ask me [about HIV status]."

Sometimes *Kothi*-identified MSM try insertive anal sex with their masculine partners who are apparently 'DD' (Double-Deckers - who receive and insert). "If the person who has sex with us is a DD we may try to [insert]. If I wear a condom I may not have adequate *stiffness* [rigid erection] hence sometimes I do not use one…". Thus the fear of not having sufficient '*stiffness*' to penetrate the anus may prevent some *Kothi*-identified MSM (who are then 'DD' by behavior) not to use condoms.

b) Sexual violence and unprotected sex with policemen/ruffians
Some could not able to use condoms with policemen. "They took us to police station and during night one policeman asked me to come to the *bathroom* [toilet]….he had sex with me in the back…I did not have condoms at that time since I was only in my underwear...I also could not talk about condoms…even if we show condoms they will beat us in our hands with *lathi* [police stick]" This also shows the sexual abuse by policemen and the

risk of transmission of HIV infection to them since they have unprotected sex with self-identified homosexual men.

Some male sex workers who regularly stand in a particular place to get clients talked about the inability to use condoms with ruffians [referred to as "*Beeli*' by *Kothi*-identified MSM]. "They [ruffians] have sex with us…we can not talk about condoms with them...they will beat…they also show knife…they have hurt me using [shaving] blades…they also take away our money…".

c) Male sex workers and unprotected sex with male clients

Some male sex workers may not insist condom use if their clients give more money. "What is the point in asking them to use condoms if they do not want to use? Some may ask how much more [money] I need if I can do with out condoms…I am tempted sometimes". Some sex workers mentioned the cost of the branded condoms as an inhibiting factor in not buying condoms. "We get Rs. 10 or Rs. 20 from our clients…How can I spend Rs. 5 for one condom with only this much money". When asked whether they receive condoms from the community organizations that work with MSM they said, "Yes. They do give…but how many can I carry around. If [policeman] found me with condoms he will book a case…why should I get caught?".

Some could not use condoms because of lack of immediate access to condoms. A male sex worker told "I used to keep condoms in a bush in [name of the place]. Sometimes there will be policemen standing near that bush and hence I could not go and get the condoms from there….the *customers* [clients] can not wait…"

d) Married MSM and unprotected sex with wife

Married MSM may have difficulty in using condoms with wife. "How can I use that [condom]? I was just married six months ago. She would ask why should we use condoms when everyone [in the family] is asking for a good news [meaning conception]."

Another person's wife has already undergone tubectomy so he could not use condoms. "We have two children. She had undergone family control operation. You tell me how can I use condoms with her. Tell me how to say her that I have HIV?..."

e) 'Selective Vengeance' and unprotected sex

As mentioned earlier, some MSM have vengeance and want to pass on the infection to others. In our study participants, the vengeance was not 'general' but was 'selective' – directed to specific persons – policemen and *Beelis* [ruffians]. Those HIV-positive MSM who have suffered in the hands of policemen wanted to spread the infection to as many as policemen as possible even to the extent of luring them to have sex with them (see the quote under 'Reactions to and coping up with HIV diagnosis').

One person mentioned that his vengeance towards policemen was present only immediately after he was diagnosed HIV-positive and now it has gone. However, another MSM admitted that even now (after many years after HIV diagnosis) he deliberately wanted to spread HIV to ruffians – "even if that *Beeli* wants to use condom I will say

'what pleasure we will get if we use condom…let us do [have sex] with out it [condom]'…I hope he would have got it [HIV infection] by now". "When I see some *Beelis* [who had sex with me] losing their weight and become skinnier I become very delighted with in my heart…". Apparently he did not realize that his vengeance to spread HIV to ruffians also put him under risk of re-infection and getting new STIs.

BOX–3: REASONS GIVEN BY HIV-POSITIVE MSM FOR NOT USING CONDOMS WITH DIFFERENT TYPES OF PARTNERS

[**Note:** Condoms may not be used in sexual practices other than oral or anal sex since many MSM feel that condom use is not relevant in certain sexual practices. Example: mutual masturbation or 'thigh sex' (inter-crural sex). Thus the reasons given below are for not using condoms in oral/anal sex.]

Type of sexual partner	Reasons given for not using condoms in oral/anal sex
Casual partners	- Was attractive and did not want to loose - Appeared healthy - Was a 'family person' - Casual partner did not like condoms and could not be compelled
Steady male partners	- Did not disclose HIV status and hence could not use condoms (otherwise he will suspect and leave) - Pleasure - Intimacy - Belief that steady partner might have already got HIV
Paying partners (Clients of male sex workers)	- Appeared healthy - Was attractive - Pleasure - Was young/College students - Paid more money
Wife	- Wife had tubectomy - Just married and want to have a baby soon - Will suspect and leave if condoms are used
'Coercive sex' partners	- Could not negotiate condom use with policemen or ruffians (*Beelis*) - 'Selective vengeance' (see text)

9. Successful condom negotiations with different partners
Some MSM have self-learned the skills to persuade their male partners to use condoms. One MSM said "…I will say - 'now [a days] we are hearing about big diseases [meaning AIDS]….you might have gone to many [persons]…I might have gone to many…so why don't we use condoms'…"

Kothi-identified MSM are supposed to be mainly receptive partners in sexual encounters and they mainly choose masculine persons who may not have any specific identity (*Panthis*). This means in some situations one cannot even talk about sex or condoms and but only *do* sex. In such cases, they need to find out acceptable ways to make those persons to use condoms for anal sex. "I will tell – "see …this is the passage through which motion comes…why you want to make yourself dirty…instead use condoms…we can then throw away [the used condom]…"

Often *Kothi*-identified MSM have condoms with them before sexual encounters. However some also mentioned that these days college *Panthis* [college going masculine youth] come with condoms. "They [college students] are smart…. You need not tell…they come with condoms…they accept [to use condoms] if we take out condoms…"

10. Alcohol use and Safer sex
Regarding whether they would consume alcohol before having sex one male sex workers mentioned that sometimes their clients would bring alcohol. "*Panthis* sometimes come with alcohol. They would tell it is because of alcohol they have sex with us …[*Panthi* will say] 'otherwise I will be reminded of your moustache and will not have *mood*'…". Thus it seems that alcohol is used by some *Panthis* to disinhibit their desire towards men or to blame alcohol for making them to have sex with men.

Also, alcohol is given to *Kothis* so that they will 'cooperate' with them. *Kothis* know about this but may still consume alcohol. "Once we drink alcohol we can able to tolerate whatever *Panthis* do…some bite …some scratch…they know we will not allow them to do this if we have not consumed alcohol…Yes…some times they do not use condoms when they have anal sex…what to do?…" Thus even though *Kothis* are aware that they may be physically injured (or *Panthis* will not use condoms) when they are under the influence of alcohol they could not avoid such circumstances.

11. STDs: Embarrassment, Improper diagnosis/treatment, & Misconceptions
Some MSM were embarrassed to tell anal STD symptoms to doctors. "Once I had pain in the back [anus] and was afraid to tell the doctor when I went to GH [government hospital]. I came back without telling that. Then my friend took me to a private doctor known to him. I told him about the pain and he prescribed some tablets for it….No...he did not see the back..". This shows that some MSM may not reveal their anal STD symptoms for fear of being revealed as a homosexual person. Also, this shows that doctors may not do proper clinical examination even if symptoms suggestive of anal STDs are told.

One MSM shared an incident in which a female private medical practitioner did not enquire about any sexual history or details of the anal symptoms when he mentioned that

he had an ulcer in the 'back'. "…she [female doctor] then asked 'Did you *wash your legs* [an euphemism for washing buttocks] in a pond?'…I told 'yes'. Then she prescribed medicines…No. She did not ask anything about my sexual activities…". This shows the possible embarrassment of that female doctor in asking about same-sex behavior even though it was relevant in that clinical context. Consequently, one cannot be sure about the accuracy of the clinical diagnosis and provision of proper treatment for that anal symptom.

Some were not informed about proper follow-up after STD diagnosis. One person told "…they also did VDRL test at that time [of HIV diagnosis]. It was positive and [I] was given an injection. Then I went to the beach and took frequent baths since some one told me that salt water would cure anal STD. That was about five years ago and I did not go to that clinic again…". This also shows the misconceptions related to STDs among some MSM.

12. Safer sex counseling by health care providers and outreach workers

Some felt that safer sex information for HIV-positive persons are either not at all given or different messages are given by different providers. "Tell me…when one has become HIV-positive should they no longer have sexual feelings?…we are also human beings…why this is not discussed by the doctors? They tell – '*Do not have sex*'. Many do not even talk about it [sex]". Another MSM told, "I told that doctor that I had sex last month. He gave back my [outpatient case] sheet and asked me to get out. I was told later that he actually slapped one patient for having had sex…I was fortunate (giggles)…he is no longer in [name of a government hospital]…"

One person told "The doctor told me not to have anal sex but can have oral sex…that too with condoms. That nurse told me I should not be having sex at all since I should not infect others. The counselor was telling [me] to reduce the sex[ual activity]. He did not even talk about condoms…"

Some mentioned that less information on sex with women (especially their female spouses) is given to self-identified MSM. "often …no...always they [outreach workers] talk about male-male sex but not much information is given on sex with women or STDs in women….and many *Kothis* are married too. How can they tell their wife that they have HIV? They could not use condoms with their wife … I do not know [how to tackle this situation]…"

13. HIV/AIDS Clinical Services: Accessibility, Affordability, and Gaps

a. Lack of sufficient information on where to go for treatment and follow-up services

Some MSM who are asymptomatic did not know where to go for routine check up or screening. "…but people go to Tambaram [referring to Government Hospital for Thoracic Medicine, GHTM, in Tambaram, Chennai] only when they are *serious*. I do not know where should I go now [since no symptoms]." Counselors at Voluntary Counseling and Testing Centers (VCTC) though give post-test counseling apparently do not seem to provide referral services. "I was told I was HIV-positive. Then I was asked to take proper

food and drink boiled water. He (counselor) did not tell where I should go for treatment…"

b. Issues mentioned in relation to clinical services in government hospitals
Many MSM felt that they would go to either the GH [Government Hospital at Central, Chennai] or to the GHTM in Tambaram since they could not afford private hospitals. However they were not happy with the services offered in the government hospitals. "In GH one has to wait for a long time to get medicines…also some relatives might see us standing in the queue…then we have to wait for giving the blood test…Doctor will ask us to come for collecting the blood tests after one week. On seeing these, the *Kothi* accompanying the patient thinks 'Ok. If we come here the same thing will happen to me. It is better not to come here'…". "As soon as you are found to be HIV-positive they [doctors in GH] send us to *Tambaram* they don't even touch us then".

Some have heard about ARVs (antiretroviral drugs) being given in GHTM, Tambaram as well as the Siddha medications. "Currently I'm on Siddha treatment….they have given me a *soornam* and *legium.* I was hoping to get ARV but I was put on this. May be soon I will also get ARV from there…It is only one tablet two times a day [referring to triple drug combination drug offered through National ARV roll out program for those HIV-positive persons who have CD4 count less than 200]."

c. Issues mentioned in relation to clinical services offered by some NGOs in Chennai
Some mentioned that they know of MSM who are also accessing the clinical services offered by local NGOs. When asked about whether they reveal that they are homosexual men, many said no. "I think it is because they don't feel the need to tell they are homosexual men since they only want treatment for HIV", said one. Another person thought it could be because of presumed fear of discrimination from the providers. "Why should one tell? What if they don't like you [because of being a homosexual]". A married MSM told, "I would have told [about same-sex behavior] but they did not ask. I was asked whether I had sex with any women other than my wife. I was repeatedly telling them 'No'.. 'No'…[laughs]….I told the truth..". Some told they could not afford even the nominal or subsidized charges for lab tests or medicines offered in some NGOs.

d. Private sector hospitals and Affordability
Some MSM have tried private sector but could not afford to continue taking treatment there. "Yes. Some private hospitals do provide treatment for HIV. But [charges for] everything is doubled. They say we need to do this - do that. After all the money is spent they refer us to *Tambaram*". Regarding the attitude of the health care providers in private hospitals some found nothing negative but some mentioned "they behaved *differently*…as though you are taking free treatment there…". A key informant mentioned "you may not see clear-cut discrimination in the private sector since they think one can get more money from HIV patients… but they also don't know much about treatment…"

e. Unqualified medical practitioners and promise of 'cure'
A key informant mentioned that many MSM have gone in search of cure for HIV and have lost considerable amount of money to quacks (unqualified medical practitioners).

"many have gone to a person in Kerala and have lost all their land and money to get cured. They realize only later…"

One of the participants mentioned that he knew of a HIV-positive MSM who tried some herbal preparations given by a traditional healer in a village. "He [friend] strongly believed in [the power of] herbs. He was trying some herbal medicines given by a *country doctor* [meaning local traditional healer]…he later discontinued…since he did not see any progress [in health condition]…"

14. Relations with 'general' positive people groups

Some mentioned they do not know about any other groups that work for positive people. "I do not know whether there are any other groups [for positive people]". Some were aware of that but were not interested in knowing more about them. "Yes. Some one told me there is one [support group] in Chennai for 'ordinary' [meaning straight] positive people. What will be the use in going there?".

Some know about other positive people groups but were afraid of possible discrimination from those group members. "…will they understand us? May be they will not talk to us when we go there…".

One person who had been to the 'general' positive people group told "there one can talk about medical issues but how can I talk about my personal life…they do not talk about that.."

One MSM was optimistic that the 'general' PLHA groups will understand MSM issues. "They will understand us [MSM]…they are also suffering from HIV and face discrimination…hence they could understand our condition too…"

One key informant was making a point that MSM should have the option to attend either of the groups (MSM positive groups and 'non-MSM' positive groups). "They should be given options…should be able to go there [to 'mainstream' positive groups] and use there services as well as should have their own support groups [for HIV-positive MSM] so that they can talk about the sexuality issues…can move back and forth between the groups and then can ultimately choose where they want to be - after experiencing both…"

15. Treatment information needs

Many felt that MSM population in Chennai have been receiving enough information on HIV prevention from the community organizations. "Every one [MSM] knows about HIV/AIDS in Chennai. What we need is more information about treatment..". However some felt that the information MSM receive about HIV/AIDS from various sources is superficial. "..Yes. They know about HIV/AIDS …but if you ask them to expand [those terms] they cannot tell. They do not know more than it is a fatal disease. No one knows terms like *viral load, CD4 count, ARV*…some do not even know what is *ELISA*…"

"We need to know more about drugs that control HIV…what do they say..Aah..ARV…they told that one should not drink alcohol while on ARV…is that true?…". "…when to start those drugs?…what if I miss [the medications] some

times…I'm forgetful…That is one reason why I do not want to check my CD4…there is no one whom I can tell [about my status] and if I need to take medications my family members will then come to know."

Some MSM were afraid to keep the medications at their homes and kept them in a community-based organization so that they can pick up whenever they need. However some have successfully managed to take medications (for opportunistic infections) with out the knowledge of their family members. "…I keep my medications always with me…when I leave the home I take them with me…sometimes I lock them in a cupboard…my mother does not ask…".

One person explained why he did not want to take antiretrovirals since he also consumes alcohol once in a while. "I have heard that one should not drink [alcohol] while on ARV…but I drink then and there…". This show that there are some misconceptions in alcohol/ARV interactions that need to be clarified.

Some also shared their views about how the treatment information could be given to MSM. "There can be workshops on HIV treatment for both positive and negative MSM – in that way no one knows who has got HIV and also will spread the message to others". "Videos can be shown on HIV/AIDS treatment to MSM …many are illiterate". "Every one should be given information about AIDS treatment during outreach …and also where one can go for treatment…otherwise it will be difficult to pass on this information to HIV-positive MSM since we don't know who are positive". "May be some photos with information…some cartoons too…"

16. Expressed needs

When asked about what their personal needs and the needs for HIV-positive MSM are, the following were mentioned. Mostly they asked for better jobs, place to stay, medications for HIV, and small loans.

"We [sex workers] need a good job so that we can decrease *dhanda* [sex work] and can look after our health…"

"I need a less stressful job…as time passes [as disease progresses] may be I can not do this construction work…"

"…I sleep in the footpath or in market….many *Kothis* [in market place] do not have homes. How can one follow instructions like 'drink boiled water' or 'eat well-cooked food' when we do not even have homes to boil or cook? I need a place to stay…"

"If some small loans can be given for starting a small business that will be useful…"

One person told "we need medications…if you can get us them it would be very good…"

One key informant was identifying the following as some of the needs felt by the community. "Many MSM just want to relax…one needs drop-in centers just for

relaxation….also shelter homes where one also have the facilities for *drips* [administering intravenous infusions]…". He added, "As MSM see more and more [MSM] become symptomatic they will realize that the AIDS is affecting them seriously…then they will come forward to help others also. May be if we can think about training some MSM on home-based care…like buddy system…so that they can take care of other MSM."

Another key informant mentioned "we need to think of alternative income generation programs for MSM who are in sex work…of course we can not compel them but if they say they would like to decrease their sex work then we can help them…"

17. Policy issues that affect HIV-positive MSM

Key informants were asked whether and how the current policies were affecting the care of HIV-positive MSM. "Whether [HIV] positive or negative, homosexual behavior is criminal…which makes MSM feel bad about themselves. They are blackmailed by police and *gundaas* [ruffians]. …they are sexually assaulted even in police stations…where [will be] the self-respect of MSM then…". "Though NACO [National AIDS Control Organization, India] has mentioned MSM as one of the 'target groups' not much intervention programs are happening in India… of course, no one will think separately about HIV-positive MSM and their needs…they might be thinking that will be a very small number [to be given any importance]."

Asked about the initiatives by the Tamil Nadu State AIDS Control Society (TNSACS) in relation to HIV-positive MSM the key informants replied they were not aware of any initiatives for this population since there seems to be minimal attention in general to MSM issues in Tamil Nadu. One key informant also pointed out the inconsistencies in what is stated by NACO in its national HIV/AIDS policy and what is happening in the ground. "While NACO talks of 'MSM' as a target group and recognizes the need for condom distribution in cruising areas, the outreach workers face problems from policemen if they have condoms with them. Outreach workers are even afraid to carry the educational materials that show pictures of STDs…Some policemen don't even see the identity cards shown by the outreach workers…they will say, 'I know who you are…don't fool me by showing this [identity card]'….".

E. DISCUSSION, RECOMMENDATIONS, AND ACTION PLAN FOR SWAM

1. Post-test and Follow-up HIV counseling

After being told about their HIV-positive status, different MSM had experienced different feelings that ranged from apathy to disbelief to vengeance to depression. It seems that post-test counseling are not given in a manner suitable to the needs of MSM. One of the reasons behind that is non-disclosure of same-sex behavior by MSM to their counselors. Even if MSM reveal their same-sex/bisexual behavior, many counselors did not seem to be aware of the issues of MSM and did not talk about same-sex behavior, or give judgemental messages. The amount of the general information on HIV/AIDS given by some well-intentioned counselors in a single setting was overwhelming to less-educated MSM as they could not comprehend all those information. Many MSM were also not asked to come for follow-up counseling and not referred to clinical services for screening/treatment.

Recommendations:

- There is a need for appropriate and effective post-test HIV counseling for HIV-positive MSM. This includes: talking about safer sex practices with either sexes, offering follow-up counseling, and making referrals to other appropriate services (medical, psychiatric, nutritional, etc).
- In the post-test HIV counseling, the information offered to HIV-positive persons (including MSM) may need to be simple and tailored to the individual client's comprehensiveness and educational status. More details on HIV/AIDS could be covered in multiple follow-up sessions since many HIV-positive persons may not be in a position to comprehend all the information in a single setting, especially when they were just told about their HIV diagnosis.

Action Plan for SWAM:

SWAM needs to sensitize and train HIV counselors in Chennai about the issues faced by HIV-positive MSM so that they provide appropriate and sensitive counseling tailored to the individual needs of HIV-positive MSM.

2. Non-disclosure of HIV status to sexual partners and safer sex

HIV-positive MSM find it difficult to disclose their HIV status to their partners and the reasons vary depending up on attraction towards the potential partner, whether does sex work, type of partner, etc. Non-disclosure of HIV status has resulted in unprotected sex. However, using condoms in sexual intercourse or having nonpenetrative sex made MSM to justify that that there is no reason for disclosing their HIV status.

Recommendations:

- MSM who have regular partners need to be counseled about the importance of disclosing their HIV status to encourage their regular partners to be tested for HIV.
- MSM who ask for some time to disclose their HIV status to their regular partners need to counseled about using condoms consistently or avoiding penetrative sex.

Action Plan for SWAM:

- SWAM can sensitize and train HIV counselors in Chennai regarding the disclosure issues faced by HIV-positive MSM and how counselors can assist HIV-positive MSM in disclosing their HIV status to their regular partners/wife or enable them to practice safer sex with them.
- SWAM's counseling services need to address HIV disclosure issues with their HIV-positive clients and offer practical suggestions to HIV-positive MSM such as practicing safer sex with their regular partners/wife until disclosure.

3. Inconsistent condom use and unprotected sex with partners

MSM were unable to use condoms with their partners due to a variety of reasons. It could be due to reasons that are personal (dislike of condoms since no pleasure or difficulty in getting erection); interpersonal (partners may not like); relational (could not use condoms with wife or with regular male partner); situational (forced sex with policemen or ruffian). This means one need to understand the context behind why HIV-positive MSM could not always able to practice safer sex.

Recommendations:

- Safer sex counseling to HIV-positive MSM should take into account the context behind unprotected sexual practices so as to provide counseling tailored to their individual needs.
- Importance of consistent use of condoms with any sexual partners need to be stressed. HIV-positive MSM should be explained about the risk of re-infection (with different type of HIV or resistant HIV strains); risk of acquiring new STDs; and the risk of rapid progression to AIDS in case an STD is acquired.

Action Plan for SWAM:

- HIV counselors and clinicians in Chennai providing STD/HIV services need to be trained by SWAM on safer sex counseling for HIV-positive MSM.
- SWAM's own counseling services should incorporate safer sex counseling for HIV-positive MSM as a routine and provide counseling tailored to the situations where they can not use condoms.

4. Sexual communication and condom negotiation

While some MSM could able to negotiate condom use with their male partners most MSM find it difficult to talk about sex with their masculine partners because of various reasons. Consequently, because of fear of loosing potential sexual partners if condom use is stressed, MSM may have unprotected sex with their partners. This means they not only have risk of re-infection or new STDs, but also can transmit HIV to uninfected partners.

Recommendations:

There is a need to build the skills of HIV-positive MSM on sexual communication and condom negotiation.

Action Plan for SWAM:
SWAM can organize training workshops for its outreach workers and peer educators on building skills among MSM on sexual communication, sexual assertiveness and condom negotiation. Thus, they in turn can train other MSM (positive/negative/unknown status) on these issues.

5. Alcohol and unprotected sex
Alcohol consumption either by the HIV-positive MSM or by their partners ultimately may lead to unprotected sex. While HIV-positive MSM may able to avoid unprotected sex with their partners if only their partners have drunk, it may be difficult for them to have safer sex if they are also under the influence of alcohol.

Recommendations:
- MSM should be educated about the connection between alcohol consumption and unprotected sex and its consequences. The reasons behind alcohol consumption need to be found out and addressed during counseling.
- Those MSM who have severe alcohol consumption may need to be referred for de-addiction counseling.

Action Plan for SWAM:
- SWAM's outreach workers and peer educators need to be educated about the connections between alcohol consumption and unprotected sex so that in turn they can create awareness about this issue among MSM in Chennai.
- SWAM should develop rapport with local alcohol de-addiction centers so as to refer MSM with severe alcohol consumption for de-addiction counseling/treatment.

6. STD and sexual health services
HIV-positive MSM who have STDs have difficulty in revealing their anal STD symptoms to health care providers and consequently are not treated early. Many may also have misconceptions regarding how STDs can be cured (for example: by having seawater bath). Also, many MSM do not seem to know the details of various STDs that could occur in men and women. MSM also felt that health care providers do not like HIV-positive persons to be sexually active and different providers gave different and conflicting safer sex messages.

Recommendations:
- MSM should be educated about the various STDs that occur in men and women and in various body parts.
- MSM should be encouraged to reveal their STD-related symptoms to their health care providers for early diagnosis and treatment. (This in turn requires creating an enabling environment for them in the medical setting to do so).
- Health care providers should be sensitized about the sexuality issues and sexual life of HIV-positive MSM and also trained on counseling MSM on safer sex.

Action Plan for SWAM:

- SWAM needs to intensively train its outreach workers and peer educators about various specific STDs that occur in men and women so that in turn they can educate other MSM in Chennai.
- SWAM can organize educational sessions on STDs for its drop-in attendees or conduct training workshops for volunteers from the community who want to spread the information on STDs to their friends.
- Doctors and counselors in Chennai need to be sensitized about how the negative attitude (presumed or actual) of health care providers prevent MSM from coming out with their same-sex behavior or symptoms of anal STDs. This could be a part of a comprehensive training program for health care providers in Chennai on MSM issues.

7. Medical services

Being from lower socioeconomic class, many *Kothi*-identified MSM and male sex workers could not afford private hospitals and depend on free government hospital services. However, the negative attitude of government staff and the bureaucratic and long procedures in the government hospitals prevent them from using government services unless they become very ill. While some MSM do use medical services offered by some NGOs in Chennai, since they do not reveal their same-sex behavior they may not receive appropriate safer sex counseling.

Recommendations:

- Information about various free (or subsidized) medical services to HIV-positive persons offered in government hospitals and NGOs need to be given to HIV-positive MSM.
- Government hospitals and NGOs need to be sensitized about the issues of HIV-positive MSM so that they can provide holistic care of HIV-positive MSM that includes sensitive and appropriate sexual health services (medical and counseling).

Action Plan for SWAM:

- SWAM can prepare a handy resource pamphlet on the various types of services available to MSM (HIV-positive/negative/unknown status) in Chennai and distribute through their outreach workers and peer educators and through its drop-in centers.
- Staff and management in the government hospitals and NGOs offering medical services in Chennai need to be sensitized by SWAM about the issues of HIV-positive MSM so that they can provide sensitive and comprehensive care to them.
- SWAM needs to strengthen its linkages and networking with various institutions (government, NGOs and private) so as to provide efficient and effective referral services to those HIV-positive MSM who need specific services.

8. Mental health services and Psychosocial support

Getting psychosocial support depends upon whether HIV-positive MSM choose to disclose their HIV status and to whom they disclose. HIV-positive MSM seem to make a cautious decision regarding whom to disclose, depending upon various factors that include the expected level of support from those persons. Most however seem to be comfortable with other HIV-positive MSM or long-term MSM friends whose status is not known. HIV-positive MSM rarely talk about symptoms of depression or suicidal ideas to professional counselors or psychiatrists but could reveal suicidal thoughts to their peers.

Recommendations:

- Sensitization of MSM population in general about the need to take care of HIV-positive MSM and not to discriminate them can enable more HIV-positive MSM to get psychosocial support because of non-discriminatory attitude that will then prevail in the MSM population.
- Information about psychosocial support services (crisis management services) should be easily available to HIV-positive MSM who are in severe depression and/or who are contemplating suicide.

Action Plan for SWAM:

- SWAM should strive to create a non-discriminatory environment for HIV-positive MSM in Chennai by sensitizing the MSM population about the specific issues (including the psychosocial needs) of HIV-positive MSM. This can be done by incorporating messages in outreach education about the need to care for HIV-positive MSM as well as by integrating such messages in training workshops for MSM on treatment or prevention.
- SWAM can train its staff on the various psychological issues faced by HIV-positive MSM (like severe depression, suicidal ideation) so that they can recognize those conditions earlier and can refer to sensitive psychiatrists or professional counselors.
- SWAM can facilitate formation of support groups for HIV-positive *Kothi*-identified MSM in Chennai and can document the challenges faced in doing so.

9. Treatment information needs

Many felt that not much information is given on HIV/AIDS treatment – on opportunistic infections, stages of HIV disease and ARVs. Possible ways of disseminating information on HIV/AIDS treatment like conducting workshops, showing videos, outreach education on treatment, etc. were mentioned. It was also stated that both HIV-positive and negative (or unknown status) MSM need to be educated on treatment issues.

Recommendations:

- Equal attention need to be given on providing information about HIV/AIDS treatment as that of HIV prevention information.
- Appropriate ways of disseminating treatment information need to be finalized after discussing with the community members and can include conducting workshops or having simple cartoon wall posters.

Action Plan for SWAM:

- SWAM needs to train its outreach workers and peer educators on HIV/AIDS treatment issues so that in turn they disseminate this information to other MSM in Chennai.
- SWAM needs to prepare appropriate treatment information materials that can be easily understood by HIV-positive MSM from diverse backgrounds and distribute those materials through outreach workers and peer educators, and drop-in centers.
- SWAM can conduct training workshops on HIV/AIDS treatment for selected groups of MSM (positive/negative/unknown status) who can in turn spread the information to other MSM in Chennai.

10. Stigma and Discrimination

HIV-positive MSM face discrimination from various persons in various settings: from their own *Kothi* community; from health care providers; from their families and straight friends; from 'mainstream' positive people groups; and from the society at large. The stigma of being MSM as well as a HIV-positive person results in a decrease in self-esteem/self-worthiness and consequently may lead to self-destructive behaviors. Perceived or actual discrimination from friends and families prevents them from seeking or having psychosocial support. Discrimination at the medical settings prevents them from accessing clinical {especially sexual health) services.

Recommendations:

- Self-stigma among HIV-positive MSM needs to be addressed so as to improve their self-esteem/self-worthiness.
- Stigma and discrimination from the society needs to be addressed by sensitizing them about sexuality issues and the issues faced by HIV-positive persons.
- Discrimination at the medical settings need to be decreased or eliminated by sensitizing health care providers about the issues faced by HIV-positive MSM.
- 'Mainstream' PLHA groups need to be sensitized about the specific issues faced by HIV-positive MSM.
- MSM need to be sensitized about the issues specific to HIV-positive MSM so as to decrease stigma and discrimination faced by HIV-positive MSM from their own community.

Action Plan for SWAM:

- SWAM can conduct training workshops for MSM in Chennai that address the issue of self-stigma among MSM. This training can be incorporated as a session in other training programs like those on condom negotiation skills.
- SWAM need to collaborate with INP+ and other allies in fighting against the stigma and discrimination faced by HIV-positive people in general and also focus on the discrimination faced by HIV-positive MSM from the society. This can be done by conducting public awareness campaigns and advocacy meetings.
- SWAM can conduct sensitization programs for the various 'mainstream' positive people groups in Chennai/Tamil Nadu on the specific issues faced by HIV-positive MSM.

- SWAM can conduct sensitization programs for health care providers in Chennai so as to decrease the discrimination faced by HIV-positive MSM in the medical settings.
- SWAM needs to sensitize MSM in Chennai on the specific issues faced by HIV-positive MSM and the need to be sensitive to and care for them.

11. Expressed needs

MSM participated in the study are from the lower socioeconomic status with limited education and hence their main concern was about getting better jobs or switching to less stressful jobs. Some also expected small loans to start small businesses. A homeless MSM also expressed the need for shelter for many homeless positive and negative (unknown status) MSM. Even though key informants had ideas like - 'buddy program' through which MSM could be trained to become care-givers of positive MSM and setting up alternative income generation programs for those male sex workers who wish to leave or reduce sex work - the relevance and effectiveness of these ideas need to be carefully considered.

Recommendations/Action Plan for SWAM:

- Since SWAM mainly caters to MSM from lower socioeconomic status and those who do sex work, the expressed needs of the participants may represent the realities in their life and their expectations from SWAM. Appropriate and realistic assistance needs to be developed for those MSM who express their needs in terms of jobs or shelter.
- SWAM can pilot-test the idea of training selected MSM on treatment issues as 'buddies' and then implement that as a program component if found appropriate and effective.

12. Policy issues

While NACO's HIV/AIDS policy specifies 'MSM' as a 'target group' and talks about condom promotion and distribution as one of the key program components, at the ground level outreach workers face problems in distributing condoms and HIV/AIDS prevention materials to MSM of any HIV status. There is an impression that TNSACS give less attention to the issues of MSM in general let alone the issues of HIV-positive MSM in Tamil Nadu.

Recommendations:

- There is a need to create enabling environment for carrying out the intervention programs at the ground level and NACO/TNSACS need to take suitable steps for the same.
- NACO and TNSACS need to understand the importance of designing secondary prevention interventions for HIV-positive MSM as well as to improve care and support services for HIV-positive persons of all sexualities.

Action Plan for SWAM:

- SWAM along with other allies can advocate for necessary steps to be taken by NACO/TNSACS and also directly sensitize police personnel at the various intervention sites about MSM issues in Chennai.

- SWAM along with other allies like INP+ need to advocate with NACO/TNSACS on the need to focus on designing secondary prevention interventions for HIV-positive MSM and to improve care and support services for HIV-positive persons of all sexualities.

F. APPENDICES

APPENDIX-1: IN-DEPTH INTERVIEW GUIDE FOR HIV-POSITIVE MSM

Needs Assessment of HIV-positive Men who have Sex with Men (MSM) in Chennai, India

1. Introduction:
Can you briefly tell me about yourself?

How and when did you come to know that you are HIV-positive? (Suitable probes can be added. Example: where tested? Whether given pre/post-test counseling? Whether referred for services?)

2. HIV/AIDS Knowledge/beliefs:
Briefly assess the knowledge and beliefs about HIV/AIDS/STD.
(Example: modes of transmission, treatment issues, knowledge about STDs, etc.)

3. Psychosocial issues, support and coping mechanisms:
Assess current psychosocial support from other MSM, sexual partners, family members, wife, etc.
Use suitable probes to find out how they cope-up in case of any psychological problems like depression or suicidal ideation?

Sample questions:
After tested positive for HIV, what sort of Psychological Problems did you face? How did you overcome those problems and whom did you approach? What sort of information was provided? To whom and why did you (or not) disclose your HIV status?

4. Sexual and substance use behaviors and issues:
Assess current sexual life/sexual relationships

Assess

- Condom use (consistency/with different partners)
- Condom negotiation issues/skills
- Relationship issues (with male and female partners)
- Disclosure issues/skills (about HIV status to male/female partners and same-sex behavior to female partners)

Assess sexual behavioral issues in relation to the community at large
(This will include probe questions to cover: places where they have sex, if they have a safe/private place for sex, issues in soliciting a possible non-MSM, and possible concerns about police/law enforcement, and larger hetero community, etc.)

Sample questions:
Were there any changes in your sexual behavior after you came to know about your HIV-positive status? Probes: What were they? What lead to those changes (if any)? If no, why?

Could you able to use condoms consistently with your partners? Probes: If not, what were the reasons behind inconsistent condom use?

Did you have any STD symptoms before or after HIV diagnosis? Where and whom did you go for STD treatment? Probes: Did you disclose your same sex behavior with the health care provider? Did you face any discrimination?

5. Medical and related needs/issues:
Assess what services, if any, he currently use and where? If on treatment (opportunistic infections/Antiretroviral therapy) – assess the various issues (financial, distance, treatment adherence, peer support, disclosure issues – since taking pills, etc.). What are the medical and other needs that the participant cannot receive in Chennai now?

- Medical Care: Access, Assessment and Monitoring
- Adherence to Treatment and Care (those who are on antiretrovirals and/or medications for opportunistic infections)
- Trust/Distrust of the Medical System/Providers
- Use of sexual health services

Sample questions:
Where do you go for your clinical examination and treatment for HIV? Are you on any medications? What are they? Probe: Do you know about antiretrovirals or ARV? What are they?
Have you fallen ill at any time? Where did you go? Probes: What kind of treatment did you get? What was the attitude of medical and paramedical staff?
Are you going for regular medical check-up? Probe: If Yes, where? If not, why?
Did you face any problems in accessing or utilizing the clinical services? What were those problems?

6. Assess various information needs
- Safer sex, sexual health, services available in Chennai, HIV/AIDS basics, opportunistic infections, prophylaxis, treatment information, etc.

7. Relationship with mainstream positive people groups:
Assess the relationships with mainstream positive people groups. Whether the services available in those positive people groups are used by HIV-positive MSM? How they came to know about those groups?

8. Finally ask what are their needs.

APPENDIX-2: KEY-INFORMANT INTERVIEW GUIDE

(The following broad themes were explored.)

- What are the needs of various subpopulations of MSM living with HIV in Chennai? What are the priority needs? Probe questions will be asked to find out the various needs and priority needs - social, psychological, concrete (e.g., food, shelter), etc.

- What are the services currently available to serve the needs of HIV-positive MSM? (CBO, NGO, Govt. private, etc.) After eliciting their responses probe questions will be asked to find out the specific CBOs, NGOs and govt. organizations that provide services in Chennai.

- What are the obstacles in service provision and service utilization?

- How to mobilize HIV-positive MSM population in Chennai?

- How to decrease the stigma and discrimination faced by HIV-positive MSM from the public, families and their own communities (MSM and PLHA)?

- What are the steps taken by different stakeholders to address the needs of HIV-positive MSM?

- Use some probe questions and specific questions to get solutions for some problems (example: how to encourage HIV-positive MSM to disclose their HIV status to their wife/steady male partner)

APPENDIX-3: INFORMED CONSENT FORM FOR HIV-POSITIVE MSM WHO PARTICIPATED IN THE IN-DEPTH INTERVIEWS

Social Welfare Association for Men (SWAM)

CONSENT FORM
(In-depth interview)

Needs Assessment of HIV-positive Men who have Sex with Men (MSM) in Chennai, India

Investigators: SWAM has commissioned Dr. C. Venkatesan, M.D., to conduct this study. SWAM address: SWAM, 12/5, Natarajan street, Balakrishna Nagar, Jafferkhanpet, West Saidapet, Chennai - 600 083; Phone: 2371 23 24.

Sponsor/Funding: USAID/Family Health International (FHI)/Indian Network for People living with HIV/AIDS (INP+), India

Background & Purpose of Research: Social Welfare Association for Men (SWAM), a community-based organization serving men who have sex with men (MSM), is witnessing an increasing number of HIV-positive MSM in Chennai. In order to better understand and provide appropriate services to HIV-positive MSM in Chennai, SWAM is conducting a needs assessment study in collaboration with Sahodaran, another community agency serving MSM in Chennai. For this study, about 15 in-depth interviews and 3 key-informant interviews may be conducted.

Invitation to Participate: You are invited to participate in this needs assessment, which you may have heard about from a staff member of SWAM.

Eligibility: To participate in this study you must be a HIV-positive male and be at least 18 years old.

Procedures:
This in-depth interview will take approximately one hour. The interview will take place at the office of *Social Welfare Association for Men* (SWAM) in Chennai. If you agree to participate in this in-depth interview, you will meet with an interviewer in a private room and you will be asked questions that will explore the various needs of HIV-positive MSM in Chennai. The interview will audio-taped. You may still participate in the interview if you do not want the interview to be audio-taped. Not participating in this study will in no way affect your receiving any services either from *Social Welfare Association for Men* or Sahodaran or any other agency in Chennai.

Voluntary Participation & Early Withdrawal: Your participation in this in-depth interview is completely voluntary. You may choose not to answer any question. You may choose to withdraw from the in-depth interview at any time with no adverse consequences.

Risks/Benefits: There is a risk that you may feel uncomfortable answering questions about sexual behaviors and your disease status. There are no personal benefits to you in participating in this study. Your participation may benefit HIV-positive MSM in general in Chennai by making their needs known.

Privacy & Confidentiality: Your participation in this in-depth interview will remain completely confidential. Neither your name nor any other personal identifying information will be collected. Only the investigator will have access to the transcripts. All the transcripts will be stored in a locked file cabinet in SWAM office. Original tape recordings and full transcripts will be destroyed at the conclusion of the project.

Publication of Study Findings: Findings from this needs assessment study may be published in professional journals or presented at professional conferences; only overall results across respondents will be presented, no personal identifying information of any participants will be mentioned in the final report.

Compensation: There are no costs to you in participating in this study. You will receive compensation of Rs. 200.

Rights of Participants: You waive no legal rights by participating in this needs assessment. If you have questions about your rights as a participant, you may contact: Mr. Sekar Balasubramanian, 12/5, Natarajan street, Balakrishna Nagar, Jafferkhanpet, West Saidapet, Chennai - 600 083; Phone: 2371 23 24.

Dissemination of Findings: As a research participant, you may request a copy of the final study report.

Copy of Informed Consent Form on File at SWAM: An unsigned copy of this informed consent form will be kept on file at SWAM and will be available for you to review if you wish.

By marking an X in the box below, I indicate that I understand the study procedures and agree to participate:

Participant: ☐

I explained the study and completed the informed consent process with the participant.

Interviewer's Signature:_____ **Printed Name:**_____

Date:_____

APPENDIX-4: INFORMED CONSENT FORM FOR KEY-INFORMANT INTERVIEWS

Social Welfare Association for Men (SWAM)

CONSENT FORM
(Key-informant interview)

Needs Assessment of HIV-positive Men who have Sex with Men (MSM) in Chennai, India.

Investigators: SWAM has commissioned Dr. C. Venkatesan, M.D., to conduct this study. SWAM address: SWAM, 12/5, Natarajan street, Balakrishna Nagar, Jafferkhanpet, West Saidapet, Chennai - 600 083; Phone: 2371 23 24.

Sponsor/Funding: USAID/Family Health International (FHI)/Indian Network for People living with HIV/AIDS (INP+), India.

Background & Purpose of Research: Social Welfare Association for Men **(SWAM)**, a community-based organization serving men who have sex with men **(MSM**), is witnessing an increasing number of HIV-positive MSM in Chennai. In order to better understand and provide appropriate services to HIV-positive MSM in Chennai, SWAM is conducting a needs assessment study in collaboration with Sahodaran, another community agency serving MSM in Chennai. For this study, about 3 key-informant interviews have been planned.

Invitation to Participate: You are invited to participate in this needs assessment study as a key-informant because of your vast knowledge and expertise in this area.

Eligibility: To participate in this study you must be at least 18 years old.

Procedures:
This key-informant interview will take approximately one hour. This interview will take place in a mutually convenient place or at the place of your choice where privacy is ensured. If you agree to participate in this interview, you will meet with an interviewer and will be asked questions that will explore the various needs of HIV-positive MSM in Chennai. The interview will audio-taped. You may still participate in the interview if you do not want the interview to be audio-taped. Your decision to participate or not in this study will in no way affect your relations with Social Welfare Association for Men **(SWAM)**, Sahodaran or any other agency in Chennai.

Voluntary Participation & Early Withdrawal: Your participation in this Key-informant interview is completely voluntary. You may choose not to answer any question. You may choose to withdraw from this interview at any time with no adverse consequences.

Benefits: There are no personal risks or benefits to you in participating in this one time interview. Your participation may benefit HIV-positive MSM in general in Chennai by making their needs known.

Privacy & Confidentiality: Your participation in this interview will remain completely confidential. Neither your name nor any other personally identifying information will be linked to your views or opinions expressed in this interview. Only the investigator will have access to the transcripts. All the transcripts will be stored in a locked file cabinet in SWAM office. Original tape recordings and full transcripts will be destroyed at the conclusion of the project.

Publication of Study Findings: Findings from this needs assessment study may be published in professional journals or presented at professional conferences; only overall results across respondents will be presented, no personal identifying information of any participants will be mentioned in the final report.

Compensation: There are no costs to you in participating in this study.

Rights of Participants: You waive no legal rights by participating in this needs assessment. If you have questions about your rights as a participant, you may contact: Mr. Sekar Balasubramanian, 12/5, Natarajan street, Balakrishna Nagar, Jafferkhanpet, West Saidapet, Chennai - 600 083; Phone: 2371 23 24.

Dissemination of Findings: As a research participant, you may request a copy of the final study report.

Copy of Informed Consent Form on File at SWAM: An unsigned copy of this informed consent form will be kept on file at SWAM and will be available for you to review if you wish.

By marking an X in the box below, I indicate that I understand the study procedures and agree to participate:

By marking an X in the box below, I indicate that I understand the study procedures and agree to participate:

Participant: ☐

I explained the study and completed the informed consent process with the participant.

Interviewer's Signature:_____ **Printed Name:**_____

Date:_____

APPENDIX-5: LIST OF SERVICES AVAILABLE TO HIV-POSITIVE MALES IN CHENNAI (INVENTORY SUMMARY)

SERVICE ORGANISATIONS			
No.	**NAME OF THE INSTITUTION**	**NAME OF THE KEY CONTACT PERSON(S)**	**NATURE OF SERVICE**
1	**SOCIAL WELFARE ASSOCIATION FOR MEN (SWAM)** No.12/5 Natarajan Street, Balakrishna Nagar, Jafferkhanpet, Chennai. Pin - 600 083. **Phone** : 044 - 2371 2324 **E-mail** : sekar_swam@rediffmail.com	MR. SEKAR	Support group, Drop in center for MSM (including HIV-positive MSM), Counseling services, STI clinic.
2	**ALAIGAL** No.2, IInd Street, Apparao Colony, Tambaram Sanatorium, Chennai**.** **Phone:** 9840112224	MR.SIVA	Support group, Drop-in center for HIV-positive MSM.
3	**SAAHAI TRUST** No.27, Sreepuram Colony, 1st Cross Street, St.Thomas mount, Chennai – 16**.** **Phone:** 044 -22328506	MR.LOKESH	Advocacy, Condom distribution, Treatment for IVDUs, Home-based care of positive IVDUs.
4	**SAATHII - CHENNAI** C/o ABK-AOTS DOSOKAI, Tamil Nadu Center, No.110, Nelson Manickam Road, 3rd Floor Chateau d'Ampa Aminjikarai, Chennai - 600 029. **Phone** : 044 - 2374 1118 **E-mail** : saathii@yahoo.com **Website** : www.saathii.org	MR. RAMAKRISHNAN	Support/Empowerment of all non-heterosexual and transgender people regardless of self-identification; awareness-raising of alternate sexualities and gender issues among the heterosexual population.

5	**COMMUNITY HEALTH EDUCATION SOCIETY (CHES)** No.198 Rengarajapuram Main Road, Kodambakkam, Chennai – 24. Phone: 044 - 24726655, 24731283. E-mail: pmanorama@yahoo.com	DR.MANORAMA MR.MAHENDRAN	Pre- and Post-test HIV Counseling, STI clinic, Outreach Activities.
6	**INDIAN COMMUNITY WELFARE ORGANISATION (ICWO)** Plot No.1369,18th Main Road, 16th street, I Block, Vallalar Colony, Anna Nagar West, Chennai – 40. Phone: 044 -26184392 E-mail: fieldmaster2000@hotmail.com	MR.HARIHARAN	Pre- and Post-test HIV Counseling, Outreach Activities.
GOVERNMENT VCT CENTERS			
1	**DEPT. OF STD,** **GOVT.GENERAL HOSPITAL** Chennai.	DR.USMAN MR.SARAVANAN MR.KUMARESAN	Pre- and Post-test HIV Counseling, VDRL/STD testing, Treatment for STD/HIV.
2	**DEPT.OF MICROBIOLOGY** **GOVT.GENRAL HOSPITAL,** Chennai.	DR.SHAMIN BANU MR.AMALDASS	Pre- and Post-test HIV Counseling, HIV Testing.
3	**GOVT.STANLEY HOSPITAL** Chennai.	DR.PREMAVADHI MR.SHAKIL AHMED MR.KUMARASAMI	Pre- and Post-test HIV Counseling, VDRL and HIV Testing.

4	**GOVT. HOSPITAL FOR THORACIC MEDICINE (GHTM),** Chennai.	DR.RAJASEKARAN MS.SAMANTHA MR.NARENDARA BABU	Pre- and Post-test HIV Counseling, DOTS, CD4, HIV Testing, In and Out patient Care for HIV/AIDS, ART.
5	**GOVT.ROYAPETTAH HOSPITAL,** Chennai.	MR.KUMARAVEL	Pre- and Post-test HIV Counseling, VDRL / STD testing, Treatment for STD.
6	**CORPORATION HOSPITAL** Saidapet, Chennai.	MR.ANANDH	Pre- and Post-test HIV Counseling, VDRL and HIV Testing.
PRIVATE VCTC CENTERS			
1	**SAADHAN CLINIC** No. 164, Lingi Chetty Street, Parrys, Chennai-1. Ph-25856746	MS.MARIA MR.SAMSON	Pre- and Post-test HIV Counseling, VDRL and HIV Testing.
2	**PURUSH (MALE) CLINIC** South Usman Road, T.Nagar, Chennai-17. Ph-24323021	MR.SOMESH	Pre- and Post-test HIV Counseling, VDRL and HIV Testing, Family Planning.
3	**GURUKUL CLINIC** Purasaiwalkkam high road, Chennai.	MR.SWAMI	Pre- and Post-test HIV Counseling, VDRL and HIV Testing.
4	**YRG CARE** VHS Campus, Tidel Park Road, Taramani, Chennai – 113. Ph-2254929,Extn-309	Dr. SUNITI SOLOMON MR.SATHISH KUMAR MS.LAKSHMI	Pre- and Post-test HIV Counseling, VDRL and HIV Testing, PPTCT, Research and Training.

PRIVATE LABORATORIES			
1	**VIMTAS** VHS Research Center, VHS Campus, Adyar, Chennai-113. Ph-22542932	Dr.PARCHUARI	CD4 Test, Viral Load, VDRL, PCR, P24, Western Blot, ELISA 1&2.
2	**SPECIALITY RANBAXY** (Collection Center) No.178,North Usman Road, T.Nagar, Chennai-17, Ph-28144192	Mr.P.HARISH BABU	CD4 Test, Viral Load, VDRL, PCR, P24, Western Blot, ELISA 1&2.
3	**HITECH LABORATORIES** No.72,Arcot Road, Saligrammam, Chennai-73, Ph-23762941.	MR.DAVID	CD4 Test, Viral Load, VDRL, PCR, P24, Western Blot, ELISA 1&2.
POSITIVE PEOPLE NETWORKS			
1	**INDIAN NETWORK FOR PEOPLE LIVING WITH HIV/AIDS (INP+)** No.6/93, Kash Towers, South west Mambalam, T Nagar, Chennai - 17 Ph – 044 - 24329580, 24329582 E-mail: inpplus@vsnl.com	Mr. ABRAHAM	Advocacy, Legal Aid, Training, Coordination and Networking.
2	**TAMILNAD NETWORK OF POSITIVE PEOPLE (TNP+)** No.70/269, Labor colony, Guindy, Chennai. Pin - 600032. INDIA. Ph: 044 - 22327261, 22327819 E-mail: tnpluz@sify.com, tnpluz@yahoo.com	Mr.RAMA PANDIYAN	Advocacy, Legal Aid, Training, Coordination and Networking, Drop-in, Clinical services (out-patient)

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