

# Factors associated with condom use among MSM, transgenders, and hijras in sex work

## Experience from the Pehchan programme in India



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### Background

HIV prevalence in India among men who have sex with men (MSM) is estimated at 4.43% and among transgenders and hijras (TG/H) at 8.82%, as compared to the estimated national adult prevalence of 0.27% (NACO, Annual Report 2012-13). India HIV/AIDS Alliance in consortium with six partner organisations implements the five-year Global Fund-supported Pehchan programme in 17 Indian states to build capacity of 200 community-based organisations (CBOs) to serve as effective HIV prevention partners with the National AIDS Control Programme (NACP). By 2015, the programme expects to reach more than 450,000 MSM, transgenders and hijras (collectively, MTH) using a community-driven and rights-based approach. Pehchan conducted a midline study to understand the impact of the programme and to determine the effectiveness of the programme strategy and its impact on beneficiary behaviour, including condom use and sexual risk mitigation.



### Methods

A mixed method of evaluation was undertaken in August-September 2012. A cross-sectional study covering 23 districts across six states sampled 601 MTH subjects (30% TG/H) who were beneficiaries of programme CBOs that had provided services for at least six months. Probability Proportion to Size (PPS) method and systematic random sampling were used. Quantitative data were collected using a structured interview schedule, and qualitative data were collected through 72 focus group discussions, 84 key informant interviews, 24 in-depth interviews, and five case studies. Descriptive and correlation analysis was done using SPSS.

### Results

Sex work is the primary occupation among 30% of TG/H respondents as compared to 9% of MSM studied. A total of 57% of respondents had secondary occupations. Of the total sample, 40% of TG/H and 25% of MSM reported sex work as their secondary occupation. (Table 1)

Table 1: Occupation of MTH respondents

Occupation Type	Primary			Secondary		
	Total	MSM	TG/H	Total	MSM	TG/H
Unemployed	3%	4%	2%			
Student	10%	12%	3%	1%	2%	1%
Salaried employment	26%	34%	7%	1%	2%	2%
Family business/trade	5%	6%	2%	0	1%	0
Non-family business/ trade, masseur/se, badhai (alms), dancing	7%	6%	13%	23%	6%	41%
Agricultural labour	5%	6%	1%	0	1%	0
Non-agricultural labour	9%	11%	5%	1%	2%	1%
Self-employed	8%	9%	5%	2%	5%	2%
Begging	11%	3%	32%	15%	4%	27%
Sex work	16%	9%	30%	33%	25%	40%
No secondary occupation				43%	61%	25%
Total	100%	100%	100%			
Sample Size (All)	601	420	181	601	420	181

For subjects with sex work as a **primary** occupation, consistent

condom use with regular male partners during anal sex in last six months was 60% among MSM and 71% among TG/H (Table 2). With non-regular male partners, condom use was higher: 83% among MSM and 75% among TG/H (Table 3). Among subjects with sex work as **secondary** occupation, consistent condom use with regular male partners during anal sex in last six months was 67% among MSM and 56% among TG/H (Table 2). With non-regular male partners, condom use was higher: 80% among MSM and 74% among TG/H (Table 3). In all cases, consistent condom use declined time over among MTH sex workers studied.

Table 2: Condom use by MTH respondents in sex work during anal sex with regular male partners

	Sex work as primary occupation		Sex work as secondary occupation	
	MSM	TG/H	MSM	TG/H
Condom use at last sex	85% (n=23)	88% (n=30)	92% (n=70)	69% (n=31)
Consistent condom use in the last one month	63% (n=17)	76% (n=26)	72% (n=55)	58% (n=26)
Consistent condom use in the last six months	60% (n=14)	71% (n=24)	67% (n=51)	56% (n=25)
Sample size (Sex workers who have anal sex with regular male partners)	27	34	76	45

Table 3: Condom use by MTH respondents in sex work during anal sex with non-regular male partners

	Sex work as primary occupation		Sex work as secondary occupation	
	MSM	TG/H	MSM	TG/H
Condom use at last sex	97% (n=34)	98% (n=47)	94% (n=81)	88% (n=50)
Consistent condom use in the last one month	97% (n=34)	81% (n=39)	87% (n=75)	77% (n=44)
Consistent condom use in the last six months	83% (n=29)	75% (n=36)	80% (n=69)	74% (n=42)
Sample size (Sex workers who have anal sex with non-regular male partners)	35	48	86	57

Findings from the study's qualitative research suggest that MTH in sex work consider themselves vulnerable. Most survive through

sex work putting them at greater risk for HIV and violence than other MTH. They experience more frequent sexual assault and forced group sex. Often the decision to use condoms is not in their hands; they are unable to insist on condom use as clients dictate the terms and offer more money for sex without condoms. Subjects in sex work report that their clients refuse condoms due to dissatisfaction with protected sex, inconvenience, or lack their of immediate availability during sex.

### Conclusions

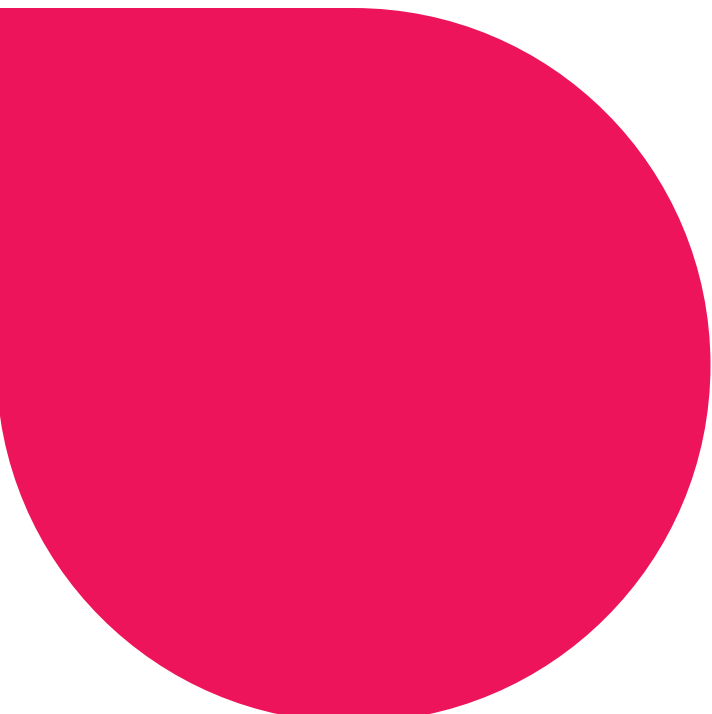
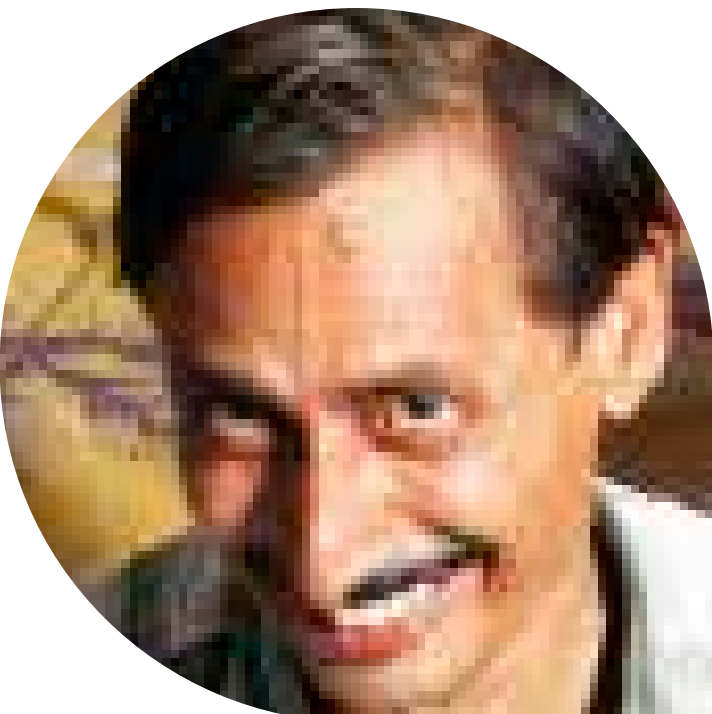
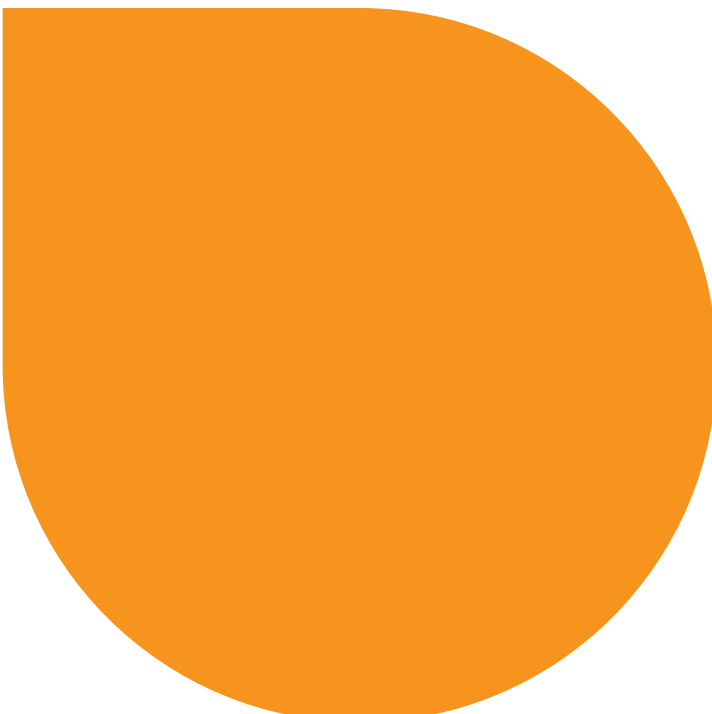
A significant proportion of Pehchan beneficiaries studied are involved in sex work as either a primary or secondary occupation. MTH in sex work often rely on this occupation for their main income or as an important source of supplementary earnings. Reliance on sex work for survival places them at greater risk for HIV and violence. Among MTH subjects in sex work, while reported condom use during last sex with both regular and non-regular male partners is high, over longer periods (one month and six months), consistent condom use declines. Pehchan is targeting these challenges in its prevention outreach and has developed a crisis response mechanism to rapidly address incidents of violence. The programme also engages in community advocacy and provides linkages to government social entitlements sensitised to the needs of MTH communities. Limited economic options available to many MTH due to inadequate education and economic status suggest that livelihood interventions may be a valuable addition to HIV prevention programming for MTH populations in India.

### Acknowledgements

India HIV/AIDS Alliance would like to thank the Global Fund to Fight AIDS, Tuberculosis and Malaria for their support of Pehchan and to also recognise our vital collaboration with India's Department of AIDS Control and State AIDS Control Societies in the 17 programme states. Alliance India celebrates the many contributions of the Pehchan consortium teams at Humsafar Trust, SAATHII, Sangama, SIAAP, Pehchan North Region Office, and Alliance India Andhra Pradesh.

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# Smear Tactics

## Cervical cancer awareness and vulnerability among WLHIV and FSWs: Findings from the Koshish programme’s Pap smear study in India

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### Background

Women living with HIV (WLHIV) represent one of the highest risk groups for development, progression, and recurrence of HPV-induced cervical precursor lesions and cervical cancer. Dysplasia has been reported in 15% to 40% of HIV-infected women. These rates are 10-11 times higher than those observed among HIV-negative women (Jha, NJMR, 2012). With support from the European Union, India HIV/AIDS Alliance implemented the Koshish programme to support the development of advocacy skills in PLHIV and key population networks in India to promote better sexual & reproductive health (SRH) for vulnerable communities. The programme carried out a study to understand levels of awareness of cervical cancer testing and accessibility to the services among WLHIV and female sex workers (FSWs).

### Methods

A quantitative cross-sectional study was conducted with WLHIV and FSWs in 20 districts in states where Koshish was implemented. Respondents were selected by convenience sampling methodology. Data were collected from 1,163 respondents using a semi-structured questionnaire administered by the programme’s advocacy officers or field workers during community consultations. Data were analysed using SPSS 20.0.

### Results

#### Respondents’ profile

- Mean age of respondents was 36, and 50% were 30-39 years old.
- 68% were currently married, and 32% were widows/separated/divorced.
- Mean age at marriage was 19.2, and mean age at sexual debut was 18.62.

#### Awareness on cervical cancer

- 57% of respondents were aware of cervical cancer.
- Cervical cancer awareness was 44.8% among WLHIV and 18.5% among FSWs.
- Significant difference was observed between the states (p=0.001), ranging from 12.8% to 79.7%. (Figure 1)

#### Pap smear testing positivity

- Pap smear test positivity (abnormal Pap smear showing dysplasia or atypical or malignant cells) was 3.8%.
- 23% of tested women were recommended for repeat or further testing due to inflammatory smear or inadequate specimens.
- Among WLHIV, positivity stood at 5.3%, and 19.2% were recommended for repeat or further testing.
- Among FSWs, positivity was 0.5%, and 31.4% were recommended for repeat or further testing.

#### Association of Pap smear positivity with marital age, sexual debut, and ART status (Table 1)

- The risk of WLHIV having cervical cancer is about ten times greater than FSWs (P<0.05).
- WLHIV who married at an early age (< 20 years) showed 90% higher risk of developing cervical cancer (P<0.05).

Figure 1: Cervical cancer awareness by state (P<0.05)

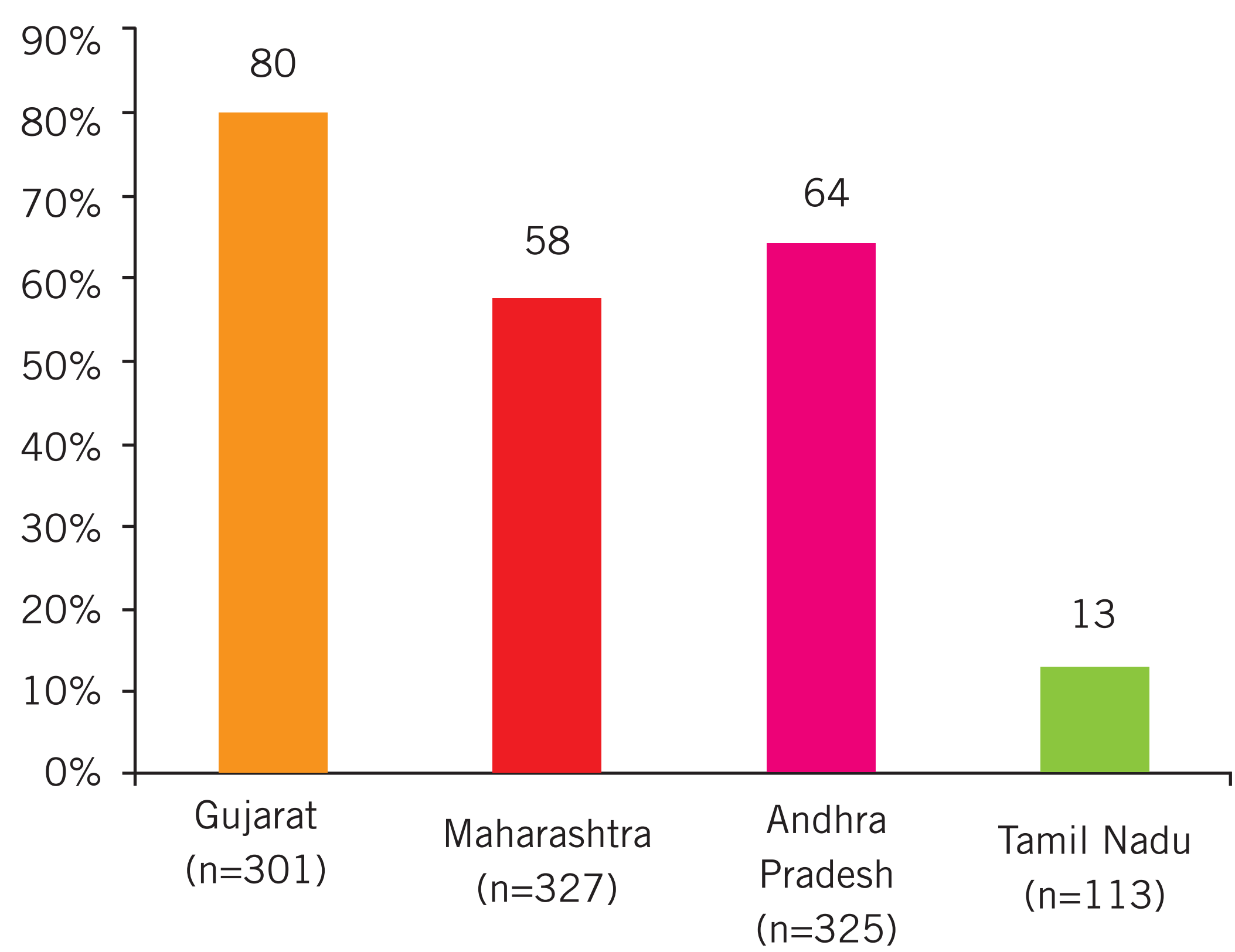


Table 1

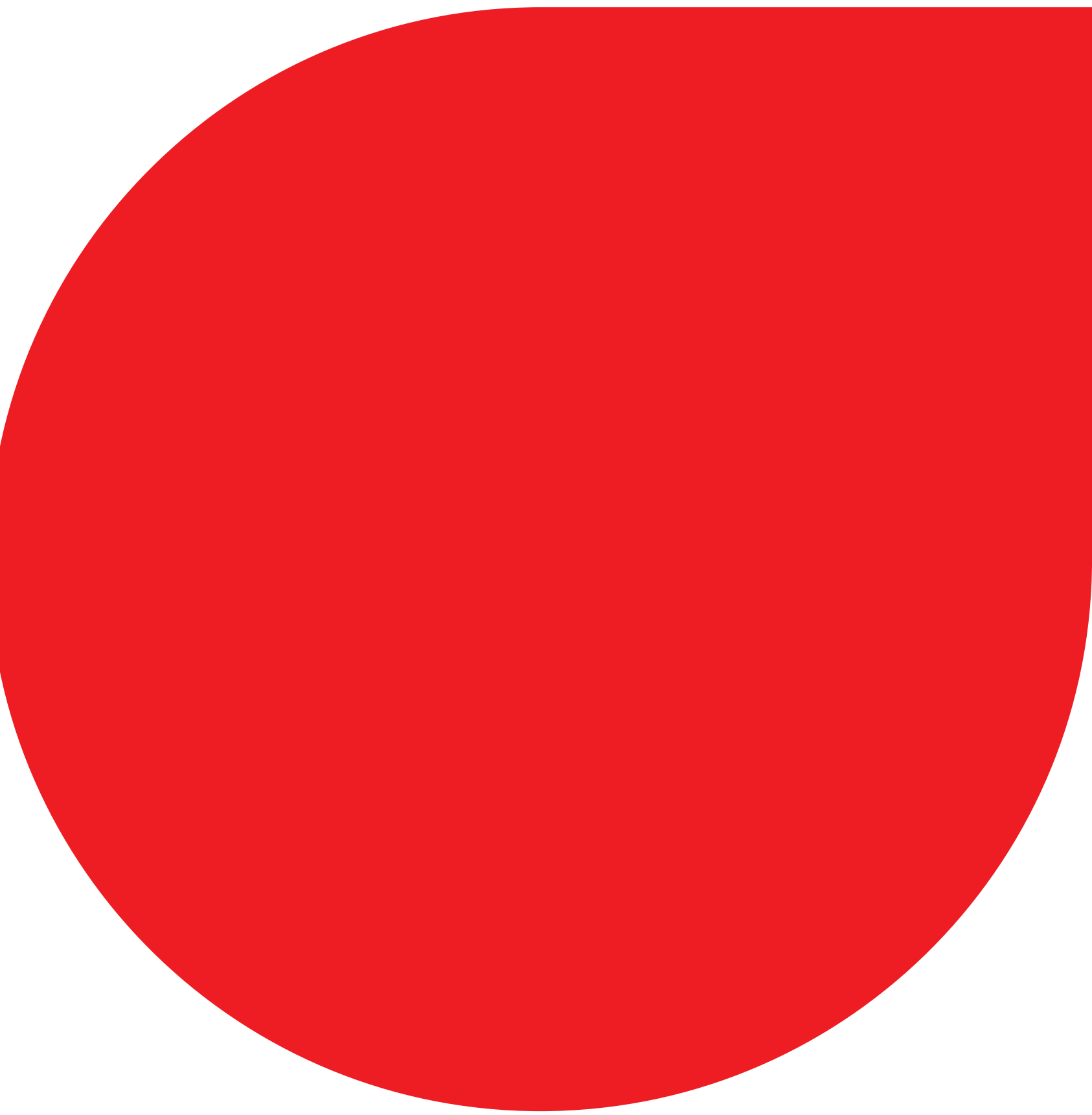
Characteristics		N	Percentage of Women with pap smear Positivity**	Odds Ratio (OR)	Confidence interval at 95% (CI)***
Type of Respondent*	WLHIV	787	5	10.542	2.48 to 63.31
	FSW	376	1		
Age*	< =35	669	5.1	2.591	1.212 to 5.658
	>=36	494	2		
Age at First Sex*	<18 years	624	5.8	4.056	1.790 to 9.542
	>18 years	538	1.5		
ART*	Yes	543	3.5	0.466	0.242 to 0.893
	No	346	7.2		

\*P<0.05 for all variables mentioned in table.  
 \*\* Pap smear positivity: abnormal Pap tests showing dysplasia or atypical or malignant cells.  
 \*\*\* 95% confidence interval (CI) is used to estimate the precision of the value.

- WLHIV who had their first sexual intercourse below 18 years showed four times greater risk of developing cervical cancer than those whose sexual debut was above 18 years (OR 4.056, CI 1.790 to 9.542, p 0.001).
- WLHIV who are pre-ART have 0.5 times greater risk of having Pap smear positivity than WLHIV on ART. The Pap smear positivity among pre-ART WLHIV is 7.2% and among WLHIV on ART is 3.5% (P<0.05).

### Conclusions

- Findings of the study reveal significant gaps in awareness on cervical cancer and screening among WLHIV and FSWs. It is recommended that information and education in this area be one of the key components for the national strategy.
- Cervical cancer prevention programme needs to be integrated with National AIDS Prevention Programme. Cervical cancer screening should be offered to WLHIV and FSWs at regular intervals in existing HIV services. Cervical cancer screening as routine check-up for all WLHIV and FSWs above 25 years of age at least once a year should be included in ART Guidelines and in Targeted Interventions.
- Further studies are recommended for better evidence on this issue.



### Acknowledgements

India HIV/AIDS Alliance would like to thank the European union for its support of Koshish. Alliance India is grateful for contributions to the programme by the state lead partners, state and district-level PLHIV networks, community-based organisations, and study respondents in all four programme states. Unless otherwise stated, the appearance of individuals in this poster gives no indication of their HIV or key population status.

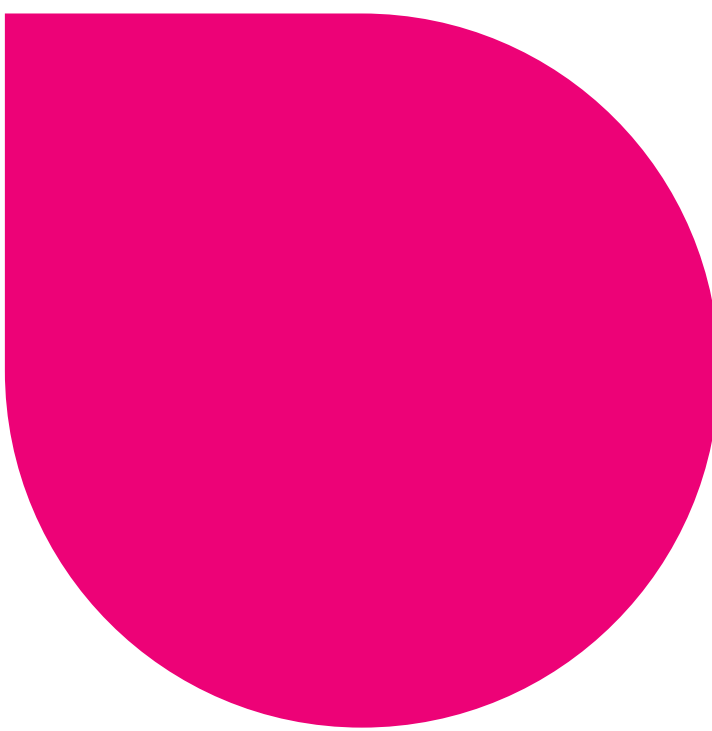
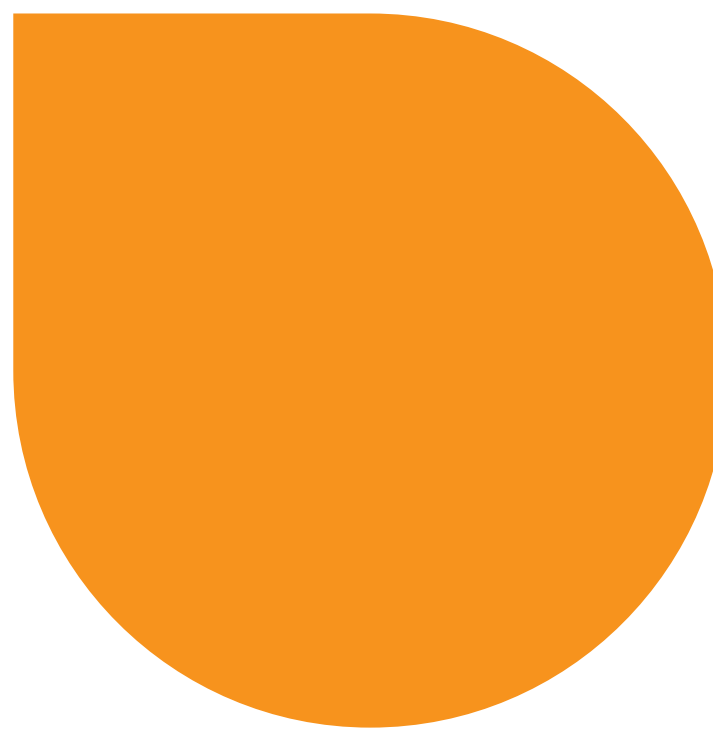
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Koshish



# Finding the Needle

## Understanding the impact of needle and syringe availability on injecting behaviour: Findings from the Hridaya Drug Use Pattern Assessment in selected states of India

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### Background

Injecting drug use has emerged as an important route for HIV transmission in India. There are an estimated 177,000 People Who Inject Drugs (PWID) in India (NACO, Annual Report 2012-13), and the HIV prevalence among them is 7.14% (NACO, HIV Sentinel Surveillance 2010-11). Injecting drug users are vulnerable to HIV infection due to risky injecting practices. The pattern of drug use through injecting and its association with vulnerability to blood-borne infections are not well studied in Indian settings. As part of the Hridaya programme (the Indian component of the five-country, Dutch Government-funded Community Action on Harm Reduction initiative), India HIV/AIDS Alliance conducted a Drug Use Pattern Assessment study in 2013 to understand the profile of PWID, the pattern of drug use and risk behaviours, and the accessibility and availability of harm reduction services among PWID.

### Methods

A multi-site, cross-sectional study was conducted with a mixed-methodology (quantitative and qualitative) approach. 1,091 semi-structured interviews, 65 focus group discussions with PWID, and 34 key informant interviews were conducted in four states (Bihar, Haryana, Jammu and Uttarakhand). Respondents for semi-structured interviews were selected through simple random sampling using client information available from partner NGOs. Appropriate analytical techniques were employed using SPSS Version 20.0.

### Results

#### Socio-demographic profile:

- Mean age of respondents was 30.54.
- 99% of respondents were male.
- 26% were illiterate, and 40% completed primary education.
- 48% were currently married; 48% were unmarried; and the remaining 4% were divorced/separated/widower.
- 40% were unskilled workers/labourers, and 14% were skilled workers.

#### Injecting behaviour

- 68% of respondents injected daily in the last three months.
- 56% injected 2-3 times per day. (Table 1)
- Sharing of injecting equipment: 35% had shared injecting equipment, of which 31% shared it in last three months.
- Reason for sharing: Among those who shared during their last injecting, 58% shared due to non-availability of equipment, 26% due to lack of awareness, and 16% due to perceived trust in their peers.

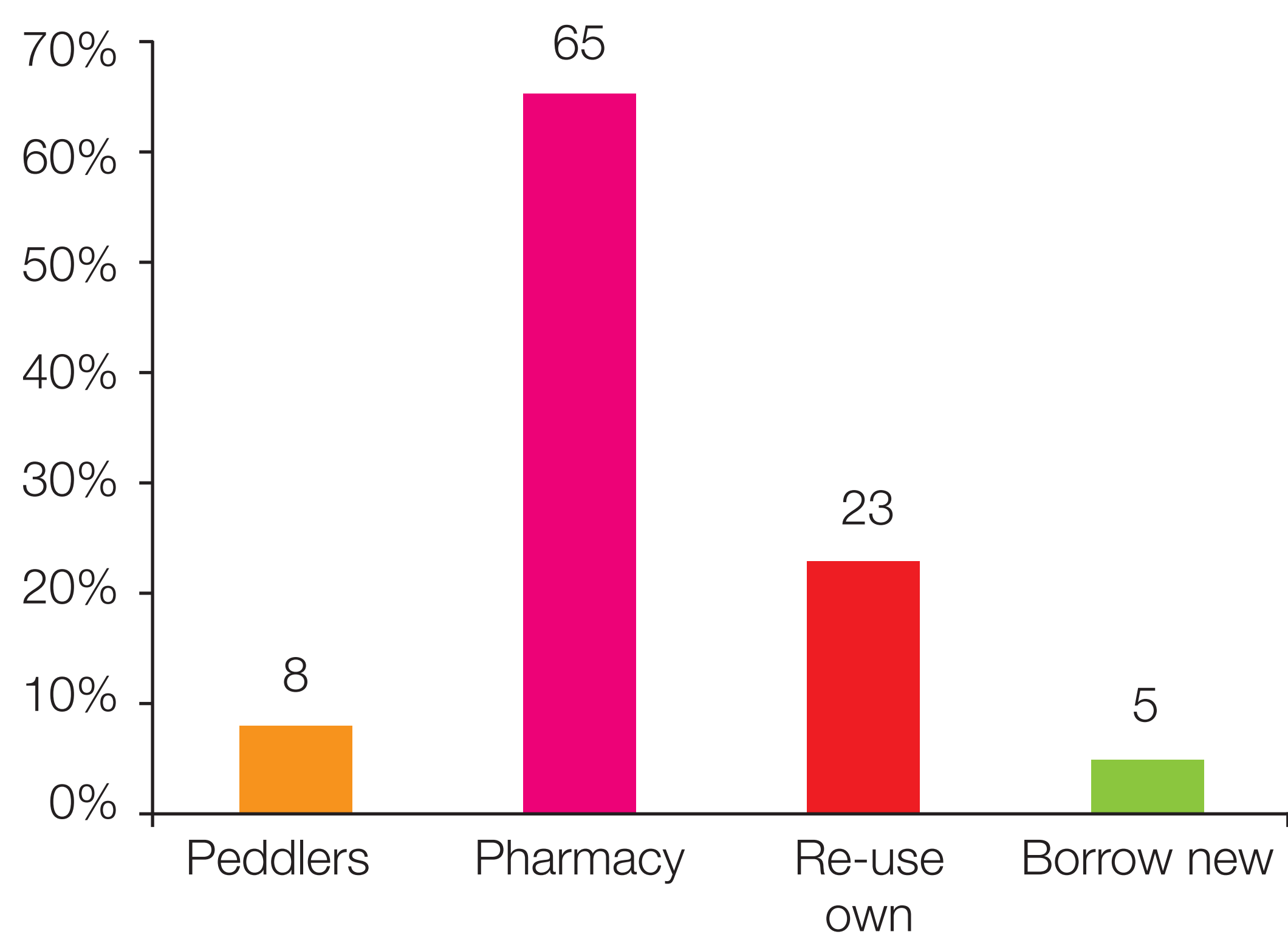
#### Source of injecting equipment

- 51% received as many needles and syringes as they wanted from government-funded Targeted Intervention HIV prevention projects.

Table 1

Frequency of Injecting	
Daily	68%
3-4 days per week	12%
1-2 days per week	13%
2-4 days per month	4%
Rarely	3%

Figure 1: Additional sources of injecting equipment (beyond government-funded projects)



- A sizeable percentage also got needles and syringes from sources such as pharmacies (65%). (Figure 1)

### Conclusions

There is a need to explore other avenues using creative and locally suitable distribution channels for providing clean needles and syringes beyond primary distribution through Target Interventions for PWID. Options may include pharmacies as secondary distribution outlets and working with drug peddlers to distribute these commodities. Safe injecting behaviour education should also be intensified.

### Acknowledgements

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**Hridaya**  
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