



Sex, Marriage and HIV Risk: Reaching regular female partners of MSM, transgender women and hijras to improve impact of India's HIV response

Experience from the Pehchan program

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Background

The Global Fund-supported Pehchan program implemented by India HIV/AIDS Alliance and partners, has strengthened 201 CBOs and reached more than 430,000 MSM, transgender women and hijras (MTH) with expanded HIV services. A baseline study conducted in 2011 showed that 34% of the 2,762 registered MTH members, who participated in the study were legally married to female spouses with 73% living with their wives. The 2015 Pehchan Impact Assessment Study highlighted that 50% of the MSM involved in the study, i.e. 826 MSM, have regular or occasional sex with female partners. Of them, only 50% reported any condom use with these partners; consistent condom use was only 41%. Similarly, 66% of MTH surveyed had regular sex with male partners, of which 96% was penetrative anal sex. Only 77% of MSM involved in the study used condoms in their last sexual encounter. Low condom usage, marital status, and relationship issues increase HIV vulnerabilities of MTH and their sexual partners.

Description

Pehchan has worked intensively to reach female sexual partners of MTH. 2,679 female partners of married MSM were provided sexual and reproductive health (SRH) services through the program's established linkage with Family Planning Association of India (FPAI). Focus group discussions with female partners were undertaken. A training module and IEC materials for Pehchan staff on MTH with female partners were developed. A pilot intervention at program sites in three states was established to mitigate intimate partner violence.

Pehchan conducted an Impact Assessment study at the end of its five years in December 2015. Below are a number of key findings with respect to MTH and their female partners;

- Approximately half of the respondents in the study had a sexual encounter with a female (43.2%, 727).
- Among the 727 respondents who have had sexual experiences with females, 25% are transgender/hijra respondents.
- 16.7% of respondents with regular female partners have had anal sex with that female partner.
- Over a quarter of respondents with non-regular female partners (28.4%) have had anal sex with a non-regular female partner.
- 23.2% respondents with regular female partners have oral sex with the female partner, whereas 35.5% respondents with non-regular female partners have had oral sex with a non-regular partner.
- Higher proportion of Bisexuals (87%) had sexual encounters with female partners and lowest proportion of Hijra (5%) respondents reported the same.
- Higher proportions of the respondents who identified themselves as Panthi/A-MSM (61%), Double-decker/A-B MSM (58%) and MSMs (53%) reported having had sexual encounters with female partners.

Among those with regular partners (Aggregate-419, MSM-412 and TG/Hijra-7), most reported to have peno-vaginal sex (99%), followed by oral sex (23%) and then anal sex (17%). The proportion of TG/Hijra involved in anal sex with female partners (29%) is higher in comparison to the MSM category (17%), which is not significant due to low base numbers of TG/Hijra respondents.

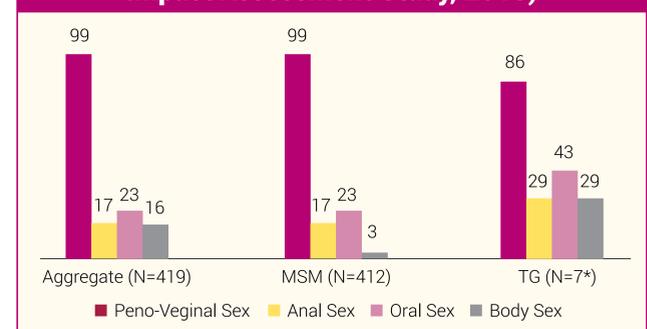
Lessons learned

Engaging MTH with female partners has facilitated improved understanding of SRH, which has fostered higher levels of support for female partners of MTH, along with expanded uptake of SRH services, increased HIV testing, and reduced partner violence. Since 2010, Pehchan has provided SRH services to 2,586 female partners of registered MTH population. The approach has been innovative and challenging. The Pehchan training module on female partners of MTH population has been instrumental in reaching these partners with SRH services, and it is imperative that this or a similar module is used by the National AIDS Control Organization (NACO) as a part of the national HIV response.

Conclusion

HIV prevention interventions often fail to develop strategies to reach sexual partners of key populations. The HIV response in India needs to incorporate a more inclusive approach to ensure that interventions address the range of HIV and SRH needs of those at risk for HIV acquisition, both MTH themselves and their sexual partners, including spouses and other female partners. Key steps should be taken to ensure risk reduction for all sex partners, including female partners, of the MTH population. Family counseling and mental health services should be integrated in the Targeted Intervention HIV prevention programme of NACO to ensure this support.

Type of sexual activity with regular female partners by MSM and Transgender (Pehchan Impact Assessment Study, 2015)



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