

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

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***Study Commissioned by: SWAM & INP+, Chennai***

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# *BACKGROUND*

- Social Welfare Association for Men (SWAM) is a community-based organization serving MSM 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 (MSM) 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.
- **10 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/  
CONCLUSIONS*

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*RECOMMENDATIONS*


# 1. 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.



## *Recommendations:*

- There is a need for appropriate and effective post-test HIV counseling for HIV-positive MSM. This includes: talking about safer sex practices, offering follow-up counseling, and making referrals to other appropriate services (medical, psychiatric, nutritional, etc).

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- 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.



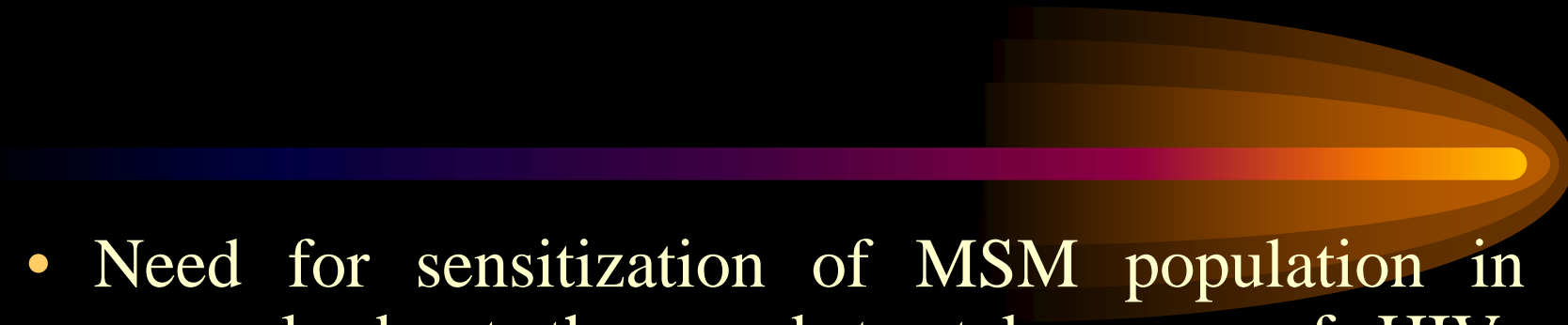
## 2. Disclosure of HIV status and Psychosocial support

- 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.



## *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 be counseled about using condoms consistently or avoiding penetrative sex.

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- Need for sensitization of MSM population in general about the need to take care of HIV-positive MSM and not to discriminate them. This will 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.


### 3. 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.



## *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.

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- 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.

## 4. Condom use with different types of partners

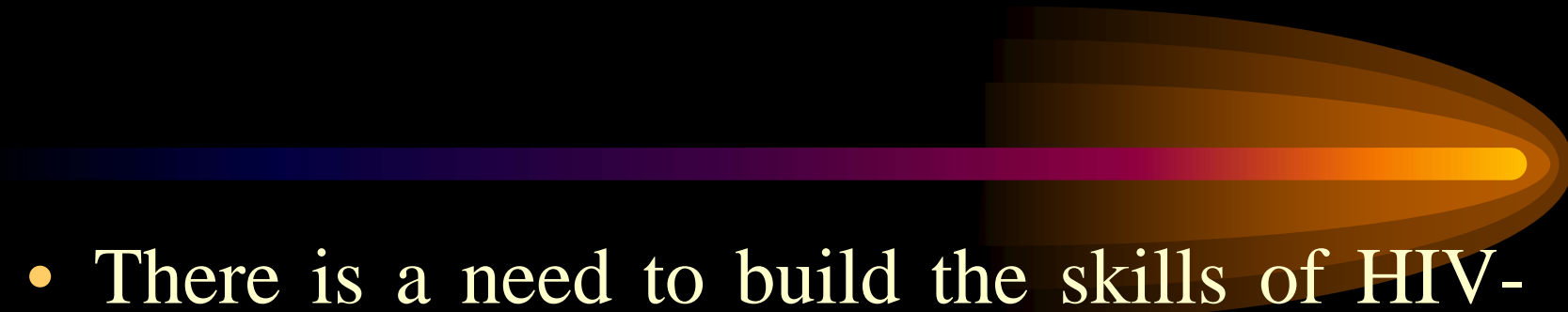
- MSM were unable to use condoms with their different sexual partners due to a variety of reasons:
  - personal (dislike of condoms since no pleasure or difficulty in getting erection);
  - interpersonal (partner may not like);
  - relational (could not use condoms with wife or with regular male partner);
  - situational (forced sex with policemen or ruffians).
- Lack of sexual communication skills and condom negotiation skills may also contribute to inconsistent condom use.



## *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.



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

## 5. 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.



## *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.

## 6. 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.



## *Recommendations:*

- The expressed needs of the participants may represent the realities in their life and their expectations from the CBO. Appropriate and realistic assistance needs to be developed for those MSM who express their needs in terms of jobs or shelter.
- CBO 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.

## 7. 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.



## *Recommendations:*

- There is a need to create enabling environment for carrying out the intervention programs at the ground level and NACO need to take suitable steps for the same.
- NACO 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.