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Awareness on Sexual Transmission Infections (STIs) among Sexual Minorities in Mysuru City: An Exploratory Study

Shiddappa Madar* Mohan A. K.**

Abstract

Prevalence of HIV in India has been a concern in last three and half decades. In order to prevent and control the epidemic disease, the World Health Organization (WHO) and number of other international and national level organizations have been putting efforts. According to a survey conducted by National AIDS Control Organisation (NACO) along with state governing bodies found that sexual minorities were highly vulnerable to get infected with HIV through sexually transmitted infections such as Syphilis, Chlamydia, and Gonorrhoea etc. as sizable minorities are actively engaged in sex work. Similarly it was noticed that they were the high risk group. In order to understand the present status in the district the study had been carried in Mysuru city and the respondents were sexual minorities who were involved in sex work mainly. The main objectives of the study were 1) To understand the socio-economic conditions of the respondents, 2) To study the extent of awareness on HIV and STI among respondents.

The population of the study was 1600, out of which only 50 respondents were chosen by adopting purposive sampling method. The primary data was collected during the month of January 2015 to April 2015. The study found that majority of the respondent were well aware of HIV and STI and treatment services provided by the NGOs and Government Hospital and Majority of the respondents have received basic education on HIV/STI and usage of condom. The study also found various social issues of the respondents i.e., societal stigma and discrimination, family isolations etc.

Key words: Socio-economic, discrimination, Awareness, STI/HIV, Prevalent

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Introduction

The term sexual minority was coined in late 1960s and is refer to four major groups such as lesbian, gays, bisexuals and transgender (LGBT) people. According to Lum, D. (2003) sexual identity, orientation or practices of sexual minorities differ from the majority of the surrounding society. Another section of sexual minority is known as "men who have sex with men" or MSM. In India, this group is differently addressed as transgender, Kotis, Hijras, Jogappa, Dobaldakar and Panthis etc. and they are exposed to sexual transmission infections as well as HIV(PUCL-Karnataka, 2001).India history and culture describes 'third gender' characteristics in Kamasutra and Mahabharata (UNDP, 2010). In last three decades due to HIV care and prevention, the focus has been given to special high-risk groups like female sex works, male sex workers, injected drug users and track drivers etc. (NACO, 2007). In last two and half decades, National AIDS Control Organisation (NACO) and civil society organisations made an effort to mainstreaming of the community and addressing issues regarding STI/HIV and special group rights and protections but still it needs effective and planned intervention. The sexual minority group, STI/HIV and sex worker are closely associated when the issues is about care and prevention of HIV. They are victims of violence, discrimination and social exclusion, which may increase their vulnerability to get HIV and STIs (Longfield1, K, et al. 2007; V, Chakrapani, 2014).

In last three decade government and non-governmental organisations are working directly and indirectly forthe group to educate, aware and protect them from STI/HIV with the support of Global Fund for AIDS, TB and Malaria (GFATM), NACO and another state HIV/AIDS prevention societies, and other leading agencies. India scenario indicates that the primary route of HIV transmission is through STI (86%), but whether this is through heterosexual or same-sex contact is not specified (Madar& Mohan, 2015). Now, globally HIV, STIs, viral Hepatitis and TB are urgent public health challenges. According to NACO's recent study (2003) on STI prevalence, over five percent of Indian adult population in the country suffers from STIs. Few symptoms observed among clients werevaginal or urethral discharge, genital ulcers, inguinal bubo, lower abdominal and/or scrotal pain, genital skin conditions (Dean & Fenton 2010).

The factors of HIV/AIDS and STI are co-related and have harmful effect on human beings. There is an urgency of formulating a programmatic response to address this public health concern. To address the issue, NACO has established clinical and counseling professional service at all Integrated Counseling and Testing Centres (ICTC) and RTI/STI clinics at selected health centres. All the services are free of cost in all public health centres. The study intended to understand the awareness level of the sexual minorities as the group is vulnerable to STI/HIV and it also tried to know the discrimination toward the sexual minor group and its causes. The study will help to understand the different types of violence those are faced by the sexually minorities and it also helps to understand the health status among the sexual minorities. (Hernandez, A., et al. 2006; O. Egesah. 1997)

Aim of the study

This study mainly aimed to know the current status, socioeconomic status of the sexual minorities in Mysore and the causes of discrimination and violence towards the sexual minorities in the community and their relationship with the society.

Specific objectives

- To know the personal profile of the respondents
- To understand the social-economic conditions of the respondents
- To explore the awareness on STI and HIV among respondents
- To study different forms of discrimination and violence of the respondents

Methodology

The study has included both explorative and diagnostic methods. It is explorative in nature as it tried to explore the awareness level among sexual minorities and it is diagnostic as it studied the causes and reasons for discrimination/ violence. The universe of the study is 1600 as per the estimation of the Karnataka State AIDS Prevention Society (KSAPS). Out of this researcher has selected 50 respondents from the city. The study has adopted non-probability method i.e. purposive sample method to select the sample. Interview schedule has been used for data collection. The schedule comprises of open and close-ended questions. The investigator has interviewed respondents at the NGO office, at the drop-in centers and in the field. Respondents were restricted to only male to female transgender.

In the present study, both primary and secondary data were used. Primary data: Researcher collected data from field through interviews and observation. Secondary data: from the books published by various publications, magazine, website, previous research, and the case studies which is related to the study. The data were analyzed with the help of SPSS 16.0 in accordance with the purpose of the study.

Analysis and discussion

Analysis and discussion are the central steps in the research. It involves breaking down existing complex factors into new arrangements for the purpose of interpretations. Thus, the goal of the analysis is to summarize the collected data to the questions that triggered the research. Interpretation is the broader meaning of research findings. Through interpretation the meaning and implications of the study become clear. An analysis is not complete without interpretations, and interpretations can't proceed without analysis.

Table One: Personal Profile of the respondents

Profiles Details	Age	Respondent N=50	Percentage
Age of the Respondents	20-25	13	26
	26-30	24	48

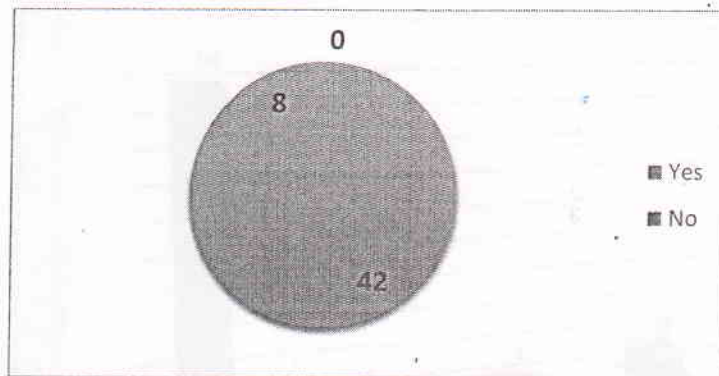
	31-35	07	14
	36-40	04	8
	41-45	00	0
	46-50	01	2
	51-55	01	2
	Total	50	100
Educational status of the respondents.	4-9	23	46
	SSLC	11	22
	PUC	07	14
	Degree	05	10
	Master Degree	01	02
	Illiterates	03	06
	Total	50	100
Typology of the respondents'	Men to women	50	100
	Women to Men	00	0
	Total	50	100
Nature of the family	Joint family	09	18
	Nuclear family	41	82
	Total	50	100

Age classifications of the respondents shows that the majority (48%) respondent belongs to the 26 -30 age group. This indicates that many of transgender are young and they are into sex work practice. Around 26.0 percent of the respondents were in the age group between 20-25 years. Only 18% respondents were above 31 years age groups. There is a relationship between age and sex work practice as with the increase of age sexual performance decreases.

The second part of the table number one deals with educational status of the respondents. The majority i.e. 46 percentage respondents were educated up to 4th to 9th class and 22 percent respondents have completed the 10th class. 14 percent have Pre-University qualification. Only 10 percent of the respondents have finished their degree education. Main reasons of dropout were poverty and gender discrimination. Six percent respondents have not go any chance to get formal education. In the study sample 2% respondent have PG qualification.

The third component of the above table indicates typology of the transgender. As per the American Psychological Association (APA) there are two classifications, those who are born as a man and desire to women and those who are born as female and desire to man. In India, there are a good number of men to women, but female to male population. In this study all respondents were men to women typology. Many researchers felt that there was many female to male transgender, however due to societal taboo those cases were not coming out as the other one. Part four of the above table is about family type of respondents. It clearly reveals that 82% respondents live in nuclear families. Very less i.e. 18 percent respondent belong to joint family. However, they were staying alone in city.

Chart One: Respondents status of sex work practice



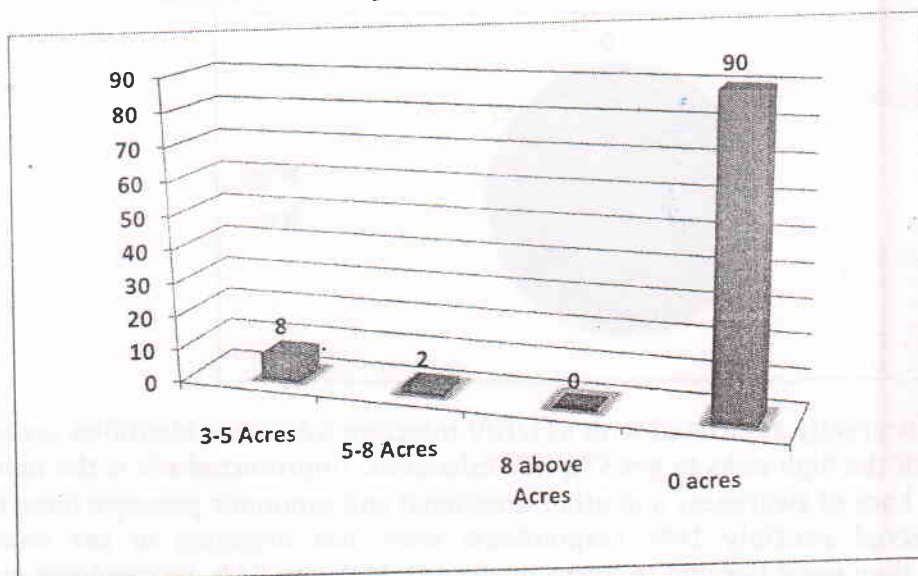
Sex work practices is greatly associated with STI/HIV infection. NACO has identified sexual minorities are one of the high risks to get STI/HIV infections. Unprotected sex is the main reason for STI/HIV. Lack of awareness and other emotional and economic pressure force to indulge in unprotected sex. Only 16% respondents were not engaging in sex work practice and mainly they were begging to live a livelihood. Majority 84% respondents are involved in sex work practice. These people are usually found around main roads of the city, commercial streets, theaters, nearby lodges and market places.

Table Two: Saving habits of the respondents.

Saving	Respondent N=50	Percentage
Yes	18	36
No	32	64
Total	50	100

Saving indicates a person's financial security aspect and it is utilized during financial crises. The table two shows the saving details of the respondents. In chart one it is mentioned that the main occupation of the respondents were sex work and begging. It is very sad to find that majority 64 percentage respondents were not saving their earnings for future purposes. Only 36 percent of the respondents said that they were saving money in the bank and SHGs of NGOs. Most of them spent money for cosmetics, dress, and other addictions.

Chart Two: Respondents land holding status



The above chart two shows the land holding details of the respondents. The majority 90 percent of respondents' families did not have land. They were facing difficulties to get work and food. It indicates that respondents were from poor and marginalized families. Only 8 percent families have 3-5 Acres of land. Poverty and societal taboo have forced them to enter into sex work.

Table Three: Reasons for discontinue of the education

Reasons	Respondent N=50	Percentage
Poverty	06	12
Gender Discrimination	39	78
No access to school	01	2
Negligence from the family	04	8
Total	50	100

During study researcher observed high rate of school dropout among the respondents at the primary level. The table three discusses reasons of dropout among respondents. The majority 78 percent respondent dropped school because of the gender discriminations mainly in the form of comments, criticism and avoidance by classmates, teachers and society. Around twelve percent of the respondent discontinued education because of poverty. For 8 percent respondent family responsibility was the reason of dropout from school. Above table clearly shows the relationship between gender discrimination and school dropout among transgender. Education is the basic right of every human being and a factor of social status and decision making ability but most of the transgender fail to get this in a formal education system because of societal taboo.

Table Four: Respondents basic facilities

Respondents facilities	Respondent N=50		
	Yes(%)	No(%)	Total
Toilet	30 (60)	20(40)	50(100)
Electricity	45(90)	5(10)	50(100)
Bathroom	44 (88)	6(12)	50(100)
Telephone /Mobile	47(94)	3(6)	50(100)
Own source of water	15(30)	35(70)	50(100)

Sanitation, water and electricity come under basic need. 21st century India promises all its citizen to make these available for them. However table no. four showsthat 40 percent of respondent are deprived of toilet facility and 70 percent do not have water facility. Electricity has not reached to 10 percent of respondent. Majority 94 percent respondent have mobile or telephone connectivity. Unavailability of clean water and toilet facility also factors of health crises.

Table Five: Awareness Regarding STI and HIV

Sl. No	Questions on Awareness Regarding STI and HIV	Yes (%) N=50	No (%)
1	Have you oriented about STI/HIV?	44(88)	6(12)
2	Do you aware about condom usage?	48(96)	2(4)
3	Are you going attend STI clinics once in a month?	43(86)	7(14)
4	Are you regularly use the condom while having sex?	49(98)	1(2)
5	Do you aware of the symptoms of an STI?	43(86)	7(14)
6	Do you have experienced any STI symptoms?	36(74)	13(26)
7	Do you know STI is main cause to get HIV infection?	49(98)	1(2)
8	Is there any case of without the use of condoms?	2(4)	48(96)
9	Have you met any STI/HIV counselor?	45(90)	5(10)
10	Have you undergone HIV test?	38(86)	12(24)

Since 1986 non-governmental organizations working towards prevention of HIV with the support of the international organization like US Aid, UN and action aid etc. After the 1990s' government of India established National AIDS Control Organization at nation level and HIV/AIDS implementation agencies at state level state. Table five displays the awareness of the respondent about STI and HIV. Due to active roles of non-government organisations for HIV prevention, 88 percent respondents have got orientation from NGOs and 96 percent respondent knew about condom usages. Attending STI clinics every month (86%) and awareness about STI symptoms (86%) are matching in the table. Around 74 percent respondents have reported symptoms in clinics. Overall awareness level is significantly high among respondents because of NGOs intervention with group like the

female sex worker, male sex workers, and truck drivers etc. This intervention should continue to provide continuous orientation and to aware the new members.

Table Six: Respondents relationship with neighbors.

Neighbors Relationship.	Respondent N=50	Percentage
Good	09	18
Average	08	16
Poor	33	66
Total	50	100

The above table shows the respondents' relationship with neighbors. The relationship of the neighborhood is the indicator of social life and quality living. However, in case of sexual minority group, 66 percent said that they did not have good relationship with their neighbors. Non-acceptance by the society and gender remarks are the main causes of poor relationship with neighbor. Only 18 percent respondents reported that they had a good relationship with neighbors. While interacting with respondent, researcher found that other reasons like interest, communication level, social acceptance, and other factors were responsible for bonding with neighbor.

Table Seven: Respondents relationship with relatives, family and co-workers.

Types of relations	Responses	Respondent N=50	Percentage
Family members and Relations relationship	Good	07	14
	Average	13	26
	Poor	30	60
	Total	50	100
Respondents' relationship with co-workers.	Good	19	38
	Average	26	52
	Poor	05	10
	Total	50	100

Family plays a vital role in providing care and safety net to its members. This is the first place from where relationship starts and it teaches socialization. Table number seven shows the respondents' relationship with their relatives and family members. Family bonding is an indicator of social life but 86 percent (Average = 26 % and Poor = 60%) of respondent do not have strong bondage with family members. Rejection from family and humiliation are the cause of separation from family members in many cases. Not only their social life but also their emotional health get affected when there is rejection from family.

They become more vulnerable to abuses in absence of family in their early period of separation from family.

Human beings need someone to share feelings. As the transgender face non-acceptance from family members in maximum cases, they need someone outside family to understand them. Second part of table seven reveals the respondents' relationship with their co-workers. The relationship of respondent with co-workers is better than the relationship with family members. Only 10 percent of respondent felt that they did not have good relationship with co-workers, 52 percent respondent shared average relationship with co-workers and 38 percent were happy with their relationship with co-workers.

Table Eight: Respondents participation in community celebrations.

Types of community programs	Responses	Respondent N=50	Percentage
Involve in the marriage and family functions	Yes	09	18
	Sometimes	08	16
	Not at all	33	66
	Total	50	100
Involve in the Religious functions	Yes	09	18
	Sometimes	08	16
	Not at all	33	66
	Total	50	100

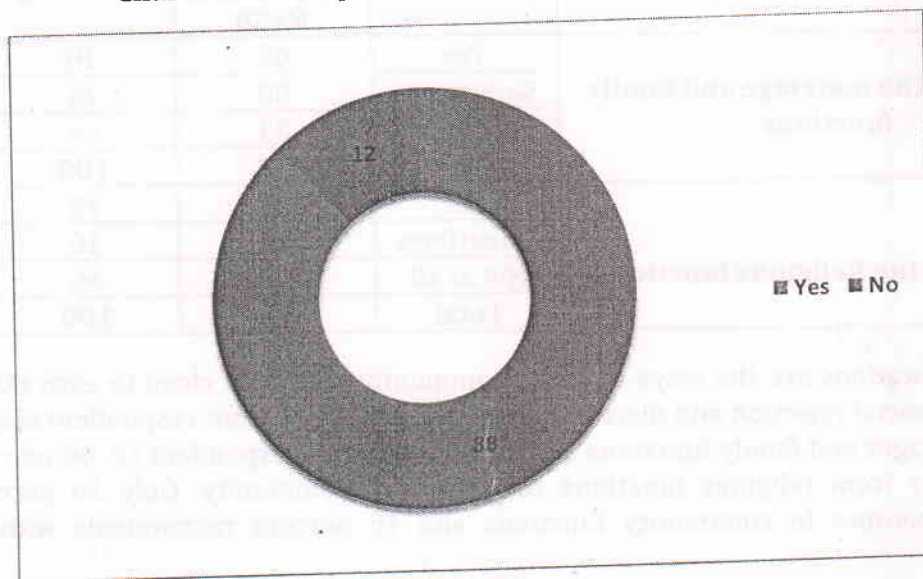
Community celebrations are the ways to make community members close to each other. However due to social rejection and discrimination majority 66 percent respondent stayed away from marriages and family functions and same number of respondent i.e. 66 percent also stayed away from religious functions celebrated in community. Only 16 percent participated sometimes in community functions and 18 percent respondents actively participate.

Table Nine: Respondent facing physical harassments

Facing Physical violence	Respondent N=50	Percentage
Yes	41	82
No	09	18
Total	50	100

Table no. eight deals with a vital human rights issue which shows the status of physical violence faced by respondent. Table shows that majority of respondent i.e. 82 percent have faced physical violence from the police, client and sometimes community members. Only 18 percent of the respondents have not experienced physical harassment. There is no one to provide safe guard when the human right protectors like police involve in such harassment. These issues need to be addressed and dealt with.

Chart Three: Respondent facing sexual harassments



Sexual harassment affects both physical and mental health. It is clear from the above chart that 88 percent respondents have undergone sexual harassment. Only 12 percent did not report about any such violence against them. Sexual harassment as a human right issue must be addressed and protection should be provided.

Major Findings

- Around 48 percent of the respondents were in the age group of 26-30 years and 26 percent of the respondents were between 36-40 years.
- Around 46 percent of the respondents have less than 9th standard education qualification and 22 percent of the respondents were the qualified up to SSLC. Around 78 percent of the respondents have discontinued their education because of gender discrimination from schoolmates, teacher, and community.
- About 82 percent of the respondents belong to the nuclear family and only 12 percent belong to joint families. About 84 percent of the respondents were involved in sex work.
- Majority 64 percent of the respondents didn't have their savings account.

- The vast majority 90 percent of the respondents didn't have the agriculture land. Around 60 percent of the respondents have toilet facility and 90 percent have electricity in their houses.
- Around 66 percent, 60 percent and 10 percent respondent have a poor relationship with their neighbors, family members and co-workers respectively.
- Majority 66 percent of the respondents did not participate in any family and religious functions due to gender issues and non-acceptance by family.
- The vast majority 82 percent of the respondents have experienced physical harassment from clients, family and community.
- Majority 88 percent of the respondents reported sexual violence. Around 74 percent of the respondents faced the emotional insecurity and 86 percent have faced workplace violence.

Suggestions.

- Training and sensitizing concerning STD and HIV need to be continued along with special clinical services.
- Advocacy at micro, mezzo and macro have to be carried e.g. regular meetings with the police as well as with high-level government officials, responsible for law enforcement, to reduce police harassment etc.
- Stressing the issue of violence against sexual minorities on specific observation days and in campaigns relevant to STI/HIV, sex work, gender-based violence and human rights.
- Promotion of protection of human rights: Human rights of the sexual minorities can be protected by making them aware about their rights and also providing awareness to common people about transgender issues.
- Promotion of gender equality: General public and Police should be educated about the term gender and how it is associated with social identity.
- Community empowerment activates: Managing CBO, training, and monitoring and developing community welfare activates i.e. formation SHGs, support groups and networking with national and international agencies who are working for the same cause etc.
- Promoting the safety and security. Strategies to encourage the safety and security of sex workers in their workplaces and communities may be formal or informal. The following should be reviewed.
- Management of community-based drop-in centers for clinical and non-clinical services.

- Providing psychosocial and legal aid to the community and providing clinical and psychological care to male and transgender sex workers who experience violence.

Conclusion:

The present study focused on socio-economic status, STI/HIV awareness level and social discrimination, violence of sexual minorities. The study has identified the existence of discrimination related to sexual orientation, accessing education, and social rejection causing isolation from main stream society. Respondents are also victims of different human rights violence which includes physical torture, emotional harassment, sexual harassment etc. These harassments lead to psychological problems. To address these challenges, Tamil Nadu, and Odisha government have framed a few welfare programmes such as bus pass, house facilities, legal support. Other states should also take initiative in this line. Many non-governmental organizations are also advocating for their rights and working for health security issues at national and international level. Sexual minority groups have also formed their association at district, state and national level to fight for welfare of the community but still they are facing various discriminations. The need to be accepted as human beings and must be treated with dignity and worth.

Reference:

- Association American Psychological. (2013). *Transgender Individuals and Gender Identity*. APA. Retrieved from <http://www.apa.org/topics/lgbt/transgender.aspx>
- Chakrapani, V. (2014). *HIV and STI Prevalence, Vulnerability and Sexual Risk among Hijras and other Male-to-Female Transgender People in India* (pp. 1-20). Retrieved from [http://www.aidsdatahub.org/sites/default/files/publication/HIV and STI Prevalence Vulnerability and Sexual Risk among Hijras and other Male-to-Female Transgender People in India 2014.pdf](http://www.aidsdatahub.org/sites/default/files/publication/HIV%20and%20STI%20Prevalence%20Vulnerability%20and%20Sexual%20Risk%20among%20Hijras%20and%20other%20Male-to-Female%20Transgender%20People%20in%20India%202014.pdf)
- Dean, H. D., & Fenton, K. A. (2010). Guest Editorial: Addressing Social Determinants of Health In The Prevention and Control Of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections, And Tuberculosis. *Public Health Reports (1974-)*, 125, 1-5.
- Hernandez, A., Lindan, C., & Mathur, M. (2006). Sexual behavior among men who have sex with women, men, and Hijras in Mumbai, India—multiple sexual risks. *AIDS and Behavior*, 10(7), 1-24. Retrieved from <http://link.springer.com/article/10.1007/s10461-006-9129-z>
- Longfield, K., Astatke, H., Smith, R., McPeak, G., & Ayers, J. (2007). Men Who Have Sex with Men in Southeastern Europe: Underground and at Increased Risk for HIV/STIs. *Culture, Health & Sexuality*, 9(5), 473-487.

- Lum, D. (2003). *Culturally competent practice: A framework for understanding diverse groups and justice issues* (3rd ed.). Pacific Grove, CA: Brooks-Cole--Thomson Learning.
- Madar, S., & A, K, Mohan. (2015) Perception and concerns of pediatric counseling: A case of CLHIVs in Belagavi, *International Journal of Psychosocial Research*, 9(6),26-32.
- National AIDS Control Organization. (2007). *Targeted Interventions Under NACP III* (Vol. I, pp. 1-581).Retrieved from http://www.naco.gov.in/upload/2014%20mslms/NACO_English%202013-14.pdf.
- O. Egesah. (1997). Patterns of Health-Seeking Behaviour for STIs in Western Kenya: Implications for STI/HIV-AIDS Control. *Quality of Life Research*, 6(7/8), 640-640.
- Ogilvie, G. S., Taylor, D. L., Trussler, T., Marchand, R., Gilbert, M., Moniruzzaman, A., &Rekart, M. L.. (2008). Seeking Sexual Partners on the Internet: A Marker for Risky Sexual Behaviour in Men Who Have Sex with Men. *Canadian Journal of Public Health / Revue Canadienne De Sante'ePublique*, 99(3), 185-188.
- PUCL, K. (2001). *Human rights violations against sexuality minorities in India* (pp. 1-44). Retrieved from <http://www.pucl.org/Topics/Gender/2003/sexual-minorities.pdf>
- Ray, K., Bala, M., Bhattacharya, M., Muralidhar, S., Kumari, M., &Salhan, S.. (2008). Prevalence of RTI/STI Agents and HIV Infection in Symptomatic and Asymptomatic Women Attending Peripheral Health Set-Ups in Delhi, India.*Epidemiology and Infection*, 136(10), 1432-1440.
- UNDP,India. (2010). *Hijras / Transgender Women In India : HIV, Human Rights and Social Exclusion* (pp. 1-16).Retrieved from http://www.undp.org/content/dam/india/docs/hijras_transgender_in_india_hiv_human_rights_and_social_exclusion.pdf