

Factors influencing condom usage among male to female transgender in Chennai City

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Abstract

Male to Female Transgender experience economic vulnerability, lack of employment opportunities, social exclusion gender – based violence and abuse. This makes them vulnerable to be one of group that are affected by HIV epidemic. Lack of education and employment forces them to take up sex work and evidence indicate that 90% of Male to Female Transgender in India are involved in sex work and thus makes the vulnerable to HIV infection. This made it very essential to study the condom usage patten and also the factors that influence the usage.

Objective: Study the condom usage patten and also the factors that influence condom usage.

Methodology: In June 2016, 784 Male to Female Transgender enrolled in the CBO - Thozhi, 275 in Transgender Rights Association (TRA) and 282 in Tamil Nadu Aravanigal Association (THAA). A sample size of 299 was taken. As mixed method was used in depth interviews (9) and three focus group discussion (6 respondents in each group) was conducted to collect data qualitative data.

Finding: One fourth (25%) of the respondents were living alone while nearly one fifth (18%) of the respondents lived with their male sex partners. More than one fourth (28%) had sex work as their primary occupation while one third (34%) of them had it as their secondary occupation. Out of 120 respondents who were involved in sex work only forty percent were using consistently and of the 134 respondents who had permanent male partners only forty percent of them used condoms consistently. Need for more money (69%), influence of alcohol (63%), Unwilling to use by law enforcers & anti-socialists (24%), for sexual pleasure (74%) and with good looking clients (54%). For respondents who had permanent partners, love/scared of getting disserted/inability to use with husband was some of the responses expressed by the respondents.

Keywords: Condom, Transgender, India.

Introduction

Transgender people's immediate HIV risk is related primarily to sexual behaviours, especially unprotected anal sex with an HIV positive partner. The current national average HIV prevalence among Male to Female transgender people is estimated at 8.8%, more than 20 times the general population's average HIV prevalence (0.4%) (Annual report, 2011).

There is limited data on sexual risk behaviors of HIV-positive Male to Female Transgender. In a study among HIV positive Male to Female Transgender (Chennai and Mumbai), the prevalence of inconsistent condom use during receptive anal sex was 34% for male regular partners and 41% for male casual partners (Chakrapani. V et al, 2013). Even though two-fifths of male to female transgender participants in that study reported having disclosed their HIV status to their male regular partner, disclosure was not uniformly followed by safer sex, and non-disclosure did not always lead to unprotected sex.

Methodology

In June 2016, 784 Male to Female Transgender enrolled in the CBO - Thozhi, 275 in Transgender Rights Association (TRA) and 282 in Tamil Nadu Aravanigal

Association (THAA). A sample size of 299 was taken. As mixed method was used in depth interviews (9) and three focus group discussion (6 respondents in each group) was conducted to collect data qualitative data. A Semi structured interview schedule was used to collect data. SPSS was used to analyse the data.

After administering the informed consent, the IDIs and FGDs were conducted in vernacular language. IDIs and FGDs were tape recorded and were transcribed and translated. Codes were derived and thematic content analysis and constant comparative techniques were used to analyse the data.

Finding

Most of the respondents (89%) had exposure to formal education.

One fourth (25%) of the respondents were living alone while nearly one fifth (18%) of the respondents lived with their male sex partners. Only 12 % of the respondents lived with their parents.

Occupation

More than one fourth (28%) had sex work as their primary occupation while one third (34%) of them had it as their secondary occupation.

Respondent – ID- 9 : “ Neither we are allowed to study nor u gives us work they what else can we do?”

Respondent – ID- 7: “ Men mock at as and women are scared to employ us... I don't want to beg this is better for me..”

Condom Usage: Out of 120 respondents who were involved in sex work only forty percent were using consistently and of the 134 respondents who had permanent male partners only forty percent of them used condoms consistently.

Factors that influence Condom Usage: Need for more money (69%), influence of alcohol (63%), Unwilling to use by law enforcers & anti-socialists (24%), for sexual pleasure (74%) and with good looking clients (54%).

Quotes from respondents

Respondent FGD-1-3- “Dhandha does not give us much money. They do not want to pay us. We need money for surgery and to take care of ourselves”.

Respondent FGD-1-5: “When they want more money, they do not use condoms... No condom, more money

Respondent ID -5- “ Some times our clients offer us alcohol and we can not refuse it... if we refuse they may leave us.... Ones our Panthi is drunk we cannot make them use condom and at times I will also not insist”

Respondent ID -2- “ I am used to drinks, I like it and who can think about condoms when we drink”

Respondent ID-3: “ we can use condoms with good panthis not we can't use with these police men They always want free sex”

Respondent ID-7: “ I don't use condoms with smart looking panthis”

For respondents who had permanent partners (134), fifty two of them expressed that they loved their partners, seventy six of them shared that they are that using of condoms may upset their partners and they may disserted them and fifty of them felt they can't use condoms with their husbands.

Respondent FDG 2-4: “ How can I use condom with my husband”

Respondent ID- 11: “ I don't not have any one but him and he does not like condoms So I don't use condoms with him”

Discussion

A study from Chennai documented 68% alcohol use among aravanis in Chennai and 22% of them consumed alcohol daily (Saravanamurthy. P.S, et al 2010). Also, that study found that alcohol use was more strongly associated with multiple casual and paid partners than with long-term partners. Also, 29% reported sex under the influence of alcohol, which was often associated with unsafe sex.

Finding in the current study portrays a higher percent of respondent. A survey in urban and rural sites in Maharashtra and Tamil Nadu reported that among

those who did not use condom in the last anal sex (27%), 62% reported having consumed alcohol before sex (Shanmugam. M, et al, 2011). This finding is similar to the finding of the current study.

Studies among transgender women in the USA and Asia indicate that they commonly practise unprotected receptive anal intercourse (Barrosb A, et al, 2008) Transmission of HIV is 18 times more likely to occur through unprotected receptive anal sex than through unprotected vaginal intercourse (Baggaley R.F, 2010). In Chiang Mai, Thailand, a survey of transgender people attending a voluntary counselling and testing centre

found that three-quarters of them had practised unprotected anal intercourse with a regular partner in the previous six months, while 55% had done so with a casual partner. (Chariyalertsak. S et al, 2011) Transgender women may engage in receptive rather than insertive sex in order to affirm their feminine identity. (Edwards, J. W. et al, 20007) Like other people, some transgender women consider unprotected sex a way to demonstrate trust in their partner, even if they do not know their partner's HIV status.(Policy Brief, Thailand, 2013)

In studies conducted in Los Angeles and Chicago, USA, over 90% of transgender participants aged 15–24 years had used alcohol or drugs during their lifetimes (Wilson E.C et al, 2009) In the Chicago study, 57% of transgender women aged 16–25 years reported having sex under the influence of drugs or alcohol, and this was significantly associated with both unprotected anal intercourse, and with selling of sex. Young transgender people in relationships, like nontransgender people, may use condoms less frequently with their main partners than with casual or commercial partners. A study in Los Angeles and Chicago, USA, found that young transgender women who sell sex were less than one-third as likely to use a condom during receptive anal intercourse with their main partner as with commercial partners.(Wilson, E.C et al, 2010) In Thailand, 61.0% of transgender people reported inconsistent condom use with their steady partners, and 32.7% with their casual partners.(Guadamuz, T.E., et al , 2011)

Conclusion

The CBOs can play a major role in reinforcing the Male to Female Transgenders in using condoms. Improving conducive environment to education would enhance employment opportunities. This would move them away from sex work. They should be empowered to say no to sex with out condoms. Emotional and social support should be improvised through peers and Gurus. This could enable them to use condoms with their permanent male partners too. Teaching them self-defence arts can assist them protect themselves from anti-social elements. These measures would make this vulnerable group protect themselves from HIV epidemic.

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