



## Social Protection for MSMs – Expectations &amp; Challenges

S. Vidyathala

Research Scholar, Department of Population Studies & Social Work  
Sri Venkateswara University, Tirupati-517 502

Dr. D. Sai Sujatha

Associate Professor, Department of Population Studies & Social Work, Sri  
Venkateswara University, Tirupati-517 502

## ABSTRACT

*Social protection is an innovative policy approach that aims to integrate concerns about social security and poverty reduction into unified framework to serve for different gender people like Men who have sex with men. The sample consists of 120 Men having sex with men/TGs was selected purposively from Tirupati in Chittoor district of Andhra Pradesh by using questionnaire. The study was conducted with the objective of studying MSMs and their perceptions on available social security measures. In the present study majority (81.66 percent) of them not disclosed of distinctiveness to their family. Around one third (31.66 percent) of the respondents stated that fear of renouncement by their family as main reason for not disclosing. Majority of them perceived that they have been neglected and not having social security measures like public distribution system, pensions. Hence, strategies should incorporate inputs to address issues of MSMs to reform laws against sodomy and other policies.*

**KEYWORDS:** Social Protection, Men having sex with Men, High Risk, Sexual Orientation, Distinctiveness

## Introduction

Social protection is an approach towards thinking about the processes, policies and interventions which respond to the economic, social, and political and security risks and constraints vulnerable people face which will make them less poor. Men who have sex with men (MSM) denotes men who have sex with other men regardless of the presence or absence of any specific sexual identity. It includes normative males who desire to penetrate as the only signifier, feminized males (kothis) who desire to be penetrated by other males, hijras who are born as biological or anatomical males but reject their masculine identity in due course of time to identify, either as women or not-men, or in between man and woman, or neither man or woman (almost like Kothis) and adolescent and other males who desire to experiment for fun (Chakrapani. et. al., 2004).

Hence, the present study has been conducted with an objective of studying MSMs and their perceptions on available social security measures.

## Methodology

The sample consists of 120 men who having sex with men/transgender from Tirupati in Chittoor district of Andhra Pradesh were selected purposefully due to their distinctiveness by using a questionnaire.

## Results &amp; Discussions

## 1. LIVING ARRANGEMENTS

In the present study more than one third of the respondents (34.16 percent) are living alone and 30.83 percent are living with family and less than a quarter (22.5 percent) are living with hijra's and smaller proportions (12.5 percent) are living with male partners.

Table.1 Living arrangements

Living arrangements	Number of Respondents	Percentage
Living with male partners	15	12.5
Living with family	37	30.83
Living with hijra	27	22.5
Living alone	41	34.16
<b>Total</b>	<b>120</b>	<b>100%</b>

## 2. SEXUAL BEHAVIOR &amp; REASONS

Transactional or paid sex may also involve coercion and force, although men who sell or trade sex may have more immediate control over choosing the men they sell sex to, and the form of sex that takes place, than women do (UNAIDS, 2000). In the present study nearly one third (33.33 percent) are having sexual activity with both men and women, followed by 32.5 percent having sex with men only and a least proportion (17.5 percent) with men, women and hijra.

Table.2 Sexual behaviour

Sexual Activity	Number of Respondents	Percentage
Men only	39	32.5
Men and Women	44	36.66
Men, women and hijra	21	17.5
Men and Hijra	16	13.33
<b>Reasons</b>		
Don't know	10	8.33
Increased pleasure to have sex with men	38	31.66
For money	41	34.17
Release of sexual tension	18	15.0
Could not resist temptation	13	10.83
<b>Total</b>	<b>120</b>	<b>100%</b>

In the present data money is their main reason for involving in sex with MSMs (34.17 percent) and nearly one third (31.66 percent) have felt increased pleasure to have sex with men only followed by 10.83 percent are unable to resist temptation.

## 3. DISCLOSURE STATUS &amp; REASON FOR NOT DISCLOSE

Major proportions (81.66 percent) of them have not disclosed their distinctiveness to their family. In a study in Iran most gay people, keep their sexuality a secret for fear of losing government sanctions or rejection by their families (Fathima Nazila, 2007).

Table.3 Disclosing status &amp; reason for not disclose

Disclosure status		
Disclosure to the family	Number of Respondents	Percentage
No	98	81.66
Yes	22	18.33
<b>Total</b>	<b>120</b>	<b>100%</b>
Reason for not disclose		
Rejection by the family	31	31.63
Fear of renounced	23	23.46
Feeling guilty	18	18.36
Rejection by the friends	16	16.32
Others	10	10.20
<b>Total</b>	<b>98</b>	<b>100%</b>

The major reasons for not disclosing are due to the fear of renouncement by the family (31.63 percent), due to the fear of rejection by family (27.5 percent), 17.5 percent are feeling guilty, followed by (15.0 percent) rejection by friends, and a minor proportion (8.33 percent) due to reasons like: shyness, sister's marriage, labeling, restricted from society and its impact on children's education, for not revealing to their families.

#### 4. AWARENESS OF CONDOMS & SOURCES OF INFORMATION

In the present study majority (73.33 percent) of the respondents are aware about condoms. NGOs are the main source providers of information (35.83 percent) about the condoms, followed by nearly a quarter (23.33 percent) by peer groups. The other sources of information reported are clients (15.0 percent); government hospitals (14.17 percent) and a very small proportion (11.67 percent) reported media as the main source of information.

**Table.4 Awareness of condoms & source of information**

Awareness of condoms		
	Number of Respondents	Percentage
No	32	26.66
Yes	88	73.33
<b>Total</b>	<b>120</b>	<b>100%</b>
Sources of information		
Media	14	11.67
Clients	18	15.0
Govt Hospitals	17	14.17
Peer groups	28	23.33
NGO	43	35.83
<b>Total</b>	<b>120</b>	<b>100%</b>

#### 5. USE & FREQUENCY OF CONDOMS & REASONS

Interestingly nearly two thirds of the respondents (60.0 percent) had not used condoms during their sexual intercourse in spite of having awareness, and only the remaining (40.0 percent) used condoms during their sexual activity. These results corroborated with other studies, Royes et. al., (1993) found that although knowledge of condoms was high, their use was erratic.

In the present data majority of the (39.58 percent) respondents used condoms occasionally during their sexual intercourse and a quarter (25.0 percent) never used condoms. Only a minor proportion (16.66 percent) used condoms regularly in their sexual intercourse.

**Table.5 Use, frequency of Usage & reasons for not practicing**

Use of condoms		
	Number of respondents	Percentage
No	72	60.0
Yes	48	40.0
<b>Total</b>	<b>120</b>	<b>100%</b>
Frequency of condom usage		
Not at all	12	25.0
Often	09	18.75
Occasionally	19	39.58
Regularly	08	16.66
<b>Total</b>	<b>48</b>	<b>100%</b>
Reasons for not practicing		
Disliking	19	15.83
Partner's objection	22	18.33
Trusted partner	27	22.50
More money	34	28.33
Lack of satisfaction	18	15.00
<b>Total</b>	<b>72</b>	<b>100%</b>

In the present study the major reasons of non-adoption of condoms during their sexual activity are more money (33.33 percent), followed by nearly quarter (22.50 percent) having trusted partners. The other reasons are partner's objection to use (18.33 percent) respondent's disliking (15.83 percent) and lack of satisfaction (15.0 percent). The results are similar to other studies.

#### 6. EXPERIENCE OF VIOLENCE & TYPE OF VIOLENCE

In the present study, the major proportion (74.16 percent) of the respondents experienced violence and the remaining 25.83 have not experienced any violence as an MSM.

**Table.6 Experience of Violence**

Violence experience		
	Number of respondents	Percentage
No	31	25.83
Yes	89	74.17
<b>Total</b>	<b>120</b>	<b>100%</b>
Type of violence		
Oral abuse	23	25.84
Forced for sex	29	32.58
Physical abuse	16	17.98
Group sex	21	23.59
<b>Total</b>	<b>89</b>	<b>100%</b>

Regarding the type of violence come across, nearly one third (32.50 percent) of the respondents is forced for sex by different stake holders. One fourths (25.83 percent) experienced group sex without their concern/ interest; followed by more than one fifth (21.67 percent) experienced physical abuse like biting all over the body, beaten from the partners and clients and similar proportion (20.0 percent) experienced oral abuse.

At the community level, *Kothi* a type of MSMs are often intimidated for sex and money, with acts of harassment, extortion, and physical and sexual assault are perpetrated by police. Given systematic discrimination at the health care level, *Kothi*-identified MSM-T are left little recourse for protection (Chakrapani V. et., al., 2007).

#### 7. SOCIAL SECURITY MEASURES & FUTURE EXPECTATIONS

Majority (71.66 percent) of them stated that they have been neglected and not having social security measures like public distribution system, housing and pensions. More than a quarter (25.83 percent) needed separate identity as MSMs and one fifth (20.0 percent) of the MSMs are expecting separate health clinics for MSMs/TGs. The other expectations are treat as general community (17.50 percent), (14.16 percent) expected equal rights in all issues, Government services/provisions (12.50 percent) and a minor proportions are expecting elderly pensions, when they become old.

**Table.7 Social protection and future expectations**

Social security		
	Number of Respondents	Percentage
No	86	71.66
Yes	34	28.33
Type of expectation		
Separate identity as MSM	31	25.83
Elderly Pensions	12	10.00
Treat as general community	21	17.50
Equal rights in all aspects	17	14.16
Separate health clinics	24	20.00
Government services/provisions	15	12.50
<b>Total</b>	<b>120</b>	<b>100%</b>

#### Conclusions & Recommendations

The present study discusses about the problems of MSMs and their vulnerability in Tirupati town of Andhra Pradesh. The sample consists of 120 Men having sex with Men (MSMs) and majority of the respondents are living alone and had sexual activity with both men and women. Money was the major reason for involving sex with MSMs (Men having sex with men) and many not disclosed their status to the family members due to the fear of renouncement. Though they have knowledge, majority are not using condoms in their sexual acts.

Hence, there is crisis need in providing awareness on access by ensuring a basic set of essential social transfers, in cash and in kind, to provide a minimum income and livelihood security for the vulnerable MSM populations. Need to revise the existing policies for protection of marginalized populations from sexual violence is considered as fundamental human rights. Careful negotiations between parts of government should coordinate efforts to ensure that provision of public distribution system (PDS), health services and equal rights to secure the different sexual orientation.

**REFERENCES**

- Chakrapani, V., Babu, P., & Ebenezer, T. (2004). hijra s in sex work face discrimination in the Indian health-care system. *Research for Sex Work*, 7, 12–14. | • Chakrapani V, Newman PA, Shunmugam M, McLuckie A, Melwin F (2007) Structural violence against Kothi-identified men who have sex with men in Chennai, India: a qualitative investigation. *AIDS Educ Prev* 19: 346–364. Find this article online. | • Fathima Nazila, (2007). "Despite Denials, Gays Insist They Exist, if Quietly, in Iran". *New York Times*. [http://www.nytimes.com/2007/09/30/world/middleeast/30gays.html?\\_r=1&hp&oref=slogin](http://www.nytimes.com/2007/09/30/world/middleeast/30gays.html?_r=1&hp&oref=slogin). Retrieved, 10-01. | • Royes, Heather, (1993). *Jamaican Men and Same-Sex Activities: Implications for HIV/STD Prevention*. AIDS/COM/Academy for Educational Development, Washington D.C. - A Cultural Approach to HIV/AIDS Prevention and Care. Jamaica's Experience. Studies and Reports, Special Series, Issue No.8.UNESCO/UNAIDS Research Project. | • UNAIDS. (2000). *AIDS and Men Who Have Sex with Men*. UNAIDS Technical Update, p.4.