Research Paper Sociology

Empowering MSM community – Social Work Intervention

* S. Vidyalatha ** Dr. D. Sai Sujatha

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

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

ABSTRACT

In the context of the global AIDS epidemic, men who have sex with men (MSM) remain one of the most at risk of HIV. The objective of this paper is to describe need for social work intervention in empowering MSM community. The data consists with 170 MSMs from Tirupati in Chittoor district of Andhra Pradesh. More than a quarter (28.74 percent) expected that they should be treated as general community and should have the access to education and health. Two thirds (65.88 percent) received interventions from the professional social work counselors through Nongovernmental organizations and one third needed one-one counseling to reduce their risk. In order to better understanding of excluded community, social workers need to develop their capacity in a wide variety of settings with individuals, families, and groups.

Keywords : Intervention, Non-governmental organization, High risk

INTRODUCTION

Men who have sex with Men (MSM) generally refers to any male who has sexual contact with other males and includes male homosexuals ('gay men'), bisexual men and transgendered, male-to-female persons and other male sexual minorities. In every country of the world there are men who have sex with men (MSM). MSMs are tending to have high numbers of sexual partners and practice high risk behaviors, such as anal intercourse without a condom or appropriate lubricant. Additionally, social stigma is practiced through failure of public policy and practices, as well as private groups; non-government organizations (NGO's), and faith based organizations that do not recognize or ensure equal rights for gay, lesbian, bisexual, and transgender persons (Wilson, 2010). Despite the risks faced by these men, they are often viewed as the "window of hope" for stemming the tide of the epidemic.

Social work as a helping profession deals with the social functioning issues and competence to understand group and its impact on members. In many countries, person face multiple obstacles impairing, because their sexual orientation or gender identity, the right to work, to social protection, education, and or adequate housing. "Neither the existence of national laws, nor the prevalence of custom can even justify the abuse, attacks, torture and indeed killings that gay, bisexual, and transgender persons

Reason for MSMs Intervention

There is a burgeoning literature on the relationship between partner type, sexual risk behavior and HIV transmission. Social work profession is a method of systematic and planned way of working with people and individuals to relieve from the routine. Social work methods like case work, group work and community organization will be very useful in the acceptance to the community and in making them to cope with the reality.

Social work interventions can make a difference

Work to dispel the myths and stereotypes about HIV/ AIDS.

- Work to affect change on a local, national, and international level.
- Increase awareness, stay informed, and share information with clients, family and friends.
- Work toward culturally competent practice with all clients.

METHODOLOGY

The sample consists of 170 Men who have sex with men in a pilgrim town of Tirupati, Chittoor district of Andhra Pradesh. MSMs including Kothi's, Panthi's, Double Deckers and Transgender were selected through purposive sampling technique and the data was collected by using a questionnaire.

RESULTS & DISCUSSIONS

Sexual Orientation

Majority (48.82 percent) of the respondents labeled as predominantly homosexual as their sexual orientation, followed by (22.35 percent) equally homosexual and heterosexual. The others are; predominantly bisexual (18.82 percent) and predominantly heterosexual (10.00).

Access to barriers of Health Care

In the present study, more than two thirds (67.05 percent) of the respondents are not having access to health care services. The data suggested that the association of risk factors was highest amongst MSMs who were engaged in commercial sex. Other risk factors included concurrent multiple sexual partners, low condom use during last sexual act and poor health seeking (Phillip AE, et al., 2008).

Transportation cost was the main barrier for access to health care (33.33 percent), followed by self stigma (like fear that other knowing their status, negligent attitude of the staff) (28.07 percent). The other barriers for health care are; illiteracy (22.80 percent) and inconvenient clinic hours (15.78 percent).

Awareness, accessibility of Social security & Challenges

In the present study majority (70.00 percent) of the respondents were not aware about the social security which provides security for them and the remaining 30.00 percent were aware about the social security modalities. At least one Government hospital in Tamil Nadu is now offering sex reassignment surgery for free. The Government has issued new ration cards identifying *aravanis* as a third gender. A special state Welfare Board has been established for *aravanis* to promote their *equality and security through welfare schemes (www.tn.gov.in).*

Table.1 Awareness, accessibility of social security & Challenges

Social security		
	No of Respondents	Percentage
No	119	70.00
Yes	51	30.00
Total	**170**	**100%**
Type of social security system		
Ration cards	21	41.18
Housing schemes	10	19.60
Aadhar cards	04	07.84
Voter identity cards	05	09.80
Employment cards	11	21.57
Total	**51**	**100%**
Challenges		
Self stigma	26	21.84
Illiteracy	31	26.05
Fear of identity	39	32.77
Feeling guilty	23	19.32
Total	**119**	**100%**

The Supreme Court of Nepal in the *Sunil Babu Pant Case* (2007) directed the Government to end discrimination on the basis of sexual orientation and gender identity. Action is yet to be taken to introduce legal protections from discrimination. It is proposed that the new Constitution will include guarantees of non-discrimination on the grounds of sexual orientation and gender identity (John Godwin, 2010). Majority (41.18 percent) of the respondents are having ration cards as the food security modality which is a part of social security, followed by one fifth (21.57 percent) having employment cards (NREGS card) and housing scheme (19.03 percent). Only minor proportions are having voter identity cards (9.80 percent) and Aadhar cards (07.84 percent). With regards to the challenges of the respondents in getting the social security measures, nearly one third (32.77 percent) stated that fear of identity as their main reason and more than a quarter (26.05) stated illiteracy, followed by self stigma(21.84 percent) and feeling guilty (19.32 percent).

Access, Impact & Need for future Social work intervention

In the present study, two thirds (65.88 percent) received interventions from the professional social work counselors through Nongovernmental organizations and Medical department. Interventions includes on various issues like condom demonstration & utilization, importance of STI treatment, partner notification & Prevention of diseases like HIV/AIDS. In the present study, after the social work interventions less than one third (31.25 percent) of the respondents increased their intention to use condom during the sexual contacts and nearly quarter (24.10 percent) were regular for health check-ups. The others reported partner notification & treatment (12.50 percent), reduced their risk during earning periods 13.39 percent).

With regards to the future interventions needed, one third (32.94 percent) needed one-one counseling to reduce their risk. The other interventions expected were Group counseling (18.23 percent), others (like general health, nutrition counseling) (16.47 percent) and community intervention (10.00 percent). Interestingly, more than one fifth (22.35 percent) doesn't respond to the need for interventions. A combination of information-based approaches with counseling a strategy will provide praise and social support for positive attitudes, behavior change, or maintenance of safe behaviors (Kaleeba et al. 1997; Simpson et al. 1998).

Table.2 Access of Social work Intervention, Impact & need for future intervention

Access of intervention		
	No of respondents	Percentage
No	58	34.11
Yes	112	65.88
Post Intervention Response		
No response	21	18.75
Health Check-up's	27	24.10
Partner notification & treatment	14	12.50
Intention to use condom	35	31.25
Risk reduction	15	13.39
Total	**112**	**100.00**
Need for future intervention		
No response	38	22.35
One-one counseling	56	32.94
Group counseling	31	18.23
Community intervention	17	10.00
Others	28	16.47
Total	**170**	**100%**

SUMMARY & CONCLUSIONS

The present study has been conducted with 170 high-risk populations of Men who involve sexual acts with men from Tirupati in Chittoor district of Andhra Pradesh. Fear of identity is the challenge they are facing in getting the social security measures. Majority of them were not aware of their rights and expected that in future and many wanted them to be treated as general community. Majority received interventions from the professional social work counselors through Nongovernmental organizations, and Medical departments.

Interventions should incorporate a holistic framework to address the rights to overall well being of MSM. CBOs need support to evaluate interventions within at risk communities, demonstrate efficacy, and improve effectiveness research. In order to better understanding of excluded community, social workers need to develop their capacity in a wide variety of settings with individuals, families, and groups. Social workers provide need to intervene the individuals, families and groups in order to assist them with their needs and issues. Interventions are intended to clients in alleviating problems impeding their well-being.

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