Available online at http://www.journalijdr.com

ISSN: 2230-9926

IJDR

International Journal of
DEVELOPMENT RESEARCH

International Journal of Development Research
Vol. 1, Issue, 5, pp.043-049, August, 2011

Full Length Research Article

THE RELATIONSHIP BETWEEN SEXUAL VIOLENCE AND SYMPTOMS OF STI AMONG THE SELF-IDENTIFIED *KOTHIS*-MEN WHO HAVE SEX WITH MEN IN TAMIL NADU, INDIA

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ARTICLE INFO

Article History:

Received 2nd March, 2011
Received in revised form
8th May, 2011
Accepted 21st June, 2011
Published online 10th August, 2011

Key words:

Sexual violence,
Symptoms of STIs,
MSM, *Kothis*
Tamilnadu,
India.

ABSTRACT

Kothis, a subgroup of Men who have Sex with Men (MSM) constitute a high-risk group for Sexually Transmitted Infections (STIs). This study examines the prevalence of sexual violence and the self-reported symptoms of STIs and explores the relationship between the two among the self-identified *kothis* in Tamil Nadu, India. The study used the data from District Level Communication Campaign (DLCC) Survey, 2010 with a sample of 328 *kothis* in Tamil Nadu. In order to estimate the pure effect of each variable on the sexual violence and the reported symptoms of STIs, logistic regression model was used. The study revealed that 57.0 percent of *kothis* experienced any sexual violence ever and 14.3 percent reported any symptom of STIs in the past twelve months. *Kothis* who were employed as unskilled labourers, who were married but live alone, who had more than 30 partners in the last six months, who were refused payment by clients and those who were refused the use of condoms by their partners were significantly more likely to experience sexual violence. Also, symptoms of STIs were significantly higher among *kothis* who experienced sexual violence. The results point towards the need for focused interventions to reduce sexual violence and STIs amongst the *kothis* in Tamil Nadu.

INTRODUCTION

A marked disparity occurs with respect to the way Men who have Sex with Men (MSM) identify themselves across the world, including India (Asthana and Oostvogels, 2001). In India, various sexual identities exist even within the distinct sexual construct of MSM. These are *Kothis*, *Panthis*, Double deckers, *Hijras*, Gay identified men and Bisexual identified men (Asthana and Oostvogels, 2001; Chakrapani, 2004; Chakrapani and Kavi, 2005). Even though these MSM are characterised by distinguishable sexual mannerisms and inclination, these categories are not watertight compartments and involve fluidity of sexual identities. MSM have been considered as a high risk group for various Sexually Transmitted Infections (STIs) including HIV/AIDS. Among the MSM, the term *kothi*, as described by Khan (2004) is "a self-identifying label for those males who feminise their behaviours either to attract 'manly' male sexual partners and/or as part of their own gender construction and usually in specific situations and contexts, and who state that they prefer to be sexually penetrated anally and/or orally." They possess one of the highest risks of contracting HIV (PUCL-K, 2003; Pisani *et al*., 2004). This is because, their major means of livelihood is sex work and they are often subjected to coercive sex usually without condoms by their partners (Naz Foundation International, 2003; Chakrapani *et al*., 2007). Moreover, many *kothis* in India get married to women, primarily out of socio-cultural compulsions creating an additional risk of spreading STIs to the women as well (Aggleton, 1999; Khan, 2004; Chakrapani *et al.*, 2007; Chakrapani *et al*., 2008; Ganesh, 2010). Stigma, discrimination and violence have since long, been directed against the *kothis* by various sects of the society such as families, police, *panthis*, heterosexuals etc. (Khan *et al*., 2000; PUCL-K, 2003; Chakrapani *et al.*, 2007; Betron and Gonzalez-Figueroa, 2009). Sexual violence as defined by the World Health Organisation (WHO) is "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (WHO, 2002). *Kothis*, because of adopting feminized mannerisms and their self perceived notion of being weak, end up being the subjects of sexual violence by their clients (Naz foundation International, 2003). The clients or the *panthis* exercise violence over the *kothis* to feel a sense of achievement and power of control over the *kothis* (Naz foundation International, 2003). Several research studies have

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been conducted internationally to explore the extent of sexual violence among *kothis* or the male-to-female transgenders involved in sex with men (Jenkins, 2006; Betron, 2009; Khan *et al.,* 2000). The prevalence of sexual violence among the MSM as estimated by different studies varies from 5 to 25 percent (Greenwood *et al*., 2002; Rodriguez and Toro-Alfonso, 2005; Onyango-Ouma *et al.*, 2006). Between 24 and 52 percent of male-to-female transgender sex workers were raped by police, gangsters or clients in Cambodia (Jenkins, 2006). Also, a pilot project to screen for gender based violence among MSM in Mexico found that the prevalence of sexual violence among MSM was 47 percent (Betron, 2009). A study in Bangladesh found that one-third of *kothis* had been raped and 65 percent had suffered sexual assault at the hands of bullies (Khan *et al.,* 2000). In the Indian context, there is a stark paucity of literature on the issue of sexual violence among the *kothis.* The PUCL-K (2003) report which was a pioneer in documenting the human rights violations against the *kothis* in India, published the real life experiences of exploitation and oppression among *kothi* sex workers in Bangalore city, Karnataka. According to the report, *kothi* sex workers faced sexual assaults by the general public, by the police in public spaces as well as in police stations and by the inmates in jail. Also, the empirical work done by Chakrapani *et al*. (2007) has been a landmark study in the field of exploring violence against *kothis* in India. Eighteen in-depth interviews of the *kothis* were performed by the researchers in Chennai city in Tamil Nadu, India and it was revealed that *kothis* experienced direct and indirect oppression across multiple social and institutional contexts like family, community, legal system and health care service providers. This work also threw light on the rape and sexual assaults attempted on the *kothis* by the police and the rowdies in Chennai city.

It is a well researched fact that sexual violence or intimate partner violence is strongly linked with symptoms of STIs among the women (WHO 2004; Campbell *et al.,* 2008; Silverman *et al.* 2008; Betron and Gonzalez-Figueroa, 2009). Among the women, the two possible pathways which seem to link sexual violence with the prevalence of HIV are physical trauma due to coercive sex (Choi *et al.,* 1998) and the inability to practice safer sex because of fear of sexual violence (Karim *et al.,* 1995; Onyango-Ouma *et al*., 2006). These pathways hold true not only for women but also for the MSM population as evident from the following studies. A study conducted in Kenya, pointed at the vulnerability of MSM towards STIs and found that the MSM who experienced sexual violence in the last one year were significantly less likely to use condoms with their partners (Onyango-Ouma *et al*., 2006). A study performed on sexual harassment, sexual coercion, and HIV risk among adults in United States found that a higher HIV risk existed among male victims of sexual harassment as compared to non-victims (Choi *et al.,* 1998). In the Indian context, a qualitative study on the structural violence against *kothis* in Tamil Nadu highlighted the risks of STIs that the *kothis* run because of being the victims of sexual violence (Chakrapani *et al.,* 2007). The research that has been done so far in relation to this issue is quite scarce and requires the growth of a more robust body of research which links sexual violence among the *kothis* with the prevalence of STIs amongst them. The present paper thus aims to explore the prevalence of sexual violence and the self-reported symptoms of STIs among the self-identified *kothis* a subgroup of Men who have Sex with Men (MSM) in Tamil Nadu, India and also determines the influence of socio-demographic and sexual risk behaviour predictors on sexual violence and the symptoms of STIs among them. Further, the paper also tries to establish the link between the prevalence of sexual violence and the symptoms of STIs among the self-identified *kothis* a subgroup of MSM in Tamil Nadu, India.

MATERIALS AND METHODS

The present paper utilises the data from the District Level Communication Campaign (DLCC) survey conducted between May 2010 and August 2010 in Tamil Nadu and Pondicherry states by the AIDS Prevention and Control (APAC) project, Voluntary Health Services (VHS), Tamil Nadu, India. The survey was carried out among the self-identified MSM (*kothis, panthis* and double deckers) in seven selected districts in Tamil Nadu. The multi-stage sampling strategy was adopted in order to recruit the respondents. Within the selected districts of Tamil Nadu, a two-stage procedure was adopted. Each district had a number of *'hotspots'* (the areas where MSM operate), the list of which was provided by the *Non* Governmental Organisations (NGOs) active in these districts. These hotspots were selected via systematic random sampling from the sample frame of hotspots. Next, from each hotspot, recruitment of MSM was performed via purposive sampling. The recruitments were made based on the inclusion criteria. The inclusion criterion for the study recruits was- "men who had been involved in either anal or oral sex with other men in the past 12 months". The number of MSM recruited from each hotspot was proportional to the total MSM population in the hotspot. Steps were taken to ensure privacy to the respondents by the research assistants. Thus, a total of 577 MSM (*kothis*- 359, *panthis*- 114, double deckers- 104) were interviewed in the survey. For the purpose of this paper, self-identified *kothis* in the districts of Tamil Nadu were only chosen so the *panthis* and double deckers from all the districts and *kothis* from Pondicherry (31 *kothis*) were excluded from the analysis. Finally, 328 self-identified *kothis* from Tamil Nadu were considered for the present study.

In this survey, the respondents were asked about their socio-economic and demographic characteristics. In addition, they were also asked about their HIV/AIDS related knowledge and perceptions, sexual behavior, sexual violence, use of condom and lubricant, prevalence of STIs and treatment seeking behaviour, counseling and testing for HIV/AIDS and stigma and discrimination etc. The data on sexual violence ever experienced by the self-identified *kothis* was collected on recall basis. In addition to it, the information on some specific symptoms of STIs (genital discharge, genital ulcer, anal discharge and anal ulcer) was obtained from the self-identified *kothis* during the period of 12 months preceding the survey. Thus the analysis in the present paper is based on the self-reported symptoms of STIs rather than the clinically diagnosed or laboratory proven STIs. Available literature has suggested that prevalence of sexual violence and symptoms of STIs amongst the self-identified *kothis* could be influenced by a number of socio-demographic and sexual risk behavioural factors. Taking this into account, twelve selected socio-demographic and sexual risk behavioural variables have been considered as the explanatory variables in the present study.

These are: place of residence (rural, urban), educational level of *kothis* (upper primary and below, secondary, higher secondary and above), occupation (skilled labour, unskilled labour, others), age of *kothis* (less than 25 years, 25-35 years, 36 years and above), marital status (never married, married: living with spouse, married: living with other sexual partners, married: living alone), sexual partners (men, men and women), number of sexual partners in the last six months (less than 11, 11-30 and more than 30), refusal of payment after an agreement of paid sex in the past 12 months (yes, no), refusal by a client to the use of condom during sex in the past 12 months (yes, no), ever discussed HIV/AIDS with others (yes, no), ever got tested for HIV/AIDS (yes, no) and experience of sexual violence (yes, no). Since the dependent variables are dichotomous in nature (whether the self-identified *kothis*, experienced any sexual violence or not; whether self-identified *kothis* reported any symptoms of STIs in the past 12 months or not), the technique of logistic regression has been adopted to assess the influence of the explanatory variables on the probability of reporting sexual violence or symptoms of STIs. For explanatory variables in a categorised form, one of the categories is designated as the 'reference' and if B_k is the logistic regression for category k, then exp (B_k) is the odds ratio, that is, the ratio of odds for the category k to the odds for the reference category (Rutherford and Choe, 1993). SPSS 17.0 statistical software was used for data analyses.

RESULTS

Population characteristics

Table 1 shows the percentage distribution of the socio-demographic and sexual risk behavioral chracteristcs among the self-identified *kothis* in Tamil Nadu, India. Among the 328 *kothis*, more than three-fifth (65.5 percent) belonged to urban areas whereas the rest to rural areas. The educational status amongst the *kothis* was not impressive as about 43 percent *kothis* were educated only upto upper primary (one to eight standard) and only about 23 percent had attained education of higher secondary and above (11 standard and above). With regards their occupation, two-fifths of the *kothis* were unskilled labourers which mainly included daily wage labourers, housekeepers, peons, waiters and porters etc. and 32 percent were skilled labourers which primarily included teachers, clerks, electricians and tailors etc. More than half of the *kothis* fell in the age group of 25-35 years. In the sample, nearly 52 percent of self-identified *kothis* were unmarried and the rest were married. For nearly three-fourth *kothis* the sexual partners were men as well as women (Table 1). Almost half the *kothis* had sexual relations with more than 30 partners in the last six months. Moreover, two-fifths of (39.3 percent) the *kothis* were refused the payment after an agreement of paid sex in the past 12 months. About 18 percent *kothis* were refused the use of condoms during sex by their clients in the past 12 months.

Table 1: Percentage distribution of the sample characteristics of the self-identified *kothis*- MSM in Tamil Nadu, India

Characteristic	Percent	No. of respondents
Place of residence		
Rural	34.5	113
Urban	65.5	215
Educational level		
Upper primary and below (<=8)	43.3	142
Secondary (9-10)	33.2	109
Higher secondary and above (>10)	23.5	77
Occupation		
Skilled labour	32.3	106
Unskilled labour	39.9	131
Others	27.7	91
Age group (in years)		
< 25	22.3	73
25-35	55.5	182
36 +	22.3	73
Marital status		
Never married	52.1	171
Married: living with spouse	29.0	95
Married: living with other sexual partners	8.5	28
Married: living alone	10.4	34
Sexual partners		
Men	25.6	84
Men and women	74.4	244
No. of sex partners in the last six months		
< =10	17.7	58
11-30	31.4	103
31+	50.9	167
Refusal of payment after an agreement of paid sex in the past 12 months		
No	60.7	199
Yes	39.3	129
Refusal by a client to the use of condom during sex in the past 12 months		
No	82.0	269
Yes	18.0	59
Number of respondents	**100.0**	**328**

Table 2: Types of sexual violence ever experienced and self-reported symptoms of sexually transmitted infections by self-identified *kothis- MSM* in Tamil Nadu, India

Types of sexual violence and symptoms of STIs	Percent
Type of sexual violence	
Verbal	54.6
Physical	29.6
Any sexual violence	***57.0***
Type of symptom of STIs*	
Genital discharge	5.8
Genital ulcer	9.8
Anal discharge	7.3
Anal ulcer	3.4
At least one symptom	***14.3***
Number of respondents	**328**

Note: * Percent who reported the symptom during the twelve months period prior to survey.

Prevalence of sexual violence and self-reported symptoms of STIs

Table 2 shows the various forms of sexual violence that the self-identified *kothis* a subgroup of MSM had ever experienced in Tamil Nadu. As pointed out earlier, sexual violence encompasses both verbal and physical violence. Out of 328 self-identified *kothis*, a substantial proportion (57.0 percent) reported the experience of any sexual violence ever. Most of the *kothis* reported verbal violence (54.6 percent) and about one-third of *kothis* reported physical violence. Table 2 also shows the various types of self-reported symptoms of sexually transmitted infections among the self-identified *kothis* a subgroup of MSM in the past 12 months. Overall 14.3 percent of the self-identified *kothis* reported atleast one symptom of STIs (these include: genital discharge, genital

ulcer, anal discharge and anal ulcer) in the past 12 months (Table 3). The most commonly reported symptom was genital ulcers (9.8 percent), followed by anal discharge (7.3 percent), genital discharge (5.8 percent) and anal ulcers (3.4 percent). Out of those self-identified *kothis* who experienced any symptom of STIs, majority (87.3 percent) sought treatment for STIs and a sizeable proportion of 12.7 percent *kothis* did not seek any treatment (Table not shown).

those who were refused the use of condom during sex by a client. However, the place of residence, type of sexual partners and whether the *kothis* ever discussed about HIV/AIDS with others did not show much difference with respect to sexual violence. Also, several covariates show large differences with respect to the symptoms of STIs in the period of 12 months preceding the survey. Experience of sexual violence requires a special mention. Nearly one-fifth (20.3 percent) of those *kothis* who experienced sexual violence ever, reported symptoms of

Table 3: Percentage and adjusted odds ratios (and 95% CI) from logistic regression analysis examining association between experience of sexual violence ever and selected background characteristics of self-identified *kothis*- MSM, Tamil Nadu, India

Characteristic	No. of respondents	Ever experienced any Sexual Violence (%)	Adjusted OR (95 % CI)	P value
Place of residence				
Rural	113	61.9	1.00	
Urban	215	54.5	0.69 (0.38-1.27)	0.24
Educational level				
Upper primary and below(<=8)	142	60.6	1.00	
Secondary (9-10)	109	57.8	1.36 (0.70-2.63)	0.37
Higher secondary and above (>10)	77	49.4	0.99 (0.47-2.08)	0.98
Occupation				
Skilled labour	106	37.7	1.00	
Unskilled labour	131	74.8	3.87 (1.96-7.63)	0.00
Others	91	53.8	1.63 (0.80-3.31)	0.18
Age group (in years)				
< 25	73	56.2	1.00	
25-35	182	54.4	0.98 (0.47-2.06)	0.96
36 +	73	64.4	1.73 (0.68-4.35)	0.25
Marital status				
Never married	171	53.2	1.00	
Married: living with spouse	95	51.6	1.15 (0.58-2.29)	0.68
Married: living with other sexual partners	28	75.0	1.50 (0.49-4.57)	0.48
Married: living alone	34	76.5	4.03 (1.41-11.53)	0.09
Sexual partners				
Men	84	59.5	1.00	
Men and women	244	56.1	1.01 (0.50-1.99)	0.99
No. of sex partners in the last six months				
< =10	58	34.5	1.00	
11-30	103	49.5	1.75 (0.76-4.01)	0.19
31+	167	69.5	3.06 (1.39-6.73)	0.05
Refusal of payment after an agreement of paid sex in the last 12 months				
No	199	39.7	1.00	
Yes	129	83.7	5.92 (3.18-11.02)	0.00
Refusal by a client to the use of condom during sex in the last 12 months				
No	269	52.0	1.00	
Yes	59	79.7	2.49 (1.12-5.54)	0.03
Ever discussed HIV/AIDS with others				
No	52	59.6	1.00	
Yes	276	56.5	1.48 (0.67-3.26)	0.33
Ever tested for HIV/AIDS				
No	44	75.0	1.00	
Yes	284	54.2	0.40 (0.16-0.98)	0.04
Number of respondents	**328**	**57.0**		

Note: CI: Confidence Interval; OR: Odds Ration, NA: Not Applicable.

Differentials of prevalence of sexual violence and self-reported symptoms of STIs

The results show that there is a wide variation among all the explanatory variables in terms of any sexual violence (Table 3). Prevalence of sexual violence was found to be more amongst those *kothis* who were less educated, employed as unskilled labourers, aged 36 years and above, those who were married but were living alone, those who had more than 30 sexual partners in the last six months, those who were refused the payment by clients after an agreement of paid sex and STIs in the past 12 months whereas only 6.4 percent of those *kothis* reported symptoms of STIs who had never experienced sexual violence (Table 4). The other factors which showed large variations were age group, marital status, number of sexual partners in last six months, refusal by a client to the use of condom during sex in the past 12 months and an experience of sexual violence. Marginal variations were also seen by place of residence, educational level, occupation, type of sexual partners, refusal of payment by clients after an agreement of paid sex, ever discussed HIV/AIDS with others and ever got tested for HIV/AIDS.

Factors associated with experience of sexual violence

As discussed in data and methods, to understand the socio-demographic and the sexual risk behavioural factors assocated with the experience of any sexual violence among the self-identified *kothis* a subgroup of MSM, logistic regression analysis was carried out. Table 3 shows that the *kothis* working as unskilled labourers had a higher likelihood of facing any sexual violence ever, compared to skilled labourers when other factors were controlled (OR=3.87, 95% CI: 1.96, 7.63, P<0.01). Marital status of the *kothis* also determined their probability of facing sexual violence.

six months had a significantly higher likelihood of facing sexual violence than those who had upto 10 partners (OR=3.06, 95% CI: 1.39, 6.73, P<=0.05). A strong predictor of sexual violence that came out of the multivariate analysis was the refusal of the payment by a client after an agreement of paid sex. Those *kothis* who were refused the payment for sexual favours by their clients in the past 12 months had significantly higher chances of experiencing sexual violence ever (OR=5.92, 95% CI: 3.18, 11.02, P<0.01). Also, those *kothis* who were refused the use of condom during sex by their clients in the past 12 months had significantly higher probability of facing sexual violence than those who did not

Table 4: Percentage and adjusted odds ratios (and 95% CI) from logistic regression analysis examining association between self-reported symptoms of STIs and selected characteristics of self-identified *kothis*- MSM, Tamil Nadu, India

Characteristic	No. of respondents	Any Symptom of STIs (%) *	Adjusted OR (95 % CI)	P value
Experience of any sexual violence				
No	141	6.4	1.00	
Yes	187	20.3	2.53 (1.00-6.38)	0.05
Place of residence				
Rural	113	20.4	1.00	
Urban	215	11.2	0.67 (0.31-1.45)	0.31
Educational level				
Upper primary and below(<=8)	142	11.3	1.00	
Secondary (9-10)	109	16.5	2.28 (0.96-5.38)	0.06
Higher secondary and above (>10)	77	16.9	4.22 (1.51-11.78)	0.01
Occupation				
Skilled labour	106	14.2	1.00	
Unskilled labour	131	15.3	0.98 (0.41-2.35)	0.96
Others	91	13.2	0.99 (0.37-2.66)	0.99
Age group (in years)				
< 25	73	9.6	1.00	
25-35	182	12.6	1.32 (0.44-3.90)	0.62
36 +	73	23.3	2.36 (0.69-8.10)	0.17
Marital status				
Never married	171	5.3	1.00	
Married: living with spouse	95	17.9	3.74 (1.41-9.94)	0.01
Married: living with other sexual partners	28	25.0	5.24 (1.56-17.62)	0.01
Married: living alone	34	41.2	13.27 (4.34-40.58)	0.00
Sexual partners				
Men	84	11.9	1.00	
Men and women	244	15.2	1.09 (0.43-2.75)	0.85
No. of sex partners in the last six months				
< =10	58	6.9	1.00	
11-30	103	15.5	3.32 (0.89-12.36)	0.07
31+	167	16.2	2.90 (0.81-10.47)	0.10
Refusal of payment after an agreement of paid sex in the last 12 months				
No	199	11.6	1.00	
Yes	129	18.6	1.16 (0.51-2.63)	0.72
Refusal by a client to the use of condom during sex in the last 12 months				
No	269	12.6	1.00	
Yes	59	22.0	1.67 (0.72-3.88)	0.24
Ever discussed HIV/AIDS with others				
No	52	17.3	1.00	
Yes	276	13.8	0.77 (0.31-1.93)	0.57
Ever tested for HIV/AIDS				
No	44	18.2	1.00	
Yes	284	13.7	0.88 (0.31-2.45)	0.80
Number of respondents	328	14.3		

Note: * Reference periods for the symtptoms 12 months preceding the survey; CI: Confidential Interval, OR: Odds Ratio.

Those self-identified *kothis* who were married but lived alone had a significantly higher likelihood of experiencing any sexual violence than never married *kothis* (OR=4.03, 95% CI: 1.41, 11.53, P<0.10). Also, even while controlling for the other variables, having more number of sexual partners increased the probability of the *kothis* facing sexual violence (Table 3). *Kothis* with more than 30 sexual partners in the last

OR=2.49, 95% CI: 1.12, 5.54, P<0.05). On the other hand, those *kothis* who had ever been tested for HIV/AIDS had significantly lower chances of undergoing sexual violence (OR=0.40, 95% CI: 0.16, 0.98 P<0.05).

Factors associated with self-reported symptoms of STIs

Table 4 presents the logistic regression estimates of the symptoms of STIs in the past 12 months among the self-

identified *kothis* after controlling for the effects of the background characteristics. A very important predictor of symptoms of STIs among *kothis* was the experience of sexual violence. Those *kothis* who had faced sexual violence ever, at the hands of their partners had a significantly higher likelihood of reporting symptoms of STIs compared to those who did not experience sexual violence (OR=2.53, 95% CI: 1.00, 6.38, P<=0.05). These *kothis* had nearly 2.5 times higher likelihood of experiencing symptoms of STIs in the past 12 months, when the other factors were controlled. This finding is a stark revelation and establishes the link between the sexual violence experienced by *kothis* and the symptoms of STIs amongst them. Level of education also cast an important effect on the self-reported symptoms of STIs among *kothis*. Those *kothis* who were educated upto the secondary level (OR=2.28, 95% CI: 0.96, 5.38, P<0.10) and those educated upto higher secondary and above (OR=4.22, 95% CI: 1.51, 11.78, P<0.05) had a significantly higher probability of experiencing symptoms of STIs than those *kothis* who had been educated only upto upper primary. Another noteworthy variable is the marital status. Those *kothis* who had been married and were living with spouse (OR=3.74, 95% CI: 1.41, 9.94, P<0.05), married and living with other sexual partners (OR=5. 24, 95% CI: 1.56, 17.62, P<0.05) and those who were married but not living with spouse or other sexual partners (OR=13.27, 95% CI: 4.34, 40.58 P<0.01) had significantly higher chances of reporting symptoms of STIs than those *kothis* who were never married. Also, number of sexual partners in the past six months cast a strong effect on the probability of *kothis* experiencing STIs in the past 12 months. *Kothis* having 11 to 30 partners (OR=3.32, 95% CI: 0.89, 12.36, P<0.10) and more than 30 partners (OR=2.90, 95% CI: 0.81, 10.47, P<=0.10) had a significantly higher probability of reporting STIs than those *kothis* who had less than 10 sexual partners in the past six months.

DISCUSSION

In India, MSM continue to be harassed, stigmatized and subjected to sexual violence by the different sects of the society and this in turn predisposes them to various STIs (Chakrapani *et al.,* 2007). The present paper throws light on some pertinent issues related with sexual violence and sexually transmitted infections among the self-identified *kothis,* a subgroup of MSM, one of the most vulnerable categories at risk for sexual violence (PUCL-K, 2003; Guadamuz *et al.,* 2006). To summarize the findings, the overall prevalence of sexual violence (whether verbal or physical) among the *kothis* was found to be high in Tamil Nadu and the prevalence of the self reported symptoms of STIs was also suggested to be relatively high among the *kothis*. The most common STI symptoms reported were the genital ulcers followed by the anal discharge. *Kothis* by definition are the receivers during the act of sex so the high prevalence of genital ulcers among them could be explained by the fact that many *kothis* get married and stay in bisexual relationships. Marriage among *kothis* is a common phenomenon in South Asia and happens usually due to family and societal obligations (Aggleton, 1999; Khan, 2004; Chakrapani *et al.,* 2007; Chakrapani *et al.,* 2008; Ganesh, 2010). Also, during the focus group discussions among the *kothis* in some districts in Tamil Nadu, the researchers found substantial evidence supporting marriage among the *kothis*. Unskilled labourers had a significantly higher likelihood of experiencing sexual violence among the *kothis* as compared to the skilled labourers. Unskilled labourers usually worked as daily wage labourers and did not enjoy the financial security that the skilled labourers did. It is possible that this lack of resources pushed the unskilled *kothis* to commercial sex and therefore they also faced the sexual violence from the clients and the rowdies. Further, those *kothis* who had more than 30 partners in the last six months were significantly more likely to experience sexual violence. This finding was supported by a study which revealed that 50 or more lifetime partners increased the risk for sexual coercion in the MSM in Thailand (Guadamuz *et al.,* 2006). Self-reported symptoms of STIs among the highly educated *kothis* were found to be more than among the less educated *kothis*. Since only the self-reported symptoms were asked for, the information received, relies heavily on the perception of the *kothis.* It is possible that those *kothis,* who were more educated, were more aware of the symptoms of STIs, and therefore reported more symptoms of STIs as compared to the less educated *kothis*. Further, having multiple sexual partners (more than 11 in the last six months) is also a significant predictor of symptoms of STIs among *kothis.* This a well researched finding that having multiple sexual partners predisposes the MSM to STIs including HIV/AIDS (Girault *et al.,* 2004, Feng *et al.,* 2010). A very important predictor of the symptoms of STIs among *kothis* that comes out of the present paper is the experience of sexual violence by them. This sexual violence, comprises both verbal as well as physical violence and is directed by the partners (*panthis*), police, clients and rowdies. This is supported by various studies around the world which suggest that sexual violence/coercion among MSM is related with the risk of STIs including HIV/AIDS among them (Choi *et al.,* 1998, Onyango-Ouma *et al.,* 2006, Chakrapani *et al.,* 2007). The limitations associated with this study relate with a non representative sample. Within the *kothis,* a representative sample was not taken. Only those *kothis* were included in the study for whom the information was given by the NGOs. Additionally only a purposive sample was taken based on the predefined inclusion criterion. This type of sample may have left out a large number of MSM that stay hidden and those who are primarily active on the internet. Additionally, there were problems with identifying the *kothis.* Only the self-identified *kothis* were considered for the survey. The sexual roles of the *kothis* are very fluid and the *kothis* may behave as double-deckers at times as suggested by the literature and the field experience. Within the MSM community, a *kothi* may be ostracized if he admits to being a double decker so it is possible that a truly representative sample of *kothis* was not recruited in the present paper. Further, self-reported symptoms of STIs may not be the best indicator of the prevalence of STIs among *kothis* as these symptoms were neither clinically diagnosed nor laboratory confirmed. Nonetheless, it is a hallmark study, in that it treads on an issue which has attracted very less research so far. The amount of research that has been carried out, in relation to sexual violence and symptoms of STIs among *kothis* is disproportionate to the magnitude of the problem. The paper therefore aims to pave the way forward for further evidence based research on sexual violence among *kothis* and presence of STIs amongst them.

Acknowledgement

The authors wish to thanks USAID-INDIA for their financial support to carry out this study and also like to thank all APAC-VHS staffs for their comments and on previous version

of this paper helpful discussion. However, the content is solely the responsibility of the authors.

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