Are low levels of education among MSM, transgenders and hijras a barrier to building strong CBOs to serve as HIV prevention partners?

An analysis of data from the baseline survey of the Global Fund-supported Pehchān program in India

Lack of education and work experience is a potential obstacle in efforts to empower MSM, transgender and hijra communities to address their needs and support successful HIV prevention interventions in India.

Background

HIV prevalence among MSM in India remains disproportionately high in India—most recently measured at 5.1% in provisional 2011 data from the National AIDS Control Organization—up compared with overall national prevalence of 0.2%. Though currently under review by India’s Supreme Court, the 2009 decision by the Delhi High Court to decriminalize homosexuality has improved the legal environment, even while stigma and discrimination continue to undermine the health and wellbeing of MSM, transgenders and hijras across the country.

India’s HIV/AIDS Alliance in consortium with four other organizations implements the Global Fund-supported Pehchān program in 17 Indian states to build the capacity of 200 community-based organizations (CBOs) to serve as effective HIV prevention partners with the National AIDS Control Program and reach 453,750 MSM, transgenders and hijras across the country. Pehchān conducted a baseline study to understand demographics, behavior and needs of the target populations.

Methods

A cross-sectional baseline study sampled 2,762 MSM, transgenders and hijras in 55 districts across 10 states. Time and Location Cluster Sampling (TLCS) was used to identify these hard to reach and relatively mobile populations. Data were analyzed using SPSS. For the purpose of the baseline study, an umbrella term—MSM spectrum—was employed to capture collectively the range of identity sub-groups used by these populations in India to describe themselves: gay, kothi/MSM/mangalam/hijra/panthi/A-MSM, double-decker/AB-MSM, bisex, and those who self-identify as “MSM.” In line with the program’s model, 95.5% of respondents were transgender or hijra.

Results

- The median age of respondents was 27 years.
- 20% of transgender and hijra respondents were illiterate as compared to 11% of MSM.
- While primary education or above had been achieved by 88% of MSM respondents and 74% of transgenders and hijras, only 14% indicated that they were secondary graduates or above (MSM: 16%; TG/H: 8%).
- In the hijra sub-group, 27% reported being illiterate and just 3% reported as secondary graduates or above.
- Only 12% of respondents have undergone training on vocational skills. (See Table.)
- 39% were currently engaged in unpaid employment, 13% with a family business, 16% as agricultural laborers, and 6% mentioned sex work as their primary occupation.
- An additional 23% reported sex work as a secondary occupation.

Table: Training on Vocational Skills

<table>
<thead>
<tr>
<th>Vocational Training</th>
<th>Gay</th>
<th>Kothi/MSM</th>
<th>Panthi/AB-MSM</th>
<th>DD/AB-MSM</th>
<th>Bisexual</th>
<th>MSM</th>
<th>Hijra</th>
<th>TG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37%</td>
<td>12%</td>
<td>12%</td>
<td>10%</td>
<td>12%</td>
<td>12%</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>No</td>
<td>63%</td>
<td>88%</td>
<td>88%</td>
<td>90%</td>
<td>88%</td>
<td>88%</td>
<td>94%</td>
<td>89%</td>
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<tr>
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<td>70</td>
<td>1,163</td>
<td>369</td>
<td>296</td>
<td>164</td>
<td>246</td>
<td>220</td>
<td>234</td>
</tr>
</tbody>
</table>

Conclusions

Lack of education and work experience is a potential obstacle in efforts to empower MSM, transgender and hijra communities to address their needs and support successful HIV prevention interventions in India. Low education levels in these groups and inadquate or unstable work experience can undermine efforts to build effective CBOs.

Through a systematized training curriculum, Pehchān supports focused capacity building of CBO staff to address some of these gaps. Modules have been developed in a range of technical and organizational areas to build specific skill sets needed to manage effective and sustainable CBOs that can serve as partners in the Government of India’s HIV prevention efforts. In the longer term, it will be necessary to address the societal and policy barriers that prevent MSM, transgender and hijra in India from completing their education beyond primary school, discourage them from pursuing higher education, and limit their employment opportunities.

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