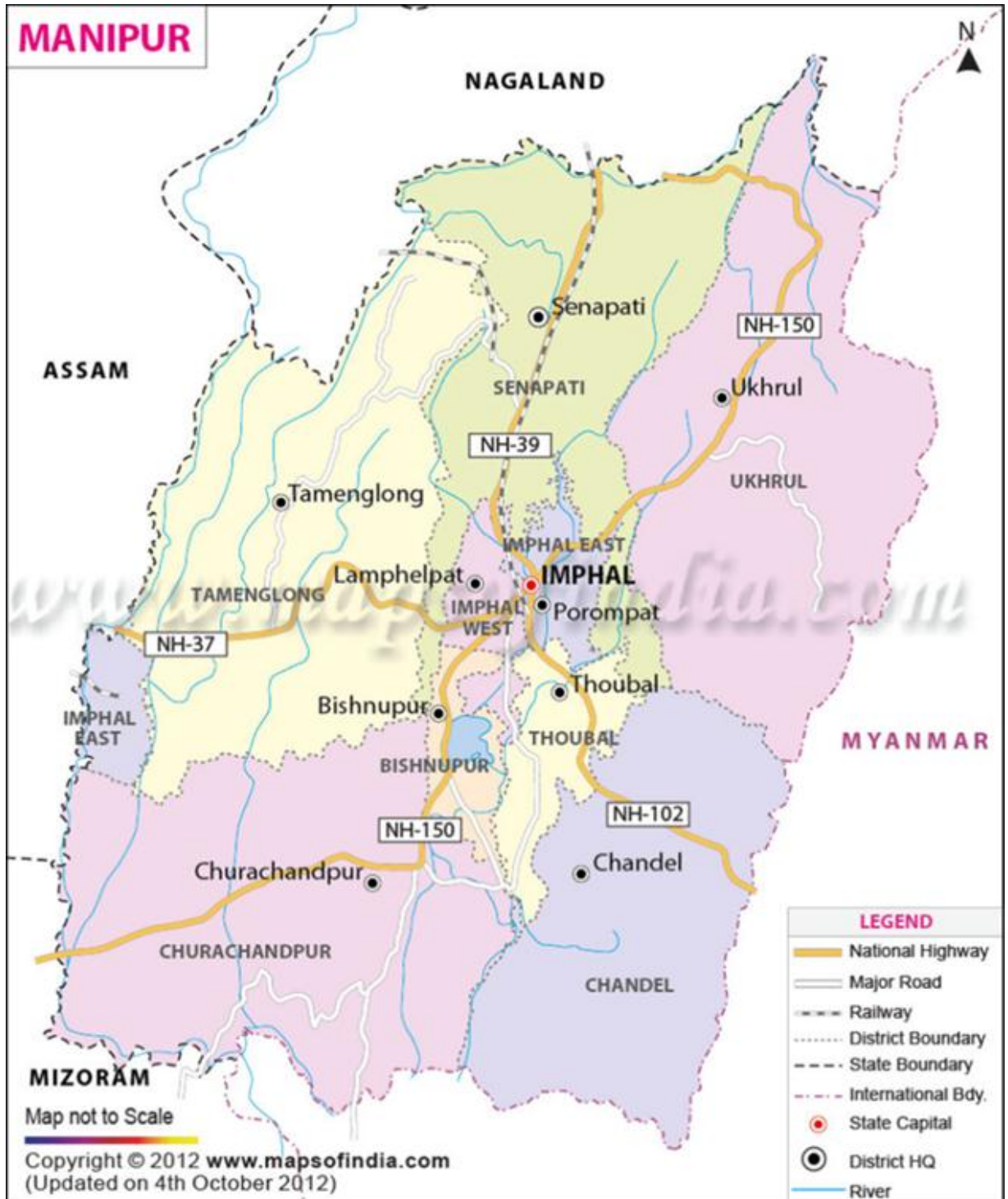


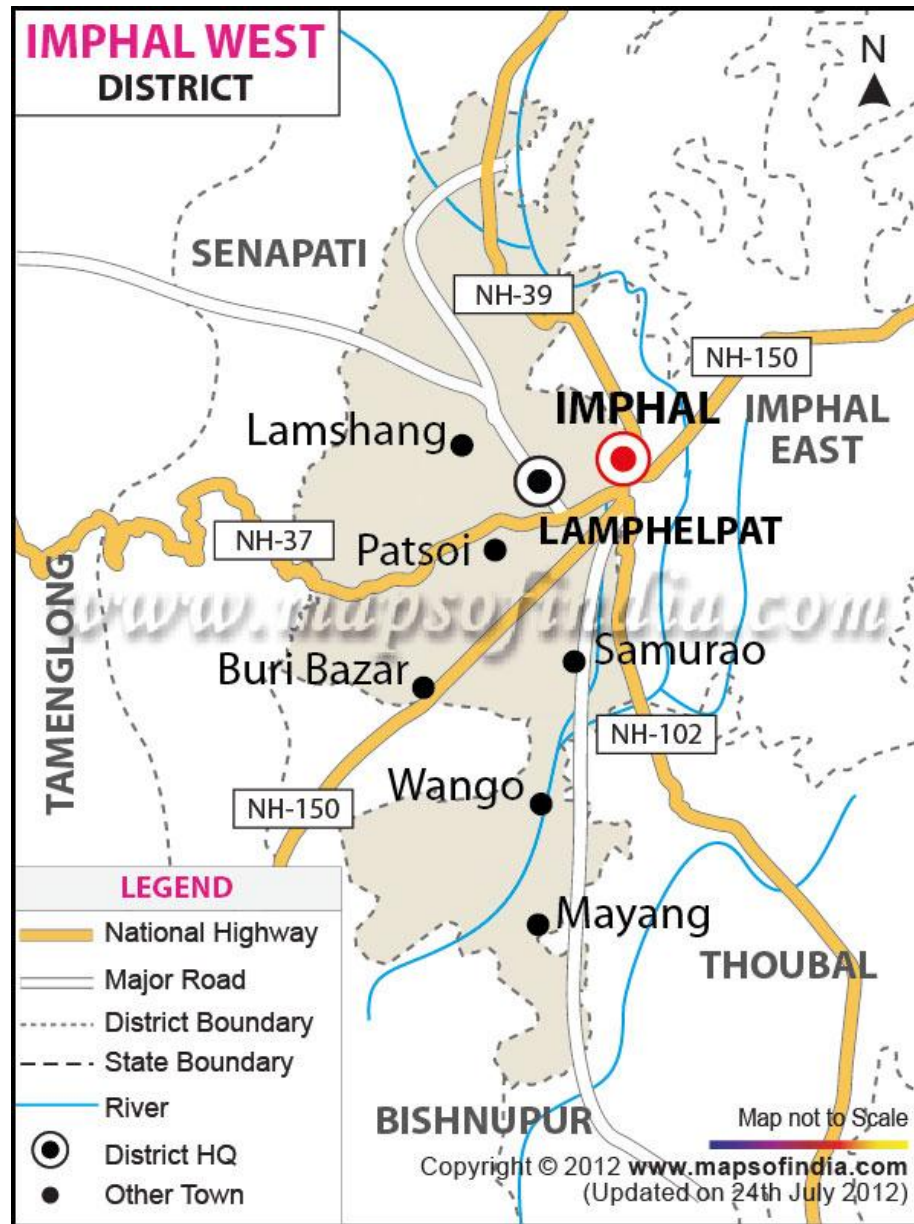
Appendix I

Title: Manipur Map



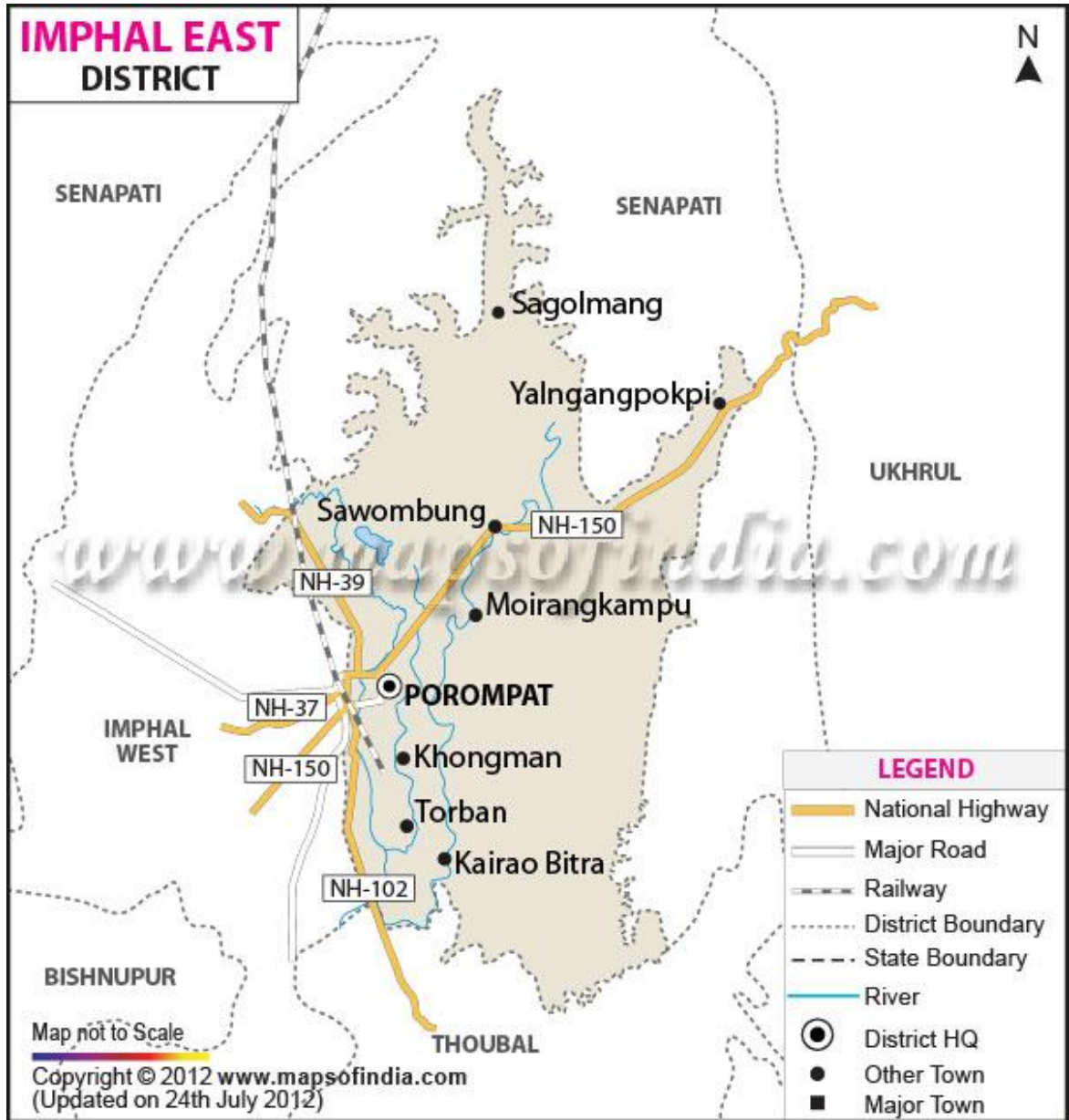
Appendix II

Title: Imphal West District Map



Appendix III

Title: Imphal East District Map



Appendix IV

Title: Interview schedule of MSM

PSYCHO-SOCIAL PROBLEMS OF MEN WHO HAVE SEX WITH MEN (MSM) - A STUDY OF IMPHAL EAST AND IMPHAL WEST DISTRICTS OF MANIPUR

INTERVIEW SCHEDULE NO.

A. PERSONAL INFORMATION

1. ID code:..... Contact no.
2. Age:
3. Religion:.....
4. Education
 - A. Illiterate
 - B. Primary (1-5)
 - C. Secondary (6-10)
 - D. Higher Secondary/10+2
 - E. Graduation
 - F. Any other
5. Occupation
 - A. Govt. Service
 - B. Business
 - C. Artist
 - D. Self-employed (parlour, make up)
 - E. Daily wages
 - F. Any other (please specify)
6. Personal monthly income
 - A. Nil
 - B. Rs. 1000 to 5000
 - C. Rs 5001 to 10000
 - D. Above Rs. 10000
7. What is your family type?
 - A. Nuclear family
 - B. Joined family
 - C. Extended family
8. With whom are you currently living?
 - A. Parent
 - B. Relative
 - C. Peer group
 - D. Partner
 - E. Self
9. How many family members do you have?
10. What is your birth order?
11. Marital status: Married / Unmarried

12. If married, are you a

A. Divorce

B. Widower

C. Separated

D. None of the above

13. Age of marriage:

14. Type of marriage: Love/Engage/Other (specify)

15. No. of children:

B. SEXUAL ORIENTATION

16. Do you recognize your sexual orientation? Yes/No

17. If yes, following are the statements which describe your sexual orientation. Please indicate your response in the table:

Sl. no.	Variable	Past	Present	Ideal
1	Sexual Attraction: To whom are you sexually attracted?			
2	Sexual Behavior: With whom have you had sex?			
3	Sexual Fantasies: About whom are your sexual fantasies?			
4	Emotional Preference: Who do you feel more drawn to or close to emotionally.			
5	Social Preference: Which gender do you socialize with?			
6	Lifestyle Preference: In which community do you like to spend your time? In which do you feel most comfortable?			
7	Self-Identification: How do you label or identify yourself?			

Variable measures are

A. Predominantly homosexual

- B. Predominantly bisexual
- C. Predominantly heterosexual

18. When was the first awareness of same sex attraction?

19. When did you acknowledge the MSM behavior?

20. When did you disclose?

21. How do you feel of being MSM?

.....

22. How open in general about your sexual orientation?

- A. Identity hidden
- B. Known to family
- C. known to own community
- D. known to others

23. How do other people describe you?

- A. Everybody think I, am heterosexual
- B. Most think I, am heterosexual; some know I, am MSM
- C. About half think I, am; half know I, am MSM
- D. Most know I, am MSM
- E. Everybody knows I, am MSM

24. How many of your friend are MSM?

- A. All of them
- B. Most of them
- C. Some of them
- D. None of them

25. What is your parents' opinion towards your sexual orientation?

- A. Strongly Disagree
- B. Disagree
- C. Agree
- D. Strongly Disagree

26. What is your family members' opinion towards your sexual orientation?

- A. Strongly Disagree
- B. Disagree
- C. Agree
- D. Strongly Disagree

27. What is your heterosexual friend's situation towards your sexual orientation?

- A. Definitely knows, and we have talked about it
- B. Definitely knows, but we have never talked about it
- C. Probably knows or suspect

- D. Does not know or suspect
28. What are the people's situations at work place/school/college towards your sexual orientation?
- A. Definitely knows, and we have talked about it
 - B. Definitely knows, but we have never talked about it
 - C. Probably knows or suspect
 - D. Does not know or suspect
29. What is your employer/teacher reaction towards your sexual orientation?
- A. Definitely knows, and we have talked about it
 - B. Definitely knows, but we have never talked about it
 - C. Probably knows or suspect
 - D. Does not know or suspect
30. Do you feel that your family and most people in your community are tolerant of MSM sexual behaviour?
- A. Not at all tolerant
 - B. Somewhat tolerant
 - C. Very tolerant

B. SEXUAL IDENTITY

31. How do you feel of your sexual identity?
- A. Unsatisfied
 - B. Slightly unsatisfied
 - C. Slightly satisfied
 - D. Satisfied
32. Do you want other to know your identity? Yes/No
33. If yes, in what way do you want others to perceive you?
- A. MSM (Homosexual)
 - B. Bisexual
 - C. Heterosexual
 - D. No specific
34. When did you experience of first same sex act?
35. Did you consider the experience (s) to be sexually abused? Yes/No
36. Are you comfortable with the tag of MSM? Yes/No
37. If yes, give in detail.
-

38. If no, give reasons?
39. Do you think that there is incongruence between your private and public sexual identity? Yes/No
40. If yes, please explain it.

41. "Society has made individual to perform certain roles in respect to their gender identity."
 A. Slightly Disagree B. Disagree C. Neither agrees nor disagrees
 D. Slightly agree E. Agree
42. Do you face any problems related to your sexual identity? Yes/No
43. What are the problems you have faced?

44. When and how did your family member come to know about your sexual identity?

45. Who was the first person in your family whom you disclosed your identity and why?

46. How were their reactions?

47. Have you ever experienced of threatening by family member? Yes/No
48. If yes, can you share your experiences?
49. Do your parent/wife/family members expect certain gender role from you? Yes/No
50. If yes, do you able to fulfill their expectation? Yes/No
51. If no, what are the expectations?
52. Apart from your family member, for first time whom did you disclose your sexual identity?
 A. The family/relative
 B. The peer group in the neighborhood and school/college
 C. The work place
 D. The community

E. Lover/Partner

53. What were their reactions towards your sexual identity?

.....

54. How do you cope up with those situations?

.....

55. At present, are your family members treating you positively? Yes/No

56. If yes, why do they accept?

.....

57. Have you been experience of role conflict in your life? Yes/No

58. If yes, how do you use your personal skills or abilities in coping up from this situation?

.....

59. Do your family members allowed you to perform female household work? Yes/No

60. If yes, how do you feel when you performed female household works?

.....

61. Have you been treated fairly by your family member regarding your rights?
(Property/ education/ sharing/decision making)

A. Not at all B. A little C. Quite a bit D. Extremely

62. What is your parents' opinion towards your marriage?

.....

63. Have you faced any problems from family members and society at large in regard with your marriage? Yes/No

64. If yes, explain in detail?

.....

65. How did you manage to come up from that situation?

.....

C. SOCIO-.CULTURAL ASPECT

66. Did you ever face prejudice in the society? Yes/No

67. If yes, can you say that it is the cause of stigma and discrimination toward you?
Yes/No

68. If yes, can you explain in what way?

.....

69. Have you been treated as homophobia in society? Yes/No
 Example if yes (if any):.....
70. Have you been getting chance to involve in your social life? (Socializing/ hobbies/ events)
 Example if yes (if any):

71. Is your neighbor shows positive attitude to you? Yes/No
72. If no, can you explain their reaction toward you?

73. “Stigma, discrimination and prejudice lead to elevated risk of self-harm, suicidal thoughts, risky sexual practices and excessive substance use”?
 A. Slightly Disagree B. Disagree C. Neither agrees nor disagrees
 D. Slightly agree E. Agree
74. Have you been treated unfairly in making or keeping friends? Yes/No
 Example if yes (if any):.....
75. Have you been treated unfairly in your education? (School/ college/ university/ vocational etc.) Yes/ No
 Example if yes (if any):.....
76. Do you ever come across an incident relating to harassment and blackmail? Yes/No
77. If yes, how does it effect on you and how do you manage it?

78. Have you been treated unfairly in finding a job because of your MSM identity? (Full time/part time) Yes/No
 Example if yes (if any):.....
79. Have you stopped yourself from applying of job especially government and private sector? Yes/No
 Example if yes (if any):.....
80. Have you experienced of treating more positively by your employer? Yes/ No
81. If yes, what would be the reason behind?

82. Have you been avoided or shunned by people who know that you are a MSM?

Yes/No

Example if yes (if any):.....

83. Have you been treated unfairly in keeping a job?

A. Not at all good B. A little C. Moderately D. A Lot

84. Have you been treated unfairly in your personal safety and security?

A. Not at all good B. A little C. Moderately D. A Lot

85. What is your reaction when you meet police/local goonda/pressure group (Meira Paibi/ insurgency group)?

A. Uncomfortable B. somewhat comfortable C. Comfortable

86. How are their attitudes towards your identity?

.....

87. Have you been treated unfairly by the police?

A. Not at all good B. A little C. Moderately D. A Lot

88. Do you able to access medical treatment in public and private health care centre?

Yes/No

89. If no, how is the attitude of service provider? (Doctor, nurse, counselor, staff)

A. Uncomfortable B. somewhat comfortable C. Comfortable

90. Have you been treated more positively in religious activities such as attending namash in Muslim Mosque, attending ritual practice in Hindu Temple, Mass in Church etc.? Yes/No

91. If no, how do you cope up from this situation?

.....

D. RISK BEHAVIOUR

Sexual behavior

92. Do you have partner? Yes/No

93. If yes, what is the type of your partner relation?

A. Monogamous B. Bigamous C. Multiple

94. How desirable did you find in your partner?

A. Attractive enough B. Very desirable C. Extremely desirable

95. How many male sex partners have you had in the last six months?

96. How old are your partners?

97. When did you have first sexual act with your partners?

98. How long have you been having sex with your partners?

A. Less than a week

B. More than a week but less than a month

C. One to six months

D. Seven to 12 months

E. More than year

99. How many times have you had sex with your partners in last six months?

100. How many time did your partners used a condom?

102. How many did a condom slip off, tear, break, or otherwise fail?

103. Do you think proper use of condom will save you from HV/AIDS and other sexual reproductive health disease such as syphilis, gonorrhoea etc.? Yes/ No

104. Do you ever face problems for searching a place for sexual encounter?

Yes/No

105. During the most recent time you had sex with your partner where did you have sex with your partner?

A. Your house/ his house/your friend house B. Hotel C. Theater/video arcade

D. Public bathroom E. Public place-park, woods, street, car F. Other (specify)

106. Do you have the habit of discussing your sexual history, used of drugs, medical history and also the affairs of other sexual partners with your partner? Yes/No

107. Have you and your partners indulged in the habits of drinking alcohol/use of drugs before or during sex? Yes/No

108. If yes, how often did you use?

109. Did you ever experience of getting regret after sexual encounter? Yes/No

119. If yes, can you share your experience?

.....

110. Did you ever paid/treat/gift for sex? Yes/No

111. Did you ever receive/treat/gift money for sex? Yes/No

112. Do your regular partners always faithful to you? Yes/No

113. Is your regular partners having only sexual relationship with you? Yes/No

114. Do you ever suspect your partners to have sex with others? Yes/No

115 Do you able to escape from the past partners who had cheated at you? Yes/No

116. If no, can you give the reason?

.....

117. Did someone force to have sex against your will? Yes/No

118. If yes, by whom?

119. In the past 6 months, how many times did you join n social activities (bar/parties/social events?)

120. If yes, can you share the experience?

Substance use

121. Do you ever consume/ use substance? Yes/No

122. What kind of substance do you use? (More than one you can click)

- A. Drug/Pill B. Alcohol C. Tobacco D. Others (specify)

123. At what age did you use for the first time?

124. What were the reasons for use of substance in first time?

- A. Out of peer pressure
- B. For enjoyment and fun
- C. Easy availability of drug / alcohol
- D. Religious/ socially sanctioned
- F. Out of curiosity
- F. To cope with depression

125. If yes, where do you usually take?

- A. Your house
- B. Hotel
- C. Public place (park/ woods/streets/car or van)
- D. Public toilet/bathroom
- E. Bar

126. How often do you consume now?

- A. Daily
- B. Weekly
- C. Half yearly
- D. Yearly

127. Does your partner know about your substance used?

- A. Yes/ No
- B. May be
- C. Don't know

128. Does your partner also use substance? Yes/No

129. If yes, what kind of substance he is using?

- A. Drug/Pill
- B. Alcohol
- C. Tobacco
- D. Others (specify)

HIV/AIDS/STI

130. Have you ever heard of HIV/AIDS? Yes/No

131. If yes, from where do you learn it?

- A. Health care provider
- B. TV/radio newscast
- C. Friend/ word of mouth
- D. Newspaper/Newsletter article
- E. Public meeting
- F. Advertisement
- G. Other (Specify)

132. How is HIV/AIDS transmitted? (More than one you can choice)

- A. Unscreened blood
- B. Unsterile Syringes & needles
- C. Heterosexual
- D. Homosexual
- E. Infected mother to child
- F. Breast feeding

133. What are your chances of infecting HIV/AIDS?

- A. Low
- B. Medium
- C. High
- D. None
- E. Don't know

134. Have you ever undergone testing for HIV/AIDS in the last six months? Yes/No

135. If yes, what were the reasons for undergoing the testing?

.....

136. Where did you undergo your last HIV/AIDS testing?

- A. Public Hospital
- B. Private Hospital
- C. NGOs

137. Have you received your result? Yes/No

138. What is your result? (If you want to share) Positive/Negative

139. If Positive, are you an on-going ART patient? Yes/No

140. If no, specify the reasons. (If any)

.....

141. Have your partners ever had an HIV test? Yes/No/Don't know

142. If yes, what was his most recent HIV test result?

- A. HIV-positive
- B. HIV-negative
- C. Not sure

143. Did he show valid/doctor certificate to you? Yes/No

144. How must do you have confident in your partners?

- A. Very confident
- B. Somewhat confident
- C. Slightly confident
- D. Not at all confident

145. Do you have problem for sexual reproductive health disease? Yes/No

146. If yes, did you go for treatment? Yes/ No

147. If yes, where did you go?

A. Public health care centre

B. Private Health Care Centre

C. NGO Clinic

D. Self-Medication

E. Others (Specify)

148. Is your partner also facing same problem? Yes/No

149. If yes, did you encourage him or help him to get access for proper treatment? Yes/No

150. If no, specify the reason. (If any)

.....

E. PERCEPTION OF SOCIAL SERVICES

151. Have you ever heard of any programme/policy? Yes/No

152. Do you think the programme/policies are useful/ effective to you and your community?

.....

153. Have you ever been harassed, arrested or punished by law enforcement agency? Yes/No

154. If yes, can you explain the incident?

.....

155. Have you ever heard of fundamental rights guaranteed by the Indian Constitution?

Yes/No

156. If yes, are you free to enjoy the right provided by Indian Constitution? Yes/No

157. If no, can you suggest how would you like to get it?

.....

158. Do you hear the section 377 of Indian Penal Court? Yes/No

159. If yes, how do you feel of this section?

.....
160. Do you know any of the health services or assistance provided by NGOs and GOs?
Yes/No

161. If yes, did you find the services useful to you? Yes/No

162. Are you able to openly discuss your sexuality by providing complete and accurate histories with services providers? Yes/No

163. If no, can you share your comment on their work and services?
.....

164. Do you agree advocacy/sensitization is necessary to create safe/security environment for you in the society? Yes/ No

165. If yes, to whom do you want to do advocacy/sensitization?

- A. Community
- B. Civil Society
- C. NGOs
- D. Key Stakeholder
- E. Government

166. What are the expectation do you have from NGOs, GOs and public?
.....

167. Any other comments:
.....

Appendix V

INTERVIEW SCHEDULE FOR FAMILY

INTERVIEW SCHEDULE NO....

1. When did you recognize your son sexual behavior?
A. Childhood B. Puberty C. Teenage D. Adulthood
2. How did he open to you?
.....
How do you feel when he was first comes out to you?
.....
3. Have you ever feel grief when he comes out in the society?
A. Not at all good B. A little C. Moderately D. A lot
4. Have you been tried to deny his identity? Yes/No
5. If yes, please explain.
.....
6. Did you ever feel guilty of yourself? Yes/ No
7. If yes, please share your experience?
.....
8. Have you ever feel fear of social rejection/social disapproval? Yes/No
9. Have you ever try to change your son behavior?
10. If yes, please share the experience?
.....
11. Did you ever try to blame yourself? Yes/No
12. If Yes, Why?
.....
13. Have you ever experience of depression or stress of you son? Yes/No
14. If yes, how do you come out from the situation?
.....

15. Do you think you son behavior will affect to your family normal life? Yes/ No

16. If yes, please explain.

.....

17. Have you ever feel of losing your son?

B. Not at all good B. A little C. Moderately D. A lot

18. Have you ever try to arrange marriage for you son? Yes/No

19. If yes, please, share the experience.

20. Did you ever tried to acknowledge his identity? Yes/No

21. If no, why?

.....

22. Have you ever feel of accepting your son identity? Yes/No

23. If yes, please, share the experience.

24. If no, please, share the experience.

25. Any comment:

Appendix VI

Title: Interview schedule for key informants

INTERVIEW SCHEDULE FOR KEY INFORMANTS

Research topic: *Psycho-Social problems of Men who have Sex with Men (MSM) - A study of Imphal East District and Imphal West District of Manipur.*

1. What are the main services which you have been provided for MSM community?
.....
2. What are the strategies you been used for rendering of your services?
.....
3. What are the challenges which you have been encountered while dealing a MSM client?
.....
4. Do you think MSM are having psycho-social problems in their life time?
Yes/No
5. If yes, what are the psycho-social problems which they have encountered?
.....
6. Any suggestion to reduce the psycho-social problems of MSM?
.....

Appendix VII

Title: Semi-structure Interview schedule for NGO personal

INTERVIEW SCHEDULE FOR NGO'S

A. Identity

1. Head of the NGO:
2. Name of the NGO:
3. Office address (with district, pin code and phone number):
4. How far is NGO away from the district town?
5. When was the organization established?
6. When did the organization get registered?

B. Basic information

7. Philosophy, mission and vision of the organization:
8. Objectives of the organization:
9. Area of operation:
 - No. of districts:
 - No. of blocks or wards:
 - No. of villages:
10. Target group:
11. Organizational set-up:

C. Program related information

12. What are the main programs in your organization?
 13. When has it been implemented? Please mention in what way it has been implemented?
 14. Mention the current programs related to old age:

Sl. No.	Name of the programs	Duration	Target Group	Budget	Source of Fund	Nature of Activities & System of Services Delivery

15. What are the facilities provided for MSM by NGO?

16. Do you get enough support from the funding organization? A) Yes B) No

If yes, how far are you getting the support from the funding organization?

If No, Why and what are the main problems?

17. What are the major problems of MSM that has been dealt by your organization?

18. Do you provide awareness programs for MSM in the community level?
A) Yes B) No

19. If yes how often do you conduct the programs?

20. What was the participation level from community people?

21. Does your NGO utilize the community resources in implementing the programs and policies of MSM? A) Yes B) No

22. If yes, mention in what ways the community resources have been utilized?

23. Do you network with others agencies for providing effective services for MSM? A) Yes B) No

24. Do you have recreational centre in your organization? A) Yes B) No

25. If yes, what are the daily activities taken up by recreational centre?

26. Do you provide community based care for MSM? A) Yes B) No

27. What type of cooperation do you get from family members while dealing with MSM?
28. What are the major problems or barriers you faced in implementing the programs of MSM?
29. What are the future plans of NGO's specially in implementing the programs of MSM?
30. Please attached three years annual report
31. Any comments/Future suggestion