

Case Study 9: Working with Men who have Sex with Men (MSM) and Transgender People (TG)

Key Messages:

- It is not possible, nor desirable, to think of MSM and transgender people (TG) as a single population group. There are wide variations in their identity and needs as MSM and TG including; health, STI and HIV risk and barriers to access health services and community support for people within each of these populations.
- Working with MSM and transgender people in PNG requires high levels of sensitivity and caution as stigma, discrimination and violence against MSM and transgender people remain extremely high.
- The national organisation, Kapul Champions, is emerging as a key voice for MSM and transgender people, and Tingim Laip provided capacity development and support for Kapul Champions' activities.

Background

MSM are identified within the PNG National HIV/AIDS Strategy 2011-2015 as a 'more-at-risk' population requiring attention under the top ten intervention priorities. Transgender people are often in public policy documents included in MSM populations, though this is a complex area – as many do not consider themselves men. Their needs in terms of access to health services are often different to MSM, as they are often more identifiable than many MSM, and therefore more prone to stigma, discrimination and violence. Their employment opportunities are also often reduced as they have experienced stigma and discrimination. For some this results in a reliance on sex work as their main occupation for income, increasing their HIV and STI risk.

MSM and transgender people remain stigmatised in PNG society. The Social Mapping Highlands Highway study found that it was difficult to access MSM or transgender people who are prepared to speak openly, particularly in the Highlands. Those identified in the study reported high levels of violence and sexual abuse. In the coastal urban areas, MSM and transgender people are able to be more open and report sexual partnerships with each other and also with married men. Some MSM and transgender people work as sex workers, and reported that their clients are both male and female.

Rationale

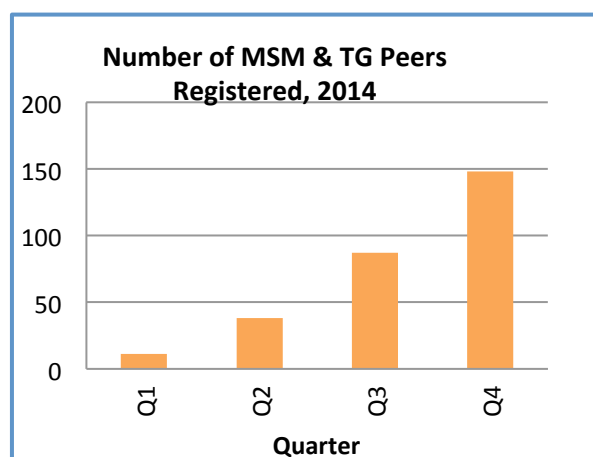
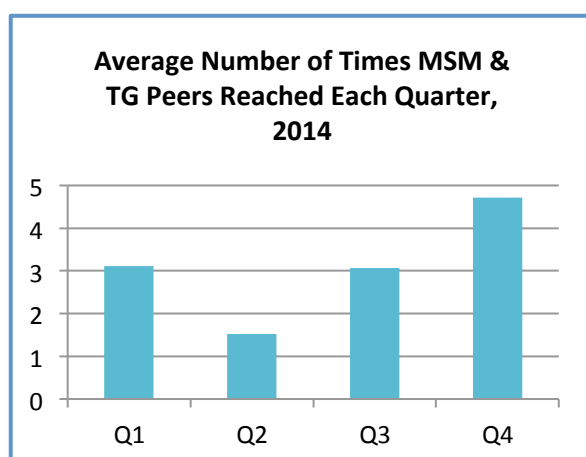
Unprotected anal sex is a particular efficient mode of transmission of HIV and other STIs. The MSM and transgender people experience high levels of stigma and discrimination when accessing health services. Stigma experienced when accessing health services often puts TG at greater risk of being denied HIV and STI treatment. Eighteen (18%) of all men interviewed in Round 1 of the Tingim Laip Periodic Survey in outreach sites reported anal sex with a man in the previous six months.¹ For a man or transgender person attending a clinic disclosing urethral discharge or discomfort does not require an admission of having had sex with a man. Some health practitioners are reluctant to ask about anal discomfort or to carry out an anal examination – for fear of upsetting them with questions about anal sex.

¹ Tingim Laip Periodic Survey Round 1, 2013

Outcomes

- Some locations have been more successful in reaching MSM and transgender people than others.
- Some MSM and transgender people have been assisted by TL field officers to gain better access to the clinical services, particularly in Lae and Madang.
- There has been some success in the Central Province where safe house for transgender people are provided for those forced to leave their community. This added to the referral pathway.
- Some outreach programs target transgender people around the southern part of Western province but still more needs to be done by reaching out to the other parts of the province such as North Fly and Middle Fly.
- Many MSM and transgender field officers, volunteers and peers reported that they had experienced sexual violence at one point in time.
- TL worked successfully with Kapul Champions and the PNG Development Law Association to run a workshop for MSM and transgender people on human rights and the law.

“Our TGs are my friends; they come open to me with the messages. And for MSM my TG friends, my peers come and tell me, ‘that’s my friend, that’s the one I went out with last week, do you have any time to talk to him and share information? When I share information with the MSM, he comes out openly like he’s happy that I go and visit him. Some have girlfriends but also like to have sex with guys. So I’m working through the network of friends and their friends. It’s similar to the work with FSW because there also working with personal networks.” – MSM volunteer



By the end of Q4 in 2014, TL had recruited two MSM field officers and nine MSM and transgender volunteers to work with other MSM. By the end of 2014, these field workers were working with 148 MSM peers, up from 11 in Q1. Throughout 2014, the average number of times MSM peers were reached by TL across all locations working with MSM as a key population ranged from twice in Q2 to five times in Q4.

Challenges

- The biggest challenge is identifying/locating transgender people and MSM due to stigma and discrimination.
- MSM and TGs are extremely hard to reach but those who have come forward do so due to the work TL is doing.
- MSM and transgender people face discrimination in health settings – they can be ejected by security guards before they even get to the registration desk, or shamed by nurses and other staff in waiting areas. TL has had some success in putting volunteers into clinics to smooth the way for MSM and transgender people.

“My peers, most of them are TGs and MSM, but some of the TGs don’t stay in one place, they are single and have many friends. Some live far from my location and when I’m trying to reach them they’ve gone to Moresby or somewhere else. I think that’s a good idea, to have them stable, otherwise we can search for them and we don’t find them. And then our PO asks us the same questions, ‘why aren’t you reaching them?’” *PO, Central*

Lessons Learnt

- Having confident MSM and transgender people, with the support of TL to approach service providers and negotiate better care for MSM and transgender people has been the most successful strategy.
- The simple act of having outreach workers trying to find MSM and transgender people in communities to assist them to access information and service can draw attention to this population and result in increased stigma, discrimination and violence.
- Work more effectively with Police and local authorities by offering trainings to sensitize issues surrounding MSM and TG.
- Work with KC and PNG Development Law Association to review and build strong legal framework to protect and minimize stigma and discrimination for MSM and TG.
- Use social media to reach out to MSM and TGs who intended not to come out openly.