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Understanding and Challenging Stigma toward Men who have Sex with Men:

Toolkit for Action



ADAPTED VERSION FOR USE IN CAMBODIA



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Pact and ICRW developed the toolkit on a collaborative basis with Pact's local non-governmental organization (NGO) partners – Men's Health Cambodia (MHC), Men's Health Social Services (MHSS), and the National MSM Network/Bondanh Chaktomuk (BC) – organizations that are run by, and for, men who have sex with men (MSM). Staff from these organizations attended the initial toolkit development workshop where they shared their stories and analysis on stigma, which helped to shape the content of the toolkit. After a training of trainers workshop, the three organizations tested out the toolkit in the field with their own groups and communities. Based on the results of the field test the toolkit was revised and finalized. NGO staff who participated in the final review workshop included: Phoet Soriya (MHC), Khoun Pheary (MHC), Leng Sovannara (MHSS), Ban Daro (MHSS), and Sao Sopheap (BC). The directors of two of the organizations, Mao Kimrun (MHC) and Sophat Phal (MHSS), should also be acknowledged for their help in developing some of the case studies in the toolkit. The National AIDS Authority also contributed to the final review of the toolkit, through inputs from Dr. Mony and Hout Sereyroth.

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The toolkit was developed to address the situation facing MSM in Cambodia, but it is inspired by the ideas and experiences of many organizations working to reduce stigma. It draws on materials and ideas from other manuals on this subject, including:

Understanding and Challenging HIV Stigma: Toolkit for Action, International Center for Research on Women, International HIV/AIDS Alliance, and Academy for Educational Development, 2007. In particular, Module H on MSM and Stigma.

Toolkit on MSM and Stigma in Vietnam, Institute for Social Development Studies, Hanoi, Vietnam, 2008.

An Introduction to Promoting Sexual Health for Men Who Have Sex with Men and Gay Men: Training Manual, The Naz Foundation (India) Trust, New Delhi, 2001.

Peer and Outreach Education for Improving the Sexual Health of Men who have Sex with Men: A Reference Manual for Peer and Outreach Workers. Family Health International, 2008.

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Feedback: Understanding and taking action to reduce stigma toward men who have sex with men is an ongoing process that can only improve as we build on practical experiences from the field. We are interested in any feedback and comments on this toolkit. Please send your feedback to: info@pactworld.org or info@icrw.org

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Special Note on MSM Acronym

We have used the acronym “MSM” for “men who have sex with men” in order to shorten the text and make reading easier. However, we would discourage the use of this acronym in workshops and instead promote use of the full phrase. In workshops where there are people who are openly MSM, ask them how they would like to be addressed.

CBO	Community-based organization
EW	Entertainment worker
HIV	Human immunodeficiency virus
MSM	Men who have sex with men
NGO	Non government organization
OVC	Orphans and vulnerable children
PE	Peer educator
PF	Peer facilitator
PLHIV	People living with HIV
STI	Sexually transmitted infection
VCCT	Voluntary and confidential counseling and testing

Why a Toolkit on Stigma toward Men who Have Sex with Men?

In Cambodia, HIV infection is concentrated among key populations at higher risk, including MSM. A STI Sentinel Surveillance Survey found that HIV prevalence among MSM in 2005 was 8.7 percent in Phnom Penh and 0.8 percent in the provinces (Battambang and Siem Reap), and that prevalence of sexually transmitted infections (STIs) other than HIV among MSM was 9.7 percent in Phnom Penh and 7.4 percent in the provinces¹.

There is growing recognition in Cambodia that stigma and discrimination toward men who have sex with men (MSM)² is a key factor behind these high prevalence rates. Fear of stigma, for instance, may inhibit MSM from telling a doctor they have been having sex with men, and they therefore do not get treated for STIs or tested for HIV. Further, most health workers have limited knowledge about MSM, and they may not have had special training on how to provide HIV and STI services in a respectful way. As a result, health workers may be hostile with MSM patients, using insulting language, gossiping, and breaching their confidentiality; and they also may discriminate against them, for example in keeping them waiting, rushing examinations, or even refusing to treat them.

MSM stigma also drives the epidemic in the broader population. Pressure on MSM to be a “real man” means that they may feel compelled to change their behavior and appearance, which often means having sexual relationships with women. For example, more than 60 percent of MSM in a 2000 study reported having female sexual partners³. Some MSM marry, either as a means to hide their sexual identity and conform to social expectations, or in some cases against their will. Regardless of the reason, many will still continue to seek sexual encounters with men. This not only increases their own HIV risk, but it also imperils their spouse and increases the couple’s risk of having a child born with HIV.

¹ National AIDS Authority, 2008. The National Strategic Framework and Operational Plan on HIV, AIDS, and STI for Men who Have Sex with Men in Cambodia (July 2008 to June 2011).

² Men who have sex with men is used as a behavioral term to refer to biological males who have sex with other biological males. The term does not imply that MSM necessarily have a sense of identity or community based on the fact that they have sex with other men, although some MSM do have such an identity. The term MSM is used to include transgender MSM (long hair MSM) who may not self-identify as men. MSM may also have sex with females, in addition to having sex with men.

³ Rodolph, M. and S. Hersey. 2000. Sexual Behavior, STIs and HIV among Men who have Sex with Men in Phnom Penh, Cambodia. Cambodia: Family Health International.

Stigma toward MSM is rooted in a lack of knowledge about MSM and societal perceptions of gender roles as well as cultural and religious norms. Sex between men is the subject of strong disapproval and social taboos. In fact, according to one study, many Cambodians do not even believe that people of the same gender can have sex⁴. The stigma toward MSM is based not just on their sexual behavior (having sex with men), but also on their gender expression (their appearance, body language and voice). Many misconceptions or stereotypes about MSM, such as the belief that MSM are mentally ill, further feed into stigma toward MSM.

In the past, MSM were not part of the national response to HIV and their sexual health was neglected. The situation, however, is changing. Government and civil society are now working together to address this problem. The National AIDS Authority and National MSM Technical Working Group have developed a National Strategic Framework and Operational Plan to empower MSM and include them in the national response to HIV and STIs. They have made MSM the top priority for a response in this plan. Traditionally, stigma and discrimination have been obstacles to reaching MSM with HIV campaigns. Now, however, NGOs and CBOs are helping to develop better HIV-related services and provide more information to MSM.

The toolkit is aimed at supporting these efforts by:

- Raising the understanding of service providers and the community on MSM, gender issues underlying MSM, and how stigma and lack of human rights fuels HIV transmission.
- Building public awareness and support to stop stigma and discrimination toward MSM.
- Fostering support for health workers and other service providers to develop new codes of practice for how they counsel, test and treat MSM patients.

⁴ Sovannara, Kha and Chris Ward. 2004. Men Who Have Sex with Men in Cambodia: HIV/AIDS, Vulnerability, Stigma and Discrimination. Policy Project, January.

What is the Toolkit?

What is the Toolkit?

The toolkit is a collection of educational exercises to help explore, understand, and challenge stigma and discrimination toward men who have sex with men (MSM).

It uses a participatory approach based on discussion, small group activities, pictures, stories, and other methods to make the learning lively and fun. The aim is to get participants actively involved in thinking about these issues, rather than passively listening to a lecture. Participants learn through sharing ideas, and experience, discussing and analyzing issues, solving problems, and planning how they can take practical action to challenge stigma. This approach fosters a sense of responsibility on the part of participants – the first step toward practical action.

The toolkit is written for use by you, the facilitator. It provides detailed, step by step instructions on how you can plan and facilitate these sessions.

To use these exercises, you will need basic facilitation skills to manage large and small group sessions, to use different participatory activities (e.g., cardstorming and role playing), to summarize key points and to involve all participants. These skills and techniques are explained later in this chapter.

Who is the Toolkit for?

The toolkit is for individuals and organizations that are working to stop stigma and discrimination toward MSM. In Cambodia this work has been started by a number of NGOs and CBOs that are working with MSM, community groups, service providers, and others on these issues. One of its aims is to help health workers, police officers, and community members become more aware of stigma and discrimination toward MSM and what can be done to change it.

How is the Toolkit Organized?

The toolkit consists of six chapters: this introductory chapter, plus chapters which include the following educational exercises:

- ➔ Chapter A: Naming Stigma and Discrimination toward Men who Have Sex with Men
- ➔ Chapter B: Understanding What it Means to be Man who Has Sex with Men
- ➔ Chapter C: Coping with Stigma and Discrimination
- ➔ Chapter D: Men who Have Sex with Men and HIV
- ➔ Chapter E: Moving to Action

Chapters A, B, D, and E are written for mixed audiences, including MSM themselves, community members, health workers, and police officers. For Chapter C, the audience is MSM.

How to Use the Toolkit

The toolkit is a collection of optional exercises designed to be used in a flexible way for different target groups or learning situations. You can select those exercises which suit your target groups, your objectives, and the time you have for training. You can use the exercises in any order and in any combination, as appropriate for your group.

You may use the exercises with a single target group (e.g., health workers or MSM); or with a mixed target group (e.g., combining health workers, MSM, and community members together). You may want to run a three to five day workshop, or a single community meeting, or short sessions given once a week over several weeks (say to a MSM support group or the staff of a health facility), or two to three exercises introduced as part of a longer and broader training program on HIV and AIDS.

You will decide how to select and package the exercises to make your own training program.

You can select exercises from any of the chapters, although Chapter C is designed only for MSM groups. There are lots of optional exercises using different methods (especially in Chapter A) to keep trainers and participants interested. Different trainers like different types of activities.

You will find two examples of training plans on the following page.

- A. Three Day Workshop for Health Workers
- B. Three Day Workshop for MSM

Use the Toolkit for Participatory Learning

The toolkit is designed for participatory learning, so it should not be used for a lecture. Changing stigmatizing attitudes and discriminatory actions requires more than giving people information or treating people as a passive audience for lectures. People learn best through discussing with others and “figuring things out for themselves.”

The process to change attitudes and behaviors needs to be participatory so people can express and reflect on their own ideas and feelings, share with and learn from their peers, and discuss and plan with others what can be done to challenge stigma. The idea is to create a safe space where participants can express their fears and concerns, freely discuss sensitive and “taboo” issues, such as sex, and clear up misconceptions.

Help Participants Move from Awareness to Action

The toolkit is designed to build awareness and action. So you should also include sessions which work on solutions to problems and plan for action. The aim is to help people agree on what needs to be done and support each other in working for change. So, encourage participants to put their new learning into action, to start challenging stigma in their own lives, families, and communities.

Sample Programs for Different Types of Workshops

Three Day Workshop for Health Workers

Day One	Day Two	Day Three
Introductions	Breaking the Sex Taboo (B1)	HIV Transmission and MSM (D2)
Naming MSM Stigma through Pictures (A1)	What Do We Know about MSM: Review (B2)	HIV Risk Factors in Same Sex Relationships (D3)
Stigma toward MSM in Different Contexts (A4)	Act Like a Real Man (B4)	MSM and Human Rights (E2)
Our Experience of Being Stigmatized (A7)	Sex, Gender Identity, Gender Expression and Sexual Orientation (B5)	Challenge What People Say about MSM (E3)
The Blame Game Things People Say about MSM (A9)	When the Family Discovers that their Son is MSM (A10)	Start with a Vision – A World without Stigma (E1)
Forms, Effects and Causes of MSM Stigma (A11)	Stigma and Discrimination toward MSM in Clinic (A13)	Action – Writing a Code of Conduct (E5)
Homework: Quiz – What Do We Know About MSM (B2)		

Three Day Workshop For MSM

Day One	Day Two	Day Three
Introductions	Assessing Knowledge about HIV and STI (D1)	How Stigma Fuels the HIV Epidemic (A12)
Naming MSM Stigma through Pictures (A1)	HIV Transmission and Risk Factors (D2)	HIV Risk Factors in Same Sex Relationships (D3)
Personal Experiences of Stigma (C1)	Act Like a Real Man (B4)	MSM and Human Rights (E2)
Strategies for Coping with Stigma (C2)	Sex, Gender Identity, Gender Expression and Sexual Orientation (B5)	How to Challenge Stigma in an Assertive Way (C3)
The Blame Game Things People Say about MSM (A9)	How to Disclose to the Family (C4)	Start with a Vision – A World without Stigma (E1)
Forms, Effects, and Causes of MSM Stigma (A11)	Relations between MSM Long Hair and MSM Short Hair (C6)	Action – Writing a Code of Conduct (E5)

The Exercises or Session Plans

Each exercise in the toolkit is written up as a session plan – a detailed, step-by-step description of how to facilitate the learning exercise. The session plans will help you run each session.

Each session plan is divided into the following parts:

Facilitator's Note: A brief note to the trainer on the importance of this exercise or extra advice on how to facilitate it.

Objectives: What participants will know or be able to do by end of the session

Time: Estimated amount of time needed for the session. This is a rough estimate; it will vary according to the size of the group. Larger groups will require more time (especially for report backs).

Materials: Pictures, case studies, role plays, etc which are used in the session. We do not list basic materials, e.g., flipcharts, markers, masking tape.

Steps: The learning activities used in the exercise, described "step by step" and the learning content.

"Steps" are the core of each session plan. This section includes information on:

Methods: Discussion, rotational brainstorm, cardstorming, role plays, etc.

Groups: Buzz or small groups: suggestions on group size and tasks

Questions: Specific questions used to guide discussion

Example: Examples of typical responses, presented in boxes. This helps you (the trainer) understand the kind of responses expected from the discussion. They are not the required output. They are only examples, and are not meant to be read out as a lecture. Many of them are the actual responses from pilot workshops to test this material. They are simply a checklist to help you understand the type of responses expected and can help you identify issues which you may want to raise, if they are not raised by participants.

Report Back: Procedures for groups giving reports after discussion

Processing: These are additional questions and discussion, conducted after the report back, to help deepen the understanding relating the new learning to participants' own context.

Summary: Points to be emphasized in a summary at the end of the session. The summary is very important so allow enough time at the end of the session to do the summary. Start off by summarizing participants' own ideas, then add the ones in this list, if they have not already been mentioned by participants.

Tips for Facilitating Participatory Workshops

Part A: General Facilitation Tips

Working as a Team

- ➔ Plan and run the workshop with another facilitator. Take turns in the lead role.
- ➔ One facilitator can lead the session, while the other facilitator records on flipchart and helps with physical preparations.
- ➔ Plan the workshop beforehand together and decide on who will lead each session.
- ➔ Support each other. If one facilitator runs into trouble, the other can help him/her out.
- ➔ Meet at the end of each day to debrief how the day went, and plan for the next day.

Arrival

- ➔ Arrive at the venue one hour before the starting time to get everything organized and welcome participants when they arrive.
- ➔ If participants arrive while you are setting up, don't just ignore them and carry on. Welcome them and make them feel comfortable, help them get registered, etc.

Preparation

- ➔ The more preparation, the smoother the workshop will go, and you will save time.
- ➔ Physical Preparations
 - Remove tables to allow participants to move around and make the workshop less formal.
 - Set up the chairs in a circle or semi-circle so that everyone can see each other.
 - Set up a table for materials: handouts, markers, tape, flipchart paper, cards, etc.
 - Arrange the materials. Put up blank flipchart sheets for recording, write up flipchart instructions for exercises, cut up paper for cardstorming, etc.
- ➔ Think about how best to facilitate each session. What is the objective of the session and what do you have to do to ensure that the session meets its objective? What is the best way of explaining each exercise or asking questions? What examples can you give if the group doesn't understand clearly what you mean? What extra information or ideas can you provide in the summary?

Workshop Opening Activities

- ➔ Organize games or songs to break the ice, build a sense of community, and help participants relax and have some fun.
- ➔ Ask participants to give their expectations about the workshop and then explain the objectives, including what the workshop will do and what it will not do.
- ➔ Agree on ground rules, e.g., confidentiality, active participation, listening, cell phones off.

Breaks

- ➔ Organize breaks to allow participants to rest and get some food or drinks to re-energize.
- ➔ Check with whoever is preparing the food so that it is ready when you need it.

Giving Instructions for Exercises

- ➔ Start off by telling participants what the exercise is. For example: “The first exercise is ‘Naming Stigma through Pictures.’ We will look at these pictures in pairs and discuss the kinds of stigma we see in these pictures.”
- ➔ Explain one step in an exercise at a time and get participants to do it. Then explain the next step and get them to do that as well. If you take them through all the steps in the exercise before asking them to do any, they will just become confused, and it wastes time.
- ➔ Keep your instructions simple and clear and use examples to help with understanding.
- ➔ If participants have blank looks, check that they have understood: “What are you being asked to do/discuss?”
- ➔ Write the instructions or discussion questions on a flipchart and use the same words that you plan to use in explaining the instructions or questions.

Organizing Group Work

- ➔ Give clear instructions on what the group is expected to do:
 - the questions to be discussed;
 - the reporting method (e.g., verbal, using flipchart, or drama);
 - the time limit.
- ➔ If the task is difficult, write instructions on the flipchart so that everyone is clear.
- ➔ Then divide into groups (see below).
- ➔ After groups are formed, go around to each group to check that they are clear about the task. Ask them to explain what they are expected to do to see if they understand.
- ➔ Allow the groups to complete the task on their own, but make yourself available to answer questions, and remind them about the time remaining and how they are to report.

Dividing into Groups

- ➔ In dividing into groups the aim is to mix participants up to get them working with different people. Keep changing the members in a group for each exercise.
- ➔ To achieve this objective, select groups on a random basis. Decide on the desired number of people in each group (e.g., 6 people) and divide the total number of participants (say 24) by this number to determine the number of groups, i.e., 4. Then count off around the group: “1, 2, 3, 4, 1, 2, 3, 4,” etc. Or call out different names – “mango ... orange ... banana ... coconut ... mango ...” etc., and ask the “mangos” to form a group, “oranges” to form a group, etc.
- ➔ In deciding on the group size, you will need to think about the following:
 - a) large groups (five to nine) – less participation, but the report back takes less time.
 - b) small groups (two to four) – more participation, but more groups to report so it takes longer.
- ➔ Some group work can be done in “buzz groups” (pairs) – everyone gets a chance to talk.

Report Backs

After groups have completed their work, they will be expected to report back. There are different ways of doing this:

- ➡ Round robin reporting: Each group presents only one point at a time going round the circle until all the points are exhausted. The group reporter should only give new points. This method helps to equalize contributions by different groups and avoids repetition.
- ➡ One group, one topic: Each group reports on a different topic or question.
- ➡ Only one question: Groups report on only the key question discussed.
- ➡ Creative report: Groups give their report in the form of a picture or role play.
- ➡ Report back in paired groups: Sometimes you can have two small groups meet and share what they have learned. The smaller numbers allow for a more intensive discussion.

Recording on Flipchart

One facilitator should take notes on plenary discussion on the flipchart. This provides a permanent visual record, helping participants see what has been discussed and what needs to be added. Writing down points triggers other ideas; and provides the basis for a summary of the discussion. Here are a few tips on recording:

- ➡ Write only the main points or key words, not everything that participants say.
- ➡ Use participants' own words so that they recognize their own contributions.
- ➡ Write big and clear (ideally capital letters) so people at the back of the room can see.
- ➡ Use different colors, e.g., black for the main text and red for underlining key words.

Giving Summaries

At the end of each exercise, after participants have fully discussed the issue, you should give a brief summary of what participants have mentioned that they learned. The summary is important – this is the time you help participants consolidate what they have learned – so make sure you give yourself enough time to do it well. Here are a few tips:

- ➔ Make your summary on the basis of:
 - what participants have said during the session
 - other points which may not have been mentioned – see list at the end of the exercise.
- ➔ If you have the time to prepare, write your main points in key words on a flipchart and then explain them.
- ➔ Keep it short and simple – no more than ten minutes.

Managing Energy

Check on energy level at regular points in the workshop and respond if energies are low.

- ➔ Observe their body language. Are they yawning? Do they look bored? Tired?
- ➔ Ask, “How are you feeling? Is it time for an energizer or a break?”
- ➔ When people are tired, change the activity to get more participation (e.g., break into buzz groups or do an activity standing up), do an energizer, or take a break.
- ➔ Use your own energy as a facilitator, communicated through a strong voice and active body language, to energize the group.

Managing Space

Change the space and the organization of the chairs to suit your activity and provide variety:

- ➔ Start off with a circle or semi-circle so that everyone can see each other.
- ➔ For some activities such as report backs, use a formation with participants sitting in rows close together. This adds energy and helps everyone hear better.
- ➔ Change the front of the room, from time to time, suited to the activity.
- ➔ Where possible organize some activities outside the training room in the open air.

Timing and Pacing

- ➔ Be time conscious. Decide how much time you need for each session and work to these time limits. Don't allow sessions to drag on too long!
- ➔ Remember, small group work takes more time than you expect. You will also need to allocate time for report backs.
- ➔ Don't go too fast. Let the group help you set an appropriate pace.
- ➔ Do small group work in the afternoon when the energy levels drop.
- ➔ Give small groups enough time to do their work. Don't rush them.
- ➔ Close on time! Don't drag things on forever at the end of the day.

Action Planning

- ➔ At the end of the workshop get participants to develop an action plan on how they will use what they have learned from the workshop.
- ➔ Get participants to think about what they can do individually (e.g., changes in their own lives) and what they can do as a group (e.g., things they can do to challenge stigma).

Evaluation

- ➔ Organize an evaluation at the end of each day.
- ➔ Hand out a one page questionnaire (e.g., likes, dislikes, what was learned, issues needing more discussion) and ask participants to complete it. This helps to identify problems or issues which need to be addressed and helps you improve the workshop.
- ➔ Summarize the main points from the evaluation the following morning.
- ➔ Don't be defensive about the evaluation comments; try to learn from the feedback.
- ➔ Organize an evaluation at the end of the workshop.

Part B: How to Facilitate Discussion

Discussion is the core activity. As a facilitator you need to be good at facilitating discussion – asking good questions, listening actively, rephrasing and encouraging everyone to participate. Here are a few tips:

Open Questions and Probing

- ➔ One of your main tasks as a facilitator is to ask effective questions:
 - Open questions encourage many different opinions and help get all participants talking and contributing.
 - Probing questions are follow-up questions to get more information.
- ➔ Probing is asking more questions to encourage participants to give more information on an issue, find out the views of other people, find out how people feel about an issue, or look for solutions to the problem.

Active Listening

- ➔ After asking each question, listen carefully to what each person says. Give him/her your full attention and concentrate on what she/he is saying.
- ➔ If you listen actively, participants will know that they are being heard and understood. This encourages them to be more open about sharing their experiences, thoughts, and feelings.
- ➔ Active listening is crucial to leading the discussion. If you don't know what the person has said, it is hard to ask the next question or shape the flow of discussion.
- ➔ Active listening involves:
 - Eye contact – looking at the person most of the time to show interest and understanding.
 - Encouragers – Signals to the other person that you are listening, e.g., nodding your head, saying things like “Yes. ... Okay....I see....That’s interesting.....Tell me more....”
 - Rephrasing to check that you have understood what the person is saying.

Rephrasing

- ➔ Rephrasing is summarizing what someone has said in your own words, for instance: "What I heard you say is that you want to..."
- ➔ The aim of rephrasing is to show the speaker you value what she/he has said, to help clarify it, and to help others add on their own ideas.
- ➔ Rephrasing helps to ensure that you and the group have heard correctly what the person said. It also helps the recorder – it gives him/her a clear summary of what was said in a few words.
- ➔ Rephrasing can lead to other questions, e.g., "Do others agree?"

Encouraging Participation

In some workshops you will find a few participants dominating, such as older men. Look for ways to get others involved and the talkers to talk less:

- ➔ Use the ground rules as the basis for encouraging everyone to contribute.
- ➔ Thank the big talker for his contribution and say, "We would like to hear from everyone."
- ➔ Ask questions to the silent and praise their responses. This will encourage them to talk.
- ➔ Divide into pairs (buzz groups) to get everyone talking.
- ➔ Go round the circle getting one point from each person.

Handling Sensitive Issues

You have to be prepared to manage sensitive issues, e.g., talking about sex. Here are some tips:

- ➔ Start with yourself. Prepare yourself to discuss these issues without feeling uncomfortable.
- ➔ Build an open atmosphere in which participants feel comfortable talking about these issues. The body mapping exercise helps to get people talking about body parts and about sex.

- ➔ Get a reading of the group’s body language to help you decide when to probe further on an issue and when to back off. People who don’t want to discuss something may avoid eye contact, or have their arms crossed across their chest.

Part C: Specific Workshop Techniques

Introduction

The exercises in the toolkit use five main techniques, along with discussion and small groups:

Technique	What happens?	Exercises
Cardstorm	Participants, working in pairs, write single points on cards. The cards are taped on the wall, creating a quick brainstorm of ideas. These are then clustered, prioritized and discussed.	A2, A11, B2, B4, C5, D1
Rotational Brainstorm	Flipcharts are placed on different walls of the room with topics. Groups of participants move around the room writing a few ideas on each topic and then move to the next flipchart.	A4, A9, D1
Case Studies	Written descriptions of real situations facing MSM are used as the focus for discussion and problem solving.	A6, A12, A13, B5, E2
Paired Role Playing	Participants, working in pairs, act out different situations or how they can solve a certain problem.	C3, C4, E3
Individual Reflection	Participants sit on their own and think about a situation in their lives when they were stigmatized – then they share.	A7, C1

Tips for using each technique are described below.

Cardstorm

- ➔ Prepare materials – cards (half sheets of paper), masking tape strips, cards, and markers. Make sure you have enough cards and markers and the markers are not going dry.
- ➔ Put up topic cards along the upper wall – categories/questions for the cardstorm.
- ➔ Put up a few example cards of what participants are expected to write.
- ➔ Divide into pairs and hand out cards and markers to each pair.
- ➔ Explain the task – “Write points on xxxx – one point on each separate card. Check what others are writing so you don’t repeat points which are already on the wall.”
- ➔ Encourage participants to start writing. As cards get written, tape them on the wall.
- ➔ After enough cards are on the wall, ask a few participants to eliminate repetition and cluster common points (put common points together) under different categories.
- ➔ Ask those who did the clustering to read out the points.
- ➔ Ask people to clarify points – “What does this mean? Examples? Anything missing?”
- ➔ Prioritize the points and then focus on the most important points (processing).
- ➔ Processing – “What does it mean to you? Your experience? Solutions?”

Rotational Brainstorm

- ➔ Prepare by putting up topic headings on different flipchart sheets and tape on different walls of the room. Make sure there is room between each sheet. Put markers at each flipchart.
- ➔ Give clear instructions about the task, such as what groups should discuss/write, the rotational system, and what direction to move in. Check people understand the task.
- ➔ Divide into the number of groups for the number of topics and assign each group a topic.

- ➔ Ask groups to start discussing the topic and writing down their ideas immediately, rather than stand talking.
- ➔ Check on the output of each group. When every group has been able to write at least one or two points, ring a bell or start the song to get groups rotating.
- ➔ Remind participants of the direction to move and show them with your hands.
- ➔ Each group moves to a new sheet, reads what is already there, and then adds new points which are not already written.
- ➔ Continue the process until the groups have contributed to all flipchart sheets.
- ➔ Then organize a report back. Ask the group which started on the flipchart sheet to present points on its sheet.
- ➔ Clarify any confusing points and add points.
- ➔ Then ask extra questions to “process” the output – “What did we learn? What does this tell us? How does this relate to our own situation?”

Case Studies

- ➔ Hand out copies of the case study. In the exercises in the toolkit there are enough case studies so that each group focuses on a different case study.
- ➔ Explain that the group task is to read the case study and analyze it. Usually the analysis of a case study involves:
 - a) Describing the problem and its root causes.
 - b) Deciding on ways to solve or avoid the problem.
- ➔ When groups have completed their work, ask each group to give its report. Then invite other participants to ask questions.

Paired Role Playing

Participants pair off and each pair performs a role play on a scenario described by the facilitator. The role plays are performed all at the same time, so participants do not feel self-conscious about their acting, because no one is watching them, everyone is focused on his own pair’s role play.

- ➔ Ask participants to pair off and face the partner.
- ➔ Explain the roles; for example: “A is the father, B is the MSM.” Agree in each pair who is the father, and who is the MSM.
- ➔ Explain the scenario; for example: “The father tells the son that he should be a ‘real man.’ The son should respond in a strong and confident way.”
- ➔ Get them started by saying: “Start your role play!”
- ➔ After two to three minutes, shout “Stop!” and ask a few pairs to show their role plays, one at a time, in the center of the circle.
- ➔ After each role play, ask: “How did B do? Was he convincing?”
- ➔ If someone thinks they can do a better job, ask him to take over the role.
- ➔ Then ask, “What did you learn from the role playing?”

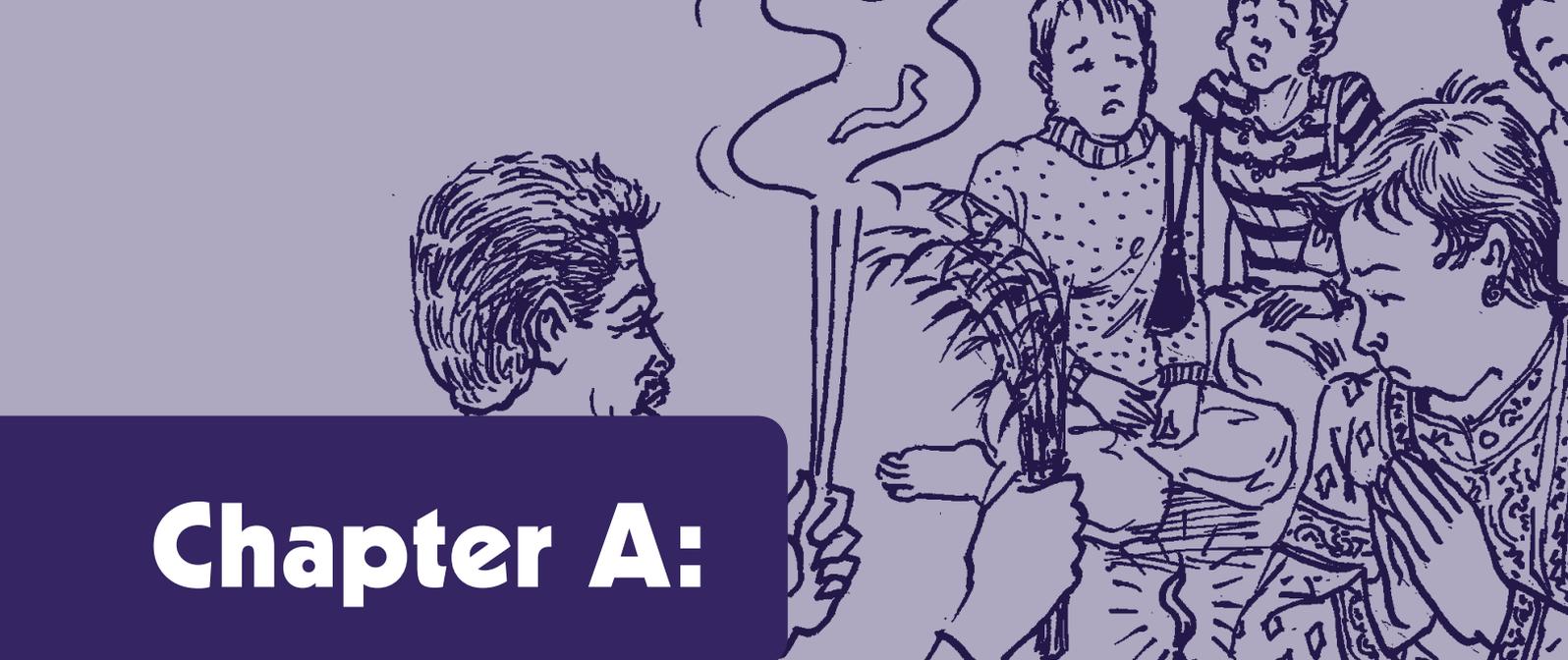
Individual Reflection

Participants are asked to think and talk about experiences in their own lives. This may trigger strong emotions and you need to be ready to deal with them. The following tips may help:

- ➔ Establish a quiet, peaceful environment in which participants feel comfortable to reflect on their experience and share with others.
- ➔ Explain the ground rules:
 - no one is forced to share – the sharing is voluntary.
 - the information shared is confidential – it should not leave the room.
- ➔ Ask participants to take their chairs and find a space on their own.
- ➔ Ask them to close their eyes and reflect on a time in their life when they felt stigmatized.
- ➔ After three to four minutes of silence, ask them to open their eyes and find someone with whom they feel comfortable to share their experience.
- ➔ After 10-15 minutes bring the whole group back together.
- ➔ Invite a few participants to give their experience. Remember, no one is forced to share.

Tips for Facilitating Participatory Workshops

- ➔ Then ask participants, “What did you learn from this exercise?”
- ➔ If it helps to get participants talking, share your own experience
- ➔ Observe the mood and keep asking the group, “How are you feeling?”
- ➔ In some cases a participant may talk about a personal crisis and break down or become too emotional to continue. If this happens, one facilitator can take the person aside while the other facilitator continues leading the discussion.
- ➔ If a person begins to cry, let him/her cry and reassure him/her that this is okay. If necessary, take a break.

An illustration in a purple-tinted style. On the left, a man's profile is shown looking towards the right. In the center, a hand holds a lit torch with flames. On the right, a woman is shown holding a young child. The scene suggests a historical or religious context, possibly related to the 'burning at the stake' mentioned in the text.

Chapter A:

Naming Stigma and Discrimination toward Men who Have Sex with Men

Introduction

This chapter introduces the topic of stigma and discrimination toward men who have sex with men (MSM).

It is designed for use with all groups: MSM, health care workers, non-governmental organization (NGO) and community-based organization (CBO) staff, the police, and the community. However, some of these exercises (A2, A3, A7, A9, and A13) are particularly designed for health care workers, the police and the community.

This chapter gets participants to name and take some ownership for the problem of stigma and discrimination toward MSM, to see that:

- ➔ Stigma and discrimination exist and takes many forms, including rejection, isolation, blaming and shaming, denial of services and violence.
- ➔ We are all involved in stigmatizing and discriminating, even if we don't realize it.
- ➔ Stigma lowers MSM's self-esteem and results in their avoiding health services and taking less care of their sexual health, and this helps to fuel the HIV epidemic.
- ➔ Stigma toward MSM not only affects MSM, but is also harmful to ourselves, women, our families, and communities.
- ➔ We can make a difference by changing our own thinking and actions.



This chapter starts off with a number of experience based exercises (A1 to A7) which draw out participants' own personal and emotional experience with the issue of stigma. Then it introduces the definition on stigma in Exercise A8. The aim is to get participants to connect to stigma first on a personal level, rather than a theoretical level. So when you are planning a workshop, use exercise A8 after the experience based exercises (A1 to A7).

Exercises A1 to A7 are optional exercises, using different methods (e.g., pictures, drama, testimonies, case studies, etc). All of these exercises are designed to bring out how MSM are stigmatized by their families, service providers, and community. Select the exercises and methods which suit your target group.



Exercises

- A1. Naming Stigma and Discrimination toward Men who Have Sex with Men through Pictures
- A2. What the Community Says, Fears, and Does to Men who Have Sex with Men
- A3. Naming Stigma and Discrimination toward Men who Have Sex with Men through Testimonies
- A4. Naming Stigma and Discrimination toward Men who Have Sex with Men in Different Places
- A5. Finding Solutions to Challenge Stigma toward Men who Have Sex with Men
- A6. Naming Stigma and Discrimination toward Men who Have Sex with Men through Case Studies
- A7. Personal Experience of Being Stigmatized
- A8. What is the Meaning of Stigma?
- A9. The Blame Game
- A10. When the Family Discovers that their Son is a Man who Has Sex with Men
- A11. Forms, Effects, and Causes of Stigma toward Men who Have Sex with Men (Problem Tree)
- A12. How Stigma toward Men who Have Sex with Men Fuels the HIV Epidemic
- A13. Stigma and Discrimination toward Men who Have Sex with Men in the Clinic

A1

Naming Stigma and Discrimination toward Men Who Have Sex with Men through Pictures



Facilitator's Note:

This is a good starter activity to get participants talking about stigma and discrimination through looking at and discussing pictures. It helps to introduce the topic of stigma and discrimination and what they mean.



Objectives:

By the end of this session, participants will be able to:

- Describe stigma and discrimination toward men who have sex with men (MSM) in different contexts
- Begin to understand why people stigmatize MSM
- Discuss examples of stigma toward MSM from their own lives
- Begin to understand how stigma toward MSM harms MSM, their wives, families, and communities



Target Group:

All groups



Time:

1 hour



Materials:

MSM stigma pictures displayed on the wall



Steps:

1. Picture-Discussion: Divide into groups of two or three people. Ask each group to look at the display of pictures on the wall and then select one of the pictures. Ask them to discuss:

- ➡ What do you think is happening in the picture in relation to stigma toward MSM?
- ➡ Why do you think it is happening?
- ➡ How does stigma affect MSM? How does stigma affect other people?
- ➡ Does this happen in your own community? If so, give some examples.

2. Report back: Each group presents the results of its discussion. Record points on flipchart sheets.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

M1 Father kicking MSM son out of the house

The father kicks his MSM son out of the house and condemns him for his “bad behavior.” Father is embarrassed by his son and afraid of what the neighbors will say. He is blaming him for bringing shame to the family. The son feels sad and rejected. He doesn’t know where he will go.

Example Responses:**M2 Family trying to change MSM teenage boy**

Family members use threats, insults, shaming, and bullying to try to force the MSM son to change. The father is shouting at him, calling him a girl and telling him to become a “real man.” This makes the boy feel embarrassed and unsure of what to do.

M3 Police harass MSM in the park

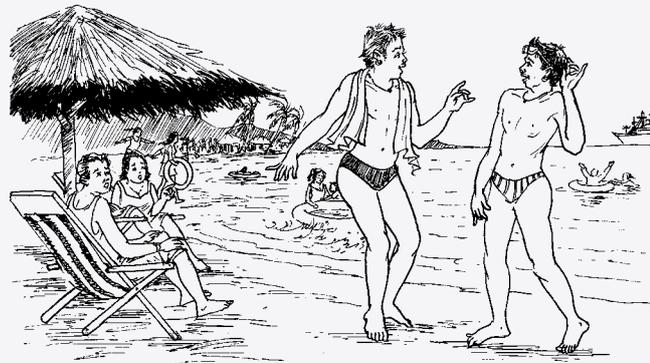
A policeman is harassing an MSM in the park. He has forced him to take off his pants to “prove he is a man.” This shows that the police victimize people who are different and who have little power. He may also ask the MSM for a bribe to leave him alone.

M4 Community members gossiping about two MSM

Community members are pointing fingers and gossiping about two MSM. They are saying things like, “These men dress and act in strange ways in public, they are ruining the community.” The two MSM men look sad and isolated.

M5 MSM patient getting STI examination at the clinic

MSM is being examined by a health worker at the clinic. He is pointing to his bum, so he may have an STI. The health worker is afraid or disgusted and does not want to examine the MSM’s bum. The health worker may lack the skills to examine the MSM, and has fears about doing this. The MSM feels embarrassed and treated unfairly.





Example Responses:

M6 MSM in the waiting line at the clinic

Patients are waiting in line at the clinic, sitting on a bench. The MSM patient has been told to go to the back of the line and the doctor is seeing other patients, who arrived after him. This is a form of discrimination. Health workers should treat every patient equally. Other patients in the line seem to be scared to sit beside the MSM patient.

M7 Neighbors stigmatizing family of MSM

Neighbors are pointing fingers and talking about a family who has an MSM son. They may be blaming the family for raising their children in a bad way; or blaming the ancestors of the family, saying they must have been MSM. This is an example of stigma by association.

M8 Passengers on a bus are stigmatizing an MSM

An MSM is sitting all alone on a bus. Other passengers refuse to sit beside him, even though bus is very crowded. Passengers are pointing fingers and gossiping about him. He looks sad and lonely.

M9 MSM sitting all alone

The MSM is sitting all alone. No one is talking to him. He looks sad, depressed, and lonely. His family or the community may be stigmatizing him, but it may also be a case of self-stigma. He may be isolating himself because of the stigma and discrimination he has faced. He is upset but he has accepted the stigma (self-stigma).



Example Responses:**M10 MSM forced to get married**

MSM getting married to a woman. He looks very sad and reluctant to get married. He is starting to have doubts already. Even his friends look sad. Pressure on MSM to conform to gender norms.



3. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- Sometimes we treat people badly because of how they look or what we suspect they do. We isolate them, e.g. refusing to sit beside MSM in the clinic; or we gossip about them and call them names because of the way they look. When we isolate or make fun of other people, this is called “stigma.” It makes the person feel ashamed or disgraced.
- Stigma is a process where we (society) create a “spoiled identity” for an individual or a group of individuals. We identify a difference in a person or group, for example a physical difference (e.g., physical disfigurement), or a behavioral difference (e.g., men having sex with men) and then mark that difference as something negative, as signs of disgrace. In identifying and marking differences as “bad,” this allows or justifies us to stigmatize the person or group. Stigmatized people lose status because of these assigned “signs of shame,” which other people regard as showing they have done something wrong or bad (sinful or immoral behavior).



- ➔ Stigma is the belief or attitude which leads to discrimination. The action resulting from stigma is discrimination, or unfair treatment such as MSM not hired, kicked out of house, or refused treatment at clinic. When we stigmatize MSM, we judge them, saying they have broken social norms and should be shamed or condemned, or we isolate them, saying they are a danger or threat to us (because we think we might be negatively affected by their behavior).
- ➔ Stigma is not good. Stigma hurts people. When we stigmatize, it makes people feel lonely, ashamed, sad and rejected. They feel unwanted and lose confidence and as a result, they may take less care in protecting their health (e.g., stop using clinics and condoms).
- ➔ MSM are often stigmatized by their families and the community. They are forced to change their behavior to be accepted, for example by getting married. They are forced to lead a hidden, underground existence and as a result they find it difficult to get work and housing, and access health services that could save their lives and the lives of their partners, often both male and female.

- ➔ There are different forms of stigma:
 - Shaming and blaming – gossip, name calling, insults, judging, and shaming. MSM are shamed for behavior which is seen as breaking social norms. Examples: M1, M2, M3, M4, M7, M8.
 - Isolation and rejection – based on ignorance and fear about MSM and their sexual practices. MSM are often forced to get married, kicked out of the family home and forced to live alone. Examples: M1, M8, M9.
 - Self-stigma – MSM stigmatize themselves in reaction to stigma and discrimination from their families or the community. They accept the blame and rejection and isolate themselves. Example: M9.
 - Stigma by association – MSMs' families may also be stigmatized. They are blamed for not raising their son properly. Examples: M1, M7. Some short hair MSM avoid contact with long hair MSM in order to avoid the embarrassment of being seen with them and the stigma that results from association with more openly visible MSM.
 - Discrimination – MSM being treated badly, e.g., MSM kicked out of the house, harassed by the police, given poor treatment in clinic, being forced into marriage with a woman. Examples: M1, M2, M3, M6, M10.
- ➔ Some of the effects of stigma on MSM are:
 - Feelings of sadness, loneliness, rejection, hopelessness, and self-doubt
 - Shame, loss of confidence and feeling they are no longer accepted by others
 - Feelings of guilt, denial, self-hatred and depression
 - Staying quiet in order to avoid drawing attention to themselves
 - Discrimination, such as being kicked out of family, job or housing
 - Not using clinics, not getting STIs treated, not getting tested for HIV, and taking less care in insisting on condom use with male and female partners



- ➔ The main causes of stigma are:
 - Moral judgments – Because MSM are viewed as practicing sex (male to male sex, oral sex, anal sex) which breaks social norms and which is seen as immoral.
 - Fear and ignorance – people have little understanding about the lives and sexuality of MSM so out of ignorance they judge MSM unfairly. They are prejudiced toward people who behave differently.
 - Appearance – MSM who are effeminate in their behavior (e.g., MSM long hair) are judged harshly because their appearance differs from what is considered normal or appropriate for men.
- ➔ Long hair MSM are visible to the public so they are stigmatized largely for their gender expression (dress and body language). Short hair MSM, on the other hand, are less visible, are often married to women, so they can hide the fact that they are MSM and are sometimes less stigmatized. MSM short hair, for example, can often use clinics without being hassled, except where they have to reveal their sexual orientation.
- ➔ Stigma toward MSM makes them feel despised and rejected, like outcasts. As a result MSM often avoid using health services and may take less care about their sexual health, e.g., not using condoms regularly and consistently with all sexual partners. This may put MSM at higher risk of contracting HIV and as a result MSM may pass HIV to their male and female partners, as MSM often have sex with both men and women, and are often married. In this way stigma toward MSM helps to fuel the general HIV epidemic.

A2

What the Community Says, Fears, and Does to Men who Have Sex with Men



Facilitator's Note:

This exercise helps participants identify how they talk about men who have sex with men (MSM), their fears toward them, and what they do. This helps to name the problem and the root causes of stigma and discrimination faced by MSM.

This exercise overlaps with exercise A9, so only one of these exercises should be used.



Objectives:

By the end of this session, participants will be able to:

- ➡ Describe the stigma and discrimination faced by MSM
- ➡ Discuss the root causes of the stigma toward MSM



Target Group:

Health care providers, NGO and CBO staff, the police, and the community



Time:

1 hour



Preparation:

Put up three cards along the top of the wall:

- ➔ What the community says about MSM (e.g., names people call MSM, comments community members may make when gossiping about MSM, etc.)
- ➔ What the community fears about MSM (e.g., concerns the community may have about MSM that leads them to isolate them and discriminate against MSM)
- ➔ What the community does to MSM (e.g., how the community act toward MSM based on their stigmatizing attitudes)



Steps:

1. What the community says, fears and does about MSM (Cardstorm):

Divide into pairs and hand out cards and markers. Ask pairs to write points on each of the three topics, one point per card. Emphasize that pairs should write only one point per card; and should avoid repeating points which are already on the wall. Tape the cards on the wall under the correct topic. Then eliminate repetition and cluster common points.

2. Ask participants to read out each of the lists of cards.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

What the community says about MSM

Katooley. Sex crazy. Sex addicts. Abnormal. Cursed. Mentally sick. Painted boy/third sex. Dirty. Disgusting. Rebellious. Half man-half woman. His penis died. Why can't you be a real man? HIV carriers. He looks like a girl, walks like a girl, and has a high voice, so he should have been a girl.

What the community fears about MSM

They might try to seduce me. If I associate with them I will also get stigmatized. They will seduce young boys who are not yet ready for sex. They will destroy family.

What the community does to MSM

Call them insulting names. Point fingers, make fun of them, or gossip about them. Keep them at a distance. Stop them from participating in community activities. Kick them out of the house.

Harass and beat them. Unfriendly treatment in clinics. Not hired for jobs.





3. Then review the list of cards on the wall and ask:

- ➡ If you were called these names, how would you feel?
- ➡ What are the effects of these labels on MSM?
- ➡ What can we learn from these labels and fears toward MSM?

Record their responses on the flipchart.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

How would you feel?

Sad. Hurt. Angry. Ashamed. Embarrassed. Unfairly treated. Rejected. Miserable.

These words are insulting. It would make me feel sad and ashamed. I wish I could die.

It makes me feel unfairly treated. It's no fault of mine that I am MSM.

I would hide my MSM identity from others so I would not be stigmatized.

I feel hopeless. All my confidence is gone. I don't know how I will survive.

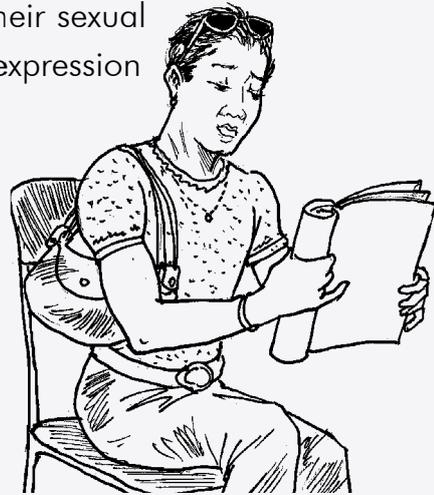
What would be the effect of stigma on MSM?

These words hurt and make MSM feel despised and rejected by family and community. Stigma destroys their self-esteem. They feel ashamed and begin to doubt themselves. This may lead to depression, alcohol abuse or unsafe sex. They stop accessing health services and have sex without condoms. If they get infected with HIV, they may hide it and pass it to their partners.

Example Responses:**What can we learn from the labels and fears?**

The stigma toward MSM is based on two things: their sexual behavior (having sex with men) and their gender expression (their appearance, body language, and voice).

Many fears are myths or misconceptions. It shows that people know little about MSM. We often stigmatize people on the basis of things we know little about.



4. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants. The stigma toward MSM is based on their sexual behavior (having sex with men) and their gender expression (their appearance, body language, and voice).

- ➔ People make assumptions about a person's sexual orientation based on their gender expression. They assume that if a man behaves in an effeminate manner, that he must be MSM.
- ➔ Stigma toward MSM is called "homophobia," which can include hatred, disapproval and violence toward MSM.



- Many of the fears are expressed as misconceptions, e.g., “MSM are mentally ill, MSM abuse children.” These are stereotypes, things we say about other people that we know little about. We believe these things are true, but we really don’t know.
- People have lots of questions about MSM. This shows they would like to understand more about MSM and how they function.
- Stigma makes MSM lose their self-esteem, and it affects how they manage their health. As a result MSM often avoid using health services and may take less care about their sexual health, e.g., not using condoms regularly and consistently with all sexual partners. This may put MSM at higher risk of contracting HIV and as a result MSM may pass HIV to their male and female partners, as MSM often have sex with both men and women, and are often married. In this way stigma toward MSM helps to fuel the general HIV epidemic.

A3

Naming Stigma and Discrimination toward Men who Have Sex with Men through Pictures



Facilitator's Note:

This exercise is designed for health care providers, NGO and CBO staff, the police, and community leaders. It builds on the power of personal stories told by those mainly affected by the issue, in this case men who have sex with men (MSM) talking about how their lives have been affected by stigma and discrimination. These stories have a powerful impact on participants. Often this is the first time participants have heard MSM talking about their lives. It helps to give this issue a human face and make stigma more personal.



Objectives:

By the end of this session, participants will be able to:

- ➡ Name some of the forms of stigma and discrimination experienced by MSM
- ➡ Describe the feelings of being stigmatized and how stigma hurts MSM and affects their self-esteem and health
- ➡ Describe some of the features of non-stigmatizing behavior



Target Group:

Health care providers, NGO and CBO staff, the police, and the community



Resource Persons:

MSM is invited to tell about their personal stories



Time:

1 hour

Preparation:

Invite two or three MSM who are open about their situation to talk to participants. Approach the MSM support group in your area to identify MSM who are willing to share their experiences. Give them the following briefing on how to give their testimonies:

- Talk about your own life growing up within the family and your experiences as an adult. Talk about how you have been treated by other people once they suspected you were MSM at home, in the community, in health institutions, etc. Talk about experiences of being stigmatized and how stigma has affected your life, e.g., fear of stigma discouraging you from using a clinic or buying condoms and lubricant. You can also talk about experiences of being treated well, e.g., someone who treated you with kindness and understanding. Talk about how these experiences made you feel.

Steps:

1. Testimonies: Divide into groups, each group with an MSM as a resource person. Ask each MSM to tell his story and invite participants to ask questions to clarify the story.

2. Report back: If there is enough time bring the groups back together and ask one of the participants in each group to give a brief summary of the story. Then ask:

- ➔ What were the main forms of stigma identified in the stories?
- ➔ What were the features of non-stigmatizing behavior, e.g., when a person treated the MSM with kindness?

3. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➔ This exercise helps us understand how it feels to be stigmatized. The feelings of being stigmatized are very painful.
- ➔ Some people are afraid of MSM because they know little about them. They have “half information” from various sources and believe the worst about them. They worry that if they associate with MSM, that they might become MSM or become stigmatized as well. So they minimize contact with MSM, keeping them at a distance. This makes MSM feel bad, as if they have a contagious disease.
- ➔ Some people judge or condemn MSM, blaming them for having sex with men or behaving in an effeminate way. Both of these are a form of stigma.
- ➔ These two things – isolation and shaming – make MSM feel like outcasts, and this has a serious effect on their health.
- ➔ Stigma destroys MSM’s self-esteem and they begin to doubt themselves. They feel alone, confused and demoralized at a time when they really need the support and company of other people.



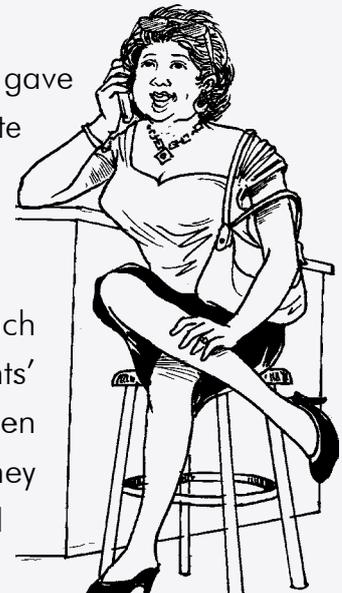
Examples of Testimonies

MSM Long Hair

I knew I was MSM at an early age. I liked to get dressed in girl's clothing and put on lipstick, but my parents were not happy with me. They found it difficult to accept me as a woman. But I knew this was my nature, I was born to be this kind of person. Physically I am a man, but mentally I am a woman. My mother expected me to do men's work, but I just refused. For example I wouldn't climb the palm tree and cut leaves or do other men's work, and told my mother to get other men to do this work. But my mom just blamed me, saying I was born a boy, so I should do men's work.

This became a crisis in the family. Everyone ganged up on me and tried to force me to change. They burned the girl's clothing that I was wearing and forced me to wear boy's clothes. They shouted at me to act like a man and shamed me, saying I was ruining the family's name in the village. They followed me everywhere I went in the village, trying to stop me talking to other boys. I began to have self-doubts, to feel I was not normal. I felt persecuted and withdrew from family activities. I just stayed in my room and cried. I felt very lonely and miserable. My father stopped talking to me for more than a year.

After one year my father arranged to meet with me. He gave me three choices: to become a monk, a boss in a private company, or a beautician. He told me that if I wanted to become a boss in a private company I would have to stop wearing girl's clothes and "act like a man." I decided to become a beautician and opened a shop, which made lots of money. As a result of my success my parents' attitude changed and they became very happy with me. When they heard people say, "You have a 'katoey' child," they didn't get upset and told people they were proud of me. I now feel more comfortable with my parents, and I have a



Examples of Testimonies

long-term relationship with a man, which they have accepted. They now realize they can't change me!

MSM Short Hair

When I became a teenager I started to have sexual feelings for men. At first this was confusing to me, because I had been raised with the idea of having girlfriends and getting married. I fell in love with another teenage MSM and we had sex, and I knew this was what I wanted. But I didn't tell my parents and I kept my sex life secret. They had no idea that I was MSM.

When I moved to Phnom Penh to go to university, I found it easier to have sex with men, without my parents finding out. I had many relationships and felt very happy about life. After leaving university I joined a company and began to do well in my career. The only problem is that my parents kept asking me to get married. Every time I went home for a visit, my mother would say, "When are we going to meet your wife to be? You are getting too old to be single. You should have children to take care of you in the future."

One day I went to visit my mother, taking along my boyfriend. My mother suspected nothing. She welcomed me and my friend, and invited us to have a shower before supper. We went stairs and when we undressed, I kissed my friend, not knowing my mother was standing behind me with a towel. She looked shocked, said nothing, threw the towel at me, and went downstairs. I felt very guilty. We stayed for dinner, but my mother said very little. Over the next year my mother stopped phoning me. I tried to phone her, but when I did, and my sister answered. I could hear my mother in the background, saying, "No, I don't want to talk to him."





Examples of Testimonies

One year later my mother phoned and told me that I must get married and that she would arrange a wife for me. I refused and found the courage to tell her, “Look, I don’t want a wife. I have sexual feelings for men. I don’t hate girls, but I just don’t have sexual feelings for girls.” My mother said, “You are wasting your time and your money on boyfriends!”

My father, on the other hand, was more accepting. He said, “Let him be free to do what he wants. No one can understand the feelings of another person. We can’t force him to do anything.”

A4

Naming Stigma and Discrimination toward Men Who Have Sex with Men in Different Places



Facilitator's Note:

In this exercise participants describe stigma and discrimination toward men who have sex with men (MSM) in specific places, e.g., home, school, clinic, community, workplace, public spaces, police station, pagoda, etc.

This exercise is designed primarily for health care providers, NGO and CBO staff, police, and the community. They may not be aware of these examples of stigma so you may want to invite a few MSM to join the session and help the health care providers, police, and community to identify examples of stigma in each of the places.

The next exercise (A5) is a follow-on to this exercise. Make sure to save the outputs from A4 to use in A5 and plan for enough time for both exercises to be completed in sequence.

Extra Tips for Facilitators:

- ➡ The number of flipchart stations/categories depends on the number of participants and the amount of time you have. With a large group you will need many stations/categories so that the groups are not too large. (For this activity it is good to keep the group size four or less.)

Example: 24 participants – eight groups of three people.

- ➡ In introducing this exercise tell groups which direction to move so there is no confusion when you blow the whistle to ask groups to move to the next station.
- ➡ The rotational brainstorm is fun, but the real learning comes in the debriefing, so make sure you allow enough time/energy for this.



Objectives:

By the end of this session, participants will be able to:

- ➔ Identify stigma and discrimination faced by MSM in different places
- ➔ Identify some of the effects of stigma

Target Group:

All groups

Time:

1 hour

Preparation:

Set up seven to nine flipchart stations (depending on number of participants). Post blank sheets of flipchart paper on different walls of the room, with a topic on each sheet, e.g., family, school, clinic, public spaces, community, workplace and pagoda. Add two extra topics:

- ➔ stigma among MSM
- ➔ self-stigma. (Select the contexts in which MSM are the most stigmatized.)



Steps:

1. Setting up Rotational Brainstorm: Divide into groups of equal size (no more than four in each group) and assign each group to one of the flipchart stations. Hand out markers and ask each group to write on the flipchart specific forms of stigma or discrimination faced by MSM at their place. Write one example at the top of each flipchart. Explain that after a few minutes groups will be asked to rotate in a clockwise direction to move to the next flipchart and add new points to it that are not already written. Then ask groups to start. After two minutes, shout “change” and ask them to rotate. Continue until groups have contributed to all flipcharts.

2. Report Back and Processing: Ask each group to present the points on one flipchart (the one they started with). Then discuss some of the following questions:

- ➡ What are some of the common features across the different places?
- ➡ What are the attitudes/feelings in all places toward MSM?
- ➡ What are the effects on MSM who have been stigmatized?

3. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➡ Stigma toward MSM takes place everywhere – homes, schools, communities, clinics, public spaces, workplaces and the pagoda.
- ➡ MSM are shamed and rejected by families and forced to leave home; isolated and made fun of by their peers at school; mistreated at health facilities; harassed by the police; banned from the pagoda and social gatherings; and in some cases even stigmatized by other MSM who don’t want to associate with them.
- ➡ There are very few places where MSM feel safe. They feel watched and face stigma and hostility everywhere they go.



- ➔ Stigma at home is particularly painful. This is the place of last resort. If your own family stigmatizes you, you have nowhere else to go. You are all alone.
- ➔ Stigma has a number of common features across these different places:
 - People gossip about and make fun of MSM because of their dress or body language. This stigma is particularly used against MSM long hair who are more visible.
 - Even if an MSM is not open about his status, people will make assumptions on the basis of his clothing and body language and discriminate against him.
 - MSM are pressured to follow social norms, such as dressing and acting like “real men,” and are also often pressured to get married against their will.
 - People shame and blame MSM, condemning them for their sexual practices that are viewed as breaking traditional sexual norms.
 - People isolate or exclude MSM, trying to keep them at a distance. For example MSM are not allowed to go to the pagoda. In some cases people do this, because they are afraid that if they show friendship to MSM, they will be perceived as MSM.
 - Families and friends of MSM are also stigmatized.
 - MSM face discrimination, e.g., health workers treat them unfairly, police officers harass them; landlords kick them out; and they are turned down for jobs.
- ➔ In the face of this stigma MSM try to hide to keep their secret hidden from others (for example by getting married, going out with women) so they are not stigmatized.
- ➔ Being forced to hide means that MSM also hide their sexual activities, which can put their health at risk. For example, MSM may go to a clinic to get an STI treated and then find it difficult to tell the doctor they have been having sex with a man. As a result MSM often do not get treated for the STI. For similar reasons MSM also avoid getting tested for HIV.

Adaptation for Health Care Providers

If you are working with health care providers, you can do the same exercise, but include different departments/rooms within the health facility, as a way of exploring stigma in the clinic or hospital. The different departments might include, for example: out-patients department, lab, pharmacy, etc.

You could also do the exercise as a “stigma walk,” where different groups of health care providers walk through the clinic to observe different types of stigma that might occur in the different departments or rooms. Ideally this walk should be done on a joint basis with a mixed group of health care providers and MSM.

Keep a record of observations made in each room and this can become the focus for discussion.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Family

- Families feel ashamed when their boys dress or behave like MSM.
- Scolding, belittling, and shaming him. “Why did you bring shame on the family?”
- Parents try to change their sons into “real men” by shaming them, beating them, cutting off hair, forcing them to get married, or kicking them out of the house.
- Parents try to hide the behavior of MSM children, fearing what neighbors will say.
- Neighbors stop their own boys from playing with the MSM boy.



Example Responses:

- Loss of place and recognition within the family; excluded from family decision making.
- Parents try to control and influence other children so they don't also become MSM.

School

- Students make fun of long hair MSM. They call him a “katooley” and imitate his body language.
- Students avoid contact with MSM students (don't sit beside them and don't talk to them) to avoid being viewed by other students as MSM.
- Teachers spend very little time with MSM students, trying to avoid them.
- MSM students are forced to cut their hair to stay in school. Some MSM students accept the shame and begin to hate themselves (self-stigma). They drop out of school because of bad treatment.
- Teachers who are MSM have to behave as a “real man” to be allowed to teach.

Health Facility

- Bureaucratic and unfriendly treatment. Harsh and scolding language.
- MSM who get HIV are blamed and shamed.
- MSM patients are kept waiting, or told to come another day, or treated last.
- Health staff keep their distance and show their disapproval through their body language.
- Gossip and making fun of MSM by clinic staff and other patients.
- Some health staff breach confidentiality and tell other staff and patients. Whispering. Gossip.

Example Responses:

- Some doctors do not want to do anal examinations of MSM (for STIs).
- Poorly done, rushed examinations of MSM patients because of fear and stigma.

Public Spaces (parks, markets, bus stations, restaurants, etc.)

- People isolate or shun MSM. They look down on them and try to keep them at a distance.
- Whispering, gossip, finger pointing, mocking, and harassing them.
- Some people assume that MSM are sex workers and are looking for customers for sex.
- Gangs beat them to get money.

Police Station

- Some MSM do not take cases of harassment or violence to the police, fearing that they will get hostile responses from the police.
- Some policemen laugh at MSM, call them “katooe,” and tell them they deserve to be beaten for having sex with other men.
- Some police officers harass MSM, forcing them to take off their clothes to prove they are “real men,” asking for bribes, or forcing them to provide free sex. If they refuse, they use violence.

Neighbors and Community

- Calling MSM “katooe.” Finger pointing. Whispering. Negative gossip. Angry looks.
- Blame the family for not raising the MSM boy properly.
- Stop or reduce visits to the family. Stop sharing food. Try to avoid MSM.
- Parents tell their children to stay away from MSM, fearing that the MSM may influence their children to become MSM like them.



Example Responses:

- When landlord discovers a tenant is MSM, he kicks him out.
- The community says they will not attend a funeral of an MSM.

Workplace

- Anyone assumed to be MSM is not hired, or if already employed, not promoted.
- Gossip, name calling and isolation toward someone suspected to be MSM.
- Manager looks out for mistakes or other excuses to justify firing MSM employee.

Other MSM

- Some short hair MSM shun long hair MSM because they don't want to be exposed as MSM and become a target for stigma.
- Some short hair MSM stigmatize long hair MSM, for example calling them names and making fun of them.
- Some short hair, who have not yet accepted themselves, avoid mixing with other short hair.

Individual (Self-stigma)

- Isolate themselves by staying at home and minimizing contact with other people.
- Minimize interaction with other family members. Withdraw from family activities.
- Worry about what people are saying about them. Paranoia – “Are they talking about me?”
- Blame themselves for becoming MSM.

A5

Finding Solutions to Challenge Stigma toward Men who Have Sex with Men



Facilitator's Note:

This exercise is an add-on to the previous exercise (A4). We recommend you do this exercise immediately after doing A4. The aim of Exercise A5 is to get participants to start thinking about how to solve or challenge stigma. Participants work in small groups, developing solutions for each of the places which were discussed in A4.



Objectives:

By the end of this session, participants will be able to identify possible solutions to challenge the stigma and discrimination toward men who have sex with men (MSM) in specific places.



Target Group:

All groups



Time:

1 hour



Materials:

Outputs from A4



Preparation:

Invite two or three MSM who are open about their situation to talk to participants.



Steps:

1. Task Groups: Divide into small groups and give each group one of the flipchart outputs from A4. Ask them to read the flipchart and do the following:

- ➔ What are the causes of the stigma and discrimination in your place?
- ➔ What can we do to solve or challenge these forms of stigma and discrimination?

When they are finished, ask them to prepare a short role play to show the stigma and discrimination in their place.

2. Report back: Ask each group to:

- ➔ Present their drama showing the forms of stigma and discrimination
- ➔ Present their ideas on: 1) causes and 2) solutions

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Solutions**Family:**

Help families overcome their shame and worry by providing more information on MSM.

Help families realize that:

- They are not alone; there are other families with MSM.
- MSM are not criminals or deviants, they are like anyone else. They just want to be respected and loved and treated as part of the family.
- Forcing MSM to become “real men” and get married will not work. MSM are the way they are simply because of nature.
- Stigmatizing MSM makes them hide their sexual activities, which may result in MSM not using health facilities and safe sex practices, and getting HIV.
- Put MSM families in touch with other families who have MSM children.
- Help MSM boys overcome self-stigma and build their confidence and self-esteem.
- Encourage MSM boys to join MSM support groups for sharing and emotional support.





Example Responses:

Health Facility:

- Get health workers to follow their code of practice and treat all patients with respect.
- Get health workers to talk openly about their concerns about MSM patients, and correct their misconceptions.
- Encourage health workers to stop gossiping and name calling and protect confidentiality.
- Train doctors and other health workers on basic skills in the management of STIs in MSM.
- Train health workers on how to counsel MSM patients, for example in using non-judgmental, neutral language.

Community:

- Teach the community to treat MSM like any other members of the community.
- Help leaders understand MSM so they can speak out on their behalf.
- Include MSM topic in community meetings and encourage MSM to give testimonies.
- Empower MSM to participate in community activities.
- Lobby local authorities to provide support to MSM. In some cases they are not even aware that there are MSM living in their communities.
- MSM should hold stigma workshops to first understand stigma themselves, and then educate service providers and community leaders.



A5

Finding Solutions to Challenge Stigma toward Men who Have Sex with Men

Example Responses:

Workplace:

- Build on existing HIV workplace policies with the goal of building an accepting atmosphere.
- Workplace approach: Because someone has HIV does not mean he can no longer make a significant contribution as a worker. The same is true for MSM. They have a lot to contribute so they should be accepted.





A6

Naming Stigma and Discrimination toward Men who Have Sex with Men through Case Studies



Facilitator's Note:

These case studies are based on real experiences of men who have sex with men. They can be used to help participants develop a better understanding of the lives of men who have sex with men (MSM).

Participant literacy is necessary to complete this activity. If only some participants are literate, make sure that each small group has at least one literate member to read the case studies aloud to illiterate group members.



Objectives:

By the end of this session, participants will be able to:

- Understand MSM stigma and discrimination in more depth
- Discuss real life stories and look at ways of challenging stigma



Target Group:

All groups



Time:

1 hour



Materials:

Copies of the case studies for participants



Steps:

1. Divide into small groups of three to four people. Give each group the full set of case studies and assign each group one of the case studies. Ask each group to read its case study and discuss the following questions:

- What happened? Why?
- What do you think about the situation?
- What could help to change things for the main character?

2. Report back: Ask each group to report on what they have learned from discussing the case study. Ask other groups to add comments.

3. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In your summary you may use some of the following points, if they have not already been mentioned by participants.

- Stigma toward MSM takes place everywhere, including homes, schools, clinics, workplaces, police stations, and pagoda. There are very few places where MSM feel safe. They face stigma and hostility everywhere they go.
- MSM are shamed and rejected by their families and forced to leave home; kicked out of jobs; given inadequate treatment at the clinic; harassed by the police; and in the worst case sexually abused.
- Stigma has a number of common features across these contexts:
 - MSM are stigmatized for looking and dressing different from others.
 - MSM are pressured to follow the social norm, to dress and act like “real men.”
 - People condemn MSM for their sexual practices, which are viewed as immoral and breaking “traditional” sexual norms.
 - MSM also face violence. In one of the case studies the MSM was raped.

Case Study A: Tola (Neighbors and School)

Tola is 28, married, and a father of two children. He has developed good relations with his friends and neighbors. He is a teacher. Although he is married, Tola some times has sex with men. His family does not know about his sexual orientation. However, some people in his neighborhood have been suspicious of him. One day his family heard a rumor that Tola was seen with a group of MSM. Since then he has faced rejection and threats in the neighborhood and at school. The school principal asked him to resign, saying he would corrupt his students with his “disgusting behavior.” He also had to leave the neighborhood because of the threats from neighbors.

Case Study B: Sokhem (Police)

Sokhem is 30 and a short hair MSM. One day, when returning late at night, he was raped by a group of men. His friends told him that he had brought the rape on himself by coming home late and that he should keep silent about it. Sokhem felt very angry and went to the police station to report the case. The police refused to do anything. They said, “You katooye are always causing problems. And any way, men cannot be raped. You are just wasting our time!”

Case Study C: Sothy (Workplace)

Sothy was interviewed for a job in supermarket. At the time no one recognized that he was MSM. For the interview he dressed like a “real man” with a tie, and was given the job. A few days later he was asked to resign. He went to ask the boss why he was being fired. The boss said, “I don’t want katooye to work here.” He said it the decision had been made by senior managers. Sothy was devastated and didn’t try to find work for six months.



Case Study D: Bona (Marriage)

Bona is 30 years old. He lives with his parents. He used to invite men to the house, each time telling his mother that the man was just a “normal” man. One day his sister became suspicious about all the men coming to the house. She looked into his room and found him having sex with a man. She reported this to Bona’s older brother. The brother wanted to stop this behavior so he forced Bona to get married. Bona agreed and the wedding took place.

For one year Bona stayed with his wife, without seeing men. He wanted his sister to forget what had happened. He was afraid she would tell his wife that he was MSM. After one year he felt he could no longer wait, so he started having sex with men. Even when he was with his wife, he was thinking about having sex with men. His wife grew suspicious that he was having an affair, and she began to check his clothes for evidence.

One day Bona learned that one of his former partners tested HIV positive. Bona had never taken an HIV test, but he worried that he might have HIV. He tried to persuade his wife to use a condom, saying they should not have babies until they were older. She got angry and accused him of having sex with other women. She said, “We should not use condoms. I want to have a baby.”

Case Study E: Chakra (Clinic)

Chakra is single and lives with his parents. He has a girlfriend, but he also has sex with men. One day he went to the clinic because he had a rash around his anus. When he explained this problem to the doctor, the doctor started to give him funny looks. Instead of doing a proper examination, he began to ask him many questions, such as “How did you get this STI? What kind of sex are you having?” He looked at Chakra as if he was no longer a human being. Chakra had trusted this doctor and believed he was tolerant and understanding, but he now felt humiliated. He said he would never go back to that clinic again.

Case Study F: Amara

Amara is the son of a big businessman. During his teenage years his father discovered that he was MSM and tried to change him. He locked Amara in the house to prevent him going out and having sex with men; or he sent bodyguards to follow him and prevent him meeting with men.

After a year of this treatment he confronted Amara and said, "Have you changed?" Amara told him, "No, I still love men even more!" This made his father angry and he threw Amara out of the house. He told him, "If you change the way you be have, you will inherit all my property, but if you continue what you are doing, you will get nothing!"

Case Study G: Botum and Samnang

At an early age Botum began to feel and act like a girl. His family tried to change him, but nothing made a difference. At school he was teased. They called him "sister" and forced him to cut his hair, and eventually he dropped out of school. He began to have self doubts and to believe that he was not normal. He became depressed and stopped talking to people. Relations with his family got worse. They complained that there was something wrong with him, that he couldn't produce babies and continue the family name. Eventually they kicked him out of the house.

Botum got a job in a beauty salon where he met Samnang, a young man from a poor farming family. They fell in love and decided to stay together. Samnang used to take Botum home with him for family ceremonies. The neighbors made fun of Botum, saying, "You now have a katooy in your family." Samnang felt ashamed and sorry for Botum.

After a while Samnang's family grew to respect Botum. They thought he was a well behaved and responsible person. Samnang decided he wanted to have a long-term relationship with Botum and told his family. His family said, "It's okay. You are big enough to make this decision. We now accept Botum." The community also began to change their attitude. They saw Botum as a responsible person having good relations with everyone, and they stopped using bad words toward him.



**Naming
Stigma
toward
MSM**

A7

Personal Experience of Being Stigmatized



Facilitator's Note:

This exercise is not for men who have sex with men (MSM). It is designed for health care providers, NGO and CBO staff, the police and the community. It asks them to think about a time in their life when they felt stigmatized, and to use this experience to help them empathize with MSM.

MSM use a similar exercise (C1) in Chapter C to explore their own experiences of being stigmatized.

This exercise requires a lot of trust and openness within the group so it should not be used as the first exercise. It works better if it is used after two to three exercises selected from A1 to A6 where participants identify stigma faced by MSM in different situations. Then A7 can be used to get a more personalized understanding of stigma so participants can understand how it feels to be stigmatized. By this point participants are beginning to open up with each other and are now ready to share some of their own experiences.

You should note that the exercise looks at stigma in general, not MSM-related stigma. This is why the instructions are to think of a time in your life when you felt isolated or rejected for being seen as different from other people. Give participants a few examples (e.g., being made fun of because you came from a poor family; or being made fun of in school because you were smaller than others or poor at football). The examples will help participants understand what type of experiences they are expected to think about.

This exercise needs a good introduction to help participants break out of their initial discomfort about sitting and reflecting on their own and sharing their own experiences with others. One way of getting started is by the facilitators sharing their own experience and feelings first.



Emphasize that the sharing is voluntary and emphasize the importance of confidentiality. What is shared should stay in the room.

This exercise can trigger painful memories or experiences for some participants. As the facilitator you should be ready to deal with the emotions raised. Some suggestions on this are given in the notes on Individual Reflection provided in the introductory chapter under Tips for Facilitating Participatory Workshops.



Objectives:

By the end of this session, participants will be able to:

- Describe some of their own personal experiences concerning stigma
- Identify some of the feelings involved in being stigmatized



Target Group:

Health care providers, NGO and CBO staff, police, and the community



Time:

1 hour



Materials:

Copies of the stories of being stigmatized for participants



Steps:

Part A: Experience of Being Stigmatized

1. Individual Reflection: Ask participants to sit on their own. Then say: “Think about a time in your life when you felt people were making fun of you or isolating you for being seen to be different from others.” Explain that this does not need to be examples of stigma toward MSM or people with HIV; it could be any form of stigmatization for being seen to be different. Give a few examples, such as being made fun of because you came from a poor family or being made fun of in school because you were smaller than others or bad at football. Ask them to think about what happened, how it felt and what impact it had on them.

2. Sharing in Pairs: Say, “Share with someone with whom you feel comfortable.” Give the pairs a few minutes to share their stories with each other.



Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Experiences of being stigmatized

Made fun of for coming from a poor family. Under-rated as a woman and discouraged from doing further studies.

Made fun of for being small in size.

How did you feel when you were stigmatized?

Angry. Ashamed. Misunderstood. Depressed.

Rejected. Pitying myself and feeling miserable.

Resentful. Doubting myself. Useless. Failure. Hated. Despised.

Like an outcast.



3. Sharing in Plenary: Invite participants to share their stories in the large group. This is voluntary; no one should be forced to give his/her story. People will share if they feel comfortable. If it helps, give your own story to get things started. As the stories are presented, ask, “How did you feel? How did this affect your life?”

4. Processing: Ask, “What did you learn from the exercise about stigma? What feelings are associated with stigma?”

5. Summarize:

- ➔ This exercise helps us get an inside understanding of how it feels to be stigmatized.
- ➔ The feelings of being stigmatized are very painful and last a long time.
- ➔ Stigma destroys people’s self-esteem. People begin to doubt and hate themselves. They feel very alone at a time when they really need the support and company of other people.
- ➔ Everybody has felt ostracized or treated like a minority at different times in their lives. And it is okay to feel like that because you are not alone. We have all experienced this sense of social exclusion.



Part B: Experience of Stigmatizing Others

This exercise should be done at a separate time, not immediately after Part A.

- 1. Individual Reflection:** Ask participants to sit on their own. Then say, “Think about a time in your life when you made fun of, isolated or rejected other people because they were different.” Ask them to think about what happened. Ask them, “How did you feel? What was your attitude? How did you behave?”
- 2. Sharing in Pairs:** Ask participants to share with someone with whom they feel comfortable.
- 3. Sharing in Plenary:** Invite participants to share their stories in the large group. This is voluntary; no one should be forced to give his/her story. As the stories are presented, ask, “How did you feel? How did this affect your life?”

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Experiences of Stigmatizing Others

Keeping at a distance from someone who has a skin disease. Avoiding shaking hands with people who are suspected to have HIV. Making fun of other people

How did you feel when you stigmatized others?

It made me feelSuperior. Better than the other person. It made me feel powerful. Getting revenge for being treated the same way by others. I felt guilty to hurt someone. Made me feel part of a group as if I belonged.

4. Processing: Ask, “What did you learn from this exercise?”**Example Responses:**

- We often stigmatize unconsciously. We are not aware we are doing it. We are only acting out of the way we have been socialized.
- We can't blame people for stigmatizing. They have been conditioned to stigmatize.
- People will be more accepting if they have more exposure, experience, and knowledge.
- When we stigmatize others, this gives us a feeling of power and superiority. I can forget the person (his humanity) and stop dealing with him as a human being.
- I view the stigmatized as a “threat,” so I isolate or exclude them.

5. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➡ These stories show that poor people, women, young people, and people who try to do unusual things (e.g., woman wanting to go to university) are stigmatized.
- ➡ People often stigmatize unconsciously. They are not aware they are doing it. They are only acting out of the way we have been socialized.
- ➡ Individuals can make a difference by making an effort to stop stigmatizing themselves and be positive examples for others.



Example of Stories of Being Stigmatized (These example are from one pilot workshop.)

Story 1: I was born into a poor family. We lived in a small house. The neighbors looked down on us and made fun of us for being poor. These attitudes hurt us, but it made us work hard, and eventually our lives improved. But the neighbors could not accept our improved status and continued to make fun of us. I still feel the pain of being treated as a poor person. I felt despised. We were nothing, no matter what we did. This still makes me angry.

Story 2: People have always stigmatized me as a woman. They underrate me, never listen to my ideas and think my opinions are useless. When I was young I wanted to study, but my parents kept saying, “No, you are a girl. Your work is in the house, not in the classroom.” They tried to prevent me from going further in my studies, but I never gave up and completed my university studies. Eventually they began to respect my ideas and to see that girls can also do well. Now they listen to me and accept that I have something to contribute.

Story 3: I was interviewed for a job with the police. The interviewer made fun of my height, saying, “You are so short, even an AK47 is bigger than you.” I was not selected and felt stigmatized because of my height. I felt angry, embarrassed, frustrated, and disappointed, my future destroyed by regulations which I felt were discriminatory. I couldn’t do anything about changing my size, so I was told to go home.

Story 4: I am a good daughter and work very hard at my job, working from 8:00 a.m. to 5:00 p.m. each day. But the neighbors look for reasons to gossip about me and spoil my character. They say I pretend to be a good, obedient girl, but in fact they say many bad things about me, saying I have many boyfriends.

A8

What Is the Meaning of Stigma?



Facilitator's Note:

Discussions on the definition of stigma should be done only after participants have developed a better understanding of stigma on an experiential basis through participating in some of the previous exercises.



Objectives:

By the end of this session, participants will be able to describe what stigma means and give examples



Target Group:

All groups



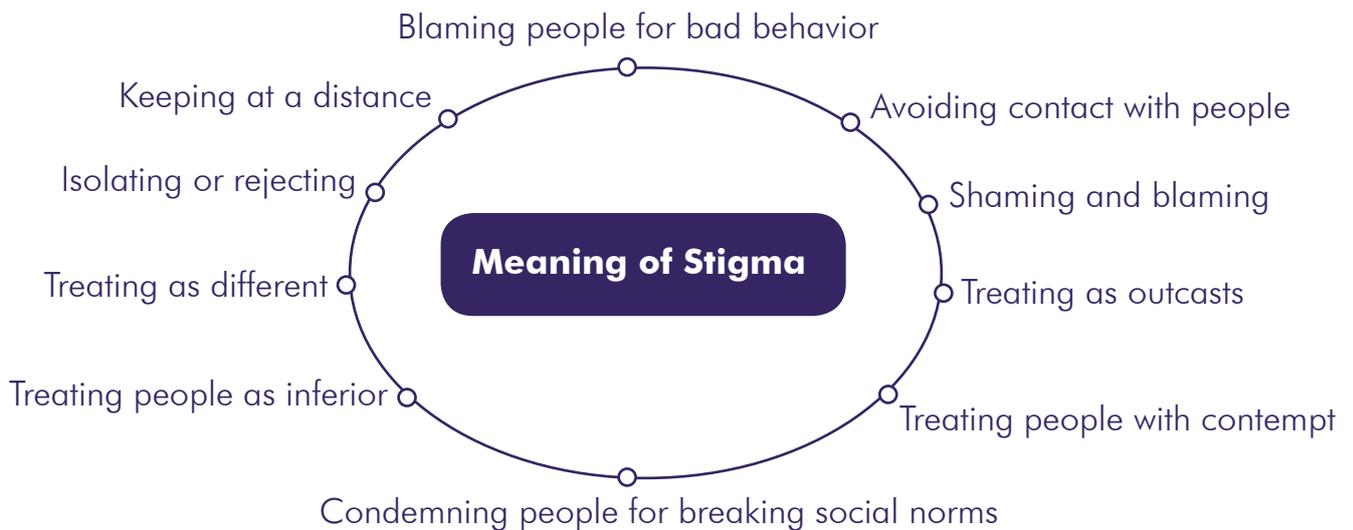
Time:

1 hour



Steps:

1. Participants' ideas on stigma (Brainstorm): Ask, "What do you think is the meaning of 'stigma'?" Then ask participants to call out what they think stigma means and record their ideas in a circle diagram. Below is an example of what this diagram might look like.



2. Presentation: Then explain and discuss the following:

- ➡ Stigma is a process where we (society) create a “spoiled identity” for an individual or a group of individuals. We identify a difference in a person or group, for example a physical difference (e.g., physical disfiguration), or a behavioral difference (e.g., men having sex with men) and then mark that difference as having a negative attribute, as a sign of disgrace. In identifying and marking differences as “bad,” this allows or justifies stigmatizing the person or group. Stigmatized people lose status because of these assigned “signs of shame,” which other people regard as showing they have done something wrong or bad.
- ➡ To stigmatize is to believe that people are different from us in a negative way, to assume that they have done something bad or wrong (e.g., sinful or immoral behavior). When we stigmatize we judge people, saying they have broken social norms and should be shamed/condemned; or we isolate people, saying they are a danger/threat to us.

- ➔ Stigmatizing beliefs lead to discrimination. Stigma is the belief, discrimination is the action.
- ➔ Stigma and discrimination lead to great suffering.
- ➔ Stigma toward men who have sex with men (MSM) takes four major forms:
 - Shaming and blaming: MSM are shamed for their sexual behavior (male to male sex, oral sex, anal sex) which is seen as breaking “traditional” social norms.
 - Isolation or rejection based on ignorance and fear about MSM and their sexual practices.
 - Stigma by association: Friends and family of MSM are stigmatized because of their association with MSM.
 - Self-stigma: MSM stigmatize themselves in reaction to stigma and discrimination from their families or the community. They accept the blame and isolate themselves.
- ➔ The main causes of stigma toward MSM are:
 - Moral judgments. MSM are viewed as practicing sex that breaks social norms and is seen as immoral.
 - Fear and ignorance. People have little understanding about the lives and sexuality of MSM so out of ignorance they judge MSM unfairly. They are prejudiced toward people who are seen as behaving differently.
 - Gender expression. MSM who are effeminate in their appearance and behavior are judged harshly because their gender expression differs from the norm.



- ➔ Stigmatization is a process:
 - We identify and name the differences in someone known/suspected to be MSM.
 - We associate negative attributes to that difference, and so make judgments about that person: “He is having anal sex with men, which is immoral, breaks traditional values and is corrupting society.”
 - We isolate or judge/ridicule the MSM, separating “him” from “us.”
 - The person who is stigmatized (isolated and judged) loses status and experiences discrimination (e.g., losing a job, being denied health care).
- ➔ Stigma is currently condoned. People think that it is acceptable to isolate and shame MSM. They are not aware of how it affects MSM and how it affects the HIV epidemic.
- ➔ Stigma toward MSM is wrong. It is not acceptable. It hurts MSM, their wives, families, and communities and drives the epidemic underground. Those stigmatized find it difficult to access treatment or testing services and they may stop practicing safe sex, risking the further spread of HIV.
- ➔ MSM have the right to be protected from stigma and discrimination.
- ➔ MSM are often blamed and shamed for their gender expression and sexual orientation. We need to support MSM, not blame MSM.

A9

The Blame Game



Facilitator's Note:

This exercise is not designed for men who have sex with men (MSM). It is designed for health care providers, NGO and CBO staff, police, and the community. It helps these groups look at stigmatizing words. The words can be very strong and insulting so participants need to understand why they are being asked to make lists of stigmatizing words for marginalized groups.

This exercise allows participants to express their own stigmatizing labels for other groups under the cover of attributing them to "the community." So while some words are those commonly used by the community, other words are those actually used by participants themselves.

In doing this exercise we should make it clear that we are using these words not to insult people, but to show how these stigmatizing words hurt.

In debriefing this exercise it is important to really focus on how participants feel about these names, rather than focusing on the words themselves. This helps to avoid the embarrassed laughter. The whole point of this exercise is to help participants recognize how these words can hurt.



Objectives:

By the end of this session, participants will be able to:

- ➡ Identify labels used by people to stigmatize MSM and other stigmatized groups
- ➡ See that these words hurt



Target Group:

Health care providers, NGO and CBO staff, police, and the community



Time:

1 hour



Preparation:

Make a list of groups that experience stigma in your community e.g., MSM, entertainment workers, people living with HIV, drug users, orphans, widows, street people, garment factory workers, etc. Then using this list, prepare the flipchart stations by posting blank sheets of flipchart paper on different walls of the room, with one of these groups written at the top of each sheet.



Steps:

1. Warmup (Switching Chairs Game): Set up the chairs beforehand in a circle. Allocate roles to each person going round the circle, based on the groups listed on the flipcharts. Continue until everyone has been assigned a role. Then explain how the game works:

“ I am the caller and I do not have a chair. When I call out two roles, such as ‘MSM’ and ‘entertainment worker,’” all the MSM and entertainment workers have to stand up and run to find a new chair. I will try to grab a chair. The person left without a chair becomes the new caller, and the game continues. The caller may also shout ‘revolution,’ and when this happens, everyone has to stand up and run to find a new chair. ”

Then shout, “MSM and entertainment worker,” to start the game.

Debriefing: Ask,

“How did it feel to be called an MSM, entertainment worker, or person with HIV?”

2. Things the community says about _____. (Rotational Brainstorm):

Divide into the number of groups based on the roles used in the game, e.g., all the MSM together, all the entertainment workers in one group, etc. Ask each group to go to its flipchart station. Hand out markers and ask each group to write on the flipchart all the things the community says about those in the said group. After two minutes, shout “change” and ask groups to rotate in a clockwise direction and add points to the next sheet. Continue until groups have contributed to all flipcharts and end up back at their original list.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

MSM

Katooley. Sex crazy. Sex addicts. Abnormal. Cursed. Mentally sick. Painted boy/third sex. Dirty. Disgusting. Rebellious. Half man-half woman. His penis died. Why can't you be a real man? HIV carriers. He looks like a girl, walks like a girl, and has a high voice, so he should have been a girl.

Entertainment Workers

Golden peacocks. Women without shame. Sex crazy. Irresponsible. Man trap. Husband stealers. Home breakers. Naughty. Disgusting. HIV carriers. Eating without having to work. Sell your bottom to feed your mouth. Lazy. Care more about money. When you die, no one will go to your funeral.





Example Responses:

People Living with HIV

Sex crazy. Many sex partners. Irresponsible. Stupid (got infected). Useless. Unlucky. Got HIV because you betrayed your wife. Cursed. Immoral. Deserve to die. It's your own fault. Living but looks dead. When you die, no one will go to your funeral.

Drug Users

Out of control. Dangerous. Criminals. Thieves.

Badpeople. Useless. Drug addicts. Crazy about drugs. Rebellious. Didn't listen to parents. Bottom of society. Outcasts. Flat ears. Deserve to die. People without morals. Society's burden. Money burner. Destroying family's assets. Black rice.

Orphans

Thieves. Criminals. Son of a whore. Children of parents with HIV. You are a bastard. Your parents are bad people. Your parents died of AIDS. Useless. Burden. No future. Diseased. Miserable. Misunderstood. Hopeless. Abused.

Widows

Husband eaters. Husband stealers. Sex crazy. Kill to inherit wealth. HIV carriers. Dangerous. Threat to other women. Evil. Spreading disease. Useless.

3. Report back: Bring everyone together into a large circle. Ask one person from each group to stand in the middle of the circle and read out the names on their flipchart, starting with “This is what you say about me _____.”

After all lists have been read out, ask the following questions:

- ➡ How would you feel if you were called these names?
- ➡ How would you feel if your sister or brother were called these names?
- ➡ Why do we use such hurtful language?
- ➡ What are the assumptions behind some of these names?

Example Responses:

How would you feel if you were called these names?

- Sad. Hurt. Angry. Ashamed. Embarrassed. Unfairly treated. Rejected. Miserable.
- Their words are insulting. It makes me sad and ashamed. I wish I could die.
- It makes me feel unfairly treated. It’s no fault of mine that I am MSM.
- I’m going to hide my MSM identity from others so I won’t be stigmatized.
- I feel hopeless. All my confidence is gone. I don’t know how I will survive.





4. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➔ We are socialized or conditioned to judge other people. We judge people based on assumptions about their sexual and other behavior.
- ➔ Sex is a taboo, something shameful that we should not talk about. So we often shame and blame people whose sexual behavior is different from ours.
- ➔ MSM, entertainment workers, people living with HIV, and even widows were all labeled as sexually immoral on the flipcharts. They were called “sex crazy,” “irresponsible” and “AIDS carriers.” The judgments in this case are based on sexual morality.
- ➔ These are disadvantaged/vulnerable groups who are lacking in power. They are stigmatized partly because they have limited power to resist these labels.
- ➔ All of these labels show that when we stigmatize, we stop dealing with people as human beings. We forget their humanity (by using mocking or belittling words) and this gives us a feeling of power and superiority over them.
- ➔ All of these labels are based on assumptions in which we have insufficient information. They are generalizations which have no validity. We simply assume that “the other people” are “dirty, disgusting, useless, sex crazy,” etc.
- ➔ We attribute characteristics to a group and everyone who belongs to that group. We assume that all members of that group have the same characteristics, e.g., that all MSM are sex crazy.
- ➔ Stigmatizing words are very strong and insulting. These words have tremendous power to hurt, humiliate and destroy people’s self-esteem. When we “shame and blame” MSM, it is like stabbing them with a knife.

➤ So how should we treat MSM? We should give MSM:

- respect and affection;
- support and encouragement;
- space, place, and recognition.

If we treat MSM well, they will feel empowered and take charge of their lives, accessing health services and taking care of their sexual health. But if we treat MSM badly, because of the feelings of hurt and shame and rejection, they will hide from society and avoid using clinics and condoms, which puts them and their partners at higher risk of contracting HIV.

➤ Why do we condemn some groups and accept others? We are not saying that MSM are right or wrong. Whether or not you agree with someone, you don't have the right to belittle him. You must look at a human being as a human being and empathize as though the person is your son or daughter. Try to put yourself in the shoes of the other person. How would you feel if you were called these names? Even if you don't like the person, understand him.



**Naming
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A10

When the Family Discovers that their Son Is a Man who Has Sex with Men



Facilitator's Note:

In this exercise participants make up stories to describe what happens when a family discovers that their son is a man who has sex with men. This sparks a discussion on how men who have sex with men (MSM) are treated by their families, how this affects their lives, and what can be done to change this response by families.

If you are short of time, you might use the example stories located at the end of the exercise as case studies and ask groups to read and discuss them.

“We don’t give our families enough time to digest the fact that we are MSM. We give them the news and expect them to love us in the same way, without any change. It takes time for them to understand. Remember, it took all of us time to understand ourselves. So give them enough time to understand what it means to be MSM and at the end of the day they will defend you, and continue to love and respect you” (MSM).



Objectives:

By the end of the session participants will be able to:

- ➡ Describe how MSM are stigmatized by their families
- ➡ Explore ways to help families become more supportive to MSM children



Target Group:

Health care providers, NGO and CBO staff, police, and the community.



Time:

1-2 hour



Materials:

Character Cards (pictures showing different family members)

Preparation:

- ➔ Make up different family sets with cards, e.g., married couple with three children (2 boys and one girl), married couple with one child (boy), married couple with four boys, etc.
- ➔ In each family set put a small colored dot at the back of one of the boys (indicating that he is MSM).
- ➔ Put each family group (all family members) into an envelope.

Steps:

1. What happens when parents find out that one son is MSM

(Storytelling): Divide into groups (of no more than five people) and give each group a “family” (envelope filled with pictures of different family members). Then explain the task:

“ Turn over your family cards. One of the boys has a mark on the back of it, indicating that he is MSM. Make up a story about your family, describing what happens when the family discovers that this boy is MSM. What makes them suspect he is MSM? How do they deal with him? What is the reaction from neighbors? ”

2. Report back: Ask each group to read out its story. Then ask:

- ➔ What are the effects on the family when a son tells his parents he is MSM?
- ➔ What do parents do to force their MSM sons to become “real men”?
- ➔ What do the neighbors say or do?
- ➔ What is the effect on the MSM from the stigma and pressure?
- ➔ What is the effect on the family of having an MSM son?
- ➔ What is the effect on the women who are married to MSM?
- ➔ What is stopping families from accepting and supporting MSM?
- ➔ How can families be more accepting and supportive to MSM?
- ➔ What practical things can we do to support families with MSM?

3. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➔ Many parents have difficulty coping with the idea that their sons are MSM.
 - They often have goals for their children and when they find out that one boy is MSM, this destroys their hopes, including having grandchildren.
 - They are concerned about what others will say and how will it affect their reputation.
 - They also feel partly responsible for how their children turn out. They feel that the way they raised the boy may have had an effect on his sexual orientation or gender identity.
- ➔ Stigma starts when the family sees that their son is different from other boys. When they realize this, they try different things (e.g., cutting his hair, forcing him to do male activities) to get him to change. They may even kick the MSM out of the house, out of feelings of shame and not knowing what to do. They might also try to get him married in hopes that this will change him.



- ➔ We need to help parents see that this approach does not work but rather makes things worse. MSM need the love and support of their families, and when parents reject them, or force them to get married, this is very painful and very hard to deal with, and as a result some MSM lose control of their lives.
- ➔ MSM need their families continuing love, understanding, acceptance and support. This love and support will give them what they need to survive in a difficult world.
- ➔ MSM sons can and do provide support to the family. Just because they are MSM does not mean they cannot contribute to the family's success and well-being.
- ➔ Some parents are angry with their MSM sons, but don't give up on them. "My son is gay, but I need to accept him. I need to put my anger and attitudes aside and offer him help. No one can understand the feelings of another person. I cannot change him, but I need to help him survive and live a full life." This father buried his anger and opened his heart. He stopped saying "my son is bad," and focused on providing support. The most painful thing for an MSM is when the family gives up on him and stops loving him. MSM who have self-esteem and are able to cope with social stigma are those who have the love and support of their families.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

What are the effects on the family when a son tells his parents he is MSM?

- Initial effects: shock, anger, disappointment, worry, confusion.
- Lack of understanding: They don't understand the way their son is behaving.
- Denial: Some family members refuse to accept that their son is MSM.
- Parents shout at the boy and try to force him to become a "real man."
- Fear and worry about what the neighbors will say.
- Worry that the MSM won't produce a baby.

What do parents do to force their MSM son to become a "real man"?

- Scolding, insults, threats, and beatings to get him to change.
- Shaming and blaming: Tell him he is bringing shame to the family.
- Make him cut hair, dress as a man; throw out feminine clothes, and stop using make-up.
- Force him to do men's activities, e.g., carry water, climb palm tree, plough rice field.
- Watch him very carefully and prevent him from having contact with other men.
- Exclude him from family decision making and social activities.





Example Responses:

- No one sits down and talks with him to find out how he is feeling.
- Force him to get married.
- Some families kick him out of the house and break communication with him.

What do the neighbors say or do?

- Make fun of the boy and insult him.
- Blame the parents for not raising the boy properly.
- They watch their own sons and keep them from playing with the MSM.

What is the effect on the MSM from the stigma and pressure?

- At first the MSM feels isolated and alone. No one is listening to him.
- He feels ashamed and starts to doubt himself: "Why have I become MSM?"
- Becomes depressed. Breakdown in communication with parents and siblings.
- Becomes rebellious and uses alcohol and drugs as a coping mechanism.
- Eventually he decides to leave home and live with other MSM who are more accepting.
- All of the pressure from parents results in no change in behavior.

What is blocking families from accepting and supporting their son?

- Lack of understanding about and acceptance of MSM lifestyle.
- Judging attitudes and fear of stigma from neighbors.

How can families be more accepting and supportive to their son?

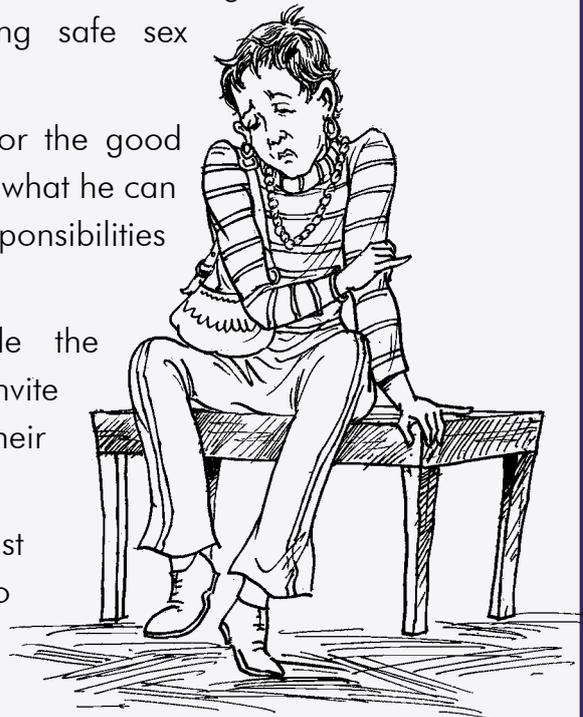
- Create a supportive environment where they can talk about issues.
- Encourage MSM to talk openly about their feelings and listen.
- Treat the MSM in the same way as they would treat other family members.

Example Responses:

- Help link MSM with other MSM and support groups for sharing and emotional support.

What practical things can we do to support families who have MSM sons?

- Tell them that they are not alone. Many other families have MSM sons so they should learn to love, accept, trust and recognize their son as a family member.
- Help them understand that:
 - a) MSM is not something new and have existed for a very long time.
 - b) MSM are not criminals or deviants, they are like anyone else. They just want to be respected and looked after as part of the family.
 - c) Trying to force MSM to change, to become “real men,” does not work. MSM are the way they are simply because of nature.
 - d) By scolding and isolating MSM, families are making him hide his sexual activities and this may result in him not using health services and not practicing safe sex practices.
- Encourage a positive attitude. Look for the good inside him and encourage him to show what he can do. Help MSM get jobs and take up responsibilities in the community and with the family.
- During community meetings include the MSM topic in the agenda and invite MSM and their families to share their experience.
- Bring those who discriminate against MSM to attend MSM clubs in order to see activities and to understand the MSM.





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Example Stories: These stories are just examples to give you an idea of what groups might come up with. These stories could also be used as case studies for groups to read, discuss and analyze.

Story 1: Father, mother, two sons and one daughter. The second son, Sorya, as he grew up, liked to play with girls and loved to wear girls' dresses. When he became a teenager, he started to spend a lot of time with other MSM. One day the father found Sorya getting dressed as a woman and he got very angry. He forced the boy to cut his hair short and to dress like a man. He used to beat him and shout at him to "act like a man," and blamed him for destroying the family reputation. Eventually, when he saw that nothing was working, he kicked Sorya out of the house and told him to find his own home.

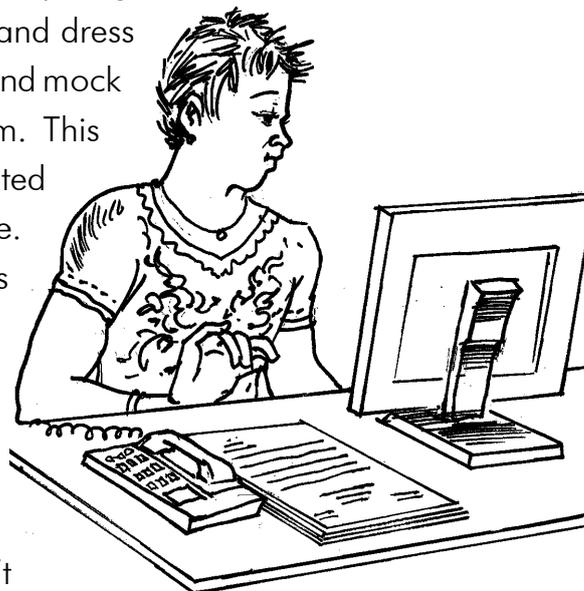
Sorya was very sad and confused. He loved his parents, but realized he now had to fend for himself. He decided to stay with friends who were also MSM. He was desperate for love from other MSM, so he was not careful in getting them to use condoms. He thought that if he asked them to use condoms they would say he didn't trust them. One day he developed rash on his bum. He went to the clinic to get it treated, but the clinic staff gave



him funny looks and kept him waiting a long time, so eventually he left and went for treatment at an NGO clinic. The NGO gave him counseling and encouraged him to reconnect with his family. So he went back to meet his parents and help them understand. The parents agreed to allow him to move back home and to continue his education at school.



Story 2: Father, mother and three sons. The youngest son is called Leap. Leap liked to behave and dress like a girl. The neighbors began to notice and mock him and keep their boys away from him. This made the family ashamed. They confronted Leap and told him he had to change. They forced him to burn his girl's clothes and do men's activities. Leap felt persecuted and alone. No one listened to him, they only shouted at him. He felt depressed and began to have doubts about himself. Why had he become an MSM? But he saw he couldn't change his feelings that he was attracted to men and this was his nature. So he stopped trying to change. His father got angry and told him he would have to get married to a woman. Leap refused. His father cursed him, beat him and kicked him out of the house. Leap became very lonely and depressed. He drifted from place to place and job to job. Eventually he found an NGO that provided him with shelter and new skills. With the skills he started a new business and began to rebuild his life. His parents got back in contact with him and began to recognize his abilities as a businessman. They saw he would never change, that he would always love men, so they stopped trying to change him.



A11

Forms, Effects, and Causes of Stigma toward Men who Have Sex with Men (Problem Tree)



Facilitator's Note:

This is a good exercise to review all the things learned in the earlier exercises. It uses a Problem Tree method to make a list of forms, impacts, and causes. Then the group can do further analysis on causes and start looking at solutions.



Objectives:

By the end of this session, participants will be able to:

- ➡ Identify different forms of stigma toward men who have sex with men (MSM) and how stigma affects MSM, wives, families, communities, and the spread of HIV
- ➡ Identify some of the root causes of stigma toward MSM and possible solutions



Target Group:

All groups



Time:

1-2 hour



Preparation:

Using cards set up the structure for the problem tree on the wall.

Write one or two example cards for each category and tape on the wall. See examples on the following page.



Location	Feature	Question
Top	Effects	How does this affect the person stigmatized? (e.g., isolation)
Middle	Forms	What do people do when they stigmatize? (e.g., name calling)
Bottom	Causes	Why do people stigmatize MSM? (e.g., lack of knowledge)

 **Steps:**

Problem Tree: In pairs, participants write points on cards and tape them on a wall diagram to make a “problem tree,” showing types of stigma (main trunk), effects (branches), and causes (roots). Then points are reviewed and more analysis is done on the causes.

1. Card-Storming (Pairs): Divide into pairs. Hand out cards and markers. Ask pairs to write points on cards corresponding to effects, types of stigma, and causes, one point per card – and then go and tape their cards at the appropriate level of the diagram.

2. Clustering: Ask a few pairs to come up to the wall and organize the cards for each category. Eliminate repetition and put similar points together. Then ask these participants to present the cards they have organized.

3. Debriefing (Plenary): Review one level at a time and clarify any points which are unclear. Then look at the links between the different levels. For example identify one form of stigma (e.g., shaming and blaming) and show its root causes (e.g., moral judgments) and some of its effects (e.g., shame, feeling excluded).

A11

Forms, Effects, and Causes of Stigma toward Men who Have Sex with Men (Problem Tree)

4. Analyzing Causes and Developing Solutions (Task groups): By this stage you will have a huge, overwhelming list of points or “trees,” but it needs further analysis to be able to “see the forest” to make things more meaningful.

- ➔ Get agreement on the major causes. Then assign each cause to a task group.
- ➔ Ask each group to analyze its cause. Why is this a root cause? How does this lead to stigma? Ask for examples.
- ➔ Then ask the group to develop solutions by asking, “What can we do to challenge these causes?”

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Effects of MSM Stigma

Personal: Shame. Loneliness. Feeling excluded. Loss of status and self-esteem. Loss of hope and will to live. Self-blame. Stress. Anger. Resentment. Poor health. Alcoholism.

Depression. Suicide. Secrets are known by family. Not caring anymore and so take risks and become reckless.

Family: Family conflicts. Forced to leave home. Break-down in communication with parents.

Community: Dropout from school. Forced to leave community. Difficulty getting jobs.

HIV epidemic: Loss of confidence. Less care about protecting their health. Avoid using health services. Not getting STIs treated. Not using condoms. Not getting tested for HIV. Result: HIV spreads silently to both male and female partners.





Example Responses:

Forms of Stigma and Discrimination against MSM

Making MSM feel different: Making fun of. Mocking. Finger pointing. Hostile looks.

Shaming and blaming: Bad words. Condemning. Judging. Scolding. Insulting. Gossip.

Isolation: Rejection. Refuse to sit beside them. Excluded from activities. No one talks to them.

Violence: Kicked out of house. Beaten by police. Physical attack by public. Sexual abuse

Discrimination: Poor treatment at clinic. Harassed by police. Not hired. Stop from entering bars

Self-stigma: Blaming and isolating on self.

Accepting shame. Withdrawal from activities.

Stigma by association: Family, partners, and friends of MSM are also stigmatized.



Causes of MSM Stigma

Moral judgments: View that MSM have broken social norms by having sex with men. Ignorance and unwillingness to accept difference. People know little about MSM's lives and sexuality, so out of ignorance they judge them unfairly or isolate/reject them out of fear. They are prejudiced toward people who are seen as looking and behaving differently.

Fear of stigma by association: Some short hair MSM stigmatize long hair MSM out of the fear of being stigmatized themselves by being associated with long hair MSM. Non-MSM are afraid to be seen with MSM as they fear others will assume that they are also MSM

Gender expression: MSM who are effeminate in their behavior (e.g., MSM short hair) are judged harshly because their clothing and appearance differs from the norm.

Power and gender norms: Moral rules are often based on unequal power relations and can be used to punish those who challenge gender norms e.g., "not behaving like a real man."

A12

How Stigma toward Men who Have Sex with Men Fuels the HIV Epidemic



Facilitator's Note:

This exercise helps participants understand how men who have sex with men (MSM) stigma or the fear by MSM of being stigmatized fuels the HIV epidemic.



Objectives:

Participants will be able to see how MSM stigma or the fear of being stigmatized stops MSM from getting health services, communicating with their male and female sexual partners about sexual health issues, and practicing safe sex, which increases their risk of getting HIV, and so the possibility of passing HIV on to both male and female partners.



Target Group:

Health care providers, NGO and CBO staff, police, and the community



Time:

1 hour



Step:

1. Story: Read the following story:

Kiri started to have sex with men when he was a teenager, and managed to hide this from his family. He knew that being MSM was natural for him, but he was worried his family would find out and make his life miserable. Other MSM friends had been “discovered” by their parents and their lives had become hell and he wanted to avoid this.



When he grew older he lived in the same town as his family, but lived on his own. His family suspected he might be MSM, but they didn't bother him until he was 30, when they started to pressure him to get married. He agreed to the marriage to get them off his back.

Soon after getting married, he found out that one of his previous male partners had tested HIV positive, so he started to worry about his own status. What would people think if he was HIV positive? Would they find out that he was MSM? How would he be treated?

He went to the clinic to take an HIV test, but the counselor made him feel very uncomfortable. He asked lots of questions about Kiri's sex life. When Kiri mentioned having had sex with men, the counselor said, "No, you are not one of those! You seem different!" Kiri left the clinic without taking the test and told himself he would never go back.

He started to worry about infecting his wife and his new male partner. He insisted on using condoms with his wife, but she got angry and said he must be having an affair. He was so worried about losing his new male partner that he had sex with her without using a condom. He became very depressed and worried about what he would do next.

2. Plenary Discussion:

- ➡ What happened in the story? Why is Kiri behaving the way he is?
- ➡ How does stigma affect disclosure to his partners and his use of health services?
- ➡ How does MSM stigma result in the continuing spread of HIV?
- ➡ If we stigmatize MSM, does it stop them from having sex with men?

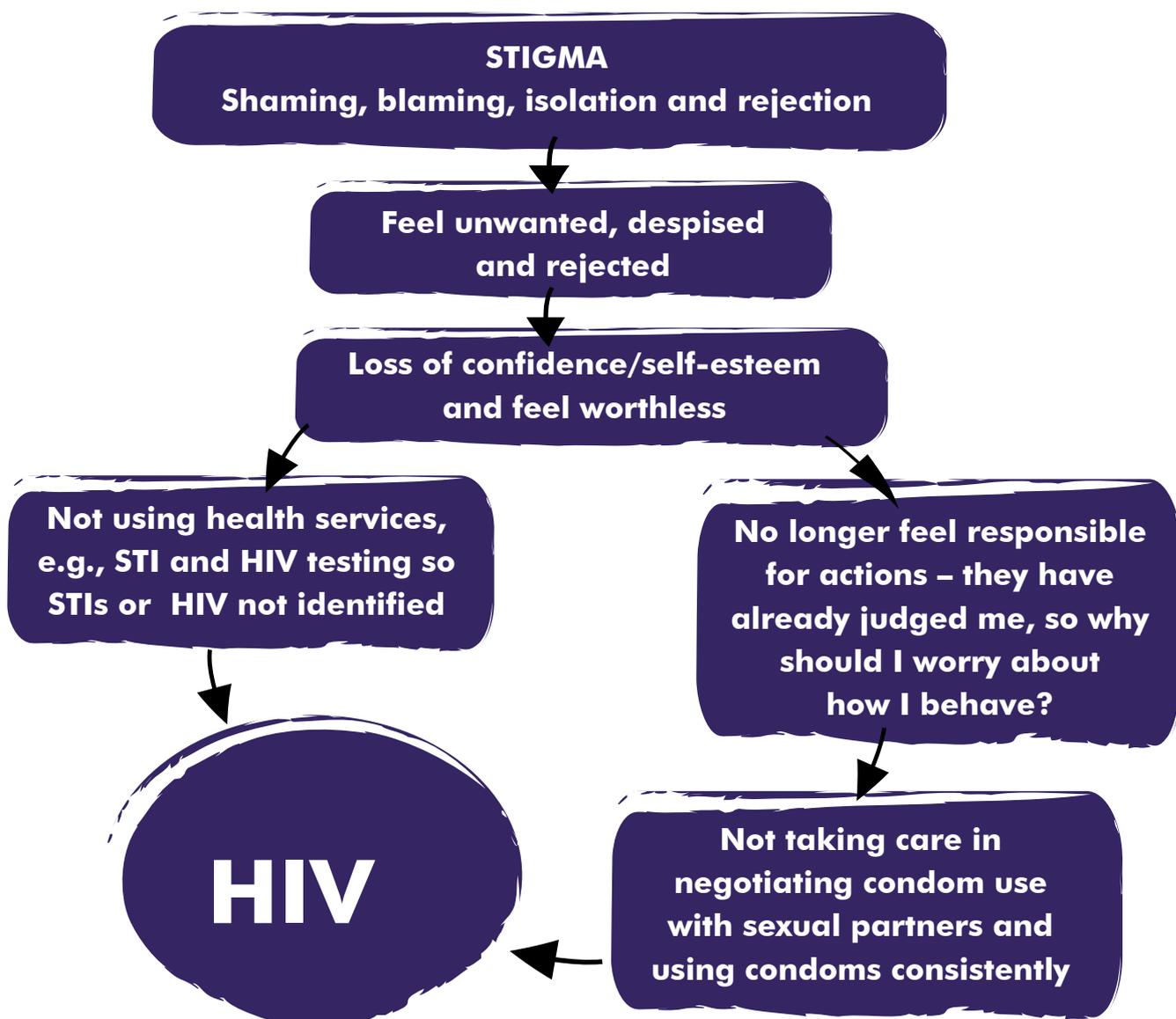
3. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- Some people believe that stigmatizing MSM will push them to stop having sex with other men. It is important to understand that: a) moral pressure will not change MSM's sexual orientation; and b) stigma will make the situation worse, making MSM hide their sexual activities with other men. This has negative consequences, which are described below.
- Stigma or the fear of stigma stops MSM from:
 - Using clinics, getting tested for HIV and STIs, and getting condoms and lubricant from clinics.
 - Protecting their own health and the health of their sexual partners by insisting on condom use with partners. A MSM is so happy to find someone who loves him that he avoids insisting on condoms, because he wants to hang on to this new relationship. This puts himself and his partner at risk of getting HIV.
 - Refusing to marry a woman, even though he does not want to get married.
 - Disclosing their HIV status if they are HIV positive. Because of HIV-stigma MSM are afraid to tell others about their HIV status. As a result, they may be able to avoid HIV-stigma, but as a result may have more difficulty negotiating condom use, accessing services, support, and treatment for HIV, and therefore be at more risk for transmitting HIV to their partners, both male and female.
- It is the fear of being stigmatized which stops MSM from taking appropriate action to protect their health, and thereby the health of their partners. It is this fear which stops MSM from accessing health services, finding out their own status, and negotiating safe sex with partners. This increases the risk that MSM will contract HIV and pass HIV along to their partners (often both male and female).



- ➔ Fear of MSM stigma keeps HIV underground. MSM trade off their own lives and their partners' lives in order to remain invisible in hopes of avoiding being stigmatized.
- ➔ If on the other hand, MSM are treated with kindness, support, and care, they will be more likely to access health services and take precautions in their sexual relationships.

How Stigma Affects Men who Have Sex with Men



A13

Stigma and Discrimination toward Men who Have Sex with Men in the Clinic



Facilitator's Note:

This exercise is designed for health care providers. It looks at the experience of men who have sex with men (MSM) in using health facilities: how MSM are treated, the specific forms of stigma they face, how it makes MSM feel and the effect of the stigma on their health seeking behavior.

The exercise uses a story to help health workers identify the forms of stigma mentioned in the story and then identify real forms of stigma in their own health facilities.

Do this exercise after a general exercise to introduce the idea of stigma to health workers (e.g., A1, A2, A3, A4, A5, or A6). This will help to prepare health workers to name stigma in their own setting. The aim is to help health workers make a frank and open assessment about stigma in their own health facilities.



Objectives:

By the end of this session participants will have:

- ➔ Identified forms of stigma which discourage MSM from using clinics
- ➔ Started to think about how to improve things in the clinic



Target Group:

Health care providers



Time:

1 hour



Materials:

Case study

Step:

1. Case study: Divide into groups of no more than 6 people and give all groups the case study given below. Ask them to read the case study in their individual groups and discuss the following questions:

- ➔ What happened in the case study? Is the situation described realistic?
- ➔ What other forms of stigma have you observed happening in health facilities toward MSM?
- ➔ What are the effects of this stigma on the MSM and on the spread of HIV?
- ➔ Why is stigma happening in the health facility?
- ➔ What can we do to reduce the stigma faced by MSM patients?

Case Study:

One day I started to get painful sores around my anus. I went to the clinic to get treatment, but I was worried about how I would be handled by the clinic staff. When I arrived at the clinic I waited a long time. The nurse kept calling patients who had arrived after me. Eventually I challenged her and said, “I arrived before him. Why can’t you treat me now?” She laughed and said, “Who are you to tell me what I should do? You’ll just have to wait. We know you katooeey!” She said this in the presence of the other patients. She left and had a long talk with other nurses and I could see them looking in my direction.

Eventually I was called in to see a doctor. Before I went into his room, the nurse had been talking to him, so I suspected she had told him that I was MSM. The doctor gave me a funny look and said, "What is your problem?" I explained that I had a sore in my anus. He said, "You deserve to get this because of your disgusting behavior." Then he told me to take off my pants. I did so, and he looked at my bum from a long distance away, and said, "Your anus smells and it's dirty. How am I supposed to check you? I can treat a real man, but not a half man or half woman!" He then asked, "Why do you have STIs in your anus?"

He then began to ask me a lot of questions about my sex life: "Do you have a girlfriend? How do you have sex with a man?" I told him I just wanted to be tested and given treatment, not to be asked about my sex life. He said that the clinic only provided treatment for real men, not "katooney."

As soon as he left, I put my pants on and left the clinic. It was humiliating! I will never go back to that clinic again. I went to the clinic with a medical problem to get help from the doctor, but I didn't receive any treatment. All I got was bad words and blame!



Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Stigma and barriers in the clinic:

- MSM patient is kept waiting a long time. Other patients are served first.
- Bureaucratic and unfriendly treatment and insulting language.
- Clinic staff gossip about the MSM patient and show their disapproval/ judging through body language.
- Breach of confidentiality when one nurse tells the other nurses and patients about the MSM.
- Blaming and shaming: "You deserve to get this, because of your disgusting behavior."
- Poorly done, rushed examination. Doctor inspects MSM's bum from a long distance.
- Doctor is more concerned about the patient's sexual orientation than dealing with the illness.
- No information is provided on safe sex for MSM.
- Some short hair MSM are reluctant to access health services because they do not want to reveal their sexuality, for fear they will be discriminated against.
- Some long hair MSM fear being stigmatized at the clinic because they have a man's name but a woman's appearance.



Example Responses:**Effects**

- MSM leaves the clinic feeling insulted, humiliated, and angry, and without medicine to treat the problem.
- MSM patients stop using the clinic and do not get their STIs treated.
- MSM resort to other forms of treatment, e.g., private doctors who treat them with more confidentiality and less stigma, or self-treatment.
- It may affect their self-esteem/self-confidence and they may deny their sexual risk and take more risks in their sexual behavior (e.g., not using condoms).
- Short hair MSM find it difficult to talk openly about situation for fear they may be stigmatized.

Why are these problems happening?

- Symptoms (e.g., sores in the anus or ulcers in the throat) are themselves a trigger for stigma.
- Stigma toward MSM based on views about sexual orientation.
- Lack of confidentiality.
- Health workers are not trained on how to diagnose, interact with and counsel MSM patients.
- The doctor has the wrong focus and is more concerned about the patient's sexual orientation than treating the STI.





Example Responses:

Solutions

- Educate health care providers on MSM issues and how to deal with MSM patients.
- Change the attitudes of health care workers who are stigmatizing. Help them to become more caring and less judgmental/stigmatizing.
- Implement new standard operating procedures for services to MSM.
- Strengthen the code of practice of health workers so that they treat all patients equally.
- Train all staff on basic skills in the management of STIs in MSM.
- Train staff on how to counsel MSM patients, i.e. not judgmental, neutral or supportive language and appropriate body language.
- Provide information on safe sex for MSM.



2. Discuss:

- ➡ What happens if we stigmatize MSM patients?
- ➡ Why is stigmatizing patients wrong?

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

What happens if we stigmatize MSM patients?

- MSM patients may stop using the clinic and not have their STIs treated.
- Fear of stigma might prevent MSM from giving us information about their sexual behavior so we can help them prevent STIs and HIV.
- Stigma may affect the self-confidence of MSM and as a result they may take less care in using condoms with partners and negotiating safe sex.

**Why is stigmatizing patients wrong?**

- Our role as health workers is to care for people, not hurt them.
- Our code of practice tells us to treat all patients equally.
- If we stigmatize MSM patients, this will undermine their ability to manage their sexual health and may result in more HIV transmission.



3. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➔ Because of your religion or upbringing you may believe that men having sex with men is wrong, but it is not okay to stigmatize MSM.
- ➔ Stigmatizing MSM fuels the HIV epidemic. It makes MSM hide their situation and take less care about their sexual health, making them more vulnerable to getting HIV.
- ➔ Stigmatizing MSM defeats your own mandate as a health care worker. If you stigmatize MSM, they will stop using the clinic and their health will be negatively affected. If so, you are failing in your role as a health worker.
- ➔ The health care providers' code of conduct requires us to treat all patients without exception.
- ➔ We are not saying that the moral values are wrong. We are saying that health workers' judging of MSM is wrong. This form of stigma has to be stopped, i.e., condemning MSM as undeserving of our support and health care.
- ➔ Stigmatizing MSM results in their feeling cut off from family, community, and health services. This lowers their self-esteem and undermines their ability to take positive action to manage their health. As a result, MSM may take less care about their use of condoms and put themselves at risk of getting HIV. Once they get HIV, MSM are doubly stigmatized (for being MSM and for living with HIV), and this affects their ability to care for their own health and others' health. MSM may hide their status from their partners (male and female) and continue having unprotected sex and this allows HIV to continue to spread.
- ➔ If we are to fight HIV, we have to stop calling MSM "bad people." MSM are not bad people. In many parts of the world MSM are accepted as part of the community. This removes the moral condemnation. MSM are simply regarded as having a different sexual orientation, not having failed morally.

A13

Stigma and Discrimination toward Men who Have Sex with Men in the Clinic

- Stigmatizing MSM does not help us to fight HIV. Instead of stigmatizing MSM, we need to show care and compassion so that MSM can lead a healthy life and act in their own and other people's interest.
- We cannot change MSM so we should focus on helping MSM avoid the negative effects of a stigmatized existence.
- If we can stop blaming and shaming, and instead accept MSM, we can make a difference.





Chapter B:

Understanding What it Means to Be a Man who Has Sex with Men

Introduction

This chapter is designed for health care providers, police, non-governmental organization (NGO) and community-based organization (CBO) staff, and the community. Its aim is to help them understand the gender expression and sexual orientation of men who have sex with men (MSM), so they will be less stigmatizing.

To provide background reading, encourage participants to read the information sheets that are provided at the end of this toolkit, in the Annex.



Exercises

- B1. Breaking the Sex Taboo
- B2. What Do We Know about Men who Have Sex with Men?
- B3. What is Sex? What is Gender?
- B4. Act Like a Real Man
- B5. Sex, Gender Identity, Gender Expression and Sexual Orientation
- B6. Misconceptions about Men who Have Sex with Men
- B7. Value Clarification

Annex to Chapter B: What Do You Know about Men who Have Sex with Men? (True/False Questionnaire)

B1

Breaking the Sex Taboo



Facilitator's Note:

Sexuality is a taboo subject, and in particular talking about sex that is considered "immoral" or "abnormal" and breaking traditionally sanctioned sexual practices. Our views about what is "appropriate" sex leads to a lack of acceptance of people who do not conform to our own, or the majority of society's, views about what is proper sexual behavior, fueling stigma against men who have sex with men (MSM). Sex, our beliefs about sex, and how they lead to stigma against MSM, is the major topic in this chapter, so we need to help participants talk openly about sex. These exercises help to achieve this objective.

Use these activities on the second or third day of the workshop when participants are comfortable with each other and feel free to talk together.



Objectives:

By the end of this session, participants will be able to:

- ➡ talk more openly about sex and their feelings about "proper" and "improper" or "immoral" sex
- ➡ recognize that our beliefs about what is "acceptable" or "proper" sex is one of the root causes of MSM stigma



Target Group:

Health care providers, the police, NGO and CBO staff, and the community



Time:

1 hour



Activities to talk about sex:

In this exercise we are providing three different activities to get participants talking about sex:

Activity A: First Thoughts about Sex

Activity B: Anonymous Participatory Sex Survey

Activity C: Why Do Men and Women Have Sex?

Choose Activity A or B or C or do them all, if you have enough time.

Use the summary points which are given at the end of the exercise to help conclude each activity.

Activity A: First Thoughts about Sex

Steps:

- ➡ Write the word “sexual intercourse” in the center of a blank flipchart sheet and ask, “What are your first thoughts when you hear the word ‘sexual intercourse’?”
- ➡ Record all responses on the flipchart.
- ➡ Then discuss three questions:
 - Why is it difficult to talk about sexual intercourse?
 - What are the social norms around sexual intercourse?
 - What does this tell us about stigma?

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

First thoughts when we hear the word “sexual intercourse”

Fun. Exciting. Pleasure. Pain. Exercise. Love. Shame. Sin. Dirty. Embarrassing. Aroused. Feelings. Having babies. Fear of HIV. Condoms. Man and woman. Man and man. Rape. Violence.

Why is it difficult to talk about sexual intercourse?

Sex is a secret. Sex is a taboo subject. Sex is shameful; the word is insulting.

We are shy to talk about sex because due to our cultural norms, we normally don't talk about it in public. If we do, others will stigmatize or blame us.

Social norms around sexual intercourse

- Sex is acceptable only if it is between man and woman. Sex between two men is “wrong.”
- Sex is only acceptable between people who are married and with the aim of producing babies.
- Good women do not say they enjoy sex. If they did, they would be stigmatized (shamed).
- Men/husbands decide when and how to have sex. If the wife says no, this will lead to violence. She does not initiate sex.



Example Responses:

What does this tell us about stigma?

- People who do not follow the sexual norms will be stigmatized.
- MSM do not follow widely accepted sexual norms so they are stigmatized.



Activity B: Anonymous Participatory Sex Survey

Steps:

- ➡ At least two facilitators are needed to run this exercise: one facilitator at the front of the room to read the questions, the other facilitator at the back of the room to collect the answer slips and quickly record the results on a flipchart.
- ➡ Explain that the survey is anonymous.
- ➡ Hand out ten slips of paper to each participant.
- ➡ Ask each question and tell participants to record their answer on a slip of paper and fold it up. Collect the slips after each question and record the results on a flipchart. Do not present these results until all the questions have been asked.
- ➡ Present and discuss the results. Then ask, "How did you feel answering the questions? What did you learn from the exercise?"

Example Questions and Example Results	Yes	No	Total
Can you talk openly about sex to close friends?	16	8	24
Do you enjoy sex?	20	4	24
Have you ever used drugs or alcohol to make you feel sexy?	12	12	24
Have you ever participated in oral sex?	14	10	24
Have you ever participated in anal sex?	6	18	24
Do you have a friend who is MSM?	12	12	24
Have you ever had an STI?	12	12	24
Have you ever taken an HIV test?	18	6	24
Did you use a condom the last time you had sex?	20	4	24
Have you ever paid for sex?	8	16	24

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

What did you learn from the exercise?

- The survey helped us reveal our own sexual experience without embarrassment.
- It was easier because it was anonymous. People were laughing, so it loosened people up.
- Most men can talk easily about sex, but most women feel uncomfortable talking about sex.



Activity C: Why do Men and Women Have Sex?

Steps:

- ➔ Put up three flipcharts on the wall titled a) Why men have sex with women, b) Why men have sex with men, c) Why women have sex.
- ➔ Ask participants to decide which flipchart to write on. They should only write on the flipchart where they have personal experience. Only women would write on the flipchart about why women have sex. Men who have sex with both men and women can write on both flipcharts about why men have sex.
- ➔ Once the groups have finished, ask one person from each group to read the points.
- ➔ Then compare and discuss the three flipchart products:
 - What are the similarities? What are the differences?
 - What did we learn from this exercise?

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Why men have sex with women

Fun/pleasure. Have orgasm. It's human nature. Have children. Prove he is a man. Love. Exercise. Make partner happy. Explore woman's body. Relieve stress. Relieve boredom.



Example Responses:**Why men have sex with men**

Fun/pleasure. Have orgasm. Human nature. Love. Find/keep partner. Give comfort to partner. Easier to find a male rather than a female sex partner. Exercise. Relieve stress. Make money. Forced to have sex.

Why women have sex

Pleasure. Have orgasm. Human nature. Have children. Love. Find and keep partner. Relieve stress. Keep relationship. For sake of family. Give comfort to partner. Make money. Forced to have sex.

Similarities

Fun/pleasure. Have orgasm. Human nature. Love. Relieve stress. Give comfort to partner. Find/keep partner. Make money. Forced to have sex.

What did we learn from this exercise?

There are differences, but there are many common reasons for having sex.

MSM have many of the same reasons for having sex as men who have sex with women and women.

Women often have sex to get something (e.g., money, partner), men to show they have power.

Poverty and economic hardship forces women and MSM to sell sex.





5. Summary: Bring each of the above sessions (A, B or C) to a close by summarizing the main points which participants have made during the exercise.

In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➡ Discussing sex is taboo. We have been socialized not to talk about sex, especially in our families, between generations, or even between married couples.
- ➡ HIV can be transmitted sexually, so if we are to control this epidemic, we have to become better at talking about sex and learn to talk about sex in a non-judgmental way.
- ➡ Our views about the sexual practices of marginalized groups such as women, MSM and sex workers is a major factor in stigma. We judge or stigmatize others because of their sexuality.
- ➡ Women and MSM are accused of having sex to make money, and to find/keep a partner.
- ➡ MSM are stigmatized for having “immoral sex” (male to male sex, oral sex, anal sex).

B2

What Do We Know about Men who Have Sex with Men?



Facilitator's Note:

This exercise will assess participants' knowledge about men who have sex with men (MSM) and gaps in their understanding. This will help to establish a baseline level of knowledge to build on and identify misconceptions or irrational fears, which may underpin the stigma towards MSM.

You could use the Quiz (method B) as a form of homework. Hand out the quiz at the end of the day and ask participants to complete it at home. Then discuss the answers the following day.

If possible, arrange for MSM to attend this session as resource persons so they can help to explain some of these issues. But take care to ensure that MSM do not feel that they are being personally attacked or their personal life invaded in the process of answering the group's queries.



Objectives:

By the end of this session, participants will be able to identify what they know and don't know about MSM.



Target Group:

Health care providers, NGO and CBO staff, the police, and the community.



Time:

1 hour



Two Methods to Assess Knowledge:

In this exercise we provide two activities to assess participants' knowledge about MSM:

Activity A: Cardstorming – Everything you wanted to know about MSM

Activity B: True-False Quiz – What Do You Know about MSM?

Choose one of these exercises only. Use the information sheets (found at the end of the toolkit in the Appendix) and the answers to the true-false quiz (found at the back of this chapter) as a resource for answering questions, or to clear up areas of confusion.

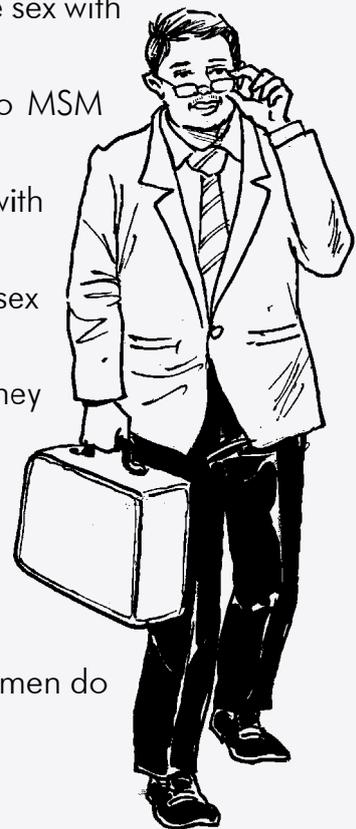
A. Cardstorming: Everything You Wanted to Know about MSM. Divide into pairs. Hand out blank cards to each pair. Ask pairs to write on each card things they want to know about MSM and tape cards on the wall. Eliminate repetition. Then discuss each question. Help to sort out fact from misinformation.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Examples of questions from a workshop on MSM issues:

- How does one become MSM? Why do men like to have sex with men?
- Where do MSM learn to have sex with men? How do MSM have sex? Who is on top?
- Do MSM reach orgasm? How does it feel to have sex with men? Is anal sex comfortable?
- Do MSM want to have children? Do MSM ever have sex with women?
- Why do long hair MSM dress like women? Why do they want to have breasts?
- Can MSM be infected with HIV? Are MSM who practice sex at greater risk of getting HIV?
- Does it violate the Khmer tradition or Cambodian laws for men to have sex with men?
- Why do some men like to have sex with men and some men do not?
- Do MSM have less male hormones?





B. True-False Quiz: What Do You Know about MSM?

Hand out the quiz given below and ask each participant to complete it, writing true or false beside each statement. (You also can hand out the quiz at the end of the day and ask participants to complete it at home.) Then discuss each of the questions, using the answers at the end of this chapter as a guide. You can also give out the answers as a handout as a quick way of helping people understand some of the issues.

1. Having sex with men is a learned preference. Men who have sex with men can be taught to love only women.
2. If you are friends with MSM you will also become MSM.
3. MSM are mentally ill, but they can be cured.
4. Men having sex with men is against Buddhist religion.
5. Men having sex with men is not Khmer. It is a product of foreign/western influences
6. Sex between two men can be motivated by love, sexual pleasure, and/or economic exchange.
7. Men who have sex with men really want to be women.
8. MSM are all the same. You can identify MSM by the way they dress and behave.
9. In Cambodia it is illegal for men to have sex with men.
10. MSM do not have the same rights as other people under the Cambodian constitution.
11. Men who have sex with men have an increased risk of getting HIV and other STIs because of the common practice of unprotected anal intercourse.
12. MSM engage in the same sexual practices as other couples.
13. MSM do not want long term partners, they only want casual sex.
14. MSM may also have sex with women.

15. Safe sex for MSM is different from safe sex between a man and a woman.
16. MSM are not at risk of getting HIV so they do not have to practice safe sex.
17. There is no stigma against MSM, MSM stigmatize themselves.
18. MSM have less male hormones than heterosexual men.
19. Homosexuality is caused by karma.

Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- People know little about MSM, so out of ignorance they judge them unfairly or isolate/reject them out of fear.
- When we know little about others, we end up accepting stereotypes about them, e.g., that “MSM are sick, sex crazy, etc.” We believe these things are true, but they are false.
- We endorse the practices of the majority (heterosexual sex) and criticize the practices of the minority (MSM/homosexuality). We use the pressure of the majority to criticize and marginalize the minority (MSM) and ignore their rights.
- If we know more about MSM – their lives and loves, gender identity, gender expression, and their sexual orientation – we will begin to overcome some of our doubts, prejudice and confusion about MSM and be less fearful or condemning towards them.
- MSM help to teach us that human beings are different in a wide variety of ways. Instead of making fun of people who dress or behave or have sex in different ways, we should accept them.
- MSM are different, but they are not harming anyone, so we should leave them alone and let them get on with their lives without being condemned and taunted.



- ➔ The most important thing we have to learn is that MSM don't choose to be MSM, but this is how they are born. So we should stop trying to change MSM.

B3

What is Sex? What is Gender?



Facilitator's Note:

This exercise looks at gender roles and how they affect our views about gender identity and gender expression.



Objectives:

By the end of the activity, participants will be able to:

- ➡ Understand the roles that they are expected to play as males and females and how they are always changing.
- ➡ Recognize how gender roles affect choices in life, one's health and well-being.
- ➡ Think about whether they would like to see some changes in gender roles.



Target Group:

Health care providers, the police, NGO and CBO staff, and the community



Time:

1 hour



Step:

1. Gender vs. Sex: Divide the flipchart into two equal halves. On one side write down "males" and on the other side "females." Ask participants to brainstorm the differences between males and females and record their answers.

Then ask, "Which of the answers refer to biological features (sex) and which refer to the roles that males and females have been assigned by culture (gender)?"



	Females	Males
Sex	Breasts. Hips. Vagina. Menstruation. Having babies.	Penis. Testicles. Beard. Deep Voice. Produce sperm.
Gender	Sweep. Cook. Wash clothes. Care for children. Provide comfort.	Look after goats. Head of household. Breadwinner. Decision-maker.

Based on their answers, explain the difference between gender and sex, using some of the points from the summary (below).

2. Gender, Sex, and MSM: Discuss the following questions:

- a) In term of biological characteristics (sex), is there any difference between men who have sex with men (MSM) and the men who are not MSM?
- b) In terms of gender, what are the issues about MSM?
 - Gender roles?
 - Gender stereotypes?
 - Gender values?

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

No biological differences between MSM and the men who are not MSM. They are just the same. They just feel different.

A long hair MSM is biologically male, but dresses and acts like a female. His sex is male, but his gender is female.

3. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➔ Sex describes the biological or physical differences between men and women. Men have a penis and testicles and produce sperms to make babies. Women have breasts and a vagina and produce eggs to make babies.
- ➔ Gender is the norms, roles and responsibilities given to males and females by society. Boys and girls are taught how they should behave to become ideal men and women according to the culture.
- ➔ Sex is physical, while gender is social or cultural, e.g., a woman can give birth to children but a man cannot (sex); women can raise children and so can men (gender). Sex is fixed or inborn, but gender can change; it is socially constructed.
- ➔ From an early age, children are taught that boys and girls have different roles, e.g., girls work in the home, cooking, washing, cleaning; boys do physical work outside the house.



- ➔ Girls and boys are taught to behave differently. Girls are discouraged from playing rough games like football, boys from playing with dolls or dressing in girls' clothes.
- ➔ Girls and boys are expected to respond differently to the same experience. For example, while it is acceptable for girls to cry, crying is seen as a weakness in boys.
- ➔ These different expectations of boys and girls, men and women, are expressed in slogans such as "Act like a real man," "Boys should never cry," and "Girls should behave properly" (e.g., girls should never initiate sex or talk about sex).
- ➔ MSM who often behave differently from these expectations face stigma and harassment. For example, MSM boys are often forced by their parents to change the way they dress or walk or behave, or the roles they play in the family.
- ➔ Perceptions of gender roles strongly influence how society views MSM. For example, MSM have no biological difference (sex) from men who are not MSM. However, they often challenge traditional perceptions of gender roles and stereotypes. Some MSM, for example, refuse to get married or conform to traditional stereotypes of what is considered to be masculine (e.g., not expressing emotion, not doing household tasks, etc.).
- ➔ MSM also challenge heterosexual norms of sexual practice (penis-anus instead of penis-vagina), and because of this, they are stigmatized.
- ➔ MSM have internalized the same set of gender roles and stereotypes as those commonly accepted in society, for example, that men shouldn't cry. When MSM are shamed by their families for not following these gender roles and expectations, it makes them feel abnormal, they begin to stigmatize themselves, and become confused about their own identity and behavior.

B4

Act Like a Real Man



Facilitator's Note:

This exercise looks at the pressures on men who have sex with men (MSM) to “act like a real man.”

It uses a method called “gender boxes” which looks at the ways that society or culture tries to put men (including MSM) and women in separate boxes.

“Gender boxes” tell men to “act like a real man” and women to “act like a real woman” and tell men and women that they should be different in the ways they think, feel and behave. This same tool is used to force MSM to conform to the gender roles and stereotypes of being a “real man.”



Objectives:

By the end of the exercise participants will be able to identify the pressures on MSM to stay in their gender boxes as a real man, and the advantages and disadvantages of doing so



Target Group:

Health care providers, the police, NGO and CBO staff, and the community



Time:

1 hour



Steps:

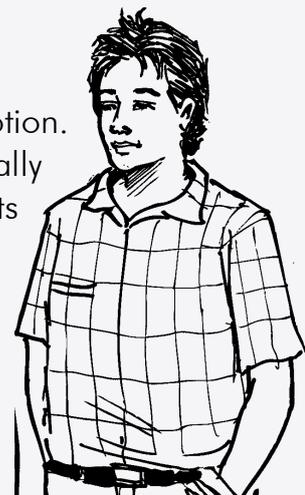
1. What is a “real man”? (Cardstorm): Divide into pairs and hand out cards and markers. The task is to brainstorm what are the qualities, roles or behaviors that society expects of a “real man.” Ask pairs to write points on cards with one point per card. Tape the cards on the wall. Then eliminate repetition and cluster common points.

Example of response

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

What makes a real man?

Strong. Virile. Aggressive. Does not cry or show emotion. Macho body language. Deep voice. Dressed in socially acceptable male clothing. Does male household tasks. Gets married to a woman. Has sex with wife and other women. Vaginal sex/no anal sex. Produces and raises two or more children. Looks after his parents. Head of household. Main decision-maker in family. Primary breadwinner. Has many girlfriends and lots of sex. Decides when and where to have sex with wife and girlfriends.



B4

Act Like a Real Man

Review the points on the wall and clarify each point. Then explain that the list of qualities, roles, and behaviors is the “gender box,” or the gender norms men are expected to follow in Cambodia. It is these norms which prevent men from coming out as MSM. MSM are expected by their communities and families to follow this set of rules or guidelines. Once they move out of the gender box, they often have to face a hostile response from society, which is most often stigma and discrimination.

2. Staying in or breaking out of the gender box: Put up four topic cards along the wall:

Advantages of staying in box

Disadvantages of staying in box

Advantages of leaving the box

Disadvantages of leaving the box

Combine pairs into groups of four people. Assign each group to work on producing points for one of the four topics by writing points on cards and taping them on the wall. (If there are more than 16 participants, have some groups focus on the same topic.) Once they have produced points for their own topic, they can contribute to the other topics.

When the groups have finished, ask each group to present the points for their assigned topic. Then discuss.



Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Advantages of staying in the gender box

- Respect, acceptance and economic and other support from the family and community.
- No obstacles in going through school, getting jobs, or accessing health and other services.
- Social approval and acceptance.

Disadvantages of staying in the gender box

- Hiding your true self and your feelings. Leading a “double life.”
- Doing activities you feel uncomfortable with, e.g., getting married, having sex with women.
- Sexual frustration. Not able to express emotions. Finding it difficult to fall in love.

Advantages of breaking out of the gender box

- Having the chance to be true to yourself. More fulfillment and less stress.
- Find real love. Chance to express yourself sexually in a genuine way.



Example Responses:**Disadvantages of breaking out of the gender box**

- Lose family respect, acceptance, support, and love. May get kicked out of family.
- Pressure from family (mocked, shamed and blamed) to conform/return to the box..
- Stigma and discrimination in the community, school, workplace, clinic, etc.
- Difficulties in school, getting work, accessing health and other public services, etc.

3. Processing: Discuss the following questions:

- ➡ Have you ever been told to “act like a real man” or to “act like a real woman”?
- ➡ What happened? Why did the person say this? How did it make you feel?
- ➡ How can social norms to “act like a real man” have a negative impact on MSM’s sexual health?
- ➡ How can we help each other and MSM to challenge and change the existing gender norms?

4. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➡ Everyone acts differently regardless of our gender. There is a lot more that makes up a “real man” or a “real woman” than our personalities and behavior.
- ➡ Society places a lot of pressure on us to act a certain way because of our gender.



B5

Sex, Gender Identity, Gender Expression and Sexual Orientation



Facilitator's Note:

Men who have sex with men (MSM) are not all the same. There are lots of differences within the MSM community. This exercise looks at the range of different identities within the MSM community and how they are treated by the larger community.



Objectives:

By the end of the activity, participants will be able to:

- ➔ Explain the meaning of gender identity, gender expression, sexual orientation
- ➔ Use these concepts to explain the different identities within the MSM community
- ➔ Examine how different identities are treated (stigmatized) by the larger community



Target Group:

Health care providers, the police, NGO and CBO staff, and the community



Time:

1 hour



 **Step:**

1. Introduction: Explain that many people think that MSM all look and dress and behave the same. This is not true. MSM have many different identities and we need to be able to understand the differences if we are to respond to their needs effectively. This exercise will help to explain the different identities.

Put up the following diagram and explain each of the terms briefly. A definition for each term is given at the end of this exercise.

Sex (biological/physical)	man	intersex	woman
Gender Identity	male		female
Gender Expression	masculine		feminine
Sexual Orientation (whom attracted to)	heterosexual	bisexual	homosexual

2. Group work: Divide into small groups (of three to four participants in each group) and hand out the following character descriptions to each group. Ask groups to think about and discuss each individual in each description in relation to the diagram on the wall, and decide where that character falls on each one of the lines/continuums.

Chantrea is a 22 year old long hair MSM. When he was young he liked to get dressed in girl's clothing. In his teens he began to think of himself as a female. His schoolmates used to tease him that he looked more beautiful than a woman. After trying to change him, his parents gave up and kicked him out of the house. He moved to the city where he met a 28 year old, short hair MSM, called **Bora**, a taxi driver. They fell in love, developed a strong sexual relationship, and moved in together. Chantrea found it difficult to get work so he became a sex worker.

Makara is a short hair MSM who works as an IT technician. He first discovered that he was attracted to men in his teens, but didn't start having sex with men until he finished his studies and started work. One day at work his colleagues teased him that he was holding a tea cup like an MSM, but he kept quiet and no one bothered him. When he started work, he had lots of short-term relationships with other men until he met Rotha, whom he has been seeing for two years. **Rotha** is a short hair MSM who works as a mechanic. He loves to play football and drink with the boys, and no one has ever suspected that he is MSM.

Sangha is a married businessman of 40 years. He has a few effeminate gestures, but everyone sees him as a happily married man. In reality he loves to have sex with men on the side and sends his assistant out to arrange this with male sex workers. One of the male sex workers is **Kong Kea**, a poor, uneducated boy who makes his living as a sex worker. Kong Kea only has sex with men for money. He is sexually attracted to women and in the future hopes to get married to his girlfriend.



Sov is a 30-year-old policeman. Men in the community make fun of him because of his walk, and this makes him less confident in his job. He has a male lover but also a girlfriend in order to keep the appearance that he is not MSM. He also has joined other policemen in forcing male sex workers to provide free sex. He is struggling with leading this double life and wishes he could be more comfortable with himself as an MSM.

Thom is a 25 year old injecting drug user. He grew up in a middle class family and started to feel sexual feelings towards men in his teens. His parents scolded him and tried to change him, and in desperation he turned to friends and drugs. He became addicted and dropped out of his university studies. He hangs out with two other MSM who also inject drugs and they share injection equipment. They also sell sex and use violence to get money to pay for their drugs.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

MSM	Example Analysis
Chantrea	Sex – man. Gender identity – female. Gender expression – feminine. Sexual orientation – gay (sexually attracted to men)
Bora	Sex – man. Gender identity – male – he thinks of himself as a man. Gender expression – masculine; he has no feminine characteristics. Sexual orientation – gay (sexually attracted to men like Chantrea)
Makara	Sex – man. Gender identity – male. Gender expression – primarily male, but some effeminate gestures. Sexual orientation – gay (sexually attracted to men)
Rotha	Sex – man. Gender identity – male. Gender expression – totally male. Sexual orientation – gay (sexually attracted to men)
Sangha	Sex – man. Gender identity – male. Gender expression – slightly effeminate. Sexual orientation – bisexual (sex with his wife and with men).
Kong Kea	Sex – man. Gender identity – male. Gender expression – masculine. Sexual orientation – heterosexual (sexually attracted to women). Sexual behavior – he has sex with women (love) and men (money). He identifies as heterosexual.
Sov	Sex – man. Gender identity – male. Gender expression – slightly effeminate. Sexual orientation – bisexual but not sure (sex with men + occasional woman)
Thom	Sex – man. Gender identity – male. Gender expression – totally male. Sexual orientation – gay (sexually attracted to men).



3. Report back: Ask each group to report on one of the eight characters. In giving their report they should show or plot on the diagram the position of each character for each of the dimensions (sex, gender identity, gender expression, and sexual orientation).

4. Then discuss: “Which of the characters is more stigmatized and why?”

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Chantrea is heavily stigmatized because of his feminine gender expression and sex work.

Thom is heavily stigmatized, primarily because he is a drug user.

Makara is also stigmatized for having some effeminate gender expression.

Sangha is less stigmatized because, even though he is a bit effeminate, he is rich and can use his power and influence to stop any comments on his gender expression.



5. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- Society tells us that the diagram should be one straight line, i.e., a man has a male gender identity and a masculine gender expression and is totally heterosexual (i.e., sex with women only). The reality is totally different. One man may have male gender identity, but have feminine gender expression, and be attracted to both men and women (bisexual). Another might have male gender identity and gender expression (muscles and male body language) but be solely attracted to men. The examples given in the exercise show the diversity.
- A person's gender identity and gender expression does not always match his sexual orientation and sexual behavior. A man may have sex with other men, but identify as a man and look, talk and dress like a man; another man may look feminine but only be attracted to women i.e. heterosexual; another man may be masculine and heterosexual but for economic reasons engage in commercial sex with men.
- Many MSM consider themselves to be men and have no interest in changing. They dress and act no differently than "real men."
- Sexual identity is strongly influenced by society and culture. Whether we call ourselves long hair or short hair or bisexual or heterosexual depends on the culture we grow up in, the place we live, and the social groups we identify with. Some men, for example, get married only because of family and social pressure, not because they want to get married. Some men may adopt the practice of having sex with men when they are in prison, because this is the norm.
- The exercise shows us that people get stigmatized and harassed for having gender identity, gender expression, and sexual orientation that is outside the gender norms (opposite to their biological sex).



- ➔ MSM with female gender expression are more identifiable as men who have sex with men so they are more heavily stigmatized. This is why MSM short hair, who present themselves and identify as men with masculine gender expression, are able to hide their sexual orientation and, on the whole, avoid stigma. They only face stigma at the clinic when health workers find out they are having sex with men. MSM long hair, on the other hand, are heavily stigmatized and harassed for their overtly feminine gender expression and the assumption that this means they are men who have sex with men. Because of their feminine looks and behavior, they are a target for the strongest stigma. Stepping outside of the “gender box” puts the long hair at risk of stigma.
- ➔ So while MSM is a term developed to describe sexual behavior, rather than gender identity and gender expression, the reality is that MSM are often stigmatized for having sex with men and for their gender expression.
- ➔ In summary the term MSM describes a wide variety of sexual practices and identities, including: short hair MSM; long hair MSM (transgender); bisexuals, including married men who have sex with men; prisoners who self identify as heterosexual, but have sex with men while they are in prison; male sex workers who see themselves as heterosexual, “real men” but sell their bodies for sex with men. It is very important to understand these different identities and realities if we are going to provide effective health and other services to these different types of MSM.

Categories of MSM

Term	Feature
Long hair	Man who identifies as a woman and wants to look like woman.
Short hair with female behavior (tuon phluon)	Man who identifies as a man and wears male clothing, but who has some feminine behaviors. Has sex with men (long hair or short hair).
Short hair with male behavior (reng peng)	Man who is characterized 100 percent as man, but who has sex with other men (long hair or short hair).
Bisexuals	Man who are attracted to both men and women.
Srey Sros (transsexual)	Surgical intervention to become a woman.
Luk khoun (male sex workers)	Men who sell sex to both men and women.

Notes on Terminology

Gender identity: A person's sense of themselves as male or female. Gender identity is our sense of who we are as a man or woman, regardless of whether we have male or female sexual organs. While most people's gender identity matches their biological sex, this is not always the case, e.g. in the case of long hair MSM (transgender) they are born biologically male, yet have a female gender identity.

Gender expression: How one shows one's gender identity, usually expressed through a person's appearance, clothing, body language, and voice, in terms of what is culturally accepted as masculine or feminine.



Sexual orientation: Whether one is emotionally and sexually attracted to members of the same sex or the opposite sex. Three sexual orientations are commonly recognized:

- ➔ homosexual (gay or lesbian)
- ➔ heterosexual or
- ➔ bisexual. While scientific studies have shown that an individual cannot change his or her sexual orientation at will, sexual orientation might change throughout a person's lifetime. So an individual's sexual orientation can move along the continuum as time passes.

Heterosexual: Someone who is emotionally and sexually attracted to a person of the opposite sex.

Homosexual: Someone who is emotionally and sexually attracted to a person of the same sex. Homosexuals include gay men and lesbians. The term "homosexual" is an academic term and is generally not accepted by gay people as it is associated with abnormality.

Bisexual: Someone who is emotionally and sexually attracted to men and women.

Sexual behavior: Sexual orientation is different from sexual behavior because it refers to feelings and self concept. People may or may not express their sexual orientation in their behaviors.

Men who have sex with men (MSM): MSM is a behavioral term used to refer to biological males who have sex with biological males. The term does not imply that MSM necessarily have a sense of identity based on the fact that they have sex with other men, although some MSM do have such an identity. The term MSM is used to include transgender MSM who may not self-identify as men. MSM may also have sex with women, in addition to having sex with men. Some MSM may temporarily have sex with men due to circumstances, such as being confined to a facility (e.g., prison) or a period of separation from the opposite sex (i.e., during military training).

Transgender: An umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. For example, a person who is biologically male but feels like a female. MSM long hair often describe themselves as transgender.

Transsexual: Someone who is born biologically male (with male genitals), yet has a female gender identity, or someone who is born biologically female and has a male gender identity. Transsexual people often have a feeling of being “born in the wrong body.” Some transsexuals change their sex by having hormone therapy and surgical reconstruction.

Intersex people: Those who are born with a combination of male and female genitals that are either fully or partially developed. Intersex people are usually assigned a gender at birth. This process is often arbitrary and many intersex people choose either to identify with a different gender later in life or choose to embrace their identity as an intersex person who is both male and female. Intersex is a biological variant and not a sexual orientation, nor does it refer to sexual behavior.



B6

Misconceptions about Men who Have Sex with Men



Facilitator's Note:

In this exercise participants generate a list of misconceptions about men who have sex with men (MSM) and then work in pairs to challenge each misconception.

We suggest that you use B6 or B7 but not both exercises, since they cover similar content. B6 and B7 are similar to the quiz in B2.

This exercise also provides a handout, which is located at the end of the exercise, to help you respond to participants' group work on the misconceptions. It can also be given out to participants at the end of the session.



Objectives:

By the end of this session, participants will be able to name and challenge misconceptions about MSM



Target Group:

Health care providers, the police, NGO and CBO staff, and the community



Time:

1 hour



Preparation:

Tape up 20 blank sheets of A4 paper on the wall



Step:

1. Misconceptions (Brainstorming): Ask participants to brainstorm things which people in their community have been saying about MSM. As each response is given by participants, one facilitator records each statement on a separate A4 sheet on the wall.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

- Men having sex with men is not Khmer.
- Men having sex with men is a mental disorder.
- Becoming MSM does not just happen. Rather, men decide or learn that they want to be MSM.
- MSM can be treated to become “normal.”
- If you hang around with MSM as friends, you will easily become MSM.
- MSM do not want long-term partners, they only want casual sex.
- All MSM love to have anal sex.
- MSM really want to be women.
- MSM are only found among educated people.



Example Responses:

- MSM are all the same. You can identify them by the way they dress and behave.
- Young men become MSM because parents did not educate them properly.
- The best way to get MSM to be cured is harsh punishment.
- In Cambodia it is illegal for men to have sex with men.

2. Divide into pairs and ask each pair to select one of the statements from the wall. Ask each pair to discuss:

- ➡ Is the statement true or false?
- ➡ Does the statement lead to stigma towards MSM?
- ➡ If so, how does it lead to stigma towards MSM?

3. Report back: Ask each group to report back to the larger group what they discussed about the statement. Did they decide it is true or false? How does the statement lead to stigma toward MSM? Then in a large group ask, “How can we challenge these misconceptions?”

4. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.



➔ All of the above misconceptions are stereotypes, negative things we say and believe about MSM based on partial knowledge and prejudice. In using negative stereotypes we describe and name another person or other groups according to a set of characteristics we believe are bad, labeling them as different from us in a negative way. Often we believe these misconceptions are facts about other people, when in fact they are false. This belief leads to prejudice, which can result in stigma and discrimination. As this exercise has shown, there are many misconceptions and negative stereotypes about MSM that lead to stigma and discrimination. Being a minority, MSM are particularly vulnerable to being stereotyped.

➔ The truth is that MSM:

- can be found in all nationalities, classes and professions
- can lead normal, settled, moderate lives like anyone else
- experience the same feelings and emotions as men who only have sex with women
- are equally capable of deep, long term, loving relationships

➔ The truth is that MSM:

- are not “sex maniacs”
- have to survive in a very hostile environment
- at present, feel they lack rights and are powerless to demand fair treatment

➔ We need to understand and respect MSM as human beings. MSM are as fully human as anyone else and entitled to be treated in the same way.

➔ We have to accept that men having sex with men exists and is natural. MSM do not choose their sexual orientation, it is just how they are.

B6

Misconceptions about Men who Have Sex with Men

Handout of misconceptions concerning men who have sex with men

This is a handout of common misconceptions on MSM. It can help you respond to participants group work on the misconceptions. You could also give it to participants at the end of this exercise.

Misconception	Fact
Men having sex with men is not Khmer.	False. Homosexuality existed in Asia long before Europeans arrived in the region. Five to ten percent of people in every community in the world are attracted to the same sex. It is estimated that there are MSM living in every community in Cambodia, although because of stigma and discrimination, the majority are in hiding.
Men having sex with men is a mental disease.	False. Being MSM is not a mental illness. In the past psychiatrists tried to show that men wanting to have sex with other men was a mental illness, but they failed. Since 1973 the medical profession no longer treats being MSM as an "illness." MSM are not mentally sick. They are normal and healthy.
Becoming MSM does not just happen. Men decide or learn that they want to be MSM.	False. Men do not decide or learn to be MSM. Wanting to have sex with other men is part of some men's nature; it is simply the way they are, like being right handed or left handed. MSM are simply attracted to and develop emotional feelings for other men. Occasionally, men have sex with men because of circumstances.
MSM can be cured and made normal.	False. Being MSM is not a choice and is not a mental disorder that needs to be treated or cured.
If you hang around with MSM as friends, you will easily become MSM.	False. Simply spending time with MSM will not change you to be an MSM. Being MSM does not pass from person to person like a disease, nor can people be talked into becoming MSM.



Misconception	Fact
MSM do not want long term partners, they only want casual sex.	False. MSM are equally capable of long-term, loving relationships. Some may have lots of sexual partners and some may have only a single partner in a permanent relationship, just like heterosexuals.
All MSM love to have anal sex.	False. About 30 percent of gay men do not engage in anal sex.
MSM really want to be women.	False. A man's gender identity does not match his sexual orientation. A man may have sex with other men, but still look and dress like a man. Many MSM consider themselves men and have no interest in changing. Some MSM (e.g., long hair), however, feel like and want to be women.
MSM are only found among educated people.	False. MSM come from every race, nationality, profession, class, and way of life.
MSM are all the same. You can identify them by the way they behave.	False. While MSM long hair behave in a way which is different from the heterosexual norm, most MSM dress and act no differently. They don't want to be singled out, to be seen as different from other people.
Young men become MSM because parents did not educate them properly.	False. The way a boy is parented has no impact on whether or not he becomes MSM. Being MSM is inborn and cannot be explained.
The best way to get MSM to be cured is harsh punishment.	False. Psychological research has shown that if you punish MSM this does not change their sexual orientation.
In Cambodia it is illegal for men to have sex with men.	False. The penal code does not prohibit men from having sex with other men. MSM cannot be detained or imprisoned for having feelings for members of the same sex or for practicing sexual acts with another man. There is no legal basis in Cambodia for MSM to be penalized for their sexual activities.

B7

Value Clarification



Facilitator's Note:

This exercise is used to bring out different attitudes and beliefs about men who have sex with men (MSM). It also helps to show that people's views about MSM are often based on stereotypes or misconceptions.

We suggest that you use B6 or B7, but not both exercises, since they cover similar content. B6 and B7 are similar to the quiz in B2.

The method described below uses a rapid survey (participants record on flipcharts their views on each statement) followed by a discussion on each statement.

This exercise generates lots of debate and discussion and needs a good facilitator to allow everyone a chance to give his/her opinion while achieving a meaningful result.



Objectives:

By the end of this session, participants will have:

- Listened to and analyzed different views about MSM
- Understood that stigmatizing behavior towards MSM makes MSM feel bad/depressed and this may lead to behavior (e.g., not using condoms, not disclosing, not getting tested, etc.) that could increase risk of HIV transmission



Target Group:

Health care providers, the police, NGO and CBO staff, and the community



 **Time:**

1 hour

 **Materials:**

Set of statements written on flipchart sheets and taped on the wall. Some examples are given below. Select those statements which are suited to your context or participants.

Statements to write on flipcharts

- A. If you hang out with MSM as friends, you will easily become MSM.
- B. Being MSM is not against the Khmer culture.
- C. MSM cause harm to society and to families, so they should all be locked up in prison.
- D. MSM are victims of social stigma and discrimination, not criminals or deviants.
- E. Preventing an HIV epidemic is more important than condemning MSM.
- F. MSM can easily seduce or convert young men to become MSM.
- G. MSM deserve to get HIV because of their immoral behavior.
- H. Men don't decide they want to love men. It just happens to them.
- I. Being MSM is a mental illness so MSM should be given treatment.
- J. MSM couples should be allowed to get married.
- K. MSM do not want long term partners, they only want casual sex.
- L. A family with MSM is paying for the sins of its ancestors.

**Step:**

1. Rapid survey: Ask participants to go to each flipchart and write down their opinion about each statement: “Agree (A),” “Disagree (D),” or “Not sure (NS).”

2. Tabulate the results: When participants are finished, record the results for each question, e.g., 20 Agree, 4 Disagree, 1 not sure.

3. Plenary discussion: Take one statement at a time. Ask one person to read it and the result. Then ask one person who agrees to explain why they agree, and one who disagrees to explain why they disagree. Discuss. Then move to the next statement.

4. Processing: Ask:

- ➡ What are the attitudes and beliefs behind these opinions?
- ➡ How do those attitudes and beliefs bring about stigma towards MSM?

5. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➡ Seven of the statements (A, C, F, G, I, K, L) are stereotypes based on lack of information and/or prejudice against MSM and they result in stigma. We judge other people based on half knowledge.
- ➡ Many of these stereotypes (F, G, K) are based on the view that MSM are immoral because they are having sex which is considered different from socially “appropriate” or “traditionally” acceptable sex (male to male sex, oral sex, anal sex).



- ➔ Statement C says that MSM are a danger to society so they should be locked up. This idea of imprisoning MSM does not stop people from being MSM, and at the same time it drives the problem underground and helps to fuel the HIV epidemic.
- ➔ We are not saying that MSM are right or wrong. MSM are simply different. Whether we agree with someone or not, we don't have a right to condemn them.
- ➔ We are not saying that you have to change your opinions, but we want you to see that these opinions have effects on other people. Some of these opinions are very judgmental towards MSM. As a result MSM feel hurt, humiliated and depressed, and this affects their access to health services and how they protect their sexual health.

Facilitator's Note: Some of the statements made by participants may be stigmatizing. Find a way to challenge these statements by first inviting other participants to comment on them. Challenge them yourself if no participant responds.

Example of arguments made by participants in one workshop in Phnom Penh

Statement	Agree	Disagree
<p>If you hang out with MSM as friends, you will easily become MSM.</p>	<ul style="list-style-type: none"> Once a “real” man gets a chance to try out sex with a man, he might decide to change and become MSM. Men hang around with each other and as the relationship gets closer, they may try having sex with the friend and get hooked. People like to try things which are new. 	<ul style="list-style-type: none"> This statement stigmatizes MSM by talking about them as if they have a contagious disease which they will spread to others. Just because men hang out together doesn’t mean they will have sex together. A “real man” can never be attracted to have sex with a man. Just because a man has sex once with man doesn’t make him MSM. Being MSM is based on a person’s true feelings and nature, not simply having sex. Even if a man has sex with a man 3 times, we can’t really determine if he is MSM. Only those with an MSM tendency would become MSM. Given slight opportunity, they will become MSM because they are MSM.



Statement	Agree	Disagree
<p>Being MSM is NOT against the Khmer culture.</p>	<ul style="list-style-type: none"> • There is no Cambodian law saying men cannot have sex with men; and Buddhism does not say that MSM is wrong. MSM has always existed, but it was hidden. By acknowledging MSM, we are not against tradition. • Being MSM is natural so we cannot stop MSM anyway. It doesn't mean we are changing the history — we want to support tradition, but we also want to support MSM. 	<ul style="list-style-type: none"> • Khmer beliefs about acceptable sexual practices prohibit men from having sex with men. • Khmer tradition says that men should only have sex with women, and should only marry women. Cambodian law does not accept marriage between men.
<p>MSM deserve to get HIV because of their immoral behavior.</p>		<ul style="list-style-type: none"> • No one deserves to be infected with HIV. This statement blames MSM for spreading HIV. Being stigmatized in this way may make it difficult for MSM to get treatment and support for living with HIV.

Annex for Chapter B: What Do You Know about Men who Have Sex with Men?

(True/False Questionnaire)

True/False Questions

1. Becoming a man who has sex with men (MSM) does not just happen. Rather, men decide or learn that they want to be MSM.
2. If you hang around with and become friends with MSM, you will also become MSM.
3. MSM are mentally ill, but they can be cured.
4. Men having sex with men is against Buddhist religion.
5. Men having sex with men is not Khmer. It is a product of foreign/western influences.
6. Sex between two men is motivated by love, sexual pleasure, and/or economic exchange.
7. Men who have sex with men really want to be women.
8. MSM are all the same. You can identify them by the way they dress and behave.
9. In Cambodia it is illegal for men to have sex with men.
10. MSM do not have the same rights as other people under the Cambodian constitution.
11. Men who have sex with men have an increased risk of getting HIV and other sexually transmitted diseases because of the common practice of unprotected anal intercourse.
12. Men who have sex with men make use of the same sexual practices as other couples.



13. MSM do not want long term partners, they only want casual sex.
14. MSM may also have sex with women.
15. Safe sex for MSM is different from safe sex between a man and a woman.
16. MSM are not at risk of getting HIV so they do not have to practice safe sex.
17. There is no stigma against MSM, MSM stigmatize themselves.
18. MSM have less male hormones.
19. Homosexuality is caused by karma.

Answers

1. Becoming MSM does not just happen. Rather, men decide or learn that they want to be MSM.

False. Wanting to have sex with other men is part of some men's nature. It is like being right handed or left handed. It is inborn and cannot be explained or predicted. It is not known what makes some men desire men, while other men desire women. Some studies suggest there are genetic influences, while other people believe it is a mixture of genetics and social influences. An MSM cannot simply be taught to be sexually attracted to women. There is no scientific evidence to prove that people can change their sexual orientation through exerting their will.

Men have sex with men for many different reasons. Some men, who may call themselves homosexual or gay, are attracted to other men and enjoy having sex with them. Other men have sex with men in all-male environments, like prisons, the army, etc. where there are no women available and they want to release sexual tension. Some men have sex with other men because they need money and can earn money by having sex with men. Some men are married to women and have sex with their wives, but they also have sex with men out of desire.

2. If you hang around with and become friends with MSM you will also become an MSM.

False. Simply spending time with or being close to MSM will not change you to also be an MSM. Being MSM does not pass from person to person like a disease, nor can people be talked into a sexual orientation that is not their own.

3. MSM are mentally ill, but they can be cured.

False. Being MSM is not a mental illness. In the past psychiatrists tried to show that men wanting to have sex with other men was a mental illness, but they failed. Starting in 1973 the medical profession no longer treated being MSM as an illness. However, some parents still wrongly send their sons who are MSM to clinics, psychologists or traditional doctors to be “cured.” If being an MSM was accepted by everyone, no one would feel the need to “cure” it.

4. Being MSM is against Buddhist religion.

True/False. Religions have varying views and interpretations of men having sex with men. Islam and some Christian churches consider men having sex with men a sin, other religions consider it a weakness which can be cured, and some feel it is an acceptable and normal sexual orientation.

In all religions there is a difference between the texts and daily practice. Some people read the holy books literally, and use these texts to condemn MSM. Others use the texts as a source of inspiration, but in daily life they accept MSM as human beings. Others emphasize that religious teachings mention compassion and tolerance of other people. There are many MSM who find ways to keep their faith and be who they are. There are many religious people who are faithful to their religions and accepting of MSM.

Some Khmer Buddhist texts say that sex between men is unnatural and can only be explained in terms of poverty, which forces men to sell sex. Other Khmer Buddhist texts accept that sex between men is natural and not necessarily contrary to Buddhist precepts¹.

¹ From: MSM in Cambodia: HIV Vulnerability, Stigma and Discrimination. Policy Project, January 2004



5. Being MSM is not Khmer. It is a product of foreign influences.

False. Historical research shows that homosexuality existed in Asia long before Europeans arrived in the region. Research has shown that 5-10 percent of people in every community in the world are attracted to the same sex, including Asia. In Cambodia MSM existed a long time ago in communities. At the time it was secret, but it existed. Today it is relatively more open and it is estimated that there are people who have sex with people of the same sex living in every community, although because of stigma and discrimination, the majority are in hiding.

6. Sex between two men is motivated by love, sexual pleasure, and economic exchange.

True. The same things that motivate sex between a man and a woman motivate men to have sex with other men. The reasons may include love and companionship, sexual pleasure, and as a way of earning money in exchange for sex.

7. MSM really want to be women.

False. A person's gender identity does not match his/her sexual orientation. A man may have sex with other men, but still look, talk and dress like a man. Many MSM consider themselves to be men and have no interest in changing.

8. MSM are all the same. You can identify them by the way they dress and behave.

False. As with all people, MSM are individuals who look and behave in different ways. Some MSM wear their hair longer and dress in a feminine way, while others may have short hair and dress and act like other men. In some cases, MSM are married and have families or act one way in public and another way in private. Many MSM dress and act no differently from men who do not have sex with men. It is impossible to tell whether someone is an MSM just by the way they look and behave.

9. In Cambodia it is illegal to be an MSM.

False. The penal code does not prohibit men from having sex with other men. MSM cannot be detained or imprisoned for having feelings for members of the same sex or for practicing sexual acts with another man. There is no legal basis in Cambodia for MSM to be harassed or penalized for their sexual orientation.

10. MSM do not have the same rights as other people under the Cambodian Constitution.

False. The Cambodian Constitution upholds the rights of all Cambodian citizens. MSM have the same human rights as all other Cambodians and are equally protected under the Constitution. There is no basis for discrimination based on sexual preferences.

11. MSM have an increased risk of getting HIV because of the common practice of unprotected anal intercourse.

True. At least 5-10 percent of all HIV infections worldwide are due to anal intercourse between men. Unprotected anal intercourse carries a higher risk for contracting sexually transmitted infections, including HIV, than vaginal intercourse. This is because the rectum tears very easily leaving openings for HIV to be transmitted. Anal sex also requires a lot of lubrication and a condom to be practiced safely. Water-based lubricant, e.g., KY Jelly, which is safe to use with condoms is often not accessible. Oil based lube, e.g. Vaseline, will cause the condom to deteriorate and break. However, MSM can reduce the risk of contracting HIV by practicing safe sex.



12. MSM engage in the same sexual practices as other couples.

True. MSM use many of the same sexual practices as heterosexual couples, including: kissing, masturbation, touching, anal sex, and oral sex. These activities are not restricted to sex between a man and woman or MSM but are commonly practiced by both groups. Some of us, for example, assume that all MSM practice anal sex, but in fact, many do not and there are many heterosexual couples who practice anal sex.

13. MSM do not want long term partners and are only interested in casual sex.

False. Many people think that MSM are only interested in sex, that their relationships are shallow, and only based on physical attraction, not love. But in fact MSM are equally capable of deep, long-term, loving relationships, as non-MSM are with women. Some MSM may have lots of sexual partners and some MSM may have only a single partner and have a permanent relationship.

14. MSM may also have sex with women.

True. Some MSM enjoy sex with both men and women. Other MSM may prefer sex with other men, but have sex with women to hide their MSM status. In many cases, MSM are married and have sex with their wives in addition to having sex with other men.

15. Safe sex for MSM is different from safe sex between a man and a woman.

False. The concept of safe sex for MSM is no different from the concept of safe sex for sex between a man and a woman. In both cases the aim is to prevent the exchange of body fluids and blood, through using barrier methods, such as condoms, dental dams, etc. It is recommended that strong/reinforced condoms and water soluble lubricant are used for anal sex to prevent the condoms breaking. (Of course the same technologies would be recommended for heterosexuals using anal sex.) Condoms should also be used for oral sex practiced on a man.

16. MSM are not at risk of getting HIV so they do not have to practice safe sex.

False. HIV or STIs can be transmitted from one man to another man or woman through unprotected oral, anal or vaginal sex, so MSM should use protection.

17. There is no stigma against MSM. MSM stigmatize themselves.

False. Stigma towards MSM does exist in society and it may include discrimination in hiring practices, arbitrary harassment by police, or being excluded from family decisions and activities, among many other forms of stigma. This kind of stigma and discrimination experienced by MSM may lead to internal, or self-stigma among MSM. Living in a society where MSM are often condemned, rejected, and isolated, MSM may internalize some of the negative attitudes from the community and develop feelings of shame about who they are. Self-stigma is induced by stigma that exists in the larger society.

18. MSM have less male hormones than heterosexual men.

False. Hormones have nothing to do with sexual orientation or sexual behavior, so hormonal treatment will not “cure” a MSM.

19. Homosexuality is caused by karma.

False. Some people believe that a person has become MSM as a punishment for something bad that they have done in this life or their previous lives. This is not true. We cannot explain being MSM as karma. Homosexuality is caused by genetic and social factors only, not moral or religious factors.





Chapter C:

Coping with Stigma and Discrimination

Introduction

The exercises in this chapter are designed to be used only with men who have sex with men (MSM). The aim of this chapter is to help MSM think through their own experiences with stigma and how it has affected their lives, and to help strengthen MSM as individuals to cope more effectively with stigma. The activities allow MSM to share experiences and strategies, develop communication and assertiveness skills, and build self-esteem.

Exercises C1, C2, and C3 work well as a package and should be done together, one after the other.



Exercises

01. Personal Experiences of Stigma
02. Strategies for Coping with Stigma
03. How to Challenge Stigma in an Assertive Way
04. Disclosure: How to Disclose to the Family
05. Coping with Stress
06. Relations between Men who Have Sex with Men Long Hair and Short Hair

C1

Personal Experiences of Stigma



Facilitator's Note:

This exercise is similar to A7. A7 is designed for health care providers, the police, NGO and CBO staff, and the community and asks them to think about their experience of being stigmatized (e.g., for being poor or too short, or for other reasons). C1 is designed for men who have sex with men (MSM) and asks them to think about their experience of being stigmatized as MSM.

If you have a workshop for service providers, use A7. If you have a workshop for MSM, use C1. If you have a combined workshop, use a combination, i.e., the health care providers will think about their own experience of being stigmatized, and MSM will think about how they have been stigmatized as MSM.

This exercise requires a lot of trust and openness within the group so it should not be used as the first exercise. It works better if it is used after two to three exercises selected from A1 to A6 where participants identify stigma faced by MSM in different contexts. Then C1 can be used to get a personalized understanding of stigma. By this point participants are beginning to open up with each other and are now ready to share some of their own experiences.

This exercise needs a good introduction to help participants break out of their initial discomfort about sitting and reflecting on their own and sharing their own experiences with others.

Emphasize that the sharing is voluntary and emphasize the importance of confidentiality and that what is shared should stay in the room.

This exercise can trigger painful memories or experiences for some participants. As the facilitator you should be ready to deal with the emotions raised.



Objectives:

By the end of this session, participants will be able to:

- ➔ Describe how they have been stigmatized as MSM
- ➔ Recognize some of the feelings in being stigmatized and how they have been affected

Target Group:

MSM

Time:

1 hour

Step:

1. Individual reflection: Ask participants to sit on their own. Then say, “Think about a time in your life when you felt stigmatized or discriminated against for being seen to be MSM.” Give them a few examples, such as being teased at school for being seen to be different; or being poorly treated in a clinic once staff found out that they were MSM. Ask them to think about what happened. Ask them, “How did it feel? What impact did it have on you?”

2. Sharing in pairs: Say, “Share with someone with whom you feel comfortable.” Give the pairs a few minutes to share their stories with each other.

3. Invite participants to share their stories in the large group. This is voluntary; no one should be forced to give his/her story. People will share if they feel comfortable. If it helps, give your own story to get things started. As the stories are presented, ask, “How did you feel? How did this affect your life?”

4. Processing: Ask, “What did you learn from this exercise? What feelings are associated with stigma?”

5. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- The feelings of being stigmatized are very painful and they last a long time.
- Stigma destroys our self-esteem; we begin to doubt and hate ourselves. We feel very alone at a time when we really need the support and company of other people.
- The hardest stigma we face is the blaming and shaming and violence from our families. We are forced to change our behavior or to get married in order to be accepted. Once we lose the love of our families, we feel very alone.



Example stories:

Stories from MSM at a workshop in Phnom Penh. The examples below are only examples. They are not the required answers, and you are not expected to read them out loud. They are simply examples of the type of stories you may expect to hear.

Story 1:

I have been called a “katoeey” my whole life, but this insult still hurts. I still hate this word when I hear it, and I am over 40. I feel ashamed because I can’t change myself. I can’t make myself a “real man.” So it is really difficult to be an MSM. The starting point is to acknowledge ourselves.



Story 2:

I am a singer in a restaurant. When I sing, some customers complain, “Why did they hire this ‘katoeey’ to sing here?” Even some of my friends avoid me in the restaurant, thinking that if they are seen with me, people will call them “katoeey” too. I’ve been called “katoeey” all my life. It still hurts, but I don’t let people see that it hurts.

Story 3:

Before I was a short hair MSM and a young man called me “katoeey” from a distance. At the time I was a peer educator. I didn’t react to him, just continued to walk as normal. When they saw me walking to the other village, they asked, “Why are you always going to that village?” They assumed I was going there to meet a man to have sex. Finally they realized that I was a peer educator and they stopped calling me “katoeey.” They now call me “sister.”

Example stories:**Story 4:**

My sister found out I was MSM and told my mother that I had invited a boy home to have sex. But we were not doing anything, just talking. My mother came home when she heard this, grabbed a stick and beat me severely. I felt betrayed by my sister. She was the one I used to share everything with. Now there was no one to talk to. I left home and never went back.

Story 5:

I have three brothers and I am the last born. One of my brothers and I are both MSM, and we support each other. One day when my oldest brother found out, he beat the two of us, but he gave no reason. Another day he refused to help me prepare for an exam, even though he helped my other brothers. I felt very sad that my brother refused to help, because I am MSM.

**Story 6:**

When I go to the clinic the nurse says in a loud voice so everyone can hear, "Oh, the katooy is here again." The doctor tells me to come back at 2:00, but when I return at 2:00, the doctor has already gone. When I finally get to see him, he says, "I don't know how to examine katooy. You're not normal. You're half man and half woman."



Example stories:

Story 7:

I knew I was MSM at an early age. I liked to get dressed in girl's clothing, but my parents were not happy with me. They found it difficult to accept me as a woman. But I knew this was my nature, I was born to be this kind of person. Physically I am a man, but mentally I am a woman. My mother expected me to do men's work, but I just refused. For example I wouldn't climb the palm tree and cut leaves or do other men's work, and told my mother to get other men to do this work. But my mom just blamed me, saying I was born a boy, so I should do men's work. This became a crisis in the family. Everyone tried to force me to change. They burned the girl's clothing and forced me to wear boy's clothes. They shouted at me to act like a man and shamed me, saying I was ruining the family's name. I began to have self-doubts, to feel I was not normal. I withdrew from family activities. I just stayed in my room and cried. I felt very lonely and miserable. My father stopped talking to me. We didn't talk for over one year.

Story 8:

There is also stigma within our community, such as short hair stigmatizing long hair. Often long hair don't want us to attend their events, thinking that if we attend they will also be stigmatized. So they often don't want to associate with us. If we are not around, they are more accepted.



C2

Strategies for Coping with Stigma



Facilitator's Note:

This exercise builds on the first exercise (C1) and A4. Participants review the different forms of stigma they are facing and develop strategies for confronting stigma.



Objectives:

By the end of this session, participants will be able to work out personal strategies for confronting stigma and discrimination



Target Group:

Men who have sex with men (MSM)



Time:

30 minutes



Steps:

With participants' help make a list of places where they are stigmatized and what happens when they are stigmatized in those places.



Example Response:

Here are some examples that MSM gave at a workshop of places where they felt stigmatized and the specific forms of stigma that occurred at each place. The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Place	Stigma and Discrimination
Home	Forced to cut off hair, dress and behave like “real men.” Scolded for bringing shame to family. Beating. Forced to do men’s tasks. Behavior monitored. Isolation and exclusion within family. Forced to get married.
Clinic	Clinic staff insulting, show their disapproval and keep their distance out of dislike. Gossip about MSM. Breach confidentiality by telling other staff and patients. Fail to provide appropriate diagnosis, treatment and care.
Public Spaces	Gossip, name calling, and harassment by the public. Harassment by some police who force MSM to remove clothes and prove they are “real men,” ask for bribes, and force MSM to have sex with them.
Community	Name calling, gossip, and isolation toward MSM, his family, and friends. Kicked out of housing.
Workplace	Denied employment or promotion. Name calling and exclusion.
MSM	Some short hair MSM stigmatize long hair MSM. They try to avoid contact with them so they are not identified and stigmatized as MSM.

Divide into groups and ask each group to focus on one of the places where MSM are stigmatized, e.g., home, clinic, public spaces, community, workplace, etc. Ask them to discuss, “How do you cope with stigma and discrimination in that place?”

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.



Coping at Home:

- ➔ Talk to brothers or sisters who may be sympathetic and win their support.
- ➔ Be courageous and tell your family that you have a right to be different.
- ➔ Invite family members to attend MSM events so they learn more about MSM.
- ➔ Show you are productive and valuable as any other family member.

Coping in the Health Facility

- ➔ Be courageous and demand fair treatment in a polite but assertive way.
- ➔ Don't give up. Don't walk away. Stay and demand equal treatment like other patients.
- ➔ Go to the clinic with other MSM patients.



Example Responses:



Coping in the Workplace

- ➔ Find jobs and environments which are less stigmatizing.
- ➔ Educate your colleagues about MSM – “We are like anyone else ...”
- ➔ Draw less attention to yourself by adopting less visible clothing and body language.
- ➔ Ignore stigmatizers and continue on as if nothing happened.

Coping in the Community

- ➔ Form MSM support groups and work together with other MSM.
- ➔ Educate the community about MSM so they know more and are less stigmatizing.
- ➔ Educate local authorities so they can speak out and advocate on our behalf.

1. Report back: Ask each group to present their coping strategies.

2. Discuss: “Which ways of coping are the most realistic and doable? Which can we start to implement right away?”

C3

How to Challenge Stigma in an Assertive Way



Facilitator's Note:

This exercise builds on C2. It helps men who have sex with men (MSM) learn how to challenge stigma and discrimination in an assertive way by saying what they think, feel and want in a clear, forceful and confident way. Participants practice this skill through a series of paired role plays.



Objectives:

By the end of this session, participants will be able to challenge stigma and discrimination in an assertive way



Target Group:

MSM



Time:

30 minutes



Step:

1. Introduction: Explain that the session is aimed at practicing how to challenge stigma in an assertive way, i.e., looking the stigmatizer in the eye and saying what we think, feel and want in a clear, forceful, and confident way without being aggressive or showing anger.

2. Ask participants in the large group to brainstorm a list of specific situations in which MSM are stigmatized. Record the list of stigmatizing situations on the flipchart. (See examples below.)



Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Stigmatizing situations faced by MSM

Father tells you that you have to be a “real man.”
MSM kept waiting and mocked at clinic. Police intimidate MSM. Community makes fun of MSM. Friends at school make fun of MSM.
Pushed out of the wat/temple. Not allowed to enter certain bars and restaurants.



3. Paired role playing: Explain that we will now practice how to challenge these forms of stigma and discrimination, taking one issue at a time. Then give the following instructions (using the example of a father telling his son to be a real man):

Everyone stand up and find a partner. Face your partner. A is the father, and B is the MSM son. In each pair agree on who is A, who is B. (Wait until they decide.) The situation is: the father tells the son that he should be a “real man.” The son should respond in a strong and confident way. Act out the situation. (Ask pairs to start their role plays.)

Example role play:

Father: Why are you dressing like a woman? Don't you feel ashamed?

Son: I like myself this way. This is the way I am.

Father: You should change. I want you to be a real man!

Son: There is nothing I can do. This is my nature. I can't change.

Father: Don't you care about your future?

Son: I do care. If you want me to get married to a woman that's impossible. A woman is like I am and I don't have feelings for women.

Father: If you don't have interest in women, who is going to marry you?

Son: Maybe no one will marry me, but this is the way I am and I love it.



After two minutes ask a few pairs to show their role plays (one at a time) in the center of the circle. After each role play, ask, "How did the MSM do? Was he convincing and effective? What made a difference in the way he challenged his father?"



Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

- Good eye contact with his father. Strong voice. Spoke with confidence.
- Didn't criticize the stigmatizer. Simply asserted his rights clearly and simply.
- Good arguments: "I like myself the way I am."
"This is my nature and I can't change."
- Did not apologize for his behavior. Did not allow his father to dominate or bully him.
- Was not afraid to disagree with his father. Did not give up and insisted on being treated fairly.
- Helped his father (stigmatizer) get a sense of how it feels to be treated like this.



After a few pairs perform the same scenario, ask other participants if they have a better way of challenging the stigmatizer and let them take over the MSM's role in the play and show their approach. After each new play, ask, "What made a difference?" (e.g., good arguments, strong voice level, body language, confidence, etc).

Then repeat the same process for other stigmatizing situations raised in the brainstorm in Step 2.

4. Discussion: Ask, "What have you learned from the practice role plays?"**Example Responses:**

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

- I now see that I can do something. I never realized I could challenge the stigmatizer.
- It's difficult at first. I felt shy. But after a while I began to feel confident.
- The best approach is to say it honestly and simply: "I love men." It works.
- When I challenged him politely but firmly, he denied that he was stigmatizing.
- Don't be afraid to disagree with the person and say "No."





5. Presentation: Explain and discuss the following list of assertiveness techniques.

- ➔ Tell people what you think, feel and want clearly and forcefully.
- ➔ Say “I” feel, think, or would like.
- ➔ Don’t apologize for saying what you think, or put yourself down.
- ➔ Stand or sit straight in a relaxed way.
- ➔ Hold your head up and look the other person in the eye.
- ➔ Speak so that people can hear you clearly.
- ➔ Stick with your own ideas and stand up for yourself.
- ➔ Don’t be afraid to disagree with people.
- ➔ Accept other people’s right to say “No” and learn how to say “No” yourself.

C4

Disclosure: How to Disclose to the Family



Facilitator's Note:

Many men who have sex with men (MSM) are not open with their families about their lives and have difficult relationships with their families. MSM need skills to be able to tell their families that they are MSM. This exercise helps MSM explore how they might tell their families and learn techniques for doing this. This exercise applies to MSM short hair, many of whom have not yet told their families. MSM long hair, on the other hand, are already perceived as MSM so their families already know that they are MSM.

“One day my mother told me that I must get married and that she would arrange a wife for me. I refused and found the courage to tell her, ‘Look, I don’t want a wife. I have sexual feelings for men. I have no interest in women.’”



Objectives:

By the end of this session, participants will have:

- ➡ Decided when it is appropriate to tell their families that they are MSM
- ➡ Practiced techniques for telling their families that they are MSM



Target Group:

MSM



Time:

1 hour



Step:

1. Experience of disclosing: Discuss in pairs:

Who have you told outside of your MSM friends and support group about being MSM? How did you do it? What happened?

2. Preparing for disclosure: Discuss in pairs: Think about your relationship to your family and how you feel about telling them that you are MSM.

- ➡ What are the advantages of telling your family that you are MSM?
- ➡ What are your fears about telling your family that you are MSM?
- ➡ What methods would you use in telling your family that you are MSM?

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Advantages of telling the family that you are MSM

- Relief; no longer need to hide my sexual identity and have to tell lies to fit in.
- No longer need to live a double life. Things would be in the open.
- An opportunity to tell my family who I am and how I feel.
- Building self-esteem and empowerment.
- Enjoy more respect and support from the family.
- Less stigma and harassment from the family.
- No more pressure from the family to get married.

Example Responses:**Fears and concerns about telling family members**

- Rejection. Insults. Shaming and blaming. Name calling. Embarrassment.
- Relations with parents would change completely. I would lose their love and support.
- Losing economic support from parents.
- Violent reaction such as being beaten and kicked out of the family. End of relationship.
- Blackmail. People might use this information against me.

**Methods for telling your family**

- Start with yourself. Are you ready to cope with strongly negative responses?
- Make sure you can take care of yourself financially before disclosing to the family.
- Tell one person at a time. If you get a supportive response from the first person, you can try a second; if the response is poor, you may decide not to tell the others.
- Start with the family member you can trust and whom you can reasonably expect to be understanding and compassionate. Convince him/her and then get his/her help in telling other family members.
- Find a time and place where it is easy for people to concentrate without interruption.
- Establish a good relationship and trust. Start off by saying, "The reason I wanted to talk to you is because I know you can support me."
- Explain that disclosing this information is very stressful for you.



Example Responses:

- Use assertiveness techniques. Look the person in the eye. Tell him/her clearly and simply that you are attracted to men and want the person to know this and want his/her support.
- Tell your family member that you are not the only MSM, that there are other families with MSM children.
- Say that your being MSM is natural. It just happens.
- Say that you cannot change your sexual orientation, that you cannot stop loving men.
- Give your family some time to realize and accept that you are MSM. This process may take a long time.



3. Practicing disclosure (role playing in pairs): Divide into pairs and agree in each pair who will be the first person to practice disclosure. The other partner will be the “listener.” Do the first role play and debrief in pairs. Then swap roles and repeat the process. After 10 minutes, ask one or two pairs to volunteer to show their role plays to the whole group.

Example role play:

Son: I would like to tell you personal story and explain why I refused to get married.

Father: You are old now and should have a wife for your future.

Son: I know you want me to get married so you can have grandchildren, but I need you to understand my feelings. I cannot get married. I have feelings for men, not women.

Father: I don't understand, you look like a real man like me. Your friends are influencing you.

Son: No. This is my nature, these are my true feelings. This is why I am still single.





4. Discussion: Discuss with the whole group:

- ➔ How did you feel about disclosing your sexual orientation?
- ➔ What words or arguments did you use?
- ➔ What techniques did you use to tell your story?
- ➔ What do we learn from this?

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

How did you feel about talking to your father?

- I felt both frightened and shy to talk to him about being MSM.
- I was so nervous, but now I know I can do this, I will talk to him.
- I love my family and want their continuing love, respect, and acceptance.
- Once I got started to tell my father, it was easier.
- It was easier than I thought it might be. I just need to practice saying these words.



Example Responses:**What words did you use?**

- I told him that I want his understanding and support.
- I simply told him that I don't want a wife, I have feelings for men.
- I told him that becoming MSM was natural. It is just who I am.
- I told him that that I cannot change my behavior, that I cannot stop loving men.
- I told him that he is not the only father of MSM, that other parents have MSM children.
- I used the word "katooy" because this is the only word he understood.



5. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➔ Many families find it difficult to cope with the idea that their sons are MSM. They feel embarrassed, that this will bring shame to the family, and that their sons won't get married and give them grandchildren.
- ➔ Many MSM are close to their families and want their continuing love, respect, understanding and acceptance. So telling their families is a big and fearful step. MSM worry about negative reactions such as shaming, blaming and violence.
- ➔ Many MSM have disclosed to their friends, but they have not yet told their families. Often the family is the last group that MSM tell.



- ➔ MSM who disclose to their families are often those who are financially independent. Those who still depend on their parents financially may decide to tell their parents at a later date.
- ➔ Sometimes the family response might be positive, but it also be highly negative. Some parents kick their MSM sons out of the house, fearing the shame and loss of status.
- ➔ So making the decision to tell your family – who, how, when and where to tell – is a personal decision and a big step. You decide when you are ready and who you want to talk to. No one should force you to disclose before you are ready.
- ➔ Practicing telling someone can be a useful way to develop personal strategies for disclosure.
- ➔ Don't rush. Take it slowly and give your parents time to absorb the new information. Don't expect them to love you in the same way without any change. It takes time for them to understand. It took you time to understand yourself.
- ➔ If you give them enough time to understand, they will defend you and become your supporters.
- ➔ Parents have high expectations and goals for their children and when you arrive with this "bomb," it can shatter all their dreams. So take it slowly!
- ➔ Your parents are also concerned about what others are saying, how it will affect the family's reputation. Parents feel partly responsible for how their children are raised. If they discover you are MSM, they may think that this reflects on how they raised you. They may fear they will be blamed for producing an MSM son.

C5

Coping with Stress



Facilitator's Note:

Men who have sex with men (MSM) face a lot of stigma in their lives and this leads to stress. This exercise looks at how MSM can cope with stress.



Objectives:

By the end of this session, participants will be able to:

- ➡ Recognize some of the factors that cause stress in MSM's lives, including stigma
- ➡ Develop skills and strategies for dealing with stress



Target Group:

MSM



Time:

1 hour



Step:

1. Ask:

- ➡ What things cause us stress?
- ➡ How do we react to stress?



Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

What things cause us stress?

- Fear of being exposed as an MSM.
- Not daring to acknowledge ourselves.
- Feeling we have no control over our lives.
- Not getting love, acknowledgement, or recognition by our parents and family.
- Poor relationship between my family and my partner.
- People not making friends with us. Friends stop being friends with us.
- Isolation as a long hair MSM. Longing for friends.
- Stigma and discrimination at the workplace and people not talking to me.
- Being called “katoeey” all day long.
- People not willing to accept us as MSM. Society finds us disgusting.
- Finding a job when people know that we are MSM.

How do we react to stress?

- Feel depressed. Feel tired. Hate waking up in the morning. Can't concentrate.
- Cry very easily. Feel negative about myself. Can't talk to people about my problems.
- Drink or smoke too much.



2. Discussion: Discuss the following questions:

- ➔ Which of these things can we do something about and which are too difficult to deal with?
- ➔ What practical things can we do to reduce stress?

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Which things can we do something about and which are too difficult to deal with?

- We can do something about problems at the workplace and relationships with friends.
- We should accepting ourselves as the first step to avoid stress.

What practical things can we do to reduce stress?

- Accept ourselves. Being open to ourselves will help to relieve stress.
- Tell our families and friends that we are MSM. Some people will support us.
- Find friends who understand our feelings so they can support and encourage us.
- Give ourselves positive messages to build self-esteem.





3. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➔ Stress is our mental or physical response to problems we are facing. In our lives as MSM we are constantly exposed to stress. If we don't do something about the stress, this can lead to illness.
- ➔ One way of dealing with stress is to deal with some of the problems we are facing that we can do something about.
- ➔ Don't carry all your problems on your shoulders. Maybe friends or family can help you with some of your problems.
- ➔ Talk about your problems with someone you trust.
- ➔ As you learn to accept yourself as an MSM, you will begin to feel better .
- ➔ Have a good cry. It can relieve stress and sadness.
- ➔ If your friends and neighbors have similar problems, meet together and share worries and feelings. Look for solutions which you can do together.
- ➔ Put your problems in order and set goals to solve one or two of the most important problems.
- ➔ Relaxation helps to reduce stress. Play some music that makes you feel relaxed.
- ➔ Gain control over your feelings and emotions and use humor as a way to cope with stress.

C6

Relations between Men who Have Sex with Men Long Hair and Short Hair



Facilitator's Note:

Stigma not only isolates men who have sex with men (MSM) from the general population, but it also creates divisions between different groups of MSM. As a result there can be tensions between MSM long hair and MSM short hair.



Objectives:

By the end of this session, participants will be able to:

- ➡ Recognize some of the factors, including stigma, which divide long hair and short hair MSM
- ➡ Develop strategies for strengthening relationships between long hair and short hair MSM



Target Group:

MSM



Time:

1 hour



Step:

1. Relations between long hair and short hair MSM

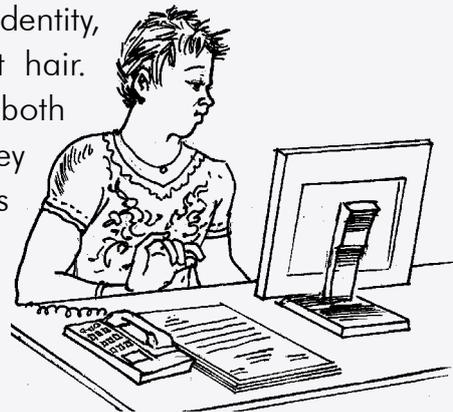
(Plenary Discussion): Ask, "What are the relationships between MSM long hair and MSM short hair? Is there stigma?" Record the responses on the flipchart.



Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

- Yes, there is stigma. When I walk with long hair MSM, I feel ashamed and afraid my friends might see us together and mock me for being with them.
- Some short hair do stigmatize long hair. The short hair want to hide their MSM identity and be seen as “real men,” so they avoid mixing with long hair (who are more visible).
- Some MSM short hair call MSM long hair “katooney,” a very insulting word.
- Some short hair want to hide their MSM identity, so they even avoid contact with other short hair. This kind of MSM discriminates against both long and short hair. They are still in hiding. They have not yet learned to accept themselves as MSM.
- Some short hair don’t want to mix with us long hair because they fear we will steal their partners.



2. Strategies to strengthen relations: Ask, “What can we do to strengthen relations between long hair and short hair, so together we can fight for MSM rights?” Record responses on flipchart.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

- Organize joint activities that allow both groups to learn more about each other by spending time together and asking questions openly.
- Learn to respect the differences within the MSM community.
- Get the two groups together to discuss why they stigmatize each other and what they can do to solve the tension between the two groups.
- Change the attitudes of the short hair who are the “stigmatizers.” They need to recognize that long hair are the most stigmatized and help to fight for the rights of long hair to be free from discrimination.



3. Action: Then agree on one or two things that the group can put into action immediately.

4. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➔ Some MSM short hair stigmatize MSM long hair. They avoid contact with long hair and even join in calling them names and keeping them from attending social events.
- ➔ Stigma between the two groups is triggered by stigma from society. This is a coping strategy by short hair MSM. To avoid being stigmatized themselves through association with long hair, short hair MSM may avoid them and join in stigma and discrimination toward long hair.
- ➔ In doing this, MSM short hair have accepted and adopted the stigmatizing practices of the community/public.
- ➔ The real stigmatizers are the short hair, so they have to change their attitudes and behavior. If short hair were more confident in themselves and secure in their identity as MSM, then they would be less stigmatizing toward long hair MSM.



Chapter D:

Men who Have Sex with Men and HIV

Introduction

This chapter looks at HIV and sexually transmitted infection (STI) issues in relation to men who have sex with men (MSM) and how stigma stops MSM from protecting themselves from HIV and STIs.

It is designed for all groups: MSM, health care providers, the police, non-governmental organization (NGO) and community-based organization (CBO) staff, and the community.

MSM in Cambodia have been targeted for HIV messages over the last few years, but there are still some gaps in understanding on the part of some MSM, as well as health care providers and the general public. MSM and health care providers are familiar with HIV messages aimed at the general public, but have less familiarity with information related to the sexual health of MSM.



Exercises

- D1. Assessing Knowledge about HIV and Sexually Transmitted Infections (STI)
- D2. HIV Transmission and Men who Have Sex with Men (MSM)
- D3. HIV Risk Factors in Same Sex Relationships

D1

Assessing Knowledge about HIV and Sexually Transmitted Infections (STIs)



Facilitator's Note:

The aim of these exercises is to assess participants' knowledge levels and gaps in their understanding in relation to HIV and other sexually transmitted infections (STIs).



Objectives:

By the end of this session, participants will be able to identify what they know and what they don't know about STIs, including HIV.



Target Group:

All groups



Time:

1 hour (for each activity)



Activities to Assess Knowledge:

In this exercise we are providing three different activities to assess participants' knowledge about HIV and STIs related to men who have sex with men (MSM):

Activity A: Brainstorming what we already know about HIV, AIDS, STIs and MSM

Activity B: Questions we want to know about HIV, AIDS, STIs and MSM

Activity C: Misconceptions about HIV, AIDS STIs and MSM

Choose Activity A or B or C, or do them all if you have enough time.



Activity A. Brainstorming and what we already know about HIV, AIDS, STIs and MSM

Put up flipchart paper along the walls of the room and put a topic at the top of each sheet:

- ➔ What is HIV? What is AIDS?
- ➔ How can MSM get HIV and other STIs?
- ➔ How is HIV transmitted between MSM?
- ➔ What are the different types of STIs and their symptoms?
- ➔ How can MSM protect themselves from getting HIV?
- ➔ What do you know about condoms and lubricant and their use for anal sex?

Ask participants in pairs to walk around and write down: a) what they know about the topic; and b) any questions, concerns or fears. Then review each sheet together as a group, and respond to questions, concerns or misinformation.

Activity B. Questions we want answered about HIV, AIDS, STIs and MSM

Divide into pairs and hand out blank cards and markers to each pair. Ask pairs to write on each card questions they want answered about HIV, AIDS or STIs in relation to MSM and tape the cards on the wall. Eliminate repetition. Then discuss each question, with participants contributing their ideas. Help to sort out fact from misinformation.

D1

Assessing Knowledge about HIV and Sexually Transmitted Infections (STIs)

Examples of questions

- How can MSM get HIV?
- How does HIV get into the body?
- Which sexual activity is more risky, vaginal sex or anal sex?
- What form of anal intercourse is more risky, insertive or receptive?
- Can married MSM get HIV?
- How do STIs increase one's risk of getting HIV?
- How can you tell that someone has HIV?
- How can MSM prevent HIV?



Activity C. Misconceptions about HIV, STIs and MSM

Divide into pairs and hand out blank cards and markers to each pair. Ask pairs to write on each card things they have heard about HIV, STIs and MSM that they are unsure about. Tape the cards on the wall. Then discuss each statement and provide information to correct misinformation.

Examples of Misconceptions

- MSM won't get HIV if they have sex without condoms with a sweetheart/regular partner.
- MSM won't get HIV if they have unsafe sex with a man who is handsome or healthy looking.
- MSM only get HIV from having sex with women, not men.
- Only sex workers get HIV.
- There is no sperm in the anus so there is no HIV transmission.
- If one sexual partner is HIV positive, the other must also be HIV positive.
- Washing yourself immediately after sex can prevent HIV transmission.



D2

HIV Transmission and Men who Have Sex with Men (MSM)



Facilitator's Note:

This exercise is designed to review and update participants' understanding on HIV transmission as it applies to men who have sex with men (MSM).

It starts off with a technique called "body mapping." A man lies down on top of flipchart sheets taped together and another man draws around him. The resulting life size picture of a man's body becomes a focus for discussion on sexual body parts, sexual activities, and HIV transmission. All of this extra information is recorded on cards and added to the body map.

The drawing provides a fun, non-threatening way to get people talking about sex. Participants have fun and at the same time have a serious discussion about sex and sexually related issues.

Preparing the body map is only the first step. The important part is using the body map as a focus for discussion on sexual body parts, sexual activities, and HIV transmission.



Objectives:

By the end of this session, participants will be able to identify the risks of getting HIV through different forms of MSM related sex.



Target Group:

All groups



Time:

1 hour



Preparation: Body Map

Ask a few participants to prepare a body map before the session:

- ➔ Tape four sheets of flipchart paper together to form a large sheet.
- ➔ Put it on the floor and ask one male volunteer to lie down on it.
- ➔ Other participants draw around the volunteer, making a body shape.
- ➔ Ask participants to write on the sheet the sexual body parts, e.g, penis, testicles, buttocks, anus, breasts, nipples, mouth, neck, etc.
- ➔ Write MSMs' common sexual activities on the cards and tape them on the diagram, e.g., anal sex, oral sex, thigh sex, kissing, mutual masturbation, massage, fingering or fisting, licking the anus, etc.



Steps:

1. Review of body map: Ask the participants who prepared the body map to present it (the sexual body parts and sexual activities). Invite questions to clarify.

2. Risk continuum: Then put up three topic cards along the wall: high risk, medium/low risk or no risk. Ask participants to place the MSM sexual activity cards (from the body map) underneath the appropriate category. Involve all participants in doing this activity.

Example Responses:

Risk Level	Ways in Which HIV May Be Transmitted
High Risk	Receptive anal sex without a condom. Insertive anal sex without a condom.
Low Risk/ Medium Risk	Receptive oral sex. Insertive oral sex. Licking the anus.
No Risk	Thigh sex (pushing penis between the thighs). Mutual masturbation. Deep (tongue) kissing. Fingering or fisting. Massage.

3. Take each of the high risk activities and ask, “Why is this form of sex a high risk activity?” Take a few of the medium/low risk activities and ask, “Why is this form of sex a medium or low risk activity?”

4. Take a few of the “no risk” activities and ask, “Why is this form of sex a ‘no risk’ activity?”



5. Record responses on a flipchart.

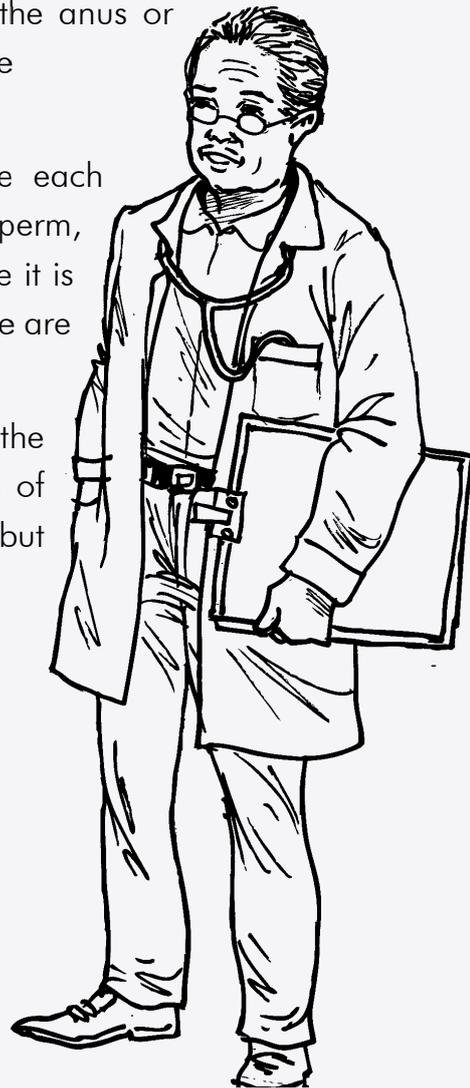
Example Responses:

The information provided below is technically correct information about HIV transmission within an MSM context. Use this information in helping participants understand each of these risk situations. Start off by getting participants to explain what they know about each of these risk situations and how HIV is transmitted. Then provide some of this factual information when needed to help fill the gaps in understanding.

- **Receptive anal intercourse:** Highest risk. The rectum is lined with a mucus membrane, a very sensitive part of the body which tears very easily, especially if the insertive partner is not using lubricant. Once the lining of the rectum gets cut, HIV in the sperm or in blood from cuts on the penis of the insertive partner can get easily into the body and the bloodstream of the receptive partner.
- **Insertive anal intercourse:** High risk. This is also risky for HIV transmission, but not as risky as receptive anal sex. HIV is contained in blood and rectal fluids that can pass through the urethra of the penis or under the foreskin of someone who is uncircumcised.
- **Oral sex (receptive):** Low risk. Receptive oral sex is more risky than insertive oral sex. The person sucking is more at risk than the person whose penis is sucked. Why? Sperm gets into the mouth of the person sucking and can penetrate the skin around the teeth, which can easily get cut. The skin is strong in most parts of the mouth except around the teeth (the gums) so there is a potential for HIV entering the body through cuts or bleeding in the gums.
- **Oral sex (insertive):** Low risk. The skin on the penis, especially if circumcised, is strong and less vulnerable to cuts. The person sucking may have cuts in the mouth which produce blood but saliva in the person's mouth is protecting the penis and the acid in the saliva neutralizes the blood from the gums.

Example Responses:

- **Thigh sex:** No risk. Sperm does not get into the anus or mouth where it could get into the body and the bloodstream.
- **Mutual masturbation:** When MSM masturbate each other, the hands may come into contact with sperm, but the sperm remains outside the body where it is exposed to air, and dies. There is no risk if there are no cuts or broken skin on the hands.
- **Kissing:** As long as there are no cuts or sores in the mouth, kissing is completely safe. The saliva of the infected person may get into the mouth but saliva has very low quantities of HIV.



5. Hand out copies of the QQR Information Sheet (at end of this exercise) and discuss. Then in pairs get participants to talk about what information in the Information Sheet would help them challenge wrong beliefs about HIV transmission.



6. Presentation:

As a summary present the following basic messages on HIV transmission.

- ➔ HIV is a fragile organism and does not survive long outside the body. It can only survive for a few seconds once it is outside the body. Exposure to air or water kills HIV.
- ➔ HIV does not spread easily from person to person through everyday contact.
 - HIV is not transmitted through the air through sneezing or coughing like TB.
 - HIV is not transmitted through skin contact like a skin disease.
 - HIV is not transmitted through food or plates, cups, sheets, etc., or through surfaces such as toilet seats.
- ➔ HIV is only transmitted through infected blood, sexual fluid, or mother's milk getting into your body.
- ➔ You can only get HIV through:
 - Having unprotected anal or vaginal sex (no condom) with an HIV infected person.
 - Sharing needles or syringes with an injection drug user who is HIV positive.
 - HIV positive mothers passing HIV to their babies before or during birth (through blood) or after birth through breast milk.
- ➔ HIV has to get inside your body for you to become infected. This is why sex and injecting drug use help to get HIV into the body. When we have anal sex without a condom, sexual fluid can get into the body through small cuts in the rectum or penis. When we inject drugs, the infected blood can go directly into the bloodstream.
- ➔ Receptive anal sex is much more risky than insertive anal sex. The rectum has a large surface area and the skin in the rectum is very susceptible to tears during anal sex, especially if the insertive partner is not using lubricant. Once the skin gets broken, HIV in the semen or in blood from cuts on the penis of the insertive partner can get easily into the body and the bloodstream of the receptive partner, if they are not using a condom.

- Adolescent boys whose skin in the rectum is not fully mature are more likely to develop cuts during anal sex and are therefore at higher risk of getting HIV.
- Insertive anal intercourse is not as risky as receptive anal sex. Why? The skin on the penis is stronger than the skin in the anus. It is less prone to cuts so it is less vulnerable to penetration by HIV. However, HIV contained in blood and rectal fluids can pass through the urethra of the penis or under the foreskin of someone who is uncircumcised.
- Men who are uncircumcised are more likely to become infected with HIV if exposed during unprotected anal sex than men who are circumcised.
- Water based or silicone based lubrication is a must for anal sex. With a condom and lubricant, anal sex can be practiced and enjoyed safely.
- Receptive oral sex is more risky than insertive oral sex. The person sucking is more at risk than the person whose penis is sucked. Why? Sperm gets into the mouth of the person sucking and can penetrate the skin around the teeth, which can easily get cut. The skin is strong in most parts of the mouth except around the teeth (the gums) so there is a potential for HIV entering the body through cuts in the gums.
- Insertive oral sex is low risk. The skin on the penis, especially if circumcised, is strong and less vulnerable to cuts. The person sucking may have cuts in the mouth which produce blood but the saliva, which does not carry HIV, is protecting the penis. Acid in the saliva neutralizes the blood from the gums.
- Oral sex is low risk for HIV but high risk for other STIs such as gonorrhea and herpes.
- Untreated STIs greatly increase one's risk of getting HIV. Many STIs cause sores, which make it easier for HIV to enter the body. MSM may not have symptoms of STIs or cannot see the sores because they are inside the anus or mouth, which puts them at greater risk.



- ➔ Different fluids have different quantities of HIV. There are high amounts of HIV in blood, semen, vaginal fluids, and breast milk so it is easy to transmit HIV through these fluids. There is very little HIV in urine, feces, and saliva, so you cannot get HIV through these fluids. There is no HIV in sweat or tears.
- ➔ You cannot get HIV through ordinary casual contact, e.g., touching, sitting beside, or sharing a room, food, or towels with a person with HIV.
- ➔ Some people think that limiting contact with a person living with HIV, e.g., not touching, putting into a separate room, or keeping separate food, plates, or clothing, helps to protect themselves against HIV. These practices of limiting contact with a people living with HIV are not a form of protection, since HIV is not transmitted in this way. These practices are stigmatizing. They make the person feel unwanted, unloved, despised, and rejected.

Handout for Exercise D2

QQR – Tool for Understanding HIV Transmission

For HIV transmission to take place, the quality of the virus must be strong, a large quantity must be present, and there must be a route of transmission into the bloodstream. All of these things must be present for someone to get infected with HIV.

Quality: For transmission to take place, the quality of the virus must be strong.

- HIV cannot survive outside the human body. It starts to die the moment it is exposed to the air.
- HIV is not an airborne virus. This is why there is no risk of transmission in sitting close to or sharing the same room with someone living with HIV.
- HIV does not live on the surface of the skin; it lives inside the body. There is no risk from shaking hands or hugging someone. The only place the virus can survive outside the body is in a vacuum (like a syringe) where it is not exposed to air.
- HIV will die if it is exposed to heat (e.g., if someone bleeds into a cooking pot).

Quantity: For transmission to take place, there must be enough quantity of the virus to pose any risk.

- HIV is found in large quantities in blood, semen, vaginal fluids, and breast milk.
- HIV is not found in sweat or tears.
- HIV can be found in very tiny amounts in urine, feces, and saliva, but the quantity of HIV is not enough for there to be any risk of transmission.
- Cleaning or bathing a patient is quite safe, provided all wounds are covered.
- Kissing, even deep kissing, poses no risks.

Route of transmission: For HIV transmission to take place, the virus must get inside your bloodstream.

- Our body is a closed system and HIV cannot pass through normal skin.
- HIV, however, can pass through the skin on the genitals (the penis or anus) during sex because the skin here is much thinner and has small openings where HIV can pass.
- The rectum has a large surface area and the skin in the rectum is very susceptible to tears during anal sex, especially if the insertive partner is not using lubricant. This is why it is very important to use water based lubricant during anal sex.
- Adolescent boys whose skin in the rectum is not fully mature are more likely to develop cuts during anal sex and are therefore at higher risk of getting HIV.
- The skin on the penis is stronger than the skin in the anus. It is less prone to cuts so it is less vulnerable to penetration by HIV. However, HIV contained in blood and rectal fluids can pass through the urethra of the penis or under the foreskin of someone who is uncircumcised.
- Men who are uncircumcised are more likely to become infected with HIV if exposed during unprotected anal sex than men who are circumcised.



D3

HIV Risk Factors in Same Sex Relationships



Facilitator's Note:

Once participants understand the basic facts on HIV transmission and men who have sex with men (MSM), the next step is for them to look at the social factors, including stigma that increase the risk of MSM getting HIV.

This exercise is easier to do if you have already done exercise B5 (Sex, Gender Identity, Gender Expression, and Sexual Orientation).



Objectives:

By the end of this session, participants will be able to describe the risks which make it easier for MSM to get infected with HIV



Target Group:

All groups



Time:

1 hour



Preparation:

Write on flipchart a list of different groups of MSM based on the output from Exercise B5.



Steps:

- 1. Buzz Groups:** In plenary review the flipchart list of different groups of MSM. Then divide into pairs and ask, “What social factors in the lives of these different types of MSM make them vulnerable to getting HIV?”
- 2.** Organize a report back by the pairs and record on flipchart. (See examples below.)

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Social Factors

- Sexual violence: Some MSM are victimized and forced to have sex.
- Kicked out of home; no place to live. Forced to look for alternative accommodation.
- Fear of rejection by partners, so no use of condoms that imply lack of trust if used.
- Stigma toward carrying condoms; fear of being shamed if one is seen buying or carrying condoms and lubricant.
- MSM find it difficult to get work so they resort to selling sex to survive.



D3

HIV Transmission and Men who Have Sex with Men (MSM)

Example Responses:

- Discrimination from medical staff so no access to health services. MSM may contract STIs and not get them treated.
- Drug or alcohol abuse results in less care in using condoms and lubricant.
- Some MSM are injecting drug users.
- Young MSM are more vulnerable to HIV because of stigma and violence.
- MSM who get HIV become doubly stigmatized.
- The hidden nature of some MSM encounters: Sex is often unplanned and occurs in places where access to condoms is limited.



3. Take each of the social factors and ask, "How does it put MSM at risk of getting HIV?"



Example Response:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Factor	How it puts MSM at risk of getting HIV
Stigma and discrimination	<p>Stigma undermines MSM confidence and makes them feel depressed so they stop caring about their lives and protecting their sexual health.</p> <p>Climate of stigma makes MSM desperate to find partners who will accept and love them. When they find someone, they may avoid using condoms since asking for condoms would imply lack of trust and may result in rejection.</p>
Strong stigma toward MSM long hair	<p>Long hair MSM, because they are visible as MSM, may experience more stigma and therefore may be more at risk for the negative effects described above of stigma and discrimination.</p>
No place to live	<p>Having been ejected from home young MSM have to look for alternative accommodation, which makes them more vulnerable to sexual abuse.</p>
Fear of rejection by partners	<p>To avoid being rejected by a new partner MSM often accept unprotected sex. If they insist on condoms it would imply lack of trust.</p>
Stigma toward carrying condoms and lubricant	<p>Young MSM often do not have condoms and lubricant when they need it for sex because they fear being shamed/caught by parents, peers or partners.</p>

D3**HIV Risk Factors in Same Sex Relationships**

Factor	How it puts MSM at risk of getting HIV
Sexual violence	MSM who are sexually abused are more vulnerable to getting HIV because mucus membranes are more likely to be cut and therefore exposed to HIV infection during forced sex.
Sex work	MSM long hair find it difficult to get work because of discrimination so many are forced to become sex workers. They are often forced physically or by higher prices to accept anal or oral sex without a condom.
Drugs and alcohol	Through excessive use of drugs or alcohol (which may be a result of stigma), MSM lose their sense of control, and forget about practicing safe sex.
Lack of access to health facilities	Because of fear of stigma, MSM find it difficult to talk openly with health workers about their sexual activities. MSM can't get information or condoms and lubricant from health workers so they find it difficult to practice safe sex.
Having sex with both men and women	MSM who are married live a hidden, double life, which increases their vulnerability to HIV, which in turn increases the HIV risk for their wives.
Injecting drug use	MSM who are injecting drug users may get HIV from their drug use and pass it on to their sexual partners.
Men who have sex with men occasionally	Some of these men do not regard themselves as MSM. This makes them vulnerable to HIV because they do not feel they can get HIV and being outside the MSM community they may have less access to information about how to protect themselves from getting HIV while having sex with other men.



4. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➔ MSM have to hide and protect their identity to avoid stigma and discrimination. In order to hide their sexual identity, they may avoid using health services (where they could get STIs treated and information on how to prevent HIV), avoid buying condoms and lubricant, and have to keep their sexual activities so hidden that it is difficult to practice safe sex.
- ➔ Once they are exposed to stigma and discrimination, MSM feel isolated and rejected. As a result MSM may begin to lose hope, doubt themselves and lose confidence. This affects their ability to manage their sexual health because they find it difficult to access health services and take less care in negotiating the use of condoms. MSM avoid getting tested for HIV and getting STIs diagnosed and treated. Many MSM believe that unsafe sex represents a small risk compared to the fear of rejection by a partner so they avoid using condoms to keep their partner. All of this increases the risk for contracting, and transmitting, HIV.
- ➔ In addition to stigma and discrimination, other factors increasing MSM's HIV risk include sexual violence, drugs and alcohol, injecting drug use (for some MSM), and sex work.
- ➔ Conclusion: Stigma and discrimination toward MSM by families, communities, health care providers and police increases the risk of MSM getting HIV, which then increases the risk of HIV spreading in the community more generally, since some MSM are married and also have sex with women.



Chapter E:

Moving to Action

Introduction

In this chapter participants plan how they are to take action to reduce stigma and discrimination toward men who have sex with men (MSM).

It is designed for all groups: MSM, health care providers, the police, non-governmental organizations (NGO) and community-based organizations (CBO) staff, and the community.

Thinking about solutions to stigma should not be left to the end of the workshop. It should start from the beginning of the process, so earlier exercises have included problem solving, e.g., exercises A5, A6, A10, A11, A13, C2, C3, C4, C5, C6.

This chapter is intended to:

- ➔ Bring together all the things we have learned about MSM related stigma, including what can be done practically to change attitudes and behavior
- ➔ Build up our commitment to stop stigma and discrimination toward MSM
- ➔ Focus on what we can do to change things as individuals, as communities and in our workplaces
- ➔ Agree on goals and how to achieve them



Exercises

- E1. Start with a Vision – A World without Stigma
- E2. Men who Have Sex with Men and Human Rights
- E3. Challenge What People Say about Men who Have Sex with Men
- E4. Action – Writing a Code of Conduct for a “Stigma and Discrimination Free Health Facility”

By the end of this chapter, all participants should be expected to:

- ➔ Develop a specific plan of action for challenging MSM stigma in their workplace and community, and
- ➔ Make a public commitment to work individually and collectively to identify, understand and challenge stigma and discrimination toward MSM

Key Messages

- ➔ We are all responsible for challenging stigma, not just MSM. We can all play a role in educating others and advocating for new attitudes and practice.
- ➔ Be a role model. Apply what you have learned in your own lives. Think about the words you use about MSM and try to change how you think, speak and act.
- ➔ Encourage community leaders to speak out and talk to others about MSM and condemn stigma and discrimination.
- ➔ Encourage MSM to speak out to help people understand how it feels to be the object of stigma and discrimination, and make sure that MSM are listened to.
- ➔ Share what you have learned. After the training tell others what you have learned and get others talking about stigma and discrimination and how to change it.
- ➔ Talk openly about MSM issues. Show you are not afraid to talk about this issue. This will help people see that this is not a shameful thing that has to be hidden. Talking openly will also empower MSM and help relieve self-stigma.
- ➔ Discuss MSM stigma with family, colleagues, and friends. What are the most common forms of stigma in your workplace or community? What can be done to change things?
- ➔ Avoid using stigmatizing words. Instead of saying “these katooney” or “these sick people” use positive words such as “men who have sex with men.”
- ➔ Challenge MSM stigma when you see it in your home, workplace, and community. Speak out, name the problem, and let people know that stigma and discrimination toward MSM hurts MSM, makes them hide, and helps to fuel the HIV epidemic, which affects all of us.
- ➔ Act against stigma as a community. Each community can look at stigma toward MSM in their own situation and agree on practical things they can do to do to bring about change.
- ➔ Saying “stigma is wrong” is not enough. Help people move to action. Agree on what needs to be done, develop a plan, and then do it.

- ➔ Think big, start small and act now! Have a big vision but start with something small. And don't wait.

Things You Can Do Yourself as Individuals

- ➔ Watch your own language and avoid stigmatizing words.
- ➔ Provide a caring ear and support to MSM.
- ➔ Encourage MSM to use available services, e.g., medical care, voluntary and confidential counseling and testing (VCCT), anti-retroviral therapy (ART), support groups, etc.
- ➔ Encourage MSM, as equal members of the community, to participate in community activities.
- ➔ Challenge stigma and discrimination when you see it happen.

Things You Can Do To Involve Others

- ➔ Use informal conversations as opportunities to raise and talk about MSM stigma.
- ➔ Help normalize MSM. Help people understand that MSM are not "sick" or "morally bad" people, but people like anyone else, who are MSM not through choice but through nature.
- ➔ Encourage people to talk openly about their fears and concerns about MSM and correct myths and misperceptions about MSM.

Things to Get the Community Acting against Stigma

- ➔ Activities which get people to identify and analyze MSM stigma in community:
 - Testimonies by MSM about their lives.
 - Language watch: school children or youth groups can make a “listening survey” to identify stigmatizing words used in the community, media or in popular songs.
 - Community mapping of MSM stigma: get the community to make a map of stigma and discrimination and display the map at the community meeting place.
 - Community walk to identify points of stigma in community.
 - Drama by a youth group based on real examples can be a trigger for discussion.
- ➔ Community meetings to discuss what has been learned from the above methods and make decisions about what the community wants to do to reduce stigma toward MSM.
- ➔ Training workshops on MSM stigma for community leaders and service providers.

E1

Start with a Vision – A World without Stigma



Facilitator's Note:

This exercise helps develop a vision of the kind of world we want to build – a world without stigma – and then use this vision to decide on the steps to reach this vision.

If you are running a workshop that includes many different groups, divide into different target groups to conduct this exercise (e.g., health care workers, police officers, non-governmental organization [NGO] and community-based organization [CBO] staff, community leaders, etc.). The aim is to have stakeholders working in the same field (e.g., health workers) to do this exercise as a group and agree on the changes needed within their working context (e.g., health facility).



Objectives:

By the end of this session participants will be able to:

- ➡ Describe the existing world with stigma and the future desired world without stigma
- ➡ Identify specific actions which need to be taken to overcome stigma



Target Group:

Men who have sex with men (MSM), health care providers, police officers, NGO and CBO staff and community leaders



Time:

1 hour



Steps:

1. A world without stigma: Divide into groups and hand out A4 paper and markers.

Group task:

- Draw pictures and write words on sheets of paper to show different scenarios and tape the sheets on the wall as a group drawing. (Alternatively the group can work together on one large picture.) The first drawing will be a “before” picture, the world as it is now with stigma. The pictures could show different scenes of MSM being stigmatized.
- Make a second drawing of the “after” picture – a world without stigma.
- Make a list of actions to be done to change things, to create a world without stigma.

2. Report back: Ask each group to present its picture to the other groups. As each presentation is made, ask questions to help clarify the drawing and invite others to comment.

3. Individual actions: After the groups have reported, ask each person to write down on a sheet of paper what s/he can do individually to make a change. Then go round the circle, asking each person to state what s/he plans to do to make a change.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Example: Health Care Setting

Picture 1 – World with stigma:

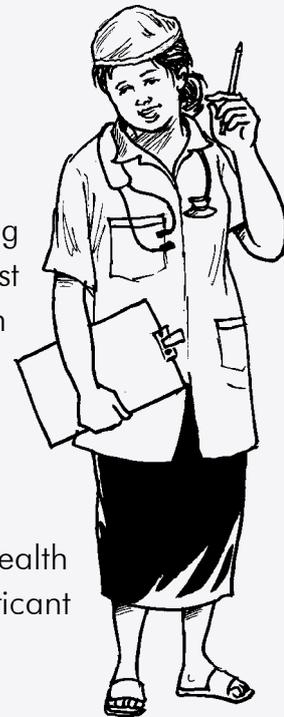
MSM sitting alone on bench at clinic. Other patients avoiding and making fun of him. Clinic staff serving other patients first and MSM last. Health workers showing disgust and fear in examining MSM, staying at distance and making negative comments.

Picture 2 – World without stigma:

MSM sitting with other patients who are friendly with them. Health workers providing counseling, information, condoms and lubricant to MSM.

Action Plan

- Provide training for health workers on:
 - a) MSM's lives and challenges;
 - b) patients' rights, including right of MSM patients to equal care and confidentiality;
 - c) how to provide counseling and services to MSM in a nonjudgmental way;
 - d) how to diagnose and treat STIs in MSM.





Example Responses:

- Train health staff in the skills to diagnose and treat STIs in MSM and talk with comfort about different sexual practices without judgment.
- Invite MSM to attend the stigma training workshops for health workers so that health workers learn directly from MSM how they feel about the way they are handled in the clinic.
- Implement a new code of conduct: treat all patients equally; confidentiality; non-stigmatizing attitudes.
- Build working relations between health staff and MSM support groups and invite MSM support groups to advise health staff on services provided to MSM patients.
- When providing information on HIV transmission, include information on same sex relationships and getting HIV through anal or oral sex.
- Educate other patients/community that MSM are like anyone else and deserve respect, acceptance and equal treatment.

Example: Police Setting

Picture 1 – World with stigma:

MSM lodges complaint at police station about being harassed, but police refuse to deal with it. Police insult MSM long hair and threaten to arrest them. Police chase two MSM in the park; force them to have sex. Two MSM dancing in the pagoda and the police chase them away. MSM blamed for any disorder even though it is not caused by them.

Picture 2 – World without stigma:

MSM with family in house, going to school, getting work and accessing public space without harassment.



Example Responses:

Action Plan:

- Hold meetings with MSM organizations to develop a collaborative plan to protect MSM when they have problems and to ensure they are safe.
- Train police officers on: a) sexuality and sexual orientation; b) the rights of MSM to equal treatment by the police; c) how to deal with MSM in a sensitive, non-judgmental way.
- Speak up and confront other police officers when they stigmatize or discriminate against MSM.
- Get all police officers to stop using insulting words toward MSM, e.g., “katooney.”
- Teach the police that MSM have rights like anyone else: to be in public spaces, dancing, right to vote, right to education, rights like anyone else, right to health care.
- Teach everyone that MSM are human beings, so we need to respect MSM and not regard MSM as bad people. We should treat MSM the same way as other members of the public.

Individual Actions

- Be friendly to MSM. Treat MSM as friends or neighbors, as our brothers.
- Explain to stigmatizers the situation of MSM so they understand MSM and stop stigmatizing.
- Explain that MSM are human beings and we need to value MSM.
- Explain the difficulties MSM are facing because of stigma.



E2

Men who Have Sex with Men and Human Rights



Facilitator's Note:

This exercise looks at how the rights of men who have sex with men (MSM) are violated and what might be done to address these human rights violations.

During the initial brainstorm, where participants are naming the rights which are violated, probe further on how the rights are violated. During the second activity where groups are working on solutions, push them to come up with realistic solutions.



Objectives:

By the end of this session, participants will have:

- ➡ Identified and explored different rights which could be violated if we are MSM
- ➡ Developed realistic strategies for protecting MSM rights



Target Group:

All groups



Time:

1 hour



Materials:

Photocopies of the scenarios



Steps:

1. Which rights are violated? (Buzz groups): Divide into pairs and ask pairs to discuss: “What rights might be violated if you are MSM? How are they violated?” Then ask the pairs to report and after each response, ask, “How is this right violated?” Record the responses of the pairs on the flipchart.

Example Responses:

The examples below provide you with information about human rights that you can share with the group, if they have not already mentioned them.

- Right to equality and dignity: Many MSM are stigmatized, blamed and shunned, which violates their right to equal and respectful treatment.
- Right to liberty and security of person: Some MSM are forced by their parents to adopt different behavior, leaving them with no control over what happens to them and preventing them from exercising their right to be themselves.
- Freedom from inhumane or degrading treatment: Some MSM are sexually abused.
- Right to information: MSM patients sometimes are not given enough/correct information about HIV, preventing them from fully understanding how to protect themselves.
- Right to health care: MSM are stigmatized and discouraged from using some clinics (e.g., unfriendly treatment, name calling, and lack of confidentiality); as a result they stop getting their STIs treated, testing for HIV, etc.
- Right to privacy: MSM patients have the right to keep their medical information and other facts about themselves confidential, but their sexual orientation is often disclosed to others without their consent. This violates their right to privacy.

Example Responses:

- Right to shelter/accommodation: MSM are kicked out of the house by their families; or by landlords, once they discover they are MSM.
- Right to work: Some MSM are not hired, or in some cases fired, or not promoted, when the employer discovers they are MSM.
- Right to equal protection by the law: If an MSM reports a case of harassment, police often ignore it and make fun of the MSM.



2. Finding solutions (case studies): Divide into small groups and give each group one of the case studies (below). Ask them to read the case study and discuss:

- ➡ Which right has been violated?
- ➡ What could you do if you were the person whose rights were violated?
- ➡ What examples do you have from your own experience?

Write the questions on a flipchart and tape on the wall so that all the groups can see it.



3. Report back and processing: Ask groups to present the key points from their discussions, giving the main strategies to challenge the violation.

Case Studies

- A. Rith has been working for a company for five years and is just about to go for a training course to prepare him for a promotion. A fellow employee discovers that he is MSM and tells his boss, who fires Rith, without giving any reasons. Rith is very upset. To make matters worse, he finds that other companies have been told that he is MSM and no one will hire him.
- B. Sambath lives in a rented room with his boyfriend. The landlord suspects that the two men are MSM, and kicks them out of the house. The landlord says he doesn't want the men to infect other people with "their disease" and that it would be "bad for the community."
- C. Heng is an MSM with HIV. He goes to the clinic to apply to start anti-retroviral treatment. When he is interviewed, the nurse discovers he is MSM. When she learns this, she says, "I'm sorry, but I don't think this program will be good for you. We need people who can be reliable and adhere to the medication."
- D. Vithu, an MSM, goes to the clinic for an STI checkup. While he is there, he is forced to take an HIV test. There is no pre-test counseling and he is told he is HIV-positive in a highly insensitive way: "You've got the killer disease and you deserve this punishment. You are the ones who are spreading HIV." There is no post-test counseling and the staff rush him out of the clinic, without even treating him for his STI. He feels totally humiliated.
- E. Ponlok is a long hair MSM. He has just returned to his rural village, after staying for several years in Phnom Penh. When he arrives home, he finds the family preparing for a wedding for his brother. He asks if he can help with the wedding arrangements, since he is an expert photographer, but his father says, "People like you don't need to be involved in these things, so stay away."

Example Responses:

The examples below provide you with information about human rights that you can share with the group, if they have not already mentioned them.

**Case A: Unfair Dismissal from Work – Right to Work Violated**

- Don't accept a verbal dismissal. Ask for a letter in writing stating the reasons for the dismissal.
- Review the original contract and see what the conditions for dismissal are.
- Look into labor laws protecting workers, e.g., rules regarding dismissal, period of notice, etc.
- Get advice and help from human rights organizations and MSM support groups.

Case B: Evicted from Rental Accommodation – Right to Shelter Violated

- Talk to the landlord and get him to explain why he is evicting you.
- Challenge him: "Is it to do with my sexual orientation?"
- Explain to him that being MSM is a behavior based on nature.



Example Responses:

Case C: Forced out of ARV Program – Right to Health Violated

- Ask the nurse to explain why she is violating your human rights.
- Tell her that ARVs are available to all citizens.
- Ask her, “What policies are you using in making this decision?”
- Help the nurse and other health staff understand the issues of MSM.
- Meet with the director of the health facility to discuss the unfair treatment.

Case D: Bad Treatment at the Clinic – Right to Health and Confidentiality Violated

- Complain to the clinic director about the treatment provided by clinic staff. “I came for an STI test. I was given no counseling and forced to take an HIV test. I was treated in an insensitive way. The staff should focus on providing treatment, not worrying about whom I have sex with.”

Case E: Kicked out of Wedding – Right to Association Violated

- Say, “I’m not making demands for money and I am contributing a skill to the wedding so why are you discriminating against me?”
- Explain that you have photography skills to contribute, so your father should stop stigmatizing you and look at the needs of the wedding.
- Explain that you are part of the family so he should be included in the organization of the wedding.

3. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➔ We need to recognize that MSM have rights, e.g., right to have work, health care, accommodation, and should be able to access those rights.
- ➔ MSM experience human rights abuses because of stigma and fear.
- ➔ In Cambodia there is no law which criminalizes sex between men, but MSM face a lot of persecution because of public attitudes. As a result MSM are forced to operate in a climate of secrecy. This leaves MSM more vulnerable to being exploited and stigmatized.
- ➔ The fear of being stigmatized and persecuted prevents MSM from asserting their rights. In fact, many MSM accept the violation of their rights as part of their stressful lives as sexual minorities. As a result they find it difficult to lay complaints with the police, or challenge the stigma they face in health or other facilities.
- ➔ Cambodia is a signatory to international conventions on the protection of human rights, but in practice Cambodia does not provide legal protections for MSM.
- ➔ The National Strategic Framework on HIV, AIDS, and STI for MSM in Cambodia has recommended that government consider legislation to make discrimination against MSM unlawful in specified areas of public life, e.g., employment, education, housing, and the provision of services.
- ➔ MSM are more at risk of HIV infection because of their limited access to human rights. Because they lack rights and have limited power to demand their rights, it is difficult for them to control sexual decision-making and other choices that will lead to a healthy lifestyle. For example, it is difficult for them to negotiate safe sex with partners. This makes them vulnerable to getting HIV.



E3

Challenge What People Say about Men who Have Sex with Men



Facilitator's Note:

This exercise looks at how to challenge men who have sex with men (MSM) stigma in one's day to day work as a health worker, non-governmental organization (NGO) staff member or policeman. Participants learn how to be assertive and then practice this skill in a series of paired role plays. The aim is to help people see that acting against MSM stigma can be done whenever it happens.



Objectives:

By the end of the session participants will have the skills to challenge MSM stigma and change the situation using an assertive approach



Target Group:

Health care providers, police officers, NGO and community-based organization (CBO) staff, and community leaders



Time:

1 hour



Steps:

1. Introduction: Explain that the session is aimed at practicing how to challenge stigma in an assertive way, i.e., looking the stigmatizer in the eye and saying what we think, feel and want in a clear, forceful, and confident way but without being aggressive or showing anger.



2. Paired role playing: Explain that we will now practice how to challenge stigma and discrimination in different common work situations, taking one issue at a time. Then give the following instructions:

Role Play 1: Everyone stand up and find a partner and face your partner. You are both health workers. Decide in each pair who is A, who is B. (Wait until they decide.) Now make a role play about the following situation: A complains to B about an MSM patient, saying that the MSM is disgusting, mentally sick, and a danger to everyone. Health worker B should respond in a strong and confident way. Play!

Example Role Play:



A: I don't know why we are wasting our time on this MSM. He is mentally sick and he is a danger to everyone.

B: He is no different from anyone else. He just happens to love men, not women.

A: But he is having sex with men, which is against our culture and religion.

B: There is nothing in our religion, and no laws in Cambodia saying that men cannot have sex with men.

A: Okay, but I don't know why we have to treat him. He should go somewhere else.

B: As health professionals we have a code of conduct. We need to treat all of our patients equally. We cannot stop serving a person because we don't like him. It is part of our responsibility as professionals to provide medical care to everyone.

After two minutes ask a few pairs to show their role plays (one at a time) in the center of the circle. After each role play, ask, "How did the 'challenger' do? Was he convincing and effective? What made a difference in the way he challenged the other health worker?"

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Sample comments on role plays:

Good eye contact. Strong voice. Spoke with confidence.

Didn't criticize the stigmatizer, but simply explained her duties/responsibility as a health worker.

Good arguments: "No different from anyone else." "Nothing in religion or Cambodia laws."

She was not afraid to disagree with the first health worker. Did not back down, apologize or allow the first health worker to dominate her. She patiently insisted that the health worker do her job.

After each performance, ask other participants if they have a better way of challenging the stigmatizer and let them take over the challenger's role in the play and show their approach. After each new attempt, ask, "What made a difference?" (e.g., good arguments, strong voice level, body language, confidence, etc.)



Then repeat the paired role playing for other scenarios. For each new scenario the partners should take turns playing the “stigmatizer” and “challenger” roles.

Other scenarios:

- ➔ One health worker (doctor) refuses to examine the MSM because he is disgusted with the MSM’s sexual behavior and doesn’t want to be looking at his “dirty anus.”
- ➔ VCCT scenario: Counselor says to another health worker, in the presence of the MSM, that the “katooley” deserves to get HIV because of his “disgusting behavior.”

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

I now see that I can do something. I never realized I could challenge the stigmatizer.

The best approach is to say it honestly, clearly and simply: “This is wrong.”

When I challenged her politely but firmly, she denied that she was stigmatizing.

Don’t be afraid to disagree with the person and to say “No.”



3. Processing: Ask, “What have you learned from the practice role plays?”

4. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- We can all challenge MSM stigma on an individual level, using an assertive approach.
- When stigma leads to discrimination, however, you may need to develop policies or a code of practice to protect MSM patients. Involve senior managers in this process.
- The most powerful responses to people who are stigmatizing are those which make the stigmatizer stop and think, rather than attacking responses which make the stigmatizer defensive. Examples of strong responses:
 - “You are probably not aware that you are stigmatizing.”
 - “MSM did not choose to become MSM. This just happens; it is natural.”
 - “We have a code of conduct as professionals to serve everyone.”
 - “Don’t point fingers at anyone. As you point one finger toward others, four fingers are pointing back toward you. You are blaming yourself.”



Then explain and discuss the following list of assertiveness techniques.

- ➔ Tell people what you think, feel and want clearly and forcefully.
- ➔ Say “I” feel, think, or would like.
- ➔ Don’t apologize for saying what you think, or put yourself down.
- ➔ Stand or sit straight in a relaxed way.
- ➔ Hold your head up and look the other person in the eye.
- ➔ Speak so that people can hear you clearly.
- ➔ Stick with your own ideas and stand up for yourself.
- ➔ Don’t be afraid to disagree with people.
- ➔ Accept other people’s right to say “No” and learn how to say “No” yourself.

E4

Action – Writing a Code of Conduct for a “Stigma and Discrimination Free Health Facility”



Facilitator’s Note:

This exercise brings health care providers and men who have sex with men (MSM) together to discuss the stigma and discrimination faced by MSM in health facilities and agree on what can be done to change things. The aim is to produce a guide for the care and treatment of MSM in a stigma free, accepting way in clinics.

This exercise should be done only after health care providers have gone through some of the other exercises in the toolkit, which would help prepare them for this exercise.

Before this joint session hold separate meetings with MSM and health care providers, so that both groups have had a chance to discuss how MSM are currently treated in health facilities.

The idea of bringing these two groups together is to ensure that health care providers take their cues from MSM regarding the health services they need, rather than deciding for them.

The output of the workshop will be practical guidelines, agreed by both parties, which can be used to guide practices in the health facility. Applying the new guidelines on a daily basis will help to reinforce what was learned during the workshop. Health care providers will begin to internalize the new, non-stigmatizing ways of working, which will become standard practice. This will ensure that the rights of MSM are supported and that they receive high quality and comprehensive health services.



Objectives:

By the end of this session, participants will have produced guidelines for running health facilities on a stigma free basis.

Target Group:

Health care providers and MSM

Time:

1 hour

Materials:

Examples of Codes of Conduct from other countries. (see Information Sheet 11 in the annex to this toolkit for an example code of conduct)

Steps:

1. How are MSM treated in health facilities? Put up a list of a) the major forms of stigma in health facilities and b) their effects on MSM which were identified in exercise A13.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Stigma and Barriers in the Clinic:

- MSM patients are kept waiting a long time. Other patients are served first
- Bureaucratic and unfriendly treatment and insulting language
- Health facility staff gossip about MSM patients and show their disapproval/judging
- Breach confidentiality, e.g., some health facility staff tell other staff and patients about MSM patients
- Blaming and shaming: “You deserve to get this, because of your disgusting behavior.”
- Health staff lack skills and knowledge to diagnose and treat STIs triggered by anal or oral sex
- Health staff are uncomfortable talking about sexual practices without judgment
- Health staff more concerned about the MSM’s sexual orientation than dealing with the illness
- Some MSM patients (e.g., short hair MSM) do not reveal their sexual orientation because of fears of being stigmatized, so health workers lack the information needed to make a full diagnosis
- Some long hair MSM are reluctant to access health services because they have a man’s name but a woman’s appearance



Example Responses:

Effects:

- MSM feel insulted, humiliated, and angry, and having no solutions to their health problems
- MSM patients stop using the clinic and do not get their STIs treated
- MSM have to find other forms of treatment, e.g., private doctors who treat them with more confidentiality and less stigma, or self-treatment
- It may affect their self-esteem/self-confidence and they may deny their sexual risk and take more risks in their sexual behavior (e.g., not using condoms)
- Short hair MSM find it difficult to talk openly about situation for fear they may be stigmatized



2. Finding solutions to stigma (small groups): Divide into small groups of four people, with two MSM and two health workers in each group. Ask each group to write a set of guidelines for a stigma free health facility.

Example of a Charter for Change:

Building a Stigma Free, User Friendly Health Facility

- Treat all patients with equality, respect, dignity and privacy.
- Ensure that care for MSM patients is not denied, delayed, or referred elsewhere and that it is the same quality as the care provided to other patients.
- Ensure that all staff are trained in patients’ rights and the right of MSM patients to equal and confidential care.
- Ensure that staff are trained in the skills to diagnose and treat STIs in MSM and talk with comfort about sexual activities without judgment.
- Challenge stigmatizing words and actions when you see them. Get health workers to think about how their words and actions can hurt.
- Encourage health facility staff to talk openly about their concerns about MSM patients and correct misconceptions about MSM patients. This will help people see that this is not a shameful thing that has to be hidden. Talking openly about MSM patients will also empower MSM and help relieve some of their self-stigma.
- Normalize MSM sex. Get health workers and the community to regard MSM as people with a different sexual orientation, and not “people with bad behavior.”
- Educate other patients and the community that MSM are like anyone else, deserving of respect, acceptance and equal treatment.
- Build working relations between health staff and MSM support groups and invite MSM support groups to advise health staff on services provided to MSM patients.





3. Individual commitments (small groups): Divide into two groups: MSM and health workers. Ask each group to brainstorm what they can do to contribute to the goal of zero new HIV infections.

Example Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

MSM	Health Workers
<ul style="list-style-type: none"> ● Insist on 100 percent condom use with all partners (male and female) ● Use water based lubricant for anal sex ● Go for regular STI checkups and HIV testing ● Educate peers about safe sex ● If HIV positive, learn how to live in healthy way, access ARVs, and adhere to treatment. ● If HIV negative, learn how to remain negative ● Work through MSM support groups to assert human rights and health demands 	<ul style="list-style-type: none"> ● Distribute condoms and water based lubricant without stigma ● Provide STI diagnosis and treatment for MSM on stigma free and confidential basis ● Provide MSM counseling in non-judgmental way ● Provide regular checkup on MSM's health ● When providing information on HIV transmission, include information on getting HIV through anal or oral sex

E4

Action – Writing a Code of Conduct for a “Stigma and Discrimination Free Health Facility”

Optional Activity: Ask the MSM representatives to brainstorm answers to the following question: “What makes a health facility MSM friendly?”

Example Responses:

- The staff are friendly.
- The staff do not judge us.
- The staff treat us the same way as other patients.
- We trust the staff.
- The staff promote our privacy and keep our information confidential.
- The staff are sincere and want to help us.
- The staff explain things simply and clearly.
- The services are available, e.g., medicine is available, the equipment is good, the clinical services are high quality, etc.





4. Summary: Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- ➔ Health care providers all have a specific type of job to do that involves helping people. Just because someone is MSM, that doesn't mean that he should be treated any differently.
- ➔ Once health care providers become more comfortable with MSM and the types of issues that MSM face, they will be able to provide better services to MSM.
- ➔ Once MSM become more comfortable talking about their concerns with health care providers, the more often they will seek help which will improve the overall public health and safety of the community.
- ➔ Staying silent helps no one. MSM and health care providers must work together to find realistic solutions to problems facing the MSM community.
- ➔ If discriminatory behaviors are tolerated and no one holds people accountable to doing their job and treating people equally, it tears the fabric of the community.
- ➔ Finding ways to improve services for MSM is in the best interest of the health and safety of the entire community.

Here are some tips on how to provide non-discriminatory services to MSM patients:

- ➔ Build a relationship of trust and make the MSM patient feel safe to express himself freely. Remember, it has taken a lot of courage for him to be open to you about his situation.
- ➔ Emphasize that you will handle the information he provides in a confidential way.
- ➔ Let him talk first and tell him to take his time. Listen attentively to what he says. Lean forward and show with your body that you are listening carefully to what he is saying.
- ➔ Don't probe into his sexual activities. It is not your job to find out more about his relationships. Limit your questions to what you need to know to provide good medical treatment.
- ➔ Don't ask directly whether he has sex with men. Wait until he is comfortable to raise this subject himself. It may take several visits before he is comfortable.
- ➔ Talk about the STI symptoms and let the patient, when he is ready, mention that he got the STI from having sex with men.
- ➔ To avoid talking about the patient himself, make up a “typical” MSM and discuss how he could practice safer sex. Or talk about oral and anal sex, pointing out that they are practiced by both men and women.
- ➔ Be aware of your own personal feelings and avoid judging or condemning his sexual behavior in words or body language.
- ➔ If you don't know that the patient is MSM, don't make assumptions about his relationships or sexual behavior.
- ➔ You cannot always tell whether someone is MSM and he will not necessarily be open to you. So don't assume that his partner is female. Instead of referring to the partner as “wife” or “girlfriend” or “her,” use the word “partner.”
- ➔ Avoid using words like “normal” to describe sex between men and women and “abnormal” to describe sex between men.
- ➔ Once the person reveals that he is MSM, help him to become aware of his rights. If appropriate, refer him to the local MSM support group.



Annex A:

Information Sheets

1. Glossary of Terms
2. Men who Have Sex with Men – Frequently Asked Questions
3. Becoming Open: Stages in the Process
4. What Do I Do If Someone Wants to Disclose His Sexual Orientation to Me?
5. Stigma and Discrimination toward Men who Have Sex with Men (MSM)
6. Human Rights
7. Hate Violence
8. Sexually Transmitted Infections
9. HIV Transmission
10. HIV and AIDS: Frequently Asked Questions
11. Code of Conduct for Health Workers
12. Code of Conduct for the Police

Bisexual is someone who is physically, emotionally and/or sexually attracted to both men and women. Bisexual people engage in the same types of relationships as everyone else.

Coming out (of the closet) is the life-long process of discovering, defining, and proclaiming one's sexual orientation and/or gender identity that is different from the majority in a society.

Cross dressers or transvestites wear clothes usually worn by people of the opposite biological sex. They do not, however, usually identify themselves as having a gender identity different from their biological sex or gender role. The motivations for cross dressing vary, but most transvestites enjoy cross dressing and may experience sexual excitement from it.

Drag queens are men who dress in female clothing or men who are female impersonators. They are typically not transgender. The choice that these individuals make to dress in the clothing of the opposite sex is not a matter of gender identity. The same is true of drag kings, women who dress in men's clothing and male impersonators.

Gay is used to describe both men and women whose sexual orientation and emotional and sexual attraction is directed toward people of the same sex. The word "gay" is preferred to "homosexual" because the latter can have negative connotations, is outdated and is linked to a time when homosexuality was considered to be a mental disorder.

Some people say that the gay sexual orientation is a western influence that may not be relevant for Asian countries. The fact is that sexual orientation transcends culture.

Gender defines one's perception, feeling or identity of being male or female.

Gender expression is the physical manifestation of one's gender identity, usually expressed through appearance, body language, voice or clothing. For example a gay man may have effeminate hand gestures or dress in women's clothing; at the same time, his appearance or clothing may be no different from straight men.

Gender identity is the concept of maleness or femaleness. It is the sense of oneself as male or female and does not necessarily refer to one's sexual orientation or gender expression.

Gender role refers to the behaviors that are viewed as masculine or feminine by a Particular culture.

Heterosexual or **straight** is physical, emotional and/or sexual attraction to persons of the opposite sex.

Homosexuality is physical, emotional and/or sexual attraction to persons of the same sex.

In the closet describes a person who is not open about his or her sexual orientation or gender identity.

Intersex is a general term used for a variety of conditions in which a person is born with sexual organs that do not fit the typical definitions of female or male. For example, a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside. Another example is a person who is born with genitals that seem to be "in-between" the usual male and female types. Intersex people may later grow up to have gender identities that are the opposite of the sex assigned to them at birth and have feelings similar to transgender individuals. Approximately 1 in every 2,000 people is born intersex.

Lesbian is the term for women who identify as gay. "Gay" has largely been associated with men, so many women wanted a separate term that applied specifically to women's sexual orientation.

Lifestyle is how a person chooses to live and behave and is sometimes defined by the type of social life. Being LGBTI is not a choice, and therefore is not considered to be a lifestyle. To call it a lifestyle is incorrect and offensive to LGBTI people.

LGBTI is an inclusive acronym commonly used to talk about the entire Lesbian, Gay, Bisexual, Transgender and Intersex population. Transgender and Intersex is often linked with the lesbian, gay, and bisexual group because they face similar struggles in being harassed or discriminated against due to their gender expression. However, transgender and intersex people may be gay, heterosexual or bisexual.

Long hair MSM identify as a women and want to look like women, and so are easily identifiable as gay/MSM to the public. They commonly are stigmatized largely for their gender expression (dress and body language).

Men who have sex with men (MSM) is a term used for a variety of reasons. One reason is that it recognizes that many men may have sex with other men, but do not necessarily consider themselves to be gay. They do not consider their sexual activities with other men in terms of a sexual identity or orientation. Some MSM are married and/or are also having sex with women. The term “MSM” is used in HIV/AIDS work because it can be applied to behavior that puts men at risk of getting HIV. For this same reason, some argue that the term is too focused on sexual behavior and not enough on other aspects of relationships such as emotions, affection, dating, love, companionship, family, etc.

Pride is not being ashamed of oneself and/or showing your pride to others by coming out, advocating for equality, etc. It is being honest and comfortable with who you are as a person.

Sex is the biological distinction between men and women and refers to the biological characteristics of a person at birth.

Sexual behavior differs from sexual orientation and alone does not define someone’s identity. Any person may be capable of sexual behavior with a person of the same or opposite sex, but an individual knows his or her own longings — erotic and emotional — and which sex is more likely to satisfy those needs. Sexual behavior alone does not define sexual orientation. A personal awareness of having a sexual orientation that is not exclusively heterosexual is one way a person identifies herself or himself as lesbian, gay or bisexual.

Sexual identity is the way that a person perceives his or her own sexual desires and sexual expressions.

Sexual minorities is an inclusive, umbrella term used to describe any person who does not identify as heterosexual or does not fit into what one's culture defines as their appropriate "gender box." This group can include lesbians, gay men, bisexuals, transgender people, intersex people, men who have sex with men who do not identify as gay, women who have sex with women who do not identify as lesbian, and others who consider themselves to be a sexual minority.

Sexual orientation is whether one is emotionally and sexually attracted to members of the same sex or the opposite sex. Three sexual orientations are commonly recognized: a) homosexual (gay or lesbian), b) heterosexual or c) bisexual.

Short hair MSM are characterized as 100 percent "man," but they have sex with other men (long hair or short hair). They are not easily identified as being MSM to the general public and are often married to women. They generally can hide the fact that they are MSM and are therefore less subject to stigma than long hair MSM.

Transsexuals are people who have had some type of surgical alteration to their genitalia and/or hormone treatments that change their bodies' appearance in alignment with their gender identity.

Transgender is used to describe people who identify their gender as the opposite of their biological sex. Consequently, transgender people often feel that they are trapped in the wrong body; for example, an individual may have the sexual organs of a female, but feels male. This person may identify as a "transman." Someone who has the sex organs of a male but feels female may identify as a "transwoman."

Women who have sex with women (WSW) is a term similar to that of MSM. It is used to describe women who have sexual relationships with other women but who may not identify as lesbian or bisexual.

Men who Have Sex with Men – Frequently Asked Questions

How do MSM become MSM?

Wanting to have sex with other men is part of some men's nature; it is simply the way they are. People don't choose to be heterosexual or don't choose the people they fall in love with. Similarly, many MSM are simply attracted to and develop emotional and sexual feelings for other men. While it cannot be explained or predicted, researchers agree that sexual orientation, whether heterosexual, homosexual, or bisexual, is determined by a mixture of genes and other factors. At the same time, some MSM do not necessarily consider themselves to be gay. For example, some MSM may temporarily have sex with men due to circumstances, such as being confined to prison, experiencing a period of separation from the opposite sex (e.g., during military training), or for money (such as sex work).

How do I know if I'm gay?

Our sexual identities develop over time. You may not know what to call your sexual feelings. Most teenage boys, for example, feel intensely sexual during the years around puberty, usually between 11 and 15, when their bodies start changing and their hormones are flowing in new ways. Your sexual feelings may be so strong that they are not directed toward particular persons or situations, but seem to emerge without cause. As you get older you will learn more about who you are and to whom you're attracted, which is uniquely different for all of us.

What determines sexual orientation?

The factors that determine sexual orientation are complex. Human beings have a basic sexuality that is expressed in relationships that are homosexual, bisexual or heterosexual. The distinctions between these categories are fluid and may overlap. Although the causes are not known, some researchers believe that one's basic sexual orientation is determined at birth.

Is men having sex with men normal?

Yes. It is perfectly natural for people to be attracted to members of their own sex. The practice of men having sex with men has existed throughout history. MSM are represented in every country, race and social class. MSM can participate in family life and can raise children. Scientific experts agree that a person's sexual orientation is determined at a very young age, maybe even at birth, and is not a choice. It is normal and healthy to be gay or heterosexual. What's really important is that we learn to like ourselves and accept each other's differences.

Is men having sex with men healthy?

A person's sexual orientation or behavior does not affect their mental or physical health and emotional stability. Mental health professionals agree that homosexuality is not a choice, and is not a mental disorder that needs to be treated. What hurts MSM is when their families or society try to change them or treat them as evil.

Is it against religious teachings for men to have sex with men?

Some religions have preached against homosexuality, saying that it is immoral and against religious teachings. Other religions, however, have accepted gay and lesbian people and condemned discrimination toward them, emphasizing compassion and tolerance toward "people who are different." In Cambodia there is no national Buddhist view on this issue.

When does a man first know that he is gay?

There is no set age at which a person becomes aware that he is gay. However, research shows that most gay men first notice attraction to other men between the ages of 12 and 17. This awareness, however, can happen at any point during their lives. Some men don't identify as gay until later in life, perhaps even after they have been married to a woman for years.

When do gay MSM become open about their sexual identity?

Becoming open about, or disclosing, one's sexual identity is not a one-off event, but rather a lifelong process. It starts with getting to know yourself and continues with every person you meet. When you change jobs or move to another town, you have to decide whether to disclose or not, and to whom. It usually depends on the level of self-acceptance and level of support in the new environment. Some may be open to family and friends, but not to co-workers, and some may only be open to friends.

There is no specific age for coming out. Some people come out much younger, some much older – even after having been married – and some do not come out at all, because it is too dangerous. Coming out is a choice, not a must!

Most MSM realize their sexual orientation and gender identity as teenagers. Some have felt this way since they were little, but were unable to understand it. It is often when friends start having their first sexual feelings or encounters that MSM youth find out that they are different. This can put them in a difficult position because most young people want to belong to a group and to be accepted. Discovering that they are different can be traumatic.

How many MSM are there?

Research studies have suggested that between 2 percent and 10 percent of the human population have a sexual orientation that is not heterosexual. MSM are found in many walks of life, among all racial groups, at all socioeconomic levels, and in every country around the world.

Do MSM hate the opposite sex?

No. Most MSM simply desire loving relationships with men. They are not MSM because they hate the opposite sex. Most MSM have good relationships with the opposite sex.

Do MSM want to be women?

No. A person's gender identity does not match his/her sexual orientation. Some men may have sex with other men, but still look, talk and dress like a man. Many MSM consider themselves to be men and have no interest in changing. Some MSM, however, feel like and want to be women.

Do MSM have sex with women?

Yes, some do. When a man reaches a certain age, the family may expect him to get married, and when this doesn't happen, the family could start to ask questions. To cover up their true sexual orientation, some MSM get married and have children to please the family.

How do two men have sex?

Many people think of vaginal intercourse when they hear the word "sex," but there are many types of sexual activities. MSM engage in many of the same sexual practices as heterosexual people, including kissing, touching, rubbing, oral sex, anal sex, mutual masturbation, etc.

Does anal sex hurt?

The anus and rectum are not designed for penetration, so it can be uncomfortable at first and take some getting used to. The sphincter is a muscle that wraps around the anus; like any other muscle, it needs to be trained to do something new. It can be painful for the recipient partner when there is no lubrication and when penetration does not allow time for the muscles in the anus and rectum to relax. The prostate, a gland located next to the rectal wall just a few centimeters inside the anus, is an erogenous zone. Once the penetration becomes familiar to the body, it is a completely healthy and enjoyable experience.

Are there differences among MSM?

Yes. MSM are individuals who look and behave in different ways, just like heterosexuals. Some MSM wear their hair longer and dress in a feminine way, while others may have short hair and dress and act like other straight men. In some cases, MSM are married and have families or act one way in public and another way in private. Many MSM dress and act no differently from men who do not have sex with men. It often is impossible to tell whether someone is an MSM just by the way they look and behave.

Are long hair MSM sick and in need of counseling?

Long hair MSM are healthy and productive members of society. They simply identify much more with the gender opposite to their biological sex. Their gender identity is not causing any harm to themselves or others. If an MSM long hair wants to undergo a transition from his biological sex to his desired sex by taking hormones and/or an operation, counseling is highly recommended to guide him through the difficult transition process.

Do MSM have long-lasting relationships?

Many people think that MSM are only interested in sex, that their relationships are shallow and only based on physical attraction, not love. But in fact MSM are equally capable of deep, long-term, loving relationships as non-MSM are with women. Some may have lots of sexual partners and some may have only a single, long-term partner. Because of the stigma toward MSM, these partnerships are frequently invisible. Same-sex marriages are not recognized in Cambodia.

Should MSM be banned from certain jobs?

No. Men who have sex with men are no different from other men in terms of job performance. Unfortunately, some people believe that MSM should not be allowed to become teachers or health workers, based on the view that MSM are sexually irresponsible, not to be trusted and abuse children. This is a myth. In fact, it is well documented that the majority of those who molest or abuse children are heterosexual men.

Is it illegal to be MSM in Cambodia?

In Cambodia there is no law that prohibits men from having sex with other men. MSM cannot be arrested for having sex with other men.

In practice, however, some MSM are stigmatized and persecuted for their sexual orientation and/or gender expression because of public attitudes. They often face stigma from their families, poor treatment by some health care providers, victimization by some police and harassment from the community.

MSM have the same rights as other people under the Cambodian constitution, which upholds the rights of all Cambodian citizens. MSM have the same human rights as all other Cambodians and are equally protected under the constitution. There is no basis for discrimination based on sexual orientation.

Cambodia has signed international conventions on the protection of human rights, but in practice Cambodia does not provide legal protection for MSM. However, the National Strategic Framework on HIV, AIDS and STI for MSM in Cambodia recommends that the government consider legislation to make discrimination against MSM unlawful in specified areas of public life, e.g., employment, education, housing and the provision of public services.

Why do MSM want special rights?

MSM want equal rights, not special rights. MSM are not seeking anything special or different from the rest of the population. They want to be treated equally, just like everyone else. They want the right to safety, privacy, the right to work, the right to health and education, etc.

Why should people be informed about MSM issues?

Becoming informed about MSM issues helps reduce stigma and discrimination toward MSM. With more understanding by the public MSM will feel less stigmatized and be able to live more open and active lives and be able to access HIV treatment and other health services. For MSM youth, who are more likely to experience depression and rejection by family or friends, acceptance and understanding could help them avoid suicidal thoughts.

Why should I support the human rights of MSM?

You should support the human rights of MSM because:

- MSM must have the same rights as everybody else.
- MSM exist in every province, social class and occupation. MSM are our health workers, teachers, social workers, police, construction workers, businessmen and lawyers.
- MSM youth face constant harassment and abuse in schools due to being different in this way, and some commit suicide due to the lack of acceptance.
- MSM members of your family need you to take a stand for fairness. Help to challenge stigma, the sowing of fear and discrimination.

The most effective society is one that treats all of its citizens equally, regardless of who they are. Freedom and equality are pillars of a flourishing and healthy community.

What is the government response to MSM?

In the past MSM were largely left out of the national response to HIV. The national strategy against HIV and AIDS focused on heterosexuals and largely ignored MSM. There were no plans, policies, programs, information, education and communications (IEC) materials, or messages to support HIV prevention among MSM. As a result MSM lacked the relevant information needed to protect themselves. This, combined with a lack of self-esteem (triggered by stigma), made them more vulnerable to HIV.

In 2003, the government recognized a need to change its HIV policies in relation to MSM. The National AIDS Authority developed a National Strategic Framework and Operational Plan to empower MSM and include them in the national response to HIV and STIs. The National AIDS Authority, nongovernmental organizations (NGOs), and other stakeholders have made MSM the top priority in the national strategy to address HIV and AIDS. The government is working closely with organizations working with MSM to develop prevention strategies and improved HIV and STI related services and information for MSM.

Becoming Open: Stages in the Process

Identifying oneself as gay or MSM and disclosing this to other people is often referred to as “becoming open.” This process can take place at any time in a person’s life. Coming to terms with one’s identity can affect a person's social relationships, job, school work and self-esteem.

Telling someone about one’s identity can be difficult. In making this disclosure gay men or MSM are often fearful of negative reactions or rejection. Sometimes a person may prepare himself to disclose to parents by first becoming open to supportive friends.

The “becoming open” process involves a series of stages:

Awareness: In this stage, a man begins to feel “different” from other men, but isn’t sure why. He recognizes that he is attracted to other men or that he is not really interested in the gender roles prescribed for men. He feels unusual when he compares himself to other men. This usually happens in his teenage years.

“I felt as if I had nothing in common with the other boys in my class. I didn’t even have anything to talk about. I don't like sports, but I like dancing.” Anchaly, 18

Being confused about one’s identity may be prompted by:

- ➔ Changing views about oneself
- ➔ Feeling sexual attraction to other men
- ➔ Sensing the stigma toward men who have sex with men
- ➔ Lacking knowledge about homosexuality
- ➔ Feeling trapped in the wrong body

Some people who think they are MSM will try to deny it to themselves and get help to deal with these feelings. Others will try and avoid thoughts and feelings that remind them of what makes them different. They may avoid getting any information about homosexuality to avoid confirming their suspicions about their sexual orientation or gender identity.

Some MSM youth find it difficult to manage their relationships with their peers and family. They may spend little time with girls so that their lack of interest in girls is not exposed. Or they may have heterosexual relationships to “convert” themselves, hide their homosexuality, or pretend to be a “real man,” even if that behavior makes them uncomfortable.

“I didn't even know what ‘being MSM’ meant. I wondered about my attraction for other boys, but I was brought up to believe that I would meet a nice girl and get married so I just expected it to go away when I started to meet with girls.” Kosal, 21

Acceptance: At this stage some people begin to feel proud of their sexuality and gender identity. Feeling proud about being MSM is a powerful force in challenging stigmatizing attitudes.

“When I fell in love it all became more concrete for me. I was suddenly very certain of what I wanted and why I wanted it. I still found myself thinking at times, ‘Why am I MSM?’, but I began to think, ‘I’m MSM because I love another man.’ I’m proud of him, and I’m proud of me and I don't care who knows it.” Sovann, 17

What Do I Do If Someone Wants to Disclose His Sexual Orientation to Me?

1. Listen carefully, remain neutral and avoid judging him. Becoming open takes a lot of courage. The person may have taken several months or years to come to terms with his sexuality. He will be unsure about your reaction. There is lots of stigma in the community, so he has come to you because he trusts you. How you respond to him can have a strong impact on how he deals with his sexuality. Give him a chance to talk, be tolerant, and listen!

2. Ask sensitive questions and be open to learn. Don't ask questions that imply there is something wrong with being MSM, e.g., "How did you become MSM? How do MSM have sex?" Some good questions to ask are:

- How long have you known about being MSM?
- Has it been hard for you to carry this secret?
- Have you told anyone about it?
- How did they react? How did you feel?
- Is there any way I can be of help to you?

3. Be supportive. Let him know that you are there to listen and provide advice. He may not be aware of resources available to him, or feel comfortable talking about being MSM. You don't need to be an expert on the subject to be supportive. Just be open-minded and patient. Treat him like anyone else, help him understand that he is not alone, and offer to help him find more information about MSM issues and experience.

4. Help him avoid stigmatizing himself and being self-destructive. We have all been brought up in the same way and given the same type of anti-MSM messages. These messages affect MSM more than anyone, so help him to understand himself and counter these negative views. Keep telling him that being MSM is natural and okay and he should accept himself.

5. Treat what he says seriously. When someone approaches you to disclose his gay or MSM identity, it may be because he is tired of living in secrecy. Being MSM and not being able to tell anyone can be very frustrating. So pay attention to what he has to say.

6. Don't make his sexual orientation or gender identity the sole focus of the discussion. While it is important to acknowledge his identity, it is not necessary to let this topic dominate your discussion. It is important to remember that the man has not changed. You may be shocked by his revelation, but remember that this is still the same person as before.

7. Be honest and open. It is okay to admit that you do not know everything. It is also okay to admit feeling uncomfortable with this subject. Be honest, but emphasize your support for him. Your own discomfort with the subject may come across as discomfort with him. If he wants more detailed information, suggest that he talks to someone who knows more about this subject.

Here are some "do's" and "don'ts" to help you support the person who has come to see you:

Do:

- ➔ Listen to what has happened in his life.
- ➔ Help him set individual goals, even if these differ drastically from your own.
- ➔ Develop trust and openness by allowing him to choose his own life.
- ➔ Defend him against discrimination.
- ➔ Respect his right to find out how to find the right type of relationships.
- ➔ Say, "I care about you and I support you. Thank you for trusting me enough to tell me this."

Don't:

- ➔ Rush the process of trying to understand his sexual orientation or gender identity.
- ➔ Assume that he should see a professional counselor.
- ➔ Criticize him for being different.
- ➔ Try to force him to conform to your ideas of proper sexual behavior.
- ➔ Demand that he live up to your idea of what a "real man" should be.
- ➔ Reject or stigmatize the person.
- ➔ Insist that your morality is the only right one.

Stigma and Discrimination toward Men Who Have Sex with Men

Sometimes we treat people badly because of how they look or what we assume they do. We isolate them, e.g., refusing to sit beside men who have sex with men (MSM) in the clinic; or we gossip about them and call them names. When we isolate or make fun of other people, this is called “stigma.” It makes the person feel ashamed or disgraced.

Stigma is a process where we (society) create a “spoiled identity” for an individual or a group of individuals. We identify a difference in a person or group, for example a physical difference (e.g., physical disfigurement), or a behavioral difference (e.g., men having sex with men) and then mark that difference as something negative. We make that difference into something bad, socially undesirable and a sign of disgrace. In identifying and marking differences as negative, we create, perpetuate or strengthen negative attitudes and beliefs toward individuals or groups with these differences. This allows or justifies us to stigmatize and discriminate against the person or group.

Stigma is a process that leads to and justifies discrimination. The action resulting from stigma is discrimination – unfair treatment to those who are stigmatized, e.g., MSM not hired, gossiped about kicked out of the house, or refused treatment at a clinic.

Stigma toward MSM takes place everywhere – homes, schools, communities, clinics, public spaces and workplaces. Some forms of discrimination MSM may experience are:

- ➔ Shame and rejection by families and eviction from home
- ➔ Condemnation and gossip by neighbors
- ➔ Poor treatment at some health facilities
- ➔ Verbal, physical and sexual abuse from clients and establishment owners
- ➔ Harassment by some police who don't treat cases of reported violence seriously
- ➔ Stigmatization by other MSM who don't want to associate with them

Stigma and resulting discrimination at home is particularly painful. This is the place of last resort. If your own family stigmatizes you, you may have nowhere else to go.

There are very few places where MSM feel safe. They often feel watched and face stigma and hostility in many places.

Stigma and discrimination toward MSM takes five major forms:

- ➔ **Shaming and blaming:** MSM are often condemned for their sexual behavior, which is seen as flouting “traditional” social norms.
- ➔ **Isolation or rejection:** People say that MSM are a danger or threat to others and so they isolate MSM. This is based on ignorance and fear about MSM and their sexual practices.
- ➔ **Self-stigma:** MSM may stigmatize themselves in reaction to stigma and discrimination from their families or the community. They accept the blame and isolate themselves.
- ➔ **Enacted stigma or discrimination:** MSM are often treated unfairly, for example kicked out of the house, harassed by the police, given poor treatment in a clinic, etc.
- ➔ **Stigma by association:** The family of MSM may be stigmatized because of their association with MSM; they may be blamed for not raising their son properly. Short hair MSM may avoid contact with long hair MSM to avoid the stigma that results from association with more openly visible MSM.

The main causes of stigma are:

- ➔ **Moral judgments** – MSM are viewed as practicing sex that is immoral.
- ➔ **Fear and ignorance** – People have little understanding about MSM – their lives and their sexuality – so out of ignorance they judge MSM unfairly. They are prejudiced toward people who are seen as behaving differently.
- ➔ **Gender expression** – MSM who are effeminate in their behavior are often judged harshly because their gender expression (appearance, body language) differs from what is considered normal or appropriate for men.

The stigma toward MSM is largely based on two things: their sexual behavior and their gender expression. People make assumptions about sexual orientation based on gender expression. They assume that if a man behaves in an effeminate manner that he must be MSM and a legitimate target for stigma.

Some of the effects of stigma and resulting discrimination on MSM are:

- ➔ Sadness, loneliness, feeling rejected, hopelessness, confusion and loss of self-esteem
- ➔ Stress, depression, suicide, alcoholism
- ➔ Fear of not being accepted by others – “What will people say?”
- ➔ Shame and loss of confidence. MSM feel they are no longer accepted by others
- ➔ Secrecy/hiding: This stops MSM from disclosing their situation and accessing services

As a result of the effects of stigma and discrimination, MSM may find difficulty in accessing health services, sharing their concerns with health providers, and practicing behaviors that help prevent HIV and other STIs. MSM often avoid using health services and may take less care about their sexual health because they fear stigma and discrimination. For similar reasons MSM also avoid getting tested for HIV. This may put MSM at higher risk of getting HIV and infecting their sexual partners. In this way stigma toward MSM fuels the general HIV epidemic.

Stigma at present is condoned. People think that it is acceptable to isolate and shame MSM. They are not aware of how it affects MSM, their families and the HIV epidemic.

Stigma toward MSM is wrong – it is not acceptable! It hurts MSM and drives the HIV epidemic underground. Stigma makes MSM feel lonely, ashamed, sad, and rejected, and they begin to doubt themselves. They lose confidence and as a result, they may take less care in protecting their health (e.g., stop using clinics and condoms) – and in this way HIV keeps moving.

Stigma and discrimination toward MSM are violations of their human rights and undermine public health efforts to tackle HIV and AIDS. MSM have the right to be protected from stigma and discrimination.

What are human rights?

- ➔ Human rights are things that we need to live a happy, healthy and meaningful life.
- ➔ Human rights are based on recognized needs such as right to life, food, health, clothing, shelter, protection, work, education, privacy, the right to own land and property, and other needs such as freedom from discrimination, freedom of sexual expression, freedom to have a child, freedom of association, and freedom of speech.
- ➔ We have human rights simply because we are human. We are born with them.
- ➔ Human rights are universal. They exist even if the state does not recognize them.
- ➔ The foundation for most rights is the right to dignity and equality. Human rights recognize that all human beings are born free and equal in dignity and rights. People have to respect our dignity and worth as human beings, even if they don't like what we are doing.
- ➔ Human rights are based on principles of fairness and justice. Human rights mean that we should be treated fairly by everyone regardless of our class, gender, sexual orientation, etc.
- ➔ Human rights mean that we should respect and not harm one another, so human rights go hand in hand with responsibilities.

What human rights are included in Cambodia's constitution?

- ➔ The right to life
- ➔ The right to personal liberty and security of person
- ➔ The right to freedom of conscience, expression, assembly, association and movement
- ➔ The right to privacy (confidentiality)
- ➔ The right to a fair trial when charged with a crime
- ➔ Protection from deprivation of property and security
- ➔ Freedom from torture and from inhumane and degrading treatment

- ➔ Freedom from discrimination on the basis of color, race, tribe, sex, political opinion or creed (the constitution does not include sexual orientation or gender identity/expression)

What are some rights of men who have sex with men (MSM) that are commonly violated in Cambodia?

- ➔ Right to equality and dignity: Many MSM are stigmatized and discriminated against, which violates their right to equal and respectful treatment.
- ➔ Right to liberty and security of person: Some MSM have been bullied and forced by their parents to become “real men,” i.e., not allowed to exercise their right to be themselves.
- ➔ Freedom from inhumane or degrading treatment: Some MSM have been scolded and beaten, have had their hair cut off and have been treated harshly in the home.
- ➔ Freedom of association: Some MSM have been evicted from public places.
- ➔ Freedom of religion: Some MSM have been evicted from the pagoda.
- ➔ Right to information: In the past MSM were not given enough correct information about HIV, preventing them from fully understanding how to protect themselves.
- ➔ Right to health care: Some MSM have been given substandard care or refused care at health facilities.
- ➔ Right to privacy: Some health workers have breached confidentiality by revealing the sexual orientation of MSM patients, thus violating the MSM’s right to privacy.
- ➔ Right to shelter: Some MSM have been evicted from their homes by their families or by landlords.
- ➔ Right to work: Some MSM are not hired, not promoted or fired.
- ➔ Right to equal protection by the law: If an MSM reports a case of violence or sexual harassment to the police, the police often refuse to take up the case.

- ➔ Right to be loved: Some families stop supporting and loving MSM.
- ➔ Right to get married: Cambodia law does not allow same sex couples to get married.

What can we do?

- ➔ MSM should know that they have rights and responsibilities, and if their rights are violated that they have a right to seek redress by using existing provisions within the law.
- ➔ MSM should also know about:
 - legal remedies available, if their rights are violated;
 - legal obligations of the state in protecting their rights; and
 - their right to lay criminal charges against a perpetrator of violence (including their sexual partner).
- ➔ MSM should understand the obligations of the police and the courts to protect the rights of vulnerable groups within society, such as abused women, children, and MSM.

What can happen if the rights of MSM are not respected?

- ➔ MSM will feel persecuted and threatened in a climate of fear and denial.
- ➔ Some MSM will continue to be secretive about their HIV status and not disclose voluntarily, and this secrecy will continue to fuel the HIV epidemic.
- ➔ MSM will become more vulnerable to getting HIV and more likely to pass HIV to others.

What will happen if the rights of MSM are respected?

- ➔ MSM will be able to live a life of dignity without discrimination. They will feel that their human rights are protected.
- ➔ Feeling safe, MSM likely will take more responsibility for their own health and the health of others and they will be able to access their right to health services.
- ➔ MSM will be less vulnerable to getting HIV and less likely to pass HIV to others.

What are the roles and responsibilities of individuals and the state in ensuring human rights?

- ➔ Individuals should be aware of their rights and be active to defend their rights.
- ➔ The state should create a positive environment in which all people can access their human rights and recognize, uphold and protect the human rights of all citizens.

How can the state implement a rights-based approach?

- ➔ The Cambodian “public” is not a homogenous grouping of people with the same needs and circumstances, but a heterogeneous grouping of people with varying needs. MSM are vulnerable to getting HIV because they are a discriminated minority – the stigma and discrimination prevents them from fully accessing health services (in the same way as other citizens) and taking responsibility for their sexual health. There is a need to use this awareness of vulnerabilities to guide public health policy. People need to know that their “coming out” or disclosure will be safe. Openness about one’s sexual orientation is built on trust. People need to be assured about their safety and security in order to come out and take full access of health and other services. This creates openness and trust through the law and protective structures. Without a human rights approach, some MSM will continue to be secretive about their sexual relationships and HIV status and not disclose voluntarily. A protective legal framework will normalize living with HIV and ideally it will normalize the rights of MSM.

How are human rights protected internationally?

There are a number of international human rights instruments, the following of which Cambodia is a signatory:

- ➔ Universal Declaration of Human Rights (UDHR)
- ➔ International Covenant on Civil and Political Rights (ICCPR)
- ➔ Convention on the Rights of the Child (CRC)
- ➔ Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

There have been cases of physical and sexual violence against men who have sex with men (MSM) in Cambodia. Many MSM do not report these cases to the police, assuming that the police will not take them seriously. The following strategies can be used to counter hate violence and create more safety for MSM in the community.

Hate violence is any act of intimidation, harassment, physical force or threat of physical force directed against any person, or his or her family or property. It is motivated by hostility to the victim's real or perceived identity (e.g., sexual orientation) with the intention of causing fear or intimidation. Hate violence can be perpetrated by any community member and even police officers who abuse their power.

Currently, no law in Cambodia specifically addresses anti-MSM violence.

What can I do if I am threatened by hate violence?

If you feel trapped in a situation and running away from your opponent is not an option, here are some recommended nonviolent responses:

- ➔ Let your opponent know that you have rights and did nothing to deserve the violence.
- ➔ Maintain as much eye contact as possible.
- ➔ Make no abrupt gestures. Move slowly. Do not say anything threatening, critical or hostile.
- ➔ Do not be afraid to state the obvious; for example, say simply, "You're hurting my arm."
- ➔ Draw out your opponent's better nature – the sense of decency which is in everyone.
- ➔ Resist as firmly as you can without escalating the anger or violence.
- ➔ Get your opponent talking and listen to what he has to say. Encourage him to talk about what he believes or wants. Don't get into an argument. The listening is more important than what you say. Keep the talk going and keep it calm.

What can I do after I have been a victim of an incident or witnessed an incident?

- ➔ A well-organized, well-publicized response to an incident of hate crime can:
 - Counter feelings of helplessness that a victim or MSM community may be experiencing
 - Send a message back to offenders or potential offenders that the MSM community and its allies will not tolerate abusive and oppressive behavior
 - Be useful in getting the police to take this situation seriously
- ➔ You should also think about potential drawbacks. Publicly challenging a hate crime may lead to:
 - Loss of victim confidentiality
 - Media coverage which blames MSM
 - Further harassment and violence
 - Stigmatization from your family and community
- ➔ It is also important to know that the police may refuse or lack the skills to deal with this kind of case.

How to protect the MSM community from hate violence

- ➔ Discuss with the MSM community and its allies how to address violence against MSM and build safer communities.
- ➔ Document the experiences of violence toward MSM in your area. Documentation can help raise awareness of the issue and mobilize support from the MSM community and its allies to stop the violence.
- ➔ Document ways in which people have intervened without relying on the police in situations involving violence.

Sexually Transmitted Infections (STIs)

What are STIs? STI stands for sexually transmitted infection. STIs are a group of infections that are passed from one person to another, mainly through sexual contact. Some STIs can be passed through unclean injection needles, skin-cutting tools (such as razors) and blood transfusions.

Who is at risk of getting STIs? All sexually active people are at risk of getting STIs. MSM get STIs, including HIV, more easily than heterosexual men. Anal sex is high risk for transmission of STIs, including HIV, especially for the receptive partner. This is because the rectum has a large surface area and tears very easily, allowing HIV to get into the body. Use of condoms and water-based or silicone-based lubricant are recommended for anal intercourse.

How do I know if I have an STI? Some STIs do not show symptoms at all. As a result, often have no visible symptoms, making it more difficult for them to know that they have an STI, and have to depend on their sexual partner(s) or a health worker to tell them they have an STI.

What are the symptoms of STIs? Sometimes, the MSM who gets an STI has no initial or visible symptoms. He feels healthy, but the STI is causing damage inside his body. The MSM can unknowingly pass an STI to his partner. Even if symptoms appear to go away, the STI remains, so MSM should be sure to seek testing and treatment.

Common symptoms of STIs in MSM are:

- ➔ Discharge from the penis
- ➔ Burning pain when urinating
- ➔ Sores, bumps or blisters near or on the genitals or mouth
- ➔ Burning or itching around the genitals

- ➔ Pain in the lower part of the stomach
- ➔ Unusual pain inside the rectum during anal intercourse
- ➔ Bleeding from the anus
- ➔ Backache, fever and chills

What are common types of STIs among MSM? STIs include: Chlamydia (the most common STI among MSM in Cambodia), gonorrhea, chancroid (genital ulcer), genital herpes, genital warts, hepatitis B, syphilis and HIV. Below is a list of symptoms specific to different STIs.

- ➔ **Chlamydia:** Symptoms can include discharge from the penis or pain when urinating. Chlamydia is known as a “silent” infection because many people show no symptoms at all, but they can still pass it on to others.
- ➔ **Gonorrhea:** Symptoms for MSM include discharge from the penis and pain when urinating.
- ➔ **Genital warts:** Small and bumpy warts on the sex organs, which are painless but itchy. The warts grow around the genitals or anus and can sometimes cause problems in passing urine.
- ➔ **Genital herpes:** Small painful blisters on the genitals, mouth or anus, itching or burning before the blisters appear. The sores can come back, particularly if you are feeling weak.
- ➔ **Chancroid (genital ulcer):** Sores on or around the genitals; sometimes the glands in the groin swell up and the sores may burst.
- ➔ **Syphilis:** Painless sore on the penis or anus, a rash and flu-like symptoms. These signs disappear, but the disease is still growing in the body.
- ➔ **Hepatitis B:** Flu-like feelings, tiredness, jaundice, dark urine and light-colored stool.

Do STIs affect my risk of getting HIV? Having an STI increases the risk of getting HIV. STIs produce sores in the genitals or anus, which make it easier for HIV to pass into the bloodstream during sex. Prevention and early treatment of STIs will reduce the risk of contracting or transmitting HIV.

Can I get an STI from oral sex? Yes. Oral sex is high risk for most STIs, including chlamydia and gonorrhea, which can cause sores in the mouth. If there are no cuts, sores or STIs present, oral sex is low risk for HIV. It is important to keep one's mouth clean and clear from sores or cuts and to use a condom for oral sex to lower the risk of STI transmission. Saliva contains a natural enzyme that kills HIV but provides no protection from other STIs. Some MSM choose oral sex instead of anal sex because oral sex is a much safer activity to avoid HIV, but many forget that oral sex is high risk for other STIs.

Are STIs curable? Most STIs are easily treated and cured, but can be very dangerous if left untreated. STIs can damage sexual organs and lead to infertility. Some STIs can cause blindness, cancer and heart problems; others can lead to death.

STIs fall into two categories:

- ➔ Those caused by bacteria and which can be cured, such as chlamydia, gonorrhea, chancroid, and syphilis
- ➔ Those caused by viruses, which cannot be completely cured, such as genital herpes, genital warts, hepatitis B and HIV.

What should I do if I think I have an STI? Go to a clinic and get tested and treated. Many STIs can be treated and cured with antibiotics. Genital or anal warts can be removed, but may return.

Patients should complete the full treatment. Otherwise the infection will stay in the body and make the person ill later on. The person can also transmit the disease to others. People who are treated for STIs should tell their most recent partners, so they can also be treated.

It is recommended that all sexually active people get tested regularly for HIV and other STIs.

The HIV Transmission Equation

Human host with HIV: a human being has to carry the virus to infect another person

- + **Body fluid that carries large amount of HIV:** blood, semen, vaginal fluid or breast milk
- + **Opening into the bloodstream:** such as needle holes or cuts/tears in the anus, vagina, or penis
- + **Activity that can move these fluids between people:** unprotected sex (anal, oral or vaginal), sharing infected needles, breastfeeding, or blood transfusion with infected blood

= **Possibility of Infection**

QQR – Quality, Quantity, Route of Transmission

For HIV transmission to take place, the **quality** of the virus must be strong, a large **quantity** must be present, and there must be a **route of transmission** into the bloodstream. All of these things must be present for someone to get infected with HIV.

Quality: For transmission to take place, the quality of the virus must be strong.

- ➔ **HIV cannot survive outside the body.** It starts to die the moment it is exposed to the air.
- ➔ **HIV is not an airborne virus.** This is why there is no risk of transmission in sitting close to or sharing the same room with someone living with HIV.
- ➔ **HIV does not live on the surface of the skin; it lives inside the body.** There is no risk from shaking hands or hugging someone. The only place the virus can survive outside the body is in a vacuum (like a syringe) where it is not exposed to air.
- ➔ HIV will die if it is exposed to heat (e.g., if infected blood spills into a cooking pot).

Quantity: For transmission to take place, there must be enough quantity of the virus.

- ➔ HIV is found in large quantities in blood, semen, vaginal fluids and breast milk.
- ➔ HIV is **not** found in sweat or tears.
- ➔ HIV can be found in **very tiny amounts** in urine, feces and saliva, but the quantity of HIV is insufficient to pose any risk of transmission.
- ➔ Cleaning or bathing a patient is quite safe, provided that the caregiver covers any wounds he or she might have.
- ➔ Kissing, even deep kissing, poses no risks.

Route of transmission: For HIV transmission to take place, the virus must get **inside** your bloodstream.

- ➔ Our body is a closed system – and **HIV cannot pass through skin**.
- ➔ **HIV, however, can pass through the skin on the genitals** – penis, vagina, or anus - during sex because the skin here is much thinner and has small openings where HIV can pass.
- ➔ The rectum has a large surface area and the skin in the rectum is very susceptible to tears during anal sex, especially if the insertive partner is not using lubricant.
- ➔ This is why it is very important to use water based lubricant during anal sex.
- ➔ Adolescent boys whose skin in the rectum is not fully mature are more likely to develop cuts during anal sex and are therefore at higher risk of getting HIV.
- ➔ The skin on the penis is stronger than the skin in the anus. It is less prone to cuts so it is less vulnerable to penetration by HIV. However, HIV contained in blood and rectal fluids can pass through the urethra of the penis or under the foreskin of someone who is uncircumcised. Men who are uncircumcised are more likely to become infected with HIV if exposed during unprotected anal sex than men who are circumcised.

- ➔ During anal sex, fluid can get into the body through small cuts on the anus or penis. Receptive anal sex is much more risky than insertive anal sex.
- ➔ When injecting drugs with an infected needle, HIV can go directly into the bloodstream.

Common sense and everyday hygiene means that many concerns that people worry about would do not materialize in everyday life. For example you wouldn't share a toothbrush if it was covered in blood; you would wash if you cut yourself; you would wear gloves or cover your hands if you are cleaning up someone's diarrhea.

Using "QQR" you can see why there is no risk of HIV transmission by:

Kissing. Hugging. Shaking hands. Sitting beside or sharing rooms with people living with HIV. Mosquito bites. Sharing cups, glasses, plates, bowls and chopsticks. Sharing sheets, towels or clothes. Giving blood. Sharing toilets. Using the same washing water. Sneezing or coughing. Touching the skin or sweat of a person living with HIV. Changing the clothes of or serving food to a person living with HIV. Taking the blood pressure of a person living with HIV. Shaking hands with someone living with HIV. Hugging someone with HIV. Kissing someone with HIV when your mouth is clean and clear of cuts or sores.

Other Factors that Increase the Risk of Sexual Transmission of HIV:

- ➔ Viral load of infected person. Higher viral load increases risk of HIV transmission. The highest viral loads occur at the initial stage of HIV infection (before an individual even tests positive for HIV) and the final stages of AIDS.
- ➔ Having multiple partners. If you have sex with multiple people regularly and do not use condoms with all partners, HIV can pass quickly through your sexual network. Remember, a viral load (quantity) is highest right after infection. If you got infected last week and have unprotected sex with someone else today, you are more likely pass on the virus.
- ➔ Presence of cuts or wounds. Wounds or cuts on either partner increase the chance of HIV entering the bloodstream.

- ➔ Presence of other sexually transmitted infections (STIs). STIs cause sores or broken skin, making it easier for infected blood to get through the skin into the bloodstream.
- ➔ Having sex during the menstruation period or when a woman is bleeding.
- ➔ Not using a water-based or silicone-based lubricant during anal sex. Lack of lubricant could cause additional tearing to the rectum and even lead the condom to break. Don't use Vaseline or oil as a lubricant, as this can make condoms break.

HIV and AIDS: Frequently Asked Questions

Can anal sex spread HIV?

Yes. Anal sex is high risk for HIV because the rectum is a mucous membrane and it tears easily. HIV can pass through semen during anal sex. One should use a condom and water-based or silicone-based lubricant when having anal sex.

Can men get HIV if they are the insertive partner?

Yes. In both vaginal and anal sex, HIV can pass through a man's urethral opening or under the foreskin. Studies released in 2008 show that getting circumcised can reduce the risk of HIV transmission by as much as 60 percent.

Can oral sex spread HIV and other STIs?

If no cuts, sores or sexually transmitted infections (STIs) are present, oral sex is very low risk for getting HIV. Saliva contains a natural enzyme that kills HIV. Many MSM partners choose to practice oral sex instead of anal sex because it is a much safer activity for HIV. However, oral sex is high risk for spreading other STIs such as chlamydia and gonorrhea.

Is it true that condoms are not really safe?

If used properly, condoms offer 98 percent protection against HIV and other STIs. The virus cannot pass through a condom. Make sure your condoms are not out of date and store them in a cool place. Don't use Vaseline or oil on them as this can make them break. Water-based and silicone-based lubricants are safe and lower the risk of HIV transmission. Never use more than one condom at a time.

How long can you live if you get HIV?

This depends on several factors. If you are healthy and eat well and have lots of support, you can live for many years. If you can access anti-retroviral (ARV) drugs and take them consistently, you can live many years. Remember that HIV and AIDS are different things. With HIV you have the virus but you are mostly healthy. With AIDS, it means your immune system has become significantly weakened and you might have a number of opportunistic infections. It is important to treat these infections. Finding out you are HIV-positive is not a death sentence.

Is there any cure for HIV?

There is no cure, but treatments that slow down the impact of HIV are available. The combination of treatments is called anti-retroviral therapy, or ARV therapy.

Is it true that I can get HIV from someone even if they tested negative?

Yes. Many people choose to have unprotected sex because they think their partner is negative. Too often, people forget about or do not know about the “window period.” When a person contracts HIV, it takes up to three months for that person to test positive. It is during this “window period” when viral loads are highest, a time when a person is most infectious.

Can you tell if someone has HIV by looking at him or her?

No. The only way to know if someone is infected is through an HIV test. Most people living with HIV look healthy and do not have symptoms for many years. It is only at the end stages of HIV infection that people become ill, showing the signs and symptoms of AIDS.

Can mosquitoes transmit HIV from human to human?

No. HIV cannot live outside the human body or a vacuum like syringes. Malaria is a parasite that survives in mosquitoes, which is why it can be transferred to humans. HIV (H = Human) is a virus that cannot survive in mosquitoes.

Can HIV be transmitted through razor blades or sharp instruments?

There is a slight risk if a razor is being used quickly to make incisions or cuts on many people one after the other without washing it. It is better – and more hygienic – to sterilize sharp instruments by boiling them or washing thoroughly with rubbing alcohol, or to use new razors every time. If a shared razor is covered in blood, you should wash it thoroughly before using it.

Can I get HIV by cleaning up diarrhea of an HIV patient?

There is no risk. Diarrhea does not contain HIV unless it has blood in it, and it would still have to get inside your bloodstream. Use gloves or cover your hands.

Code of Conduct for Health Workers

Every individual has the need and desire for proper medical care throughout his or her life. Men who have sex with men are no different and deserve the same health care as anyone else.

Under the code of conduct for health workers in Cambodia, every patient has the right to:

- ➔ confidentiality about his or her medical issues and anything shared with a health worker;
- ➔ privacy during any medical exams or tests; and
- ➔ equal treatment without being judged for sexual orientation or gender identity.

Too often, MSM are judged, their confidentiality violated or they are denied basic medical care. Therefore, we encourage the use of the following code of conduct in your health facility to ensure equal treatment of all patients:

- ➔ I/we will give everyone the same type of medical care, to the highest quality possible at our facility, regardless of identity or behavior.
- ➔ I/we welcome men who have sex with men (MSM) into my/our practice and offer all health services to patients on an equal basis, regardless of sexual orientation, gender identity, sexual behavior, marital status and other non-medically relevant factors.
- ➔ I/we believe that MSM identities are within the spectrum of normal human experience and are not in themselves pathological, "unnatural" or sinful. I/we therefore do not promote or support attempts to change patients' sexual orientation or gender identity.
- ➔ I/we respect the visitation and health care decision making rights of MSM patients, their unmarried partners, their non-biological children, and any others they may define as family for the purposes of visitation and health care decision making.

- ➔ I/we commit to taking steps to make my/our practice fully inclusive to MSM as reflected in written forms, policies and procedures, appropriate training for all clinical and administrative staff, and standardized assessments.
- ➔ I/we commit to taking steps to learn about the unique health concerns of MSM so that I/we can provide the highest quality care to all people.
- ➔ I/we will maintain confidentiality about an individual's identity and/or behavior just as I/we would keep medical records of any client completely confidential.

Code of Conduct for the Police

Every individual has the right to feel safe and to feel protected. Occasionally, police officers do not deal with crimes reported by men who have sex with men (MSM) seriously. All police officers should adopt the following practices to ensure equal treatment of all people. Men who have sex with men who report a crime should be treated like anyone else.

In dealing with MSM victims of crime and violence

- ➔ Validate the victim's experience and do not blame the victim.
- ➔ MSM victims may have feelings of self-hatred or discomfort toward their sexuality and, therefore, may feel the violence is deserved. It is part of your job to remind the victim that violence is never acceptable.
- ➔ Identity (e.g., sexual orientation or gender identity) of the individual should be handled with care. It is important to keep in mind that trauma is being experienced and disclosing the sexual orientation of an MSM could increase the trauma.
- ➔ If the crime and/or violence committed was due to anti-MSM statements, these statements should be included in the report.
- ➔ Don't expect a certain type of behavior from the victim and do not base your desire to help on how he behaves.
- ➔ Remember some basic duties of being a police officer:
 - Seeking justice
 - Re-establishing a sense of safety
 - Alleviating trauma and supporting the victim(s)
 - Decreasing violence and preventing future incidents
 - Finding the perpetrator and holding him or her accountable
 - Empowering and comforting local communities affected by the trauma

Note: Men who have sex with men have their own network to share information on how the MSM community is being treated by the larger society. If an MSM is targeted with violence, many within the MSM community will know about it and be affected by that violence.

Annex B:

Stigma Pictures

- M1** Father kicking MSM son out of the house
- M2** Family trying to change MSM teenage boy
- M3** Police harass MSM in the park
- M4** Community members gossiping about two MSM
- M5** MSM patient getting STI examination at the clinic
- M6** MSM in the waiting line at the clinic
- M7** Neighbors stigmatizing family of MSM
- M8** Passengers on a bus are stigmatizing an MSM
- M9** MSM sitting all alone
- M10** MSM forced to get married
- M11** Stigma in the family
- M12** MSM kicked out from dancing
- M13** Police force MSM out of dancing
- M14** Police force MSM out of park
- M15** Stigma in the workplace
- M16** Short hair MSM stigmatize long hair MSM
- M17** Long hair MSM stigmatize short hair MSM



