



THE HIDDEN DIMENSION



Experience of self-stigma among young men who have sex with men and young transgender women & the linkages to HIV in Asia and the Pacific



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BACKGROUND



In the Asia region, an increasing number of HIV infections occur among men who have sex with men (MSM) and transgender people. Unless effective HIV prevention strategies are implemented, the Commission on AIDS in Asia's regional projections predict that about half (46%) of all new HIV infections in Asia will soon be among MSM, an increase of 13% from 2008¹. While inadequate HIV data exists on transgender women due to their limited inclusion in national HIV surveillance systems, studies that do exist show transgender women are at disproportionate risk for HIV infection².

Young MSM and transgender people in Asia-Pacific are at high risk for HIV. Like their older peers who are MSM and/or transgender, these young people face additional barriers to services due to the criminalization of male-to-male sex in 19 out of 38 countries in the Asia-Pacific region³, and the intense stigma experienced from family, employers, service-providers and the state (among others)⁴.

YVC definitions

Self issues: a set of concerns that positively or negatively impact self-acceptance, self-perception, self-efficacy, self-esteem and self-confidence.

Self-stigma: what results when self-issues interact with external causes (such as discrimination or violence in family, school or social settings), resulting in depression, low self-esteem, anger and self-harm

Similar to their young peers, young MSM and transgender people experience challenges accessing health services due to their age. This includes laws which require parental consent to obtain HIV testing and counseling for children under 18 in some countries in the region.

But unlike other youth or older peers, young MSM and transgender people aged 18 - 29⁵ also report facing unique **self-issues, including intense self-stigma**. Self-issues are defined by Youth Voices Count (YVC) as a set of concerns that positively or negatively impact self-acceptance, self-perception, self-efficacy, self-esteem and self-confidence⁶. Self-stigma often results when self-issues interact with external causes (such as discrimination or violence in family, school or social settings), resulting in depression, low self-esteem, anger and self-harm⁷. These topics have a profound impact on the health – including physical and mental – of young MSM and transgender people. Preventing HIV infections in young

According to UNAIDS Terminology Guidelines:

Men who have sex with men (MSM) describes males who have sex with males, regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity.

A **transgender person** is someone who has a gender identity that is different from his or her sex at birth.

Transgender people may be male to female (female appearance) or female to male (male appearance). In this document we primarily refer to **transgender women**, who were assigned a male sex at birth but who identify as women.

Some countries in the region use different terms to signify someone who is transgender, including:

Indonesia: waria
India and Pakistan: hijra
Philippines: bakla

MSM and transgender people requires addressing self-issues and the linkages with HIV vulnerability and risk behavior. Yet to date, many HIV-related programs in Asia have failed to address **self-stigma**.

To better understand how self-stigma relates to HIV, YVC undertook an in-person consultation in October 2012 in Bangkok, Thailand, and commissioned in-country research in 10 countries: Cambodia, China, Indonesia, Laos, Mongolia, Nepal, Pakistan, Philippines, Sri Lanka, and Vietnam. In each country, three to five community-based focus group discussions (FGD) were held with six to eight young people aged 18 - 29 per FGD. All participants self-identified as a MSM or as a transgender woman. Four key informant interviews were also conducted in each country among young MSM and transgender women aged 18 – 29. All in-country research was facilitated in the local language, and participants were recruited via local MSM and transgender networks, with attention paid to education, employment status, and other factors to ensure participant diversity.

This brief outlines the key findings and proposes recommendations for further action⁸.





**SELF-STIGMA
AND ITS
EFFECTS ON
YOUNG MSM &
TRANSGENDER
WOMEN**

Many young MSM and transgender women reported discovering their sexual orientation and/or gender identity during adolescence. Some identified even earlier as young children. “When I first realized I was gay, I felt really sad and afraid, because I first realized it when I was in high school,” said one young MSM in Malang, **Indonesia**.

For many young MSM and transgender women, realizing their sexuality and/or gender is not only different from what is “expected”, but also highly stigmatized and criminalized in many contexts, and is extremely isolating. “Homosexuality is punishable under Pakistani law, so we live in constant fear of being prosecuted by the law enforcement agencies,” said a young person in Karachi.

Disclosure of their sexuality and/or preferred gender to family or friends can result in painful experiences. Some are kicked out of their homes, while others live with the knowledge their family does not approve of them, failing to understand that their sexuality **is not a choice but an essential part of their identity and well-being**. While some young MSM choose to hide their sexuality to protect themselves from abuse or discrimination, young transgender women often do not have this option. As young transgender women begin to express their preferred gender, they visibly begin looking and dressing differently. As a result, young transgender women are especially vulnerable to being kicked out of their homes and may become homeless if their caregivers are not accepting of their gender expression. Young transgender women are often unable to complete their education, because their school does not recognize their gender expression or expels them for it.

Coming Out as a Young MSM/TG in Asia

“Coming out” – or disclosing one’s sexual identity or preferred gender publicly for the first time to family, friends or the public – is usually a major moment in a young MSM/TG’s life. Sometimes friends and family are supportive, but more often than not coming out results in rejection or emotional and physical abuse, which causes additional self-stigma.

“It was the typical reaction of a policeman dad. One time I put on some makeup in school and was not able to remove the eyeliner completely afterwards. My dad grilled me about it when I arrived home, up to the point where he held my chin, pointed to my eyes and asked ‘What is this?’ Then he asked me if I were bakla/gay. I said yes. Then he replied ‘I do not have a gay child.’ – Young MSM, Philippines

Young MSM and transgender women reported struggling from adolescence onwards with accepting themselves, dealing with loneliness, and hiding who they are to protect themselves from social rejection. Many of the FGD participants reported experiencing anxiety and periods of depression. A significant number from each FGD also reported contemplating or attempting suicide. In many country contexts, there are limited professional mental health services available, such as counseling, and often mental health needs are addressed in peer support groups or through friendships. Some young MSM and transgender women reported eventually accepting themselves, while others said they remained uncomfortable with their sexuality – hoping one day they would “change back” or as one young MSM in **Indonesia** expressed, find a woman he can marry so that he can be “normal” in the eyes of his family and religion.

Research shows that men who accept their sexuality and gender identity are more psychologically healthy, have higher self-esteem, are more likely to disclose their HIV status with casual sex partners and less likely to engage in sexual risk-taking⁹. Yet few of the young MSM and transgender women reached by YVC during the research process had received support or services to help them accept their sexuality and/or gender. Many of the young participants also live in communities where being openly in a relationship with another man renders them vulnerable to harassment and abuse.

There is an urgent need for HIV and health programmers and policy-makers to implement programs for young MSM and transgender women that address self-stigma and the social conditions that perpetuate self-stigma, such as the legal environment and public attitudes. As outlined below, self-stigma appears to increase a young MSM’s or transgender woman’s vulnerability to HIV in various ways, such as reducing health service uptake and influencing relationship dynamics. In some cases, it also appears to influence a person’s risk of contracting HIV because it might lead to behaviours such as unprotected sex with a partner whose HIV status is unknown.



THE LINKS BETWEEN SELF-STIGMA & HIV



RELATIONSHIPS, SEXUAL BEHAVIOR AND CONDOM USE

Many young MSM and transgender women indicated they would like to be in fulfilling romantic relationships, or engaged in satisfying sexual relationships. Several of the young people interviewed expressed their desire to experience love and affection from a romantic partner. “I would be very happy if I had a boyfriend to keep me company,” said one young MSM in **China**. “There’s also a chance that if I found an ideal partner in the future, maybe I would gain enough courage to come out of the closet to my parents.”

But many young people do not have healthy models for relationships, and self-stigma often contributes to harmful relationship dynamics. Low self-esteem contributes to young MSM and transgender women not standing up for themselves or for what they want from their partner. For example, some young MSM and transgender women reported entering into relationships with older people. In these relationships, the young people reported the presence of a power dynamic, whereby the older person had more control over the relationship, often dictating his sexual preferences, including around not using condoms and sometimes expressing a role preference for insertive anal sex. Unprotected receptive anal sex is a high-risk behavior for HIV, but some young MSM and transgender women said they did not have the confidence or negotiation skills to discuss this risk with an older partner. Young MSM and transgender women who reported feeling ashamed of their sexuality also appeared less likely to have healthy relationships.

In certain FGDs, some young MSM and transgender women reported incorrect HIV knowledge. However, the majority of participants in the FGDs and key informant interviews were aware of HIV, how it is transmitted, and the effectiveness of condoms in preventing HIV transmission. Importantly, this awareness did not lead to protective behavior against HIV, including using condoms. In most countries, reported condom use was inconsistent. In addition, young MSM and transgender women reported whether they used a condom was closely related to their self-esteem – when some young MSM or transgender women felt negatively about themselves, they reported being less likely to use condoms.

Many of the young people surveyed also mentioned the need to express their love for new boyfriends or partners by forgoing condoms; for example this was the case in **Colombo, Sri Lanka**. Not using a condom was expressed as an act of trust in the other person, even if his/her HIV-status or relationship history was unknown. Many young MSM expressed that the need to feel loved, even for a brief moment, was more important than using a condom to protect against HIV and STIs.

Young transgender women, not yet confident in their gender identity, sometimes seek unprotected penetration as a sign of gender authentication, forgoing the HIV-related risks to improve their self-esteem¹⁰.

YVC has also documented reported cases of “revenge sex”, where a young MSM or transgender women who has been recently diagnosed as HIV positive engages in unprotected sex shortly after the diagnosis. This action is reported to release feelings of shame and anger about being HIV positive, and puts other young people at risk of HIV¹¹.

There are of course issues beyond self-stigma which influence condom use. For some, sex without condoms is more gratifying. Said a young MSM participant in **Cambodia**, “My friends don’t want to use a condom because they want sex to be pleasurable. If they have sex with a condom, it is not fun for them.” In **Indonesia, Laos, Nepal, and China**, participants confirmed the idea that if a person ‘looks nice’ or is attractive, then they are unlikely to be living with HIV and it is okay to have sex without a condom. In rural areas, the supply of condoms is an issue; for instance in **Laos** it was reported young MSM and young transgender women sometimes cannot find condoms. Young MSM and young transgender women in **Nepal** and other countries were not aware of the benefits of lube, and in many cases did not know where to access lube.

Bullying and physical abuse

Many young MSM and young transgender women face **bullying and physical abuse** for their sexuality or gender identity from peers, family members and police, among others. Some also face bullying and physical abuse from other MSM or transgender peers.

Bullying and physical abuse further lower young people’s self-esteem, and result in anxiety, depression and isolation. **Bullying and abuse also contribute to self-harm**, including attempted suicide.

But overall, self-stigma and associated issues – self-esteem, insecurity, depression, and shame – were identified by participants as playing a significant role in determining sexual behavior.



SEXUAL VIOLENCE AND ABUSE

In almost all of the FGDs, at least one participant had experienced sexual violence, including rape, and other forms of sexual abuse. In the FGDs for **Pakistan, Philippines, and China**, many participants reported having been raped, and in some cases blackmailed to not report the rape. Rapes were consistently not reported to the police, both because young people were ashamed and because it was believed the police would not do anything. In addition, police in some countries were reported to frequently abuse and coerce young MSM and transgender women for sex.

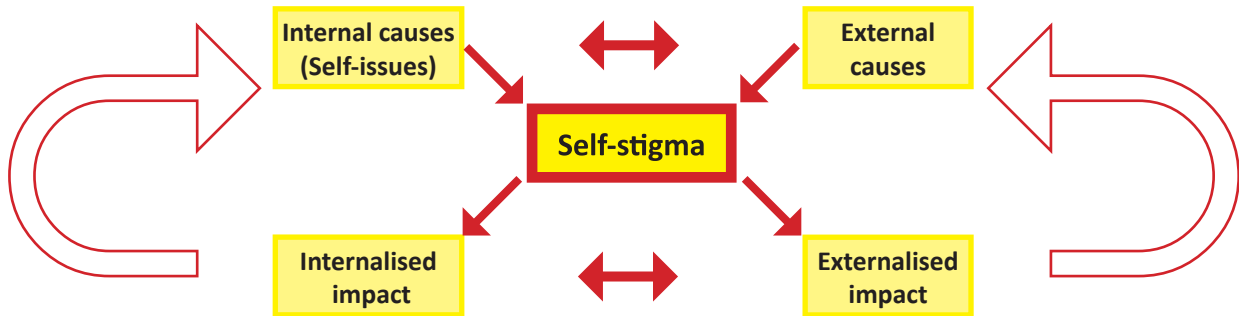
In most FGDs, rape and sexual abuse rates were self-reported as higher for young transgender women. This was in part as a result of their engagement in sex work. In some of the countries, many transgender women reported needing to sell sex to survive. As a result, young transgender women are often in dangerous situations with clients. “I met a young boy customer and took him to my house to make love. When we were making love, I was sitting on my knees, and he was on my back. Suddenly...I realized there was a knife put on my neck by that customer...I managed to grab the knife in the end...then I realized that the skin of my neck had already been slit, and two of my finger tendons had been cut off,” said one participant in Shenyang, **China**.

The exception was **Pakistan**, where rape of underage men younger than 18 was reported to be widespread. Two participants in the Karachi FGD said that they had experienced rape by police. In one of the cases, a young MSM met another man at a hotspot and was in communication about meeting for sex. The young MSM felt safe due to the other man’s assurances that they would only engage in consensual sexual activity. When the young MSM arrived at the other man’s house, however, *“he locked the door, and then told me to get undressed.*

I told him that as per our conversation we will have soft oral sex and we will not do any anal sex, he told me that was past now, get undressed and [he] forced me to take off my clothes. Then he showed me his police employee card...and he said he would call more friends if I didn't do what he said. Then he forcefully raped me. After the rape, when we got dressed, he told me to give him my wallet and my mobile phone. I gave him both; he took all the cash from my wallet and took my mobile as well. Then he told me to write sort of a statement that I like man to man sex... he recorded this statement on a cassette recorder, and then I signed the statement. He took my identity card and attached [it] with the statement... Then he told me that if I told anyone about this then he will come to my home and will show the statement to my family. I [was] so scared that I didn't tell anyone about this incidence. That happened almost 6 years ago, and I am still living in fear that if by chance I meet him anywhere, then he might blackmail me again."

Sexual violence and abuse puts young MSM and transgender women at higher risk for HIV. Sexual violence and abuse also often results in intense feelings of shame and self-hatred among young MSM and transgender women, which can lead to self-harm, including suicide and use of drugs as a coping mechanism.

Urgent efforts are needed to address the sexual violence experienced by young MSM and transgender women, including for those under 18, and to offer services to survivors of sexual violence, including post-exposure prophylaxis, mental health services and legal services. In addition to services, more awareness needs to be raised among policymakers and the general public in Asia that men experience sexual violence, and laws and policies must accordingly recognize this. Currently in the Asia region, some countries have sexual violence laws that do not criminalize the sexual assault of men and transgender individuals – such laws must be revised to equally protect all people from sexual violence.



ACCESS TO HEALTH AND HIV-RELATED SERVICES

In some contexts, including many cities where the FGDs occurred, young MSM and transgender women reported knowing where to access health services, but several barriers remained. One of the biggest barriers reported was the judgmental attitudes they encounter from health care providers. Many young people had experiences of their doctor or nurse suggesting they “stop” their sexual behavior. This ‘shaming’ of young MSM and transgender women by medical professionals contributed to feelings of low self-esteem, and many young people reported not attempting to access health services again because of these feelings.

This is especially true for young transgender women, who often encounter outreach workers or doctors with no knowledge about transgender health issues such as hormone treatment and its side effects or pre-and post sexual reassignment surgery. “Outreach workers always bring me to have VCT/STI test, but they don’t understand about our real problems...sometimes I have pain in my face because of silicon surgery, side effects from injecting hormones and we really need counseling, but no one can help us,” said one young transgender woman in **Cambodia**.

Young transgender women may be denied access to health services because their physical gender does not match the sex stated on their ID card. These negative experiences with health services force transgender people’s health underground, with sometimes dangerous consequences. Young transgender women, fearful to go to a hospital or clinic, may seek advice from uninformed peers that negatively impacts their health.

Another challenge to increasing HIV testing among young MSM and transgender women continues to be the fear that their sexuality or HIV status will be publicly revealed by the healthcare workers at the clinic. Young MSM and transgender women who are living with HIV must navigate a separate set of challenges, including fear of HIV treatment side effects, who to disclose to, and how HIV impacts their sexuality. “The present medicine causes many measles on my body, and it itches,” said one participant from **China**. “I know my condition, and I have no pursuit of love any more. It’s almost impossible to find a lover for an HIV infected person.” Young MSM and transgender women living with HIV often experience additional self-stigma due to their HIV status.

Other reported barriers beyond self-stigma and shame that impeded access to health services included the distance of health care facilities, operating hours, and cost.

DRUG USE AND THE CORRELATION WITH SEXUAL RISK-TAKING

Experiences using drugs varied widely among the participants, but were reported as increasingly common in many young MSM and transgender communities. Young people use drugs for many reasons – including to relax and enjoy sex— but in some cases, young MSM and transgender women reported using alcohol and other drugs such as marijuana, methamphetamine, or ecstasy as coping mechanisms to deal with issues of self-stigma. Unable to discuss their lives with family and friends, they reported turning to drugs to escape their current reality.

As a result, many young MSM and transgender women who reported using drugs also reported drugs impaired their decision-making, including around whether to practice safe sex. Participants in the **Sri Lanka and Cambodia** FGDs acknowledged that risks associated with having sex while drunk included forgoing condoms or having condoms break because they were used improperly.

Young people in **Hanoi, Vietnam** said alcohol and other drugs “gave them more confidence” during sexual activity. One participant in **Sri Lanka** noted that he sometimes has difficulty desiring his partner, so he turns to alcohol to increase his sex drive. “When I do not have feelings to have sex with my boyfriend, I get myself drunk,” he said. In both cases, young people appear to be making decisions based on their lack of confidence or emotions – showing that self-issues can lead to drug use and, as a result, sexual risk-taking.

In the **Cambodia** FGD, participants expressed some of their partners pressured them to consume alcohol or other drugs before having sex, and they did not have the self-confidence to refuse. Some young people experienced violence and abuse from other young MSM who use drugs, which contributed to the negative feelings they had about themselves. Said one participant, “The MSM teenagers who use drugs always shout and curse

at the other MSM and transgender persons, for the first time they invited me to go to the river bank, and after they have sex with me they hit me because I refused to take drugs with them...I decided to use drugs with them after that.”

Young MSM and transgender women need skills to cope with situations of violence and harm-reduction strategies to minimize harms associated with different kinds of drug use. Young MSM and transgender women who also inject drugs and share needles are at especially high risk of HIV and also need special services.

SELLING SEX TO SURVIVE

As previously mentioned, many young MSM and transgender women lack sufficient education and employment opportunities. Many young transgender women reported being forced to fend for themselves if their families kick them out of the home, often becoming homeless and dropping out of school. Without any other options, young transgender women reported selling sex to meet their basic needs. “It’s hard to get a job,” said one transgender woman in **Vietnam**. “We have to work as [a] sex worker, [do] makeup or sing in funerals.”

Young transgender women reported being introduced to sex work by friends or acquaintances. Once they start selling sex, they are often in high-risk situations, and likely to encounter abuse from customers or police¹². Sex workers are also highly stigmatized and discriminated against in many contexts – the result for young transgender women selling sex is that they face an added layer of external stigma, which in turn may exacerbate internal self-stigma and negative feelings.

“The first time that I was working as a sex worker was when I just moved to Beijing. Every day I would wear a lot of make-up, but I was feeling very embarrassed because of the discrimination from other friends’ eyes. It did not take me long to quit my job, and chose another so-called better job. After five years, I was acquainted

with a new “sister” who was working as a transgender and making a lot of money. So I picked [up sex work again] and now work at Bayi Park. Now I think it is a suitable job to me,” said one young transgender woman in China.

Clients also often offer more money for sex without a condom. With limited income options, some young transgender women reported feeling they have no choice but to accept. Others though voiced refusing to have sex without a condom with clients, showing the importance of empowerment and peer education efforts in supporting young transgender women sex workers to lower their risk of HIV.

THE UNCERTAIN FUTURE

Young MSM and transgender people have many concerns beyond HIV and their sexual health. What does the future hold for them? Many expressed doubt that they could have the future they wanted, due to their sexuality or gender. “Of course I will work and live like other people,” said one young MSM in **Viet Nam**. “But to think of hiding myself...[it] makes me tired, and scared. Being gay [it] is very hard to live. Talking about love, it may not be [something] for me to have.”

For young MSM in **China**, some may accept marriage arranged by their family – although in some cases they will seek a lesbian partner, creating a unique family through what is called a “shaped marriage”. For young transgender women, the most important aspect of their future was often being able to fully transition physically to a woman, so that they could live out their lives with their physical appearance matching their gender identity.

Young MSM and transgender women need HIV, health and other interventions that take into consideration their fears and doubts about the future. If young MSM & young transgender women have education and livelihood opportunities, they may be more likely to have improved self-esteem and fewer self-issues. If interventions address public attitudes and the often broken legal and justice systems, young MSM and TG may be more likely to grow-up in a safe environment.



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**YOUNG PEOPLE'S
RECOMMENDATIONS
TO ADDRESS
SELF-STIGMA &
LINKAGES TO
HIV**





There are clear linkages between self-stigma, sexual risk-taking and HIV-related risk and vulnerability. Self-stigma contributes to 'bridging behaviors' – such as drug use – that can increase a young person's sexual risk-taking. Self-stigma appears to decrease condom use, as the need to feel love or affection outweighs long-term health consequences of unprotected sex. Self-stigma makes it difficult for young MSM and transgender women to have beneficial romantic relationships and take care of their health. Interventions addressing self-stigma and its linkages to HIV are urgently needed for young MSM and transgender women in Asia.

More programs also need to target the attitudes of the general public and promote legal reform. Without structural change in how society views and treats young MSM and transgender women, many of these young people will always experience appalling situations which lead to self-stigma and increase their vulnerability to HIV. Needed programs recommended by the young participants include:

■ **Mass media and communication campaigns to educate the public about sexuality and gender**, and show that young MSM and transgender women have the same rights as other groups. Mass media should also promote positive images of MSM and transgender women's sexuality to increase public tolerance – such as showing two men kissing or being affectionate – and positively portray romantic relationships.

■ **Schools must create safe environments for young MSM and transgender women to pursue their education**. This includes anti-bullying and harassment policies, allowing young MSM and transgender women to exercise their freedom of expression through their choice of clothing, supporting the creation or expansion of LGBTQ clubs and 'gay-straight alliances', comprehensive sexuality education that addresses the needs of young MSM and transgender women, and access and/or referrals to counseling, when required.

■ **Legal reform** is urgently needed to extend protections to young MSM and transgender women in many countries, including protection from sexual violence, and to overturn laws that criminalize male-to-male sex. In an interesting recent development, Pakistan's Supreme Court issued a ruling in 2012 that transgender people are entitled to all rights in Pakistan's constitution. However, homosexuality remains illegal in Pakistan¹³. In the case of China, male-to-male sex is not illegal, but there are also no laws protecting MSM from discrimination¹⁴.

■ **Law enforcement needs to implement training programs aimed at preventing the sexual abuse of young MSM and transgender women by the police**. In addition, special departments should be created or an independent watchdog set up to allow for safe reporting of sexual violence by law enforcement officers.

In addition, the following recommendations were also voiced by participants to ensure young MSM and transgender women can lead healthy lives.

PROGRAMMERS & POLICYMAKERS

■ HIV prevention programs targeting young MSM and transgender women need to address **sexual pleasure and condom use** through teaching techniques to enhance sexual pleasure while using condoms. At the same time, practices that minimize the risk of HIV transmission but do not involve a condom should be taught¹⁵.

■ Condom and lube promotion programs should feature same sex couples as well as heterosexual couples.

■ Having **outreach workers** from non-governmental organizations or peer groups accompany young MSM and transgender women to health services is a helpful service to minimize possible 'shaming' of young MSM and transgender women from health care providers and should be expanded.

■ Young MSM and transgender women need access to safe counseling, provided in a non-discriminatory and welcoming environment, to discuss their feelings and emotions with **trained mental health providers**. It is important that schools provide trained counselors for MSM and transgender students.

■ It's also critical that **counseling and support services are extended to families**, including parents, of young MSM and young transgender women. A manual should be created for parents to help them understand their child's sexuality and/or gender, and how they can be supportive.

■ Young transgender women urgently need **special education, livelihood training and job placement programs** to provide them with alternatives to sex work. Young transgender women should have access to stipends and scholarships to support education or their basic needs during difficult times.

DONORS

- **More funding is needed** for HIV-interventions that address self-stigma issues and behavior related to self-stigma, including mental health issues, drug use and sexual risk-taking.
- **Donors should be critical** of HIV programs that do not attempt to address the other needs of young MSM and young transgender women, including at a minimum linking them to other organizations which can provide employment, education or livelihood support.
- **Peer support groups** are critical to improving the self-esteem of young MSM and young transgender women. Donors should seek to ensure programs they fund host peer support groups and provide them small funding for meals, activities, and so on.
- **Drop-in centers that offer food and shelter** as well as health services are still a critical intervention for young MSM and young transgender women. Such centers need consistent, multi-year funding.

Young transgender women, including those who sell sex, need special services and interventions, including:

- **Transgender drop-in centers** that provide a variety of services in a safe and welcoming space, including knowledge on hormone treatment, sexual reassignment surgery, HIV and STIs, prevention commodities, counseling and temporary shelter for young, homeless transgender people. These centers should also be prepared to respond to situations of sexual violence.
 - Condom negotiation skills for sex work settings.
 - 'Know your rights' trainings and legal services for when transgender sex workers encounter or are arrested by police.
 - More peer education and outreach that offers medically-sound knowledge on the safe use of hormones and sex change operations.
 - In addition, programs should target the clients of young transgender sex workers, to further prevent HIV transmission with clients' other sexual partners.

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