

Involving positive MSM in programming, services and addressing Stigma and Discrimination in Health Care Setting

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Outlines

- What, why, where and how is discrimination happening?
- Community Research Findings and Experiences
- What is needed between Civil Society and Health Care Setting
- Conclusion
- Recommendations

What?

- **What is discrimination?**
 - Unfair treatment of a person or group on the basis of prejudice
 - Discrimination is a human rights violation

Why?

■ Why discrimination happens?

- HIV/AIDS is a life-threatening disease.
- HIV infection is associated with behaviors that are already stigmatized in many societies.
- Most MSM become infected with HIV through sex which often carries moral baggage.
- There is a lot of inaccurate information.
- Religious or moral beliefs.

Where?

- **Where does discrimination usually occur?**
 - Health Care Setting
 - Private, Public, NGOs
 - Institution
 - School, hospital, prison
 - Society
 - Community and Inter-community;
 - Workplace
 - Family and friends
 - Religious places
 - Monastery, church

How?

- **How do people discriminate?**
 - **Social**
 - Not inviting or coming to social events
 - not allowing kids to play together
 - **Economic and workplace**
 - Not buying foods, goods
 - Dismissal of employment
 - Not hiring
 - Not promoting
 - **Education**
 - Not accepting positive kids in schools
 - **Health Care Sector**
 - Denial of services

Community Led Research Key Findings and Experiences

Treatment Access for Positive MSM

- 2008
- 897 Positive MSM and transgender people
- India, Indonesia, Malaysia, Myanmar, Nepal and Singapore
- Research Methodologies
 - Survey – 897
 - FGD – 14

Attitude of Healthcare Providers

- MSM/TG reported disclosure of their HIV status (12.4%) and sexuality (14.5%) without their consent.
- 21.1% of MSM/TG – over 30% in India and Nepal – report denial of services by providers.
- Close to 10% of overall MSM/TG respondents reported physical assaults by HCPs
- Highest in Nepal respondents close to 40%

Community quote

- “The doctor said to me, ‘Maybe God doesn’t want you [MSM] on the earth any more.’ That statement was made after he knew about my HIV status.”
 - (MSM, Myanmar)

Community quote

- “I was fed up of going to the [government] hospitals, as I had to wake up early and even if I reached the hospital, the doctors would speak very rudely. That was when I decided that enough is enough. I would rather spend money in some private hospitals but I do not want to go back to the government hospital.”
 - (Transgender woman in sex work, India)

What is needed?

- Friendly services
 - Trust
 - Peer approach
 - Understanding
 - Cultural
 - Genders issues (women, MSM and TG)
- Attitudes of Health Care Providers (HCPs)
- Accurate information
- GIPA principle and practices
- Leadership within MSM community
- Inter-community S & D (@) Double S & D

Conclusion

- Access to HIV treatment and services in Asia have been found to discriminate positive MSM and TG.
- Marginalized populations such as positive MSM and TG are left most at risk as a result of discriminatory practices.
- Supports and opportunities given towards this population (especially positive MSM and TG) are still limited
- GIPA not widely practice yet by power holders

Recommendations

- Desensitization for HCPs on how to deal with key populations needed.
- Training for desensitization for HCPs are needed.
- Involve some community program in hospital setting are well recommend.
- Develop young leaderships within the positive MSM and TG community
- Consult community especially in health care provisions

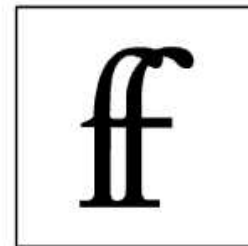
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