



# YOUTH VOICES COUNT

LOUD & PROUD



## Meeting Report

**Youth Voices Count  
2nd Consultation on Self-stigma  
among Young Men who have sex with  
Men and Transgender People**

**“Voices from the Community”**

**Bangkok, Thailand. 2-5 October 2012**



Copyright © YVC 2013

Youth Voices Count  
Unit 201, 51/2 Ruamrudee III Building, Soi Ruamrudee,  
Ploenchit Road, Bangkok 10330, Thailand  
tung.bui@youthvoicescount.org | +66 (0) 8 63878560  
[www.facebook.com/YouthVoicesCount](https://www.facebook.com/YouthVoicesCount) | <http://www.youthvoicescount.org>

Design: Ian Mungall/UNDP

# Youth Voices Count

## 2nd Consultation on Self-stigma among Young Men who have Sex with Men and Transgender People

### Meeting Report

#### Voices from the Community

Bangkok, Thailand, 2-5 October 2012



*Empowered lives.  
Resilient nations.*





“

I am thankful this consultation give me a vivid picture through the condition of YMSM and YTG among Asian Pacific Region. I never realize before that Self-Stigma and Self-Issues put important role in achieving Self-esteem since those issues are barely touched before. Therefore, started from here I will put my intention more to educate YMSM and YTG regarded the issues of Self-Stigma and Self-Issues. Therefore, started from here I will put my intention more to educate YMSM and YTG regarded the issues of Self-Stigma and Self-Issues.

ANDREAS MAHARDIKA  
INDONESIAN COUNTRY MEMBER  
VOLUNTEER GAYa Nusantara

## Contents

4	Acknowledgements
5	Acronyms and abbreviations
6	Rationale for this meeting
7	1. Definition of self-issues
7	2. Key issues that influence self-stigma among YMSM and YTG
9	3. Causes and consequences of self-stigma
10	4. Self-issues in different contexts
12	5. Self-issues and linkage with HIV vulnerabilities
15	6. Recommendations
20	Agenda
22	List of participants
24	Press release



This regional consultation makes my mind open that self stigma really affects people especially YMSM and YTG. So, we have to concern to this issue first before starting other issues.

**AHMAD FATHUL AZIZ**  
INDONESIAN COUNTRY MEMBER  
COORDINATOR OF IGAMAmuda



## Acknowledgements

This report documents, the presentations and discussions made during the Youth Voices Count 2nd Consultation on Self-stigma Among Young Men who have sex with men and transgender people: Voices from the community, held from 2-5 October 2012 at Bangkok, Thailand.

The primary objective of this regional consultation was to introduce the YVC network and its members and to hear the voices of community people on the self-stigma in young MSM and TG groups in order to develop key recommendations targeting policy-makers and programmers on addressing these issues. The joint consultation brought together some 40 participants from 14 different countries/territories across Asia, including Cambodia, Indonesia, Laos PDR, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, the Philippines, Singapore, Sri Lanka, Taiwan, Thailand and Viet Nam met in Bangkok, Thailand.

Many people were involved in making this meeting possible. The organizers would like to gratefully acknowledge all the participants for their valuable participation and inputs. A list of participants is included in the Annex of this report.

Benjamin Xue, Niluka Perera, Tung Duy Bui, Rattanawat Janamnuaysook, Anan Boupaha, Setia Perdana, Jan Willem de LindvanWijngaarden co-facilitated the meeting.

Our sincere thanks and gratitude to the meeting rapporteurs and report authors, Ed Attapon Ngoksin and Vermont Arvesu.

Finally, the meeting partners would like to recognize the outstanding contribution of Nichaphat Sirikrachang, Finance officer and Wichai Saeyang, Administrative Officer of 7 Sisters; Vaness Zilpacon, Administrative Assistant of APCOM and Pranee Threekul, Programme Assistant, UNDP Asia-Pacific Regional Centre for their excellent logistical and administrative support.

Edmund Settle, Policy Specialist, UNDP Asia-Pacific Regional Centre; Bettina Schunter, HIV Specialist, UNICEF; Midnight Poonkasetwatana, Executive Director of APCOM; Greg Gray, TS Hub Manager for South East Asia and Pacific; Ed Attapon Ngoksin, ITPC; Matthew Vaughan, Communications and Advocacy Officer, APCOM; Tung Duy Bui, Youth Voices Count Coordinator; Benjamin Xue, Youth Out Here Coordinator and Youth Voices Count Core Working Group Members coordinated the consultation, developed the agenda and finalized this report.

This consultation was supported by UNDP, UNICEF, 7 Sisters, APCOM, Hivos, Alliance Regional Technical Support Hub and the ISEAN-HIVOS Multi-country Global Fund Round 10 Programme (ME1-011-G01-H).

The meeting organizers gratefully acknowledge the assistance provided by UNDP Asia-Pacific Regional Centre in editing this report, Ian Mungall UNDP and Vaness APCOM Knowledge Management and Communications Analyst for finalizing the graphic design.

## Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
APCOM	Asia Pacific Coalition on Male Sexual Health
APNSW	Asia Pacific Network of Sex Workers
APTN	Asia Pacific Transgender Network
CBO	Community-based organization
CCM	Country Coordinating Mechanism
HIV	Human Immunodeficiency Virus
Hivos	Humanistisch Instituut voor Ontwikkelingssamenwerking (Humanist Institute for Development Cooperation)
IPPF	International Planned Parenthood Federation
ISEAN	Insular South East Asia Network
ISEAN-Hivos	ISEAN-Hivos Multi-country Global Fund Programme among MSM and Transgender Persons
KHANA	Khmer HIV/AIDS NGO Alliance
LGBT	Lesbian, gay, bisexual and transgender people
MSM	Men who have sex with men
NGO	Non-governmental organization
SMS	Short Messaging Service
STI	Sexually transmitted infection
TG	Transgender person or people
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
YVC	Youth Voices Count
YMSM	Young men who have sex with men
YTG	Young transgender person

## Rationale for this meeting

While there is a strong notion that preventing the transmission of HIV through male to male sex at young ages is important for efforts to minimize the projected upsurge of HIV infections among men who have sex with men (MSM) and transgender people (TG) in the region over the decade<sup>1</sup>, the current efforts continue to ignore other social determinants of health of young MSM (YMSM) and young TG (YTG) and focus primarily on either condom distribution or behavioral change communication that does not take into account specific needs and culture of YMSM and YTG.

Furthermore, current government programmes do not recognize the importance of creating a safe space and provide the psychosocial support for YMSM and YTG in an educational, employment, or other setting. Even in places where health services are made available and tailored to MSM and TG needs, repressive legal environments (such as age of consent) often constitute barriers to provision of and access to these services.

Most importantly, current HIV prevention programmes fail to help YMSM and YTG come to grips with their sexual orientation and foster an environment that is accepting of gay people, despite the recognition that men who are most accepting of their sexuality and identity are more psychologically healthy, have higher self-esteem, are more likely to disclose their HIV status with their casual sexual partners, and are less likely to engage in sexual risk-taking.<sup>2</sup>

Relatively little systematic research has been undertaken to examine issues related to the health and psychological well-being of young MSM and young TG in the Asia-Pacific region.<sup>3</sup>

The objective of this meeting is three-fold:

- To allow young MSM and TG to explore and articulate linkages between self-issues and HIV vulnerabilities;
- To develop recommendations for programs and policy that will help YMSM and YTG overcome their self-stigma, thus decreasing HIV vulnerability and ensuring increased uptake of HIV prevention, treatment, care and support services;
- Understand current gaps in services, programmes, policies, and strategic information on health and psychosocial support needed for the well-being of YMSM and YTG.

---

1 Commission on AIDS in Asia. 2007. Redefining AIDS in Asia. Geneva p.48

2 Waldo et al, University of California – San Francisco. Self-Acceptance of Gay Identity Decreases Sexual Risk Behavior. 1998

3 Worldwide there is a growing body of research on trans women's HIV risk behaviors. However, Asia-Pacific research is comparatively scarce. Much of what is known in regard to trans women in the Asia-Pacific region comes from small case studies and reports of CBOs and NGOs (APNSW, UNFPA and UNAIDS, 2011, USAID/UNDP (2010, and Godwin (2010), as well as discussion papers written by individuals who have been researching trans communities (e.g. Slamah, Winter and Ordek, 2010)



## 1. Definition of Self-issues

Self-issues, as defined by Youth Voices Count, refer to a specific set of issues that positively or negatively impact self-acceptance, self-perception, self-efficacy, self-esteem, and self-confidence, which have a profound impact on health, psychological needs, and well-being of young men who have sex with men and young transgender people. Self-issues are often caused by the lack of understanding around sexuality and sexual identity (sexual reproductive health, gender issues): problems with self-acceptance, family acceptance, which often drive YMSM and YTG away from accessing health services, and peer education programmes. In the Asia-Pacific context, MSM and TG are labeled as 'sick and abnormal,' which causes young MSM and TG to feel guilty about their sexuality.

Self-issues, as demonstrated in several examples of the participants' actual experiences and despite the knowledge on HIV prevention, often increase complacency in putting YMSM and YTG and their sexual partners at risk for HIV and/or other STIs, as well as decrease health-seeking behavior. Self-issues constitute barriers, in addition to laws and legal environment, to provision of and access to HIV services (HIV testing, prevention, treatment, care and support services)<sup>4</sup>

Low self-esteem can potentially lead YMSM and YTG to embrace several 'bridging' habits, including alcohol drinking, substance abuse or sex addiction, and other behaviors that can influence sexual risk-taking. Low self-esteem also creates social anxiety, isolation, and stress, likely leading to feelings of helplessness and depression or even suicide in some case.

## 2. Key issues that influence self-stigma among YMSM and YTG

In Asia-Pacific, repressive religious, legal, and cultural environments often negatively impact self-issues. Same-sex behavior between consenting adult men is illegal in 19 countries in this region, in 4 of which is punished by death.<sup>5</sup>The progress is seen in some countries recently, such as legal recognition for transgender people in Pakistan and some faith leaders such as the Order of the Minister of the Infirm (Camillians)<sup>6</sup> and the Metropolitan Community Church<sup>7</sup> championing HIV prevention programmes for young people of key affected populations in the Philippines. However, there is significant setback in other countries, such as a recent advisory to 'detect' LGBT youth in Malaysia issued by a member of Parliament, or severe police abuse and killing of openly out LGBT community representatives in Mongolia.



This consultation brings me a larger and more comprehensive picture of our community's situation that we rarely touched on before. It's about Self Issues, and makes us realize that this is where we should start - it's our entry point.

SETIA PERDANA - YVC CORE WORKING GROUP FOR ISEAN SUB REGION - GWLMUDA NATIONAL COORDINATOR - INDONESIA

4 Commission on AIDS in Asia 2008

5 UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People, 2009

6 The Camillians are a religious group that provides care and support for people living with and affected by HIV. <http://www.facebook.com/pages/Woodwater-Center-for-Healing-Camillians/225484290823330>, accessed October 14, 2012

7 The Metropolitan Community Church provides for the religious needs of gays, lesbians, bisexuals, and transgender people in the Philippines. <http://mccph.webs.com/>, accessed October 14, 2012



Heteronormativity is the cultural bias in favor of opposite sex relationships of a sexual nature, and against same-sex relationships of a sexual nature. Because the former are viewed as normal and the latter are not, lesbian and gay relationships are subject to a heteronormative bias.<sup>8</sup> Heteronormativity at home, at school, or at work fuels internalized homophobia/transphobia, causing self-non acceptance and low self-esteem. Throughout Asia-Pacific, heteronormativity is a common symbolic construct for society.<sup>9</sup>

Common themes emerged from the discussions at this consultation include:

**Lack of programmes or interventions focusing on improving self-esteem of young MSM and young TG in school and out of school.** In Asia-Pacific, there are only a few communities organizing to address these needs: Young Out Here (YOH)<sup>10</sup> and Pink Dot<sup>11</sup> from Singapore, which together address internal issues while relieving external pressures of heteronormativity through closed social support groups, social events, and workshops for life skill building for LGBT youth; and Yoga For Life from the Philippines, which reduces stigma towards people living with HIV, especially young people living with HIV, through promotion of yoga, meditation, and breathing as effective complementary therapies.

**Lack of YMSM and YTG youth-friendly health services.** There is a need for youth-friendly health services, which encompass a full range of services that are affordable and of quality. These services should be accessible 'regardless of their race, gender, sexual orientation, marital status, age, religious or political beliefs, ethnicity or disability.' In the context of young MSM and YTG, it is highlighted that these services must respect their confidentiality, provided in a non-judgmental and accessible manner (financially affordable and with no legal restriction).

**Age of consent** not only prevents YMSM and YTG accessing health services, including HIV/STI testing and treatment, but also excludes them from receiving housing and other kind of social support that could be provided by NGOs or community-based organisations.

8 Look at Jan's note

9 Quote from the study on heteronormative in Asia 2007

10 Young Out Here is a queer community youth group based in Singapore. <http://www.facebook.com/youngouthere>, accessed October 14, 2012

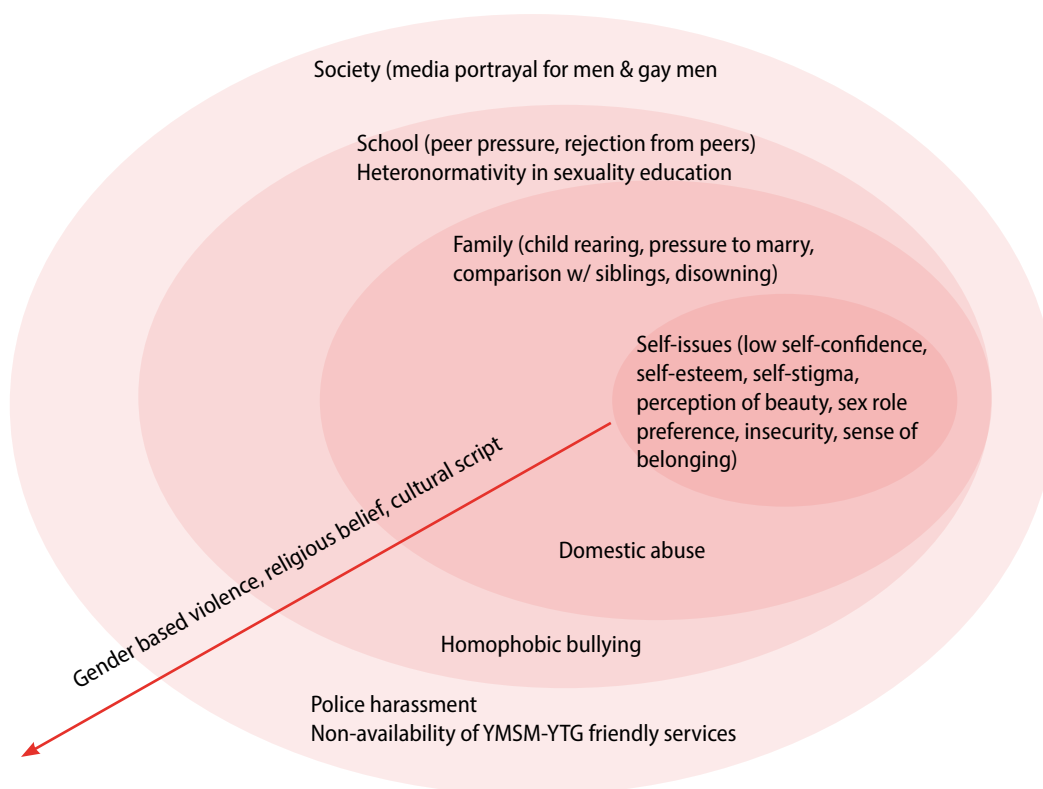
11 Pink Dot is a non-profit movement for LGBT based in Singapore. <http://pinkdot.sg/>, accessed October 14, 2012

**Harassment** (both verbal and physical), assaults, and bullying by family members, peers, and policemen negatively impact self-esteem and cause anxiety, depression, isolation, and the feeling of exclusion, which may lead to suicide or other physical harm.

**Comprehensive Sexuality Education** is not included in school curriculum as part of formal education. There are considerable differences in countries in looking at what comprises sex and sexuality education, with the range of the curriculum differing in different countries and the emphasis being focused on biology with little to no mention on sexual health and rights. This is confirmed by the study conducted by UNESCO to review policies and strategies to implement and scale up sexuality education in Asia-Pacific.<sup>12</sup>

### 3. Causes and consequences of self-stigma

The participants used the following diagram to illustrate the internal and external causes of self-stigma as a function of heteronormativity.

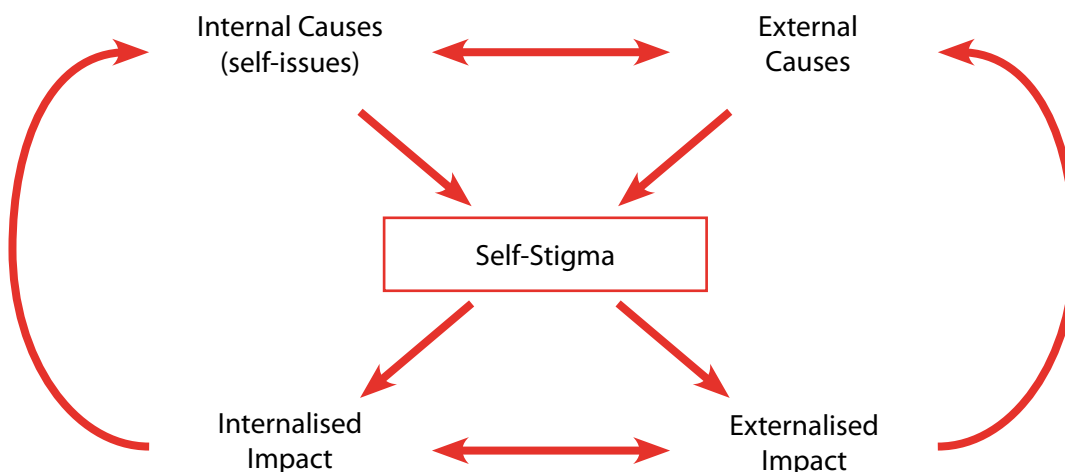


Low self-esteem and negative self-perception is a result of heteronormativity in the society. Many YMSM and YTG experience family disapproval, peer pressure, being compared with siblings, and bullying. All of the above lead to a poor mental health condition, non-self-acceptance and engagement with 'bridging' behaviors (sex work or substance abuse), which compromise the ability of YMSM and YTG to protect and care for themselves.

<sup>12</sup> UNESCO (2012) Review of Policies and Strategies to Implement and Scale Up Sexuality Education in Asia and the Pacific. Retrieved July 9, 2012, from UNESCO website

Loss of focus in school, being disowned or abandoned by family, domestic abuse, and engagement in sex work are identified as common characteristics across all the participants.

The participants used another diagram to illustrate the interplay between internal and external causes of self-stigma, and its internalized and externalized impact.



According to the participants, internal causes (self-issues) interact with external causes (family, school, society) to create self-stigma, which then manifests internally in the form of depression, low self-esteem, and feeling unsafe, which then lead to anger, hopelessness, suicidal ideation, self-denial, and lack of drive. This also leads to action in the form of self-harm, 'bridging behaviors', refusal to interact with other people, and poor health-seeking behavior. Self-stigma also has externalized impact, where young MSM and young TG discriminate others based on their sexual orientation, gender identity and expression, and HIV status. It also manifests itself in the form of 'revenge sex', where a young MSM or transgender engages in unprotected sex after recent diagnosis of positive HIV status as a means to release anger and frustration.

## 4. Self-issues in different contexts

### 4.1 Family, society and media:

Family support is fundamental for the health and psychological well-being of YMSM and YTG. Parents must be supportive of choices and decisions YMSM and YTG take with regard to their sexuality and identity. Mass media can play a role in raising awareness of YMSM and YTG issues among parents through positive stories and images in both electronic (internet, TV, radio) and non-electronic (newspaper, magazines and etc.) media.

Current media portrayals of both MSM and TG are mostly negatively across Asia-Pacific. Stereotypes abound and continue to portray the MSM and TG community as 'excluded'

‘unfortunate,’ with ‘no career prospects,’ which invoke parents’ fear and refusal as they come to realize their child’s sexuality. MSMs/TGs living with HIV in the media continue to be the subject of unfair stigmatizing attitudes from journalists (such as the recent talk show on Thai TV that portrayed MSM+ interviewee as the ‘victim’) despite a decade long effort to sensitize media institutions through trainings.

Explicit sexual expressions (kissing, hugging) between MSM and TG celebrities have started to be seen on mainstream media (such as TV). This could help promote tolerance among the general public. The media can embrace positive images of MSM and TG by championing MSM and TG in parliament or in decision-making bodies, which in turn creates self-acceptance thereby changing the attitude of parents of YMSM and YTG with regard to their personal and future career development.

Religious leaders can support stigma reduction toward LGBT communities by continuing to provide boarding homes and services and by condemning discriminatory practices.

## 4.2 Educational setting

Attached stigma (gender, homophobia, poverty, disability, belong or perceived as belonging to marginalized communities) is prominent for young MSM and YTG, particularly for those living with HIV in educational sector. Prevailing levels of stigma & discrimination coupled with ongoing psycho-social concerns create unsafe, unsupportive and challenging environment for them.

Self-issues of YMSM are inadequately addressed in school. **Comprehensive sexuality education (CSE)** is lacking in most countries or provided in a limited scale by community-based organisations. CSE includes, but is not limited to, discussion of the physical and biological aspects of sexuality, as well as the emotional and social aspects. CSE views ‘sexuality’ holistically and within the context of emotional and social development, beyond just the provision of information, which provides young people with essential life skills that help them develop positive attitudes and values.<sup>13</sup> In the context of YMSM and YTG, the CSE must be gender-sensitive and rights-based and respect sexual and gender diversity.

It is also important to differentiate universities and high schools for the extent to which they are able to address self-issues of young MSM and TG. Universities allow YMSM and YTG more freedom of expression (such as dress codes) and opportunity for a diverse set of extracurricular activities that create supportive environments for YMSM and YTG (such as LGBT student support groups, recreational activities, etc), while high schools’ policies are often conservative (restricted dress code and conduct), gender insensitive (sexual education), and limited in terms of community organizing in schools (such as peer support group for LGBT).



The second YVC consultation helped me form a clearer understanding of the heterogeneity of the YMSM/ YTG community phenomena among different countries, and also (paradoxically) the underlying universal similarities of self issues and self stigma; the latter shapes my framework of further work, and the former work gives hints for adequate localization.

SHIH-SHIUAN WILSON KAO/  
VOLUNTEER WORKER FOR AIDS  
AND SEXUAL RIGHT GROUP/  
TAIWAN TONGZHI HOTLINE  
ASSOCIATION

13 International Planned Parenthood Federation (IPPF). (2010). IPPF Framework for Comprehensive Sexuality Education. London, UK: IPPF

Self-stigma presents significant challenges to overcome as current 'traditional' sexual education still promote 'HIV-FREE' school which negatively impact sexual well-being of those young men who have sex with men living with HIV.

Schools are fully responsible to ensure YMSM and YTG can realize their full potential. Anti-discrimination policies to prevent bullying and harassment (from both from peers and teachers) must be in place. Sexuality, gender and HIV status must not be barriers for access to the education sector. Furthermore, accessing health services must not be a hindrance to schooling, and vice versa.

### 4.3 Love & relationships

YMSM and YTG often discuss love and intimacy with their peers. Digital media and internet technology (web portals, chat-room, handheld devices) are commonly used as tools to exchange ideas and sexual experiences and to find partners for casual sex or even relationships.

The mainstream media portray relationships between YMSM and YTG as something 'unusual' and 'dramatic,' which influences perceptions of YMSM and YTG on how they think about relationships. Some value monogamy in relationships and others often strive for more, which results in multiple sexual partners or complicated relationships in order to find someone closer to the perception of the ideal partner/relationship.

Age, lived experiences, and socio-economic status in both casual sex and in relationships influence power imbalance. In the context of casual sex, transactional sex (not necessarily money in exchange for sex) is common in inter-generational couples in which the younger has less negotiating power with regard to condom use. This is much more pronounced in the context of sex work, where male clients (often older) dominate discussions about the type of sexual activities he wants to perform, including non-condom use for which the level of remuneration is often higher.

Specifically, for some young transgendered people, having unprotected penetration is seen to 'validate' their gender identity. Sexual experience is important as it helps a young transgender to understand her sexual preference and identity during the sexuality formation in early adulthood. Many transgender youth acknowledged that having unprotected anal sex with their sexual partners made them feel more like 'women,' which validates their identity as female and can potentially contribute to increased self-esteem.

## 5. Self-issues and linkage with HIV vulnerabilities

In general, as already mentioned, the participants believed that the ability to negotiate safe sex in the context of love and relationships, casual sex or sex work is the negative attribution of **poor self-esteem** due to socio-economic status, breadth of life experience, being young, enduring an unsupportive family environment, being subjected to verbal and physical harassment, assaults, bullying, abuse, prejudice, discrimination and marginalization, peer pressure and heteronormativity.



## 5.1 Love and relationships

**Partner type and relationship status** is another key factor in predicting non-condom use among young MSM. In many settings, many YMSM and YTG become infected in 'monogamous' relationships.

One reason for the lack of using condoms during intercourse is the perception of trust within the context of a relationship, i.e., allowing unprotected penetration as a **sign of trust or desire for love**, relationship and connectedness. Some may see condoms as undermining intimacy during the sex act. Low self-esteem can lead to the **feeling of insecurity** in relationships, which in turn could compromise condom use.

It is important to note that many of these YMSM and YTG initiated non-condom use within the first three months of the relationship, a time period when HIV antibodies may not yet be detectable in persons newly infected with HIV by standard routine test.

## 5.2 Casual sex

**Physical appearance** is another factor that could create a power imbalance. The individual perception of beauty influences sexual risk-taking to a significant degree: many young MSM and TG choose to perform unprotected sex with someone they have just met who meets the ideal perception of beauty or who have a good appearance. They are ready to jeopardize their well-being for unprotected sex, regardless of the health outcomes.

**Role preference in anal sex** (insertive or receptive) can affect hierarchy and power imbalance, such as in situations in which the insertive partner dominates conversations around sexual practice and condom use or non-condom use. It is also known that unprotected receptive anal intercourse is a high risk sexual behavior, and puts the receptive transgender at substantially greater risk of HIV infection than her partner.

**Complacency about risks due to improved HIV treatment** may have unintended consequences that young MSM/young TG, who did not witness the toll of AIDS in the early years of the epidemic, might view HIV as less dangerous and become complacent about risks.

Some YMSMs/YTGs among the participants see **taking risks as valuable**. For them it feels like an important part of learning to make decisions for themselves.

The desire for unprotected sex (bareback) can also lead to **feelings of shame** and consequently low self-esteem as it goes against the socially accepted perception of safe sex. The perception of safe sex is significantly recognized as a socially accepted norm for 'gay sex,' which is often seen as 'risky' or 'dirty' by broader society. It is also the case that being too worried about risks associated with sex can make them feel fatalistic about the outcomes of their behavior.<sup>14</sup>

**Lack of confidence** to negotiate condom use with casual sexual partners can be associated with low self-esteem, inferior socio-economical positions, and submission to gender validation (as explained earlier for YTG).

**A lack of self-efficacy and isolation** leads to ignorance of personal health, including a willingness to have unprotected sex with no intention of seeking testing or treatment for STIs, including HIV.

Among HIV-positive men, there was a positive relationship between **self-esteem and disclosure** to receptive and insertive anal sex partners. HIV positive MSM with high self-esteem and self-acceptance seem to disclose their status or discuss safer sex with their casual sex partner before having sex.

### 5.3 Bridging behaviors

Low self-esteem can cause social anxiety, isolation, stress, feelings of helplessness and depression, as well as thoughts of suicide and physical harm or **destructive self-coping behaviors** (substance use or sex addictions).

Many YMSM and YTG who are homeless (mostly due to non-acceptance from family) are nearly two times more likely than YMSM and YTG who do not experience **homelessness** to report inconsistent or non-condom use despite the availability and accessibility of HIV prevention commodities (condoms and lubes). Homelessness, therefore, has been identified as a strong determinant of non-condom use among YMSM and YTG.

For many young transgender people, dropping out of school (both deliberately and forcefully due to bullying, insensitive gender school policies, harassment, etc.), and being rejected by family, combined with a lack of life skills and a lack of equal employment opportunities, **sex work** becomes one of few jobs available for young TG. Having low self-esteem and striving for an improved physical appearance to meet the ideal perception of females, young transgender people would likely engage with sex work and

---

14 A recent Thai study reported that inconsistent condom use among transgender participants was predicted by a history of sexually transmitted infections, worry about HIV infection, and not carrying a condom on the day of the research (Chemnarisi et al., 2010)



compromise condom use for better monetary remuneration to pay for living expenses or to purchase hormonal medications for sexual reassignment surgery.<sup>15</sup> Many young transgender people do not want to carry condom with them as condom can be regarded by police as evidence of sex work, even if they do not actually engage in sex work.

**Substance use.** Psycho stimulants (methamphetamine, ecstasy (a party drug) and alcohol) reduce self-awareness and could increase the likelihood of inconsistent and non-condom use behaviors, as well as increase the number of sexual partners.<sup>16</sup>

**Modern technologies** (e.g. mobile phones, texting, emails, chat, videocam and social networking websites) provide new ways of developing sexual networks (and even of doing sex) and may facilitate the forming of multiple relationships.



The YVC Consultation opened a new door to look into self-stigma & self issues; aspects of gay and transgender lives we have rarely thought about. It was also encouraging to see the commitment of young people and the sense of responsibility they shared among each other. I felt so strong to work for my community with the inspiration I gathered from this YVC consultation.

SATHYA – BOARD MEMBER OF DAST, SRI LANKA

## 6. Recommendations

A comprehensive response framework (figure 1) has been adapted to address self-issues and minimize the impact of self-issues on sexual risk-taking. Key components include a) psychosocial support and enabling environment; b) interventions addressing self-stigma and harm associated with ‘bridging’ behaviors (such as alcohol, drug use, or sex work).

Psychosocial support and enabling environment

Interventions addressing self-stigma

Reduce sexually risk-taking and other ‘bridging’ behaviors (alcohol, drug use, sex work)

### 6.1 Creating psychosocial support and enabling environment

In order to address psychosocial well-being, YMSM and YTG must be provided with a **safe space** to discuss with their family and their peers issues related to self-identity including sexual orientation and gender identity, coming out, love and relationships, family relationships, lifestyles, community belonging and future plans (education or career). **The development of support networks for families** plays an important role in increasing acceptance. Feeling accepted and supported as a young gay man and as a young transgender is very important in terms of self-acceptance and self-esteem.

In school, **Gay-straight alliances** (such as the successful example of PinkDot in Singapore) can create safe and supportive school environments. In schools with support groups such as gay-straight alliances, lesbian, gay and bisexual students are less likely to experience threats of violence, miss school because they felt unsafe, endure homophobic bullies or drop out of school.

<sup>15</sup> Lost in Transition: Transgender People Rights and HIV Vulnerability in the Asia-Pacific region, UNDP and APTN, p.28

<sup>16</sup> A recent report drawing on data from a large scale MSM study in the US identifies the use of inhaled nitrites (poppers), stimulants and erectile dysfunction drugs as major predictors of HIV infection, Ostrow et al. (2009).



Young transgender participants strongly call for a creation of **community-led transgender centers**, which will serve as hubs of integrated resources and provide safe spaces for young transgender people. The center will operate in a transgender-friendly manner (i.e., understanding TG culture, respecting confidentiality and privacy) and provide a range of services, which include but are not limited to:

- *Counseling*: specific young transgender counseling will include
  - a) *Health-related*: knowledge on hormone treatment as many YTG purchase over the counter hormones and have little knowledge about the effects of the medicines, HIV/STI, pre and post sexual reassignment surgery (harms and benefits of SRS), HIV and STI prevention commodities (condoms and lubricants)
  - b) *Non-health related*: psychosocial counseling to help address conflicts with family and peers
- *Social support*: serve as a temporary shelter home for young TG which link with other support sectors
  - a) Law and legal support
  - b) Primary health care clinics
  - c) School
  - d) Community-based organisations, NGOs or private sectors working on HIV prevention, treatment, care and support
  - e) Employment opportunities
- *Essential life-skill training* for YTG and training on the topics related to understanding the specific needs of transgender people, which is open to parents of young transgender people in order to create family acceptance and to the general public in order to enhance gender sensitivity.

**Peer connectedness** and their associated effects among YMSM and YTG may be related to safer sex norms associated with service delivery and peer education provided by

LGBT organisations at gay-oriented events. For YTG, peer community approaches help to enhance self-efficacy of YTG through the sharing of experiences, feelings and role models. Peer group leaders can work at the TG center to deliver the range of services mentioned earlier. TG peer leaders identify TG 'hotspots' and liaise with the Center to develop interventions and programmes to support YTG.

In school, **peer support groups** for YMSM and YTG may be created to specifically provide life-skill training, psychosocial support and mobilization of YMSM and YTG. The support group can operate through online forums, SMS, or hotlines.

**Comprehensive sexuality education** needs to be promoted and streamlined into formal education curriculum. Schools must adopt gender-sensitive, non-discriminatory policies and allow freedom of expressions of all forms.

Schools may provide **financial incentives** to young MSM or young TG in the form of reduction of tuition fees or scholarships. Alternatively, they can also provide part-time employment opportunities to young MSM and young TG, so that they can become more financially secure.

**Sensitizing health workers and medical practitioners** on issues pertaining to young MSM and transgender people so that they provide age-appropriate and gender-sensitive health services to YMSM and YTG. In countries where youth-friendly services exist, a directory of these services and service providers must be collated and disseminated to all youth-serving and youth-led organisations and networks.

**Strategic information** on young MSM and young TG is needed to inform the development of programmes and interventions. Research agenda should include, but not be limited to, further study on the impact of physical and verbal bullying on self-esteems, assessments on gender sensitivity in the health care system, measurements of stigma (both internalized homophobia and HIV-related stigma), quantitative and qualitative data in relation to mental health, knowledge, attitudes and sexual practices and HIV vulnerabilities among YMSM and YTG. Age-aggregated data where it exists needs to be better utilized. Clinical issues such as endocrine treatment for transgender people and its interactions with ARVs must be further explored. More research on HIV risks, mental health, sexual roles and behaviors linked to gender affirming healthcare is badly needed.

## **6.2 Addressing law and legal environments that reduce self-stigma among YMSM and YTG**

Launch a global, regional, and national campaign to advocate for the

- a) Removal of transgender people from the World Health Organisations list of mental disorders (depathologizing of TG)
- b) Revoking of punitive civil laws, penalty code 337/337A, penalty of HIV transmission (in a context of sexual revenge)
- c) Removal of age of consent to allow provision of commodities and access to other sexual health (including sexual reassignment surgery) and social support services for young MSM/young TG under 18



Sexual orientation and gender identity (SOGI) principles<sup>17</sup>, adopted by the Global Fund in 2009, should act as a foundation for policy development for any government, private, public, or multilateral institutions. In the context of legal and law reforms, particularly in countries where criminalization of people due to their sexual orientation and identity is still enforced, rights related to SOGI populations and access to health are still explicitly or implicitly denied through laws, religion, social institutions, and cultural traditions. This includes vocal hostility and incitation to violence by political leaders and religious leaders.

Finally, young transgender people urge for the creation of a specific funding stream for transgender people through the Global Fund (and not subsidized by MSM) and increased participation of young transgender people in policy-making processes at all level.

### 6.3 Interventions addressing self-stigma

**Online and multimedia campaigns** (video series, posters) work to improve self-esteem by promoting positive images of young MSM and young TG, sharing success stories of how YMSM and YTG overcome stigma and discrimination in the society or championing and promoting role models of TG/MSM. It is important that the **online campaign also targets general youth**, particularly on issues of anti-homophobic bullying to generate acceptance in school.

### 6.4 Reducing sexual risk-taking and other ‘bridging’ behavior

Minimizing harms associated with sexual risk-taking and bridging behaviors, particularly sex work, can be achieved through ensuring that access to education, employment opportunities, legal assistance, and psychosocial support are integrated into existing national MSM and TG programmes and have a specific focus on young MSM and TG under the age of 18. Educational sector must create a learning environment which takes the needs of YMSM and YTG into consideration. It is important to alleviate financial

<sup>17</sup> ‘all people whose sexual orientation, gender identity and/or sexual behaviors do not conform to majority norms and values, focusing on adults engaging in consensual sexual behaviors that increase their health-related vulnerabilities.’

burden of schooling (many YMSM and YTG and those living with HIV have burden on school expenses and financial insecurity). This can be provided in form of cash transfer or additional supports (reduction in school fee, for example).

Messages around HIV prevention and treatment must be delivered in a non-stigmatizing way for both YMSM and YTG and those living with HIV. Messages promoting HIV prevention can be integrated into the organization of social events for LGBT communities with a focus on understanding sexuality, sexual diversity and improving self-esteem of YMSM and YTG. Schools need to move away from 'traditional' sexual education that still promotes 'HIV-Free school', which negatively impacts sexual well-being of YMSM and YTG living with HIV and further fuels HIV-related discrimination. HIV education must include knowledge on broader sexual reproductive health & rights and promote linkages to other sexual health services, rather than narrowly focused on HIV testing. Risk reduction practices other than those involving a condom might have a role to play in fighting the HIV epidemic. More research should look into understanding a variety of safer sex practices that do not involve a condom (interfemoral, mammary, intergluteal sex or handjobs, footjobs or penis-to-penis masturbation), which can provide a basis for more nuanced safer sex messaging.

Raising awareness of MSM and TG issues can be conducted nationwide on the International day against Homophobia and transphobia or Transgender Day of Remembrance (November).



## Agenda

### Day one: Tuesday 2 October 2012

Time	Activity
0900-9030	Registration
0930-0940	Welcome / Opening Remarks
0940-1000	Introductions by Participants
1000-1015	Ice Breaker 1: Celebrity ID
1015-1020	- Consultation overview - Consultation's expected outcomes - Agenda for the day - Expected outcomes for the day
1020-1040	<u>SMALL GROUP DISCUSSION</u> Setting of expectations and personal goals.
1040-1110	Setting of Guidelines for Consultation
1110-1140	Coffee Break
1140-1300	Video Presentation: MTV Anti Bullying Ad PANEL DISCUSSION
1300-1400	Lunch Break
1400-1420	Ice Breaker 2: Spiderwebs
1420-1540	Special Presentation: Exploring the socio-cultural factors that puts YMSM/TG at the risk of HIV infections - Jan
1540-1600	Coffee Break
1600-1645	<u>SMALL GROUP DISCUSSION:</u> <b>Causes &amp; Impact of Self Stigma</b>
1645-1715	Presentation of the Discussion Outputs Q&A
1715-1730	Closing Remarks

### Day two: Wednesday 3 October 2012

Time	Activity
0900-0910	Sharing of feedback from TWEETS Recap of the first day Overview of the day's schedule
0910-0930	Ice Breaking Game 3: <b>No One's An Island</b>
0930-1030	Presentation on going effective programmes \ <ul style="list-style-type: none"> <li>- PinkDot SG</li> <li>- Yoga for Life</li> <li>- YOH</li> </ul>
1030-1100	Coffee Break

1100-1140	<b>SMALL GROUP DISCUSSION:</b> Resource Mapping Exercise
1140-1300	Develop programme recommendations
1300-1400	Lunch Break
1400-1500	Continuation of development of recommendations
1500-1540	Presentation of 1st Draft of recommendations Feedback from the participants
1540-1600	Coffee Break (Video screening on Cambodia MARYP Survey)
1730-1800	Closing + Housekeeping Closing Video: "It Gets Better by Chrome"



## List of community participants

Name	Nationality	Title and organization	Email
Vaness Silpakhon Kongsakul	Thailand	Administrative Assistant, APCOM	vanessk@apcom.org
Prempreeda Pramoj Na Ayutthaya	Thailand	Coordinator, APTN	preedapramoj@hotmail.com
Ed Ngoskin	Thailand	Program Officer, ITPC	editpc@gmail.com
Jan Willem de LindvanWijngaarden	Thailand	Consultant	jwdlvw@gmail.com
Nichaphat Sirikrachang	Thailand	Finance Officer, 7 Sisters	
Anan Bouapha	Laos	Governance Board Member, PSN	Ananaay1@gmail.com
Naylin	Myanmar		naylin.02@googlemail.com
Jerson Lee	Philippines	Coordinator, TLF Share Collective	rebelzky@gmail.com
Kyaw Min Htun	Myanmar	Committee Secretary, Myanmar National MSM network	kyawminhtun.hcd@googlemail.com
Andreas Mahardika	Indonesia	Staff HP3, Gaya Nusantara (LGBT Organization)	yayazious@gmail.com
Tung Duy Bui	Vietnam	YVC Coordinator, Youth Voices Count	tung.bui286@gmail.com
Tran Ba Hung	Vietnam	MSM Core Member, American Red Cross	hungcon_tn@yahoo.com
Kath Khangpiboon	Thailand	Senior Executive, Thai Transgender Alliance	kath.khangpiboon@gmail
Sathya Bashana Ramanayaka Senarath Pathiranage	Sri Lanka	Trustee member, Diversity and Solidarity Trust	sathyabashna@gmail.com
Thitiyanun Nakpor	Thailand	Manager, Sisters Thailand	ploy_bit4@msn.com
Sandeep Tamang(Swastika)	Nepal	National Program Officer, FSGMN	fsgmn.swastika@yahoo.com
Thanita Pet-ein	Thailand	HIV Outreach and Education Supervisor, Sisters Thailand	pop.recreation@gmail.com
Rattanawat Janamnuysook	Thailand	Policy Officer, Global Transgender Activists	rjanamnuysook@transactivists.org
Sovoun Ong	Cambodia	Volunteer, Khamera Orgization	pianeiwoint@yahoo.com
Muhammad Kamran Anwar Choudhry	Pakistan	DIC Coordinator on HIV prevention, (Parwaz Society) Naz Male Health Alliance	chouhdryk@gmail.com
Nguyen Van Tung	Vietnam	Group Leader, Youth Dream' MSM self-help group	tungnguyenhn@gmail.com



Nyampurev.G	Mongolia	Outreach worker and Program officer, Youth for Health Center NGO	g.nyampurev@gmail.com
Nguyen Tan Thu	Vietnam	Project Director, Carmah	nguyentanthuhcmc@gmail.com
Bunthorn Deb	Cambodia	CCM, Global Fund Camodia	bunthorkong@gmail.com
Tran Dang Vuong	Vietnam	Director Assistant, G-Link	vuong.tran.ir@gmail.com
Mikael Nadurata Navarro	Philippines	Technical Consultant and Writer, GOP-UNDP Country Program on AIDS	mnavarro@gmail.com
Khamsouk Keovilathong	Laos	Program Officer, Burnette Institute	Khamsouk.k@gmail.com
Sao Sopheap	Cambodia	Coordinator, National LGBT Network	saomhss@yahoo.com
Hettiarachchige Niluka Dilshan Perera	Sri Lanka	Youth Mobilizer, Program Manager, DAST	nilukaperera13@gmail.com
Benjamin Xue Kuiyi	Singapore	Coordinator, Youth Out Here	ben.xue.k@gmail.
Sheryar Anwar Kazi	Pakistan	Technical Support Officer, Naz Male Health Alliance	sheryar.kazi@nmha.org.pk
Rizky ashari	Indonesia	Outreach staff and peer education, IGAMA muda (ikatan gay malang)	ree_schy@Yahoo.co.id
Setia Perdana	Indonesia	Coordinator, GWLmuda	setiaperdana2010@gmail.com
Vermont Estrada Arvesu	Philippines	Corporate Secretary, Youth AIDS Filipinas Alliance (YAFA), Inc.	vermont@youthaidsfilipinasalliance.org
Art Bernard David	Philippines	Volunteer, Butterfly Brigade	artdavid@rocketmail.com
Thu Yain	Singapore	Senior Executive, SG Rainbow	thu@sgrainbow.org
Lee Seow Hong	Singapore	Facilitator, Youth Out Here	deathcradle88@gmail.com
Mohd Ramdan Bin Mohd Rizal	Malaysia	M&E Officer, PT Foundation	dhan@ptfmalaysia.org
Ahmad Fathul Aziz	Indonesia	ICT Staff, IGAMA muda (ikatan gay malang)	zizz_keren@yahoo
Đoàn Thanh Tùng	Vietnam	Group Leader, We are Students' MSM self-help group	thanhtung.was@gmail.com
Kao Shi Shiuian	Taiwan	Volunteer, Taiwan Tongzhi Hotline Association	kaoshihshiuian@gmail.com

## Press release

### **YOUTH VOICES COUNT Regional Consultation – Voices from the communities!**

***Stigma and Discrimination is dramatically increasing HIV vulnerability among young men who have sex with men (MSM) and transgender persons in Asia Pacific.***

**Bangkok, 5 October 2012.** HIV incidence among men who have sex with men is rapidly becoming the largest single driver of the epidemic in the region<sup>1</sup>. According to UNAIDS, HIV prevalence among MSM under age 25 is 4% in China, 5.2% in Lao PDR, 12.6% in Myanmar, 1.3% in Nepal and 3% in Viet Nam. The Commission on AIDS in Asia has estimated up to 40% of Asia's epidemic is amounted to transmissions attributed to male to male sex by 2015, this is rising from 13% in 2008. In addition, MSM in the region are 19 times more likely to be living with HIV than the general population. In many countries, young MSM and transgender people now account for a large percentage of new HIV transmissions.

Young MSM and transgender people who experience self-stigma, also known as internalized homo-transphobia, are more likely to engage in unsafe sexual practices and other destructive risk-taking behaviours putting them at greater risk for HIV and other STIs (sexually transmitted infections). Many gay, lesbian, bi sexual and transgender (GLBT) young people are often socialised into thinking that being gay, lesbian, bisexual or transgender is somehow "un-natural", "bad", "wrong" or "immoral". These negative messages are often reinforced by amoral, ill-informed and discriminatory government public morality and information campaigns, as recently witnessed in Malaysia's anti-homosexual campaigns.

Action is needed. Youth Voices Count (YVC), a youth action and advocacy network convened a regional consultation themed around human rights and self-stigma among young GLBT people to promote "*Voices from the communities*".

On 2--5 October 2012, some 40 participants from 14 different countries/territories across Asia, including Cambodia, Indonesia, Laos PDR, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, the Philippines, Singapore, Sri Lanka, Taiwan, Thailand and Viet Nam met in Bangkok, Thailand. Participants exchanged ideas and identified possible solutions on the key HIV and human rights issues affecting young MSM and transgender young people.

"Negative social messages often lead to feelings of self-disgust and self-hatred. Internalised homo-transphobia happens to gay, lesbian, bisexual and transgender people, who have learned or been taught that heterosexuality is the norm and "correct way to be", said Tung Bui, YVC Coordinator and organiser of the consultation.

YVC used the important information gained through this consultation to develop an advocacy strategy and formulate key recommendations that can be used by networks and civil society groups to urge governments, donors and relevant organisations for an

---

<sup>1</sup> AusAID (2012). HIV in Asia – Transforming the agenda for 2012 and beyond Report of a Joint Strategic Assessment in ten countries.

increase in investment in resource mobilization, service delivery and ultimately more services for young MSM and transgender youth.

This consultation also will review and inform a regional study aiming to identify effective ways to reduce risk of HIV infection in young MSM in selected countries in the East Asia. This study is jointly being supported by UNICEF, UNDP, YVC and the Asia Pacific Coalition on Male Sexual Health (APCOM).

“The past few days have been really good! I feel much more quipped to talk about the issue of self-- stigma with other people in my community in the Indonesia .It was important to talk about this, there are no services working with young people on this issue. I think this is mainly because people don’t know what to do.” Said Rizky Ashar Murdiono, participant from IGAMAmuda, Indonesia . “We hope that our government will listen to us. Often they think that because we’re young, they don’t have to listen – but our voices count too.”

YVC also utilised the opportunity to introduce the new members and consult with majority of the membership network about new governance models, potential structure for working groups and finalise their branding and communication methods.

“HIV and self--stigma are two very important issues for our community; they are really big issues. It’s important for YVC to get guidance from our country partners on how to make life better for these young people,”Tung added.

This regional consultation was supported by UNDP, UNICEF, Hivos, the Alliance Regional Technical Support Hub, the ISEAN--HIVOS Multi--Country Global Fund Round 10 Programme, APCOM and the Coalition of Asia Pacific Regional Network on HIV/AIDS (7 Sisters).

**For more information please contact:**

Contact: Tung Duy Bui, YVC Coordinator

Tel: +66 (0) 8 63878560

Email: tung.bui@youthvoicescount.org

#####

Youth Voices Count (YVC) is an initiative led by young (aged 18--29) men who have sex with men (MSM) and transgender people in Asia and the Pacific that supports community on addressing HIV related health issues through mobilization, advocacy and capacity building. YVC is based in Bangkok, Thailand.

For more information on YVC visit [www.facebook.com/YouthVoicesCount](http://www.facebook.com/YouthVoicesCount) or email at [tung.bui@youthvoicescount.org](mailto:tung.bui@youthvoicescount.org)



Youth Voices Count  
Unit 201, 51/2 Ruamrudee III Building, Soi Ruamrudee,  
Ploenchit Road, Bangkok 10330, Thailand  
tung.bui@youthvoicescount.org | +66 (0) 8 63878560  
[www.facebook.com/YouthVoicesCount](http://www.facebook.com/YouthVoicesCount) | <http://www.youthvoicescount.org>