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Self-perception of Stigma and Discrimination among Men Having Sex with Men

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ABSTRACT

Background: Men having sex with men are hidden population in Nepal due to existing of stigma and discrimination in social, economic and others aspects. Due to present stigma and discrimination majority of men having sex with men do not have access to HIV/AIDS prevention programs that lead to unsafe sexual behavior.The objective of the study was to explore self-perception of stigma and discrimination among men having sex with men in Kathmandu valley.

Methods: This is a qualitative study. Study was carried out between July 2010 and December 2010 in Kathmandu Valley, Nepal. During study 3 focus group discussions were conducted to explore stigma and discrimination of the respondents in their families, work place, health facilities, from law reinforcement body, and to explore methods of adaptation of men who have sex with men to stigma and discrimination in different areas of their life. A focus group discussions guideline was used for the discussion.

Results: Majority of the respondents who reported about discrimination from family members, in work place, in health care facilities and from law reinforcement body were Transgender (Meti). Many of respondents noticed that in some aspects discrimination seems to be decreasing due to rising awareness of homosexual relationship in the society.

Conclusions: In spite on rising awareness among society regarding homosexual relationship there is still lots of stigma and discrimination faced by MSMs in all aspects of their life.

Keywords: discrimination; men having sex with men; stigma.

INTRODUCTION

Men having sex with men (MSMs) are generally a hidden population in Nepal.[1-4] Total estimated population of MSMs and Transgender in Nepal is 134,905.[1]

In present study MSMs were categorized according to their self identification by sexual orientation on Meti, Ta and gays. Meti are biologically males who see themselves as feminine and have sexual relationship with Ta. Ta are masculine men who have sex with Meti. Gay: a person who is physically and emotionally attracted to someone of the same sex.[2,5-8]

Due to present stigma and discrimination majority of MSMs do not have access to Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS) prevention program that lead to unsafe sexual behavior. Psychological and physical violence affects sexual minorities and has an impact on overall morbidity and mortality.[9-15]

The aim of this research is to explore self-perception of stigma and discrimination among MSM in their families, work place, health facilities and from law reinforcement body.

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METHODS

This is a cross sectional, descriptive exploratory qualitative study conducted during July 2010 to December 2010 in Kathmandu Valley among men having sex with men.

During the study 3 Focus Group Discussions (FGD) (33 respondents altogether) were conducted to explore stigma and discrimination of the respondents in their families, work place, from law reinforcement body, to describe discrimination in health care facilities and to explore methods of adaptation of MSMs to stigma and discrimination in different areas of their life.

Because MSM is hidden population in Nepali society it was difficult to construct sample frame for this research so non- probability, snow balling sample was used.

Originally respondents were from different areas of Nepal but they must stay at Kathmandu at the time of data collection. Men having sex with men under 16 years old and mentally disable MSMs were excluded. Focus Group guideline was used as data collection technique. Aim and objectives of the study were explained to each participant and to the groups before conducting Focus Group Discussions. The FGD was conducted by researcher with help of trained assistant who was taking the notes. Verbal and non-verbal expression of information were properly recorded.Recheck and quick summarize of data were done immediately after every session while the events of FGD are fresh and clear in the mind of facilitators.Translation in English, coding according sub areas of study and analysis was done after completion of all FGDs.

Permission for conducting study was taken from the Blue Diamond Society (BDS). The informed consent was obtained from each respondent of the study. The individuals had the right to leave the discussion at any time.Privacy and confidentiality of information about the individual MSM was strictly maintained and anonymity of the research participants was ensured.

RESULTS

The age of the respondents varied from 18 to 45 years. Nearly half of them were married.

Discrimination in health care facilities

Majority of the respondents reported that they preferred to go to the clinics operated by MSM NGO, mainly Blue diamond Society, and Drop in centers (DIC) when they experienced minor health problems and for regular HIV testing. With more serious health problems, which could not be managed in these clinics, MSMs preferred to go to government hospital (TUTH, Patan hospital). As they expressed, these hospitals were cheaper and convenient for them. However, some of the respondents visited private clinics, as they experienced discrimination in the government hospitals. Regarding discrimination in the health facility, usually, gays and Ta did not have such problems, since they did not disclose their sexual orientation and nobody could guess about it. On the other hand, Meti experienced more discrimination from health care providers because of their appearance, gait and pitch of voice.

The violence included refusal of examination from the health professionals, insult from hospital staffs and other people. Sexual orientation and problems were not kept confidential and were talked among hospital staffs in their presence.

In this regard, one of the Metis expressed during the FGD as “when I visited a private clinic the doctor called me hijada, chakka and did not want to see me. Only after I protested, they invited me into the room. During the physical examination they made me cry. After that I could not go to hospital for a long time.”

Discrimination in the family

Majority of the respondents who identified themselves as men did not have problems with their family because they did not disclose their sexual orientation due to the fear of discrimination. If compare to gays and Ta, Metis experienced more discrimination in their families due to their feminine appearance.

The ways families stigmatize MSMs were varied and at different level. Sadness, worries, and depression were attitudes shown by most families. Some of families showed their negative attitudes such as anger, neglect, worry of losing family’s honor, fear of having no successor to continue family line, or feeling ashamed to the neighborhood. Many of the respondents became very emotional while discussing this topic. Some of them even cried. They mentioned that understanding and support from their families is very important for them. Several MSMs reported to experience violence from members of their family. The violence included cutting long hair, beating, refusing in financial support and so on. Without financial support from family many MSMs (majority of them are Metis) forced to do sex work due to a lack of other employment options.

One of the Metis expressed during FGD: “My family refused to give my property to me. I do not have any support from my family. My mother hates me. That is why I have to go to Thamel to earn money through sex. My family also forces me to get married.”

The responding Metis expressed that sisters were more understanding regarding their sexual orientation compare with brothers.Males, older people, and less educated people show more stigma toward MSMs than females, younger people, more highly educated respectively. Nearly half of the MSMs who took part in the FGDs were married and majority of them had children. All of them reported about arranged marriage. Most of the respondents got married when they were young and were not aware about their sexual orientation. Majority were not intended to disclose their sexual orientation to their wives. Most of the respondents had fear of disclosure of their sexual orientation. They explained such fear by differences in mentality and unwillingness of society to accept new and unpleasant things.

Discrimination in work place

During discussion about stigma and discrimination at work place most of the Ta and gay respondents did not have significant problems due to non-disclosure oftheir sexual orientation. It was less likely that their co-workers could guess their sexual orientation. However, majority of Metis faced stigma and discrimination at work place. Some of the respondents were students so they did not have such experience.

One of the Metis expressed feeling during FGD: "Everything was normal at pharmacy where I used to work until everybody knew about my sexual orientation. After that the boss cut my long hair with scissor. I was beaten by my colleagues. They created very difficult situation to work and finally I was fired without my salary for last several months."

During FGDs majority of Metis shared about difficulties which they experienced at time of applying for the job. They had high risk to be refused or fired from job because of their sexual orientation. This was the reason given by many of the Metis respondents during discussion for working as sex workers. Nearly half of the respondents who took part in the FGDs had sex for money. However, there were several respondents who did not face any kind of discrimination at work place even after their boss knew about their sexual orientation.

Discrimination from reinforcement body

Assessing the relationship between MSMs and law reinforcement body it was found that majority of the respondents faced stigma and discrimination from police and army. The MSMs expressed fear to meet the police. The respondents shared their experience of harassment in front of their families by policemen. They have been beaten and forced to have sex by police and army.

One of Metis respondent shared: "Several years back while roaming at Ratnapark I was caught by police and forced me into the van. In the van I was raped by 5-6 policemen. For several days I was scared even to go outside of my room."

Improvement of the situation

However, many of the respondents reported that the situation was gradually improved over the years.Most of the MSMs reflected that they did not experience any discrimination in the health facilities even when health personnel knew about their sexual orientation. Several respondents told that their family accepted their sexual orientation and supported them. One of the reasons of such understanding was mentioned education status of family members and increasing of awareness about homosexual issue in the society.

One of the Ta expressed during discussion: "My family knows about my sexual orientation. Even my brothers and sisters have visited Blue Diamond Society with me."

Many of MSMs mentioned that situation was gradually improved over the years in case of reinforcement body. Respondents feel themselves more concern about their rights.

Among the reasons of such improvement, they mentioned media and MSMs NGO Blue Diamond Society to make significant contribution.

DISCUSSION

MSMs still experience stigma and discrimination because of sexual orientation from their family, colleagues, society, health care providers, police, army and others. Majority of the respondents who experienced discrimination were Metis. They had difficulties to find job. Many MSMs were beaten, forced to have sex, faced different type of discrimination from family members including forced to get married, anger, expelled from home, neglect, cutting long hair. But in spite of this there were respondents whose family accepted and supported them. Regarding discrimination from law reinforcement body it was seems to be decreasing. Still MSMs (majority of them were Metis) had discrimination in health care facilities.

To avoid stigma and discrimination the respondents hide their sexual orientation from society and prefer to go to MSMs NGOs clinics with small health problems and for regular HIV testing.

There were several limitations of the present study. Firstly, due to that MSM is a hidden population study sample could not be drawn by probability technique

in random way. Hence, results obtained by purposive and convenient method may have some limitation in generalizing to the target population.

Secondly, the many of sampled population of MSM were exposed to different programs, hence, level of awareness of the population may not be the same as those MSMs who have got opportunity for such exposure.

CONCLUSIONS

Despite on visible improving of the situation regarding stigma and discrimination among men having sex with men there are still lots of problem faced by MSMs every day in their lives. Stigma and discrimination towards MSMs play crucial role in unsafe sexual behavior typical for MSMs. Also many of MSMs cannot be attached by the health education and prevention programs conducted by government and NGOs that increase risk of getting STI and HIV.

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