

# Issue Brief

## HIV/SRHR Integration for Men who have Sex with Men and Transgender People

### How integration responds to the SRHR needs of MSM and transgender people

Men who have sex with men (MSM) and transgender people have the same sexual and reproductive **rights** as anyone else – such as to choose who to have sex with and to have sexual relations free from violence. They also share many of the same **needs** for SRHR information, support, commodities and services – such as advice about protection from sexually transmitted diseases (STIs).

However, due to many factors, MSM and transgender people often experience **greater vulnerability** to SRH ill health than other community members. They may experience one or all of: specific or more complex SRHR needs; additional or stronger barriers to accessing SRHR services; and weaker capacity or opportunities to demand SRHR services [see Box 2]. These factors are further affected – sometimes *complicated* – by the differences between **individual MSM and transgender people**, such as in terms of their age, legal status, HIV status, sexual roles and whether they use drugs or are involved in sex work.

As a result, MSM and transgender people often have significant unmet needs for SRHR [see Box 1]. These can ‘fall through the net’ of both: HIV services (often designed to address specific risk behaviors rather than the ‘whole person’); and SRHR services (often designed for the general public and focused on mainstream services, such as family planning).

#### **Terminology: HIV/SRHR integration**

HIV/SRHR integration refers to one or more components of HIV programming being integrated into (or joined with) one or more components of SRHR programming; or vice versa. This includes referrals from one service to another. The overall aim is to provide more comprehensive support.



Addressing the HIV/SRHR needs of MSM and transgender people matters in all contexts. However, the approach, scale and pace of integration depend on a range of factors, including the local HIV epidemic. Depending on whether a country has a concentrated or generalised epidemic, a **'package' of HIV/SRHR support** for MSM and transgender people might include services for all or just some of:

- **Specific HIV prevention and behaviour change communication.**
- **Sexuality and sexual health (such as counselling on sexual identity and risk-reduction strategies).**
- **STIs (including diagnosis and treatment for anal and oral STIs for male and female partners).**
- **Negotiation in sexual relationships.**
- **Sexual violence, including post-exposure prophylaxis after rape or assault.**
- **Hepatitis information and vaccination.**
- **Screening, vaccination and support for HPV and anal cancer.**
- **Sexual dysfunction (such as related to taking Antiretroviral therapy (ART)).**
- **Condoms and lubricant (access to a continuous supply of free or cheap high quality commodities).**
- **Strategies for safer sex (such as reducing the number of partners, negotiating condoms and identifying alternatives to penetrative sex).**
- **Legal support (such as for transgender people who cannot register for services under their changed gender identity).**
- **Support for sexual partners (male, female, transgender), including family planning and maternal, newborn and child health (MNCH) for female partners.**
- **Disclosure of sexuality or HIV status to spouses and family members.**
- **Gender reassignment (such as surgery and post-operative care for complications) and feminising procedures (such as clean needles for injecting hormones, information of interactions between hormones and ART and advice on increased risk of breast cancer due to prolonged oestrogen use).**

### Box 1: Unmet SRHR needs of MSM and transgender people

Research by Family Health International, Asia and the Pacific found that:

- Programs for MSM and transgender people focus on their risk of HIV, with little understanding of or attention to their wider SRHR needs.
- Examples of unmet SRHR needs include information about male sexuality and sexual health, feminization for transgender people and family planning for married MSM.
- Within SRHR services, MSM experience: judgmental attitudes by staff; clinicians without training (such as in sexuality and an-genital examination); and breaches of confidentiality.

### Box 2: Factors that affect MSM and transgender people in the context of SRHR

Factors	For example, compared to other community members ...
<b>Specific or more complex SRHR needs</b>	<ul style="list-style-type: none"> <li>• A married MSM might require support to plan a family with his wife and prevent HIV with a male partner.</li> <li>• An MSM sex worker might require larger supplies of condoms and more regular STI testing.</li> <li>• An MSM who is living with HIV might need specific counseling on issues of sexuality and safer sex.</li> <li>• A transgender person might require specialist advice and services for gender reassignment.</li> <li>• A transgender sex worker might have a heightened need for support in relation to sexual violence.</li> </ul>
<b>Additional or stronger barriers to accessing SRHR services</b>	<ul style="list-style-type: none"> <li>• An MSM might face stigma at mainstream SRHR services.</li> <li>• An MSM might not access a government clinic if the staff lack the equipment or expertise to carry out ano-genital examinations.</li> <li>• A transgender person might not access a public SRHR service due to threats by the police.</li> <li>• A transgender person might not be able to register at government SRHR services because their status is not recognized.</li> </ul>
<b>Weaker capacity or opportunities to demand SRHR services</b>	<ul style="list-style-type: none"> <li>• An MSM might lack a safe space to advocate on his SRHR needs to decision-makers.</li> <li>• An MSM might not be included in the monitoring and evaluation of an SRHR project because he is part of a 'hidden population'.</li> <li>• A transgender person might not participate in SRHR decision-making because they lack legal status.</li> <li>• A transgender person might lack the skills to articulate their SRHR needs because they have been left out of community capacity building projects.</li> </ul>

# Lessons learned about HIV/SRHR integration for MSM and transgender people

There are many general lessons about the challenges of implementing HIV/SRHR integration for key populations [see Box 3]. There are also insights into success factors. Examples include that it helps to: start by building on what's there, gathering evidence and identifying entry points; ensure a strong chain of services (including high quality referrals); and address the political, legal and funding context of HIV/SRHR. In addition, experiences around the world suggest specific lessons about integration for MSM and transgender people. These include that it is vital to:

- **Fully understand the diversity of MSM and transgender people and, in turn, their different HIV/SRHR needs.** For example, in India, kothis and hijras have penetrative and receptive roles within sex. Each may also have different types of relationships (such as long-term male or female partners, multiple male partners or paying clients), as well as different experiences of social stigma and discrimination.
- **Recognise the heightened vulnerability and specific needs of transgender people.** For example, in many contexts, transgender people are particularly marginalised from society and services, with their SRHR needs poorly understood and often neglected.
- **Avoid presumptions about the HIV/SRHR needs or desires of MSM and transgender people.** For example, a study by India HIV/AIDS Alliance found that married MSM may want to have children and need **family planning**.
- **Provide specific support to the female partners of MSM - who may be especially marginalised.** For example, Bandhu Social Welfare Society, Bangladesh, refers female partners to mainstream SRHR services, while the Family Planning Association of India provides services for both MSM and their female partners (together or separately) in its SRHR clinics.
- **Recognise and address the reality that most SRHR services are designed for heterosexual people**, especially married couples. Responses can include providing intensive training to SRHR staff or identifying non-government (often NGO) facilities to refer MSM and transgender people to.
- **Emphasize the rights of MSM and transgender people**, including those living with HIV [see Box 4].

## Box 3: Top 10 challenges to HIV/SRHR integration for key populations

1. Stigma and discrimination about HIV and key populations.
2. Low demand for HIV/SRHR integrated services.
3. Lack of rights-based approaches to HIV/SRHR.
4. Low attention to gender inequality in HIV/SRHR integration.
5. Missed obvious opportunities for HIV/SRHR integration.
6. Low understanding of key populations' specific HIV/SRHR needs.
7. Presumptions or lack of expertise among service providers.
8. Lack of a strong referrals systems for HIV/SRHR.
9. Inappropriate design of HIV/SRHR integration.
10. Lack of technical and financial support to over-stretched groups.

## Box 4: Recommendations to support the HIV/SRHR rights of MSM living with HIV

1. Voluntary and affordable STI and HIV prevention, care, treatment and support services must be expanded and tailored to meet the specific needs and priorities of MSM living with HIV – based on confidentiality, informed consent and counseling.
2. Systems for HIV prevention, care, treatment and support must be strengthened to deal with disproportionately high numbers of MSM living with HIV at the same time that HIV testing is scaled up. Case finding without appropriate services constitutes substandard and unethical public health practice.
3. National laws criminalizing homosexuality and HIV transmission should be overturned in favor of laws that guarantee the rights of gay men and other MSM, including MSM living with HIV.
4. All MSM living with HIV, including young MSM and their sex partners (male, female or transgender) should have access to a full and comprehensive range of SRH services including STI screening and treatment, hepatitis immunization, mental health and other psychosocial support services.
5. Health service providers and advocates should receive sensitivity training related to the specific needs and priorities of MSM living with HIV, including stigma reduction, confidentiality, and the specific challenges facing young MSM.

*Advancing the Sexual and Reproductive Health and Human Rights of Men Who Have Sex with Men Living with HIV: Policy Briefing, Global Network of People Living with HIV and MSM Global Forum (2010)*



# 'Snapshots' of HIV/SRHR Integration for MSM & Transgender People

## **BANGLADESH: Badu Social Welfare Society**

works in 6 cities, with outreach workers and MSM peer educators providing integrated services for HIV (such as condom/lubricant distribution and education on safer sex) and SRHR (such as STI information), including at cruising sites. The female partners of MSM are referred to other services. The NGO complements its services with advocacy on MSM issues. Its lessons include that comprehensive general health care provides a good entry point to approach MSM about SRHR.



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**INDIA: Family Planning Association** has SRHR clinics in four cities that integrate HIV services for MSM (and female partners) and transgender people. The services include family planning, medical termination of pregnancy, STI screening, HIV counselling and testing (HCT), condoms, psycho-social support, diagnosis of Hepatitis B and free HBV vaccination. Referrals are given for services such as ART and surgical procedures. Integration started with staff discussions with MSM, a stakeholder meeting and adapting specific services. The lessons include that integration is helped by positive staff attitudes and starting with a pilot.

## **INDIA: Solidarity and Action Against the HIV Infection in India**

coordinates advocacy coalitions on SRHR and HIV in West Bengal and Orissa, with many members MSM, transgender and people living with HIV (PLHIV) groups. It has built members' knowledge on both HIV and SRHR – covering areas such as gender, sexuality and human rights. The results include a common HIV/SRHR advocacy agenda for sexual minorities and PLHIV - focused on issues such as stigma and discrimination and access to services. Advocacy has been carried out at both the policy level (such as on the articulation of the SRH-related issues of sexual minorities and PLHIV in national strategies on HIV and reproductive health) and healthcare system level (such as on technical training for service providers).

**CAMBODIA: Style** is a peer-led social network combining high quality and confidential HIV/SRHR services with music and fashion. It has reached nearly 6,000 MSM. Style emphasizes peer support and outreach, with sessions going beyond discussion of STIs and HIV to address other issues - from disclosure of sexual practices to drug use or sexual violence. Outreach workers distribute information materials along with condoms, lubricants and referral cards for HCT, STI treatment and other health services.

**INDIA: The Humsafar Trust** has a clinic in Mumbai that has gradually integrated HIV and SRHR for MSM and transgender people [see Box 5]. Its package of support includes condom/lubricant distribution, counselling on mental health and sexuality, STI screening/ testing, support in relation to violence, counselling for married MSM and HIV care and support (including at home, supported by MSM health workers). The NGO refers to government hospitals (for STI treatment and specific HIV services) and community-friendly psychiatrists and psychologists (such as for support on gender identity). Integration started with a mapping exercise, then a pilot that was scaled up. Clients say the advantages of integration include reduced time/money to access services, but better quality care.



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# 5 key messages about HIV/SRHR integration for MSM and transgender people



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**1** **Integration is a vital strategy** to respond to the unmet – and sometimes very specific and complex – HIV and SRHR needs of MSM and transgender people. In particular, it can *decrease* stigma and discrimination (related to both HIV and sexual minorities) and *increase* access to comprehensive support. This moves beyond focusing on MSM and transgender people as ‘transmitters of infection’ to promoting their rights and taking a ‘whole person’ approach.

**2** **Groups by and for MSM and transgender people are key to successful HIV/SRHR integration.** However, the strategy can bring additional work and pressure to already over-stretched groups ... so, they should ‘start small’. Comprehensive HIV/SRHR integration may be a good long-term goal for some organizations, but, in the short-term, full integration is not required. Instead, efforts should start with joining selected HIV and SRHR services that are priorities for MSM and transgender people and have an obvious overlap.

**3** Within integration for MSM and transgender people, it is critical to **address the cross-cutting issues of violence and stigma** – which present major barriers for both HIV and SRHR.

**4** HIV/SRHR integration must recognise and **respond to the significant diversity among MSM and transgender people and in their HIV/SRHR needs.** Integration requires new thinking and a tailor-made approach. For example, groups with experience of working with communities on HIV should not presume that they know their SRHR needs.

**5** HIV/SRHR integration should **address the partners of MSM and transgender people**, including those who are female and may be ‘hidden’, but have specific SRHR needs.





## About this brief

This issue brief is part of a series of materials resulting from a **review of good practice** in the integration of HIV and sexual and reproductive health and rights (SRHR) for key populations. The review was commissioned by the India HIV/AIDS Alliance and explored experiences and lessons from Asia and the Pacific and globally.

Background information – such as what HIV/SRHR integration is, what particular benefits it brings to key populations and what lessons have been learned among such communities – are summarized in *Policy Brief: Key Linkages and Key Populations: Is HIV/SRHR Integration Serving the Needs of Vulnerable Communities?* Further detail, including the references for the information in this document, can be found in the full report of the review<sup>1</sup>.

This brief specifically focuses on the importance, but also challenges, of HIV/SRHR integration for **MSM and transgender people**. It is based on the experiences of a growing number of groups working with such communities to put integration into practice in a range of setting. These have given important insights into ‘what works’. But they also highlight that *everyone is still learning* and questions remain about what constitutes good practice.

This issue brief promotes integration as a desirable goal in the long-term. However, it also emphasizes that organizations must work in a way and at pace that is appropriate and feasible for them – to ensure that the joining of HIV and SRHR services and systems *enhances*, rather than *compromises*, support for MSM and transgender people.

1. India HIV/AIDS Alliance (2012). HIV/SRHR integration for key populations: A review of experiences and lessons learned in India and globally. New Delhi. India HIV/AIDS Alliance.



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## India HIV/AIDS Alliance

India HIV/AIDS Alliance (Alliance India) is a diverse partnership that brings together committed organisations and communities to support sustained responses to HIV in India. Complementing the Indian national programme, we work through capacity building, knowledge sharing, technical support and advocacy. Through our network of partners, we support the delivery of effective, innovative, community-based HIV programmes to key populations affected by the epidemic.

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Unless otherwise stated, the appearance of individuals in this publication gives no indication of their HIV or key population status.

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