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Understanding and Reducing Stigma Related to Men Who Have Sex with Men and HIV



Toolkit for Action
Hanoi, 2010

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Abbreviations/Acronyms

AED	Academy for Education Development
AIDS	Acquired Immune Deficiency Syndrom
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IBBS	HIV/AIDS Integrated Bilological and Behavioral Surveillance
ICRW	International Center for Research on Women
IEC	Information, Education and Communication
ISDS	Institute for Social Development Studies
MOET	Ministry of Education and Training
MOH	Ministry of Health
MSM	Men who have sex with men
PLHIV	People living with HIV
STI	Sexually transmitted infection
TARSHI	Talking About Reproductive and Sexual Health Issues
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
WHO	World Health Organization

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Institute for Social Development Studies

Introduction

This toolkit is designed by the Institute for Social Development Studies in collaboration with UNAIDS to guide action on understanding and challenging stigma related to men who have sex with men and transgender people and thus contribute to the efforts of HIV prevention program for these populations. It will equip individuals and agencies working in HIV prevention with the knowledge and tools to understand basic issues related to gender, sexuality and the sexual health of men who have sex with men and transgender people and to combat stigma. The toolkit includes a set of exercises that explore, understand and challenge the stigma faced by these two groups. The exercises are designed to assist those who work with service providers, community leaders, educators, social workers, men who have sex with men, transgender people and other individuals to facilitate the acceptance of sexual diversity, fighting for sexual rights and reducing stigma against sexual minorities and people living with HIV.

The UNAIDS Action Framework on universal access for men who have sex with men and transgender people (2009:2)¹ defines these two groups as follows:

Men who have sex with men are those males who have sex with other males, regardless of whether or not they have sex with women or have a personal or social identity associated with that behaviour, such as being 'gay' or 'bisexual'.

Transgender people are those whose initial given identity was male/female, but who now identify themselves as female/male and who now exhibit a range of what are usually deemed female/male characteristics. 'Male to female' transgender people have much higher rates of HIV infection than 'female to male' transgender people.

¹ UNAIDS (2009) UNAIDS Action Framework: Universal Access for Men who have sex with men and Transgender People

Stigma and discrimination are defined by UNAIDS as follows:

Stigma has been described as a dynamic process of devaluation that 'significantly discredits' an individual in the eyes of others. The qualities to which stigma adheres can be quite arbitrary – for example, skin colour, manner of speaking, or sexual preference. Within particular cultures or settings, certain attributes are seized upon and defined by others as discreditable or unworthy. When stigma is acted upon, the result is discrimination... Discrimination consists of actions or omissions that are derived from stigma and directed towards those individuals who are stigmatised.¹

Why was the toolkit developed?

Sex between men exists in all countries and cultures^{2,3}. Surveillance and other surveys in many countries of the world show that the prevalence of HIV and other sexually transmitted infections (STIs) is highest among men who have sex with men and transgender people compared to men in general population⁴. According to UNAIDS (2008), men who have sex with men became a significant and growing component of the AIDS epidemic in the Asia-Pacific region⁵. An important factor driving the epidemic is stigma and discrimination. Due to stigma and discrimination, in many countries men who have sex with men and transgender people are less likely to access appropriate HIV services than other groups^{6,7}.

¹ UNAIDS (2005) HIV - Related Stigma, Discrimination and Human Rights Violations - Case studies of successful programmes. Geneva: UNAIDS

² Murray, Stephen O. (2000). Homosexualities. Chicago: University of Chicago Press.

³ UNAIDS (2008). Men who have sex with men: the missing piece in national responses to AIDS in Asia and the Pacific.

⁴ WHO (2009). Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender populations. Report of a technical consultation 15-17 September, Geneva, Switzerland.

⁵ UNAIDS (2008). Men who have sex with men: the missing piece in national responses to AIDS in Asia and the Pacific.

⁶ See WHO 2009, Ibid.

⁷ UNAIDS (2009) UNAIDS Action Framework: Universal Access for Men who have sex with Men and Transgender People.

Gender and sexuality studies in Viet Nam^{1,2,3} also point out that misconceptions and inaccurate information about men who have sex with men and transgender people increases stigma towards these groups thus putting them at more risk of HIV infection and other STIs. Due to the fear of being stigmatised, many men who have sex with men may hesitate to look for information and services for HIV prevention or seek care and treatment once they are infected with the virus. In the consultation workshop for the development of this toolkit, representatives from self-help groups of men who have sex with men from different provinces have emphasized that stigma and discrimination is the main obstacle in accessing support, testing and treatment of HIV and sexually transmitted infections (STIs). Workshop participants pointed out that the stigma that men who have sex with men and transgender people face is similar to that of people living with HIV (PLHIV). The moral judgment and blame against PLHIV are similar to that made against these two groups. Transgender people and men who are discovered

or suspected of having sex with men can be rejected by their family and friends, expelled from home or school, badly treated by their community and in health care settings. Men who have sex with men and transgender people are often blamed and shamed by the community for their sexual behaviours. If an HIV positive man is known to be having sex with men they will face double stigma – stigma against PLHIV and against homosexuality.

Results of the 2005-2006 Integrated Biological and Behavioural Surveillance (IBBS) by the Ministry of Health (MOH) shows a rate of HIV infection among men who have sex with men in Ha Noi and Ho Chi Minh City as high as 9% and 5% respectively. The rate of STI is also high. About 22 % and 16 % of men who have sex with men in Ha Noi and Ho Chi Minh City have had at least one STI⁴. The survey also demonstrates a high rate of overlapping risk behaviours such as engaging in drug use or unprotected sex with male and female partners.

¹ Vũ Ngọc Bảo, Philippe Girault. 2005. Facing the Facts: Men Who have Sex with Men and HIV/AIDS in Viet Nam. Publisher The Gioi: Hà Nội. Series Gender, Sexuality and Sexual Health, Vol. 5, Consultation on Investment In Health Promotion.

² Institute for Social Development Studies. 2004 (unpublished). MEN WHO HAVE SEX WITH MEN in Hà Nội: Social Profile and Issues of Sexual Health. Report of the study under the request of Health Policy Project.

³ Blanc, Marie-Eve (2005) Social Construction of male homosexualities in Viet Nam. Some keys for understanding discrimination and implications for HIV prevention strategy. ISSJ 186. UNESCO, Oxford, Malden: Backwell Publishing.

⁴ Ministry of Health, 2006. Results from the HIV/STI Integrated Biological and Behavioural Surveillance (IBBS) in Viet Nam 2005-2006: Hanoi.

The risk of infection of HIV and STI among men who have sex with men and transgender people cannot be addressed until the obstacles created by stigma against them and HIV related stigma are reduced. To ensure the effectiveness of HIV prevention efforts and interventions for these groups, reducing stigma and discrimination should be the first priority and mainstreamed as a cross-cutting issue in our programs and activities.

During the last decade, significant efforts by international agencies, government institutions and non-governmental organisations have been spent to gain a better understanding—both from theoretical and practical points of view—to demystify, remove prejudice and develop strategies to support men who have sex with men and transgender people. This toolkit is a contribution to these efforts.

How was the toolkit developed?

Development of this toolkit began with an intensive review of tools, manuals and research papers on men who have sex with men and transgender people available to date in Viet Nam and elsewhere. This was followed by two consultative workshops with various stakeholders including international agencies such as UNAIDS, UNFPA, FHI, local NGOs and self-help groups of men who have sex with men from different provinces and cities of Viet Nam. The next step involved adaptation of exercises from Men who have sex with men and Stigma Module developed by the International HIV/AIDS Alliance in 2007. A number of new exercises were adapted or inspired by training documents on gender, sexuality, sexual health and same-sex relationships developed by international organisations like NAZ Foundation¹, TARSHI (Talking about Reproductive and Sexual Health Issues)² and IPAS³.

¹ The NAZ Foundation (India). 1996. Teaching about Sex and Sexuality

² TARSHI. 2006. Basics and Beyond: A manual for Trainers – Integrating Sexuality, Sexual and Reproductive Health and Rights

³ IPAS. 2001. Gender or Sex: Who Cares? Skills- Building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers.

Three testing sessions have been conducted with peer educators, law enforcement officers and journalists after the draft toolkit was developed. A five day training of trainers was conducted in August 2009 using the revised version of the toolkit. The toolkit was finalized based on the lessons and comments shared in these trainings.

Purpose of the Toolkit

Goal

The ultimate goal of this toolkit is to break the silence on male-to-male sex, HIV and AIDS as well as to confront stigma and discrimination against men who have sex with men, and transgender people. The toolkit also aims to build an environment in which these groups are no longer condemned, isolated, or rejected.

Specific Objectives

- Help participants to understand that stigma exists and harms men who have sex with men and transgender people, putting them at risk of HIV infection. By changing attitudes and actions, we can help reduce stigma and support safe behaviours that contribute to preventing HIV transmission and promote sexual rights and the sexual well-being of all people.

- Improve the depth and quality of knowledge about gender, sex and sexuality and HIV in order to address misconceptions about male-to-male sexual relationships.
- Break the association that some make between “social evils” and male-to-male sex, transgender people and HIV and AIDS.
- Provide a space where individuals can discuss the values that underline stigma, look critically at their attitudes and feelings towards men who have sex with men and transgender people, and take ownership of a new set of principles, values and norms.
- Strengthen confidence of men who have sex with men and transgender people by addressing self-stigma and associated shame, rebuilding self-esteem, and developing appropriate skills to contribute to anti-stigma actions.
- Provide opportunities for participants to discuss how they can help reduce stigma against men who have sex with men and transgender people and develop practical strategies for challenging stigma and discrimination.

Target Groups

The toolkit is designed for those working in the fields of HIV, sexuality, sexual health, community activists, etc. Target groups include:

- HIV educators and counselors.
- Community groups: mass organizations, local clubs, youth groups, etc.
- Men who have sex with men and transgender people
- Policy makers and programme managers.
- Media workers.
- Health workers.
- Other groups: teachers, law enforcement officers, etc.

Structure of the toolkit

This toolkit has four sections

Part A includes exercises aimed at building knowledge and skills in the areas of gender, sexuality and sexual health in relation to men who have sex with men and transgender people.

Part B focuses on stigma related to male-to-male sex, HIV and AIDS. Exercises in Part B are designed to increase understanding of various aspects and nuances of stigma and forms of stigma faced by men who have sex with men and transgender people in different settings and their coping strategies.

Part C guides action planning to reduce stigma related to men who have sex with men, transgender and HIV through community

activities, policy advocacy, and empowerment of these groups.

The Annexes provide some examples of workshop agendas (three-day, two-day and one-day programs); a list of networks and clubs of men who have sex with men in Viet Nam; other useful addresses of organizations providing counseling and health services; and pictures for use in selected exercises.

How to use the Toolkit?

Use the Toolkit with Participatory Learning

The toolkit is designed with participatory learning. The idea is to encourage participants to LEARN through PRACTICING - sharing their own feelings, their concerns, and their experience by discussing and analyzing problems, solving problems, planning and action. Changing attitudes around stigma can be done in the process of participant-focused training rather than passive learning.

Help Participants Move from Awareness to Action

The toolkit is designed to build awareness and understanding on stigma against men who have sex with men and to help participants move to action. Participants should be encouraged to put their new learning into action, to start challenging stigma in their own lives, families, workplace and communities.

The toolkit is designed for learning and action to be done collectively. The purpose of this toolkit is for people to get together to discuss issues of sex, gender, sexuality and same sex relationship, as well as issues of men who have sex with men and thus encourage participants to learn together about the stigma surrounding these issues, develop common ideas about what needs to be done, set group norms for new attitudes and behaviour, and support each other in working for change.

Start with Yourself

You should first use the toolkit yourself to reflect on your own attitudes, values, language, and behaviour towards men who have sex with men and transgender people and people living with HIV before you try to educate others.

Pick and Choose Exercises to Make Your Own Training Program

The toolkit is NOT a standardized package for a single training course or program. You are not expected to work your way through all of the exercises but use it selectively. Pick out those exercises which suit your own target group and needs and make up your own training program or incorporate them into a ready designed training program.

How to use the exercises

The toolkit consists of a number of **training exercises, each with a detailed session plan**. The session plans provide a step by step description of how to facilitate a learning activity. The session plan will help you run each training exercise.

Each exercise includes the following parts:

- **Objectives:** What trainees will KNOW or be able to DO by end of the exercise.
- **Time:** Estimated amount of time needed for the exercise. This is a rough estimate – it will vary according to the size of the group. Larger groups will require more time (especially for reporting back).
- **Materials:** flipcharts, markers, and masking tape as well as script for role plays, stories, pictures, etc.
- **Activity:** The learning activities or training methods involved in the exercise are described “step by step”.
- **Summary:** Major points that help the facilitator to summarise the content of the exercise and highlight its main message.
- **Information box:** includes definition as basic concepts or related information to the topic of exercise.

Remember: You do not need to go through the whole toolkit

exercise by exercise. Select activities which suit your objectives, target groups or context.

Once you have selected an exercise, read through the entire session plan first and get an idea of what is required. Ensure that you are clear about the purpose and methods of the exercise. This will help you prepare.

Try out the exercise as it is presented at least once, especially if you do not have much experience using the methods described. Once you are comfortable using the exercise, you can adapt and change it to suit your purpose and target group.

Participatory training methods

The toolkit uses various participatory methods such as:

Discussion is the core method – the activity through which participants reflect on their own experience, share with others, analyse issues, and plan for action together. All of the sessions are built around discussion.

Presentations are kept to a minimum – and only used in summarizing sessions, or for explaining HIV facts where participants are confused. Wherever possible, relevant experts

could be invited to give the presentations.

Small groups are used to maximize participation in discussions. Some trainees feel shy in a large group but in small groups may find it easier to talk. Small groups can also be used for task group work, with different groups exploring different topics.

Buzz groups - two people sitting beside each other in pairs are a trainer's secret weapon! They provide instant participation. It is hard to remain silent in a group of two people!

Report backs are used to bring ideas together after small or buzz groups. Often "round robin" reporting will be used - one new point from each group going around the circle of participants. This ensures that all groups get a chance to contribute equally.

Card storming is a quick way of getting ideas and getting everyone involved. Participants, working individually or in pairs, write single points on cards and tape them on the wall, creating a quick brainstorm of ideas. Once everyone is finished, the cards are organized into categories and discussed.

Rotational brainstorming is another form of brainstorming

done in small groups. Participants break into groups and each group is given a starting topic. Each group records their points on a flipchart, and after 2-3 minutes moves to a new topic and adds points. During the exercise, groups contribute ideas to all topics.

Debate: break participants into even number of groups (2, 4 or 6). Select 1, 2 or 3 issues. Pair groups and assign one issue to two groups asking each group to defend one point of view. Members discuss and prepare arguments to defend the group's point of view. Each group selects one member to represent the group and take part in the debate. This method helps participants understand issues from different points of view, take into account opposite opinions, strengthens their own arguments and ideas.

Pictures: The toolkit includes many pictures which are to be used in different exercises. Some pictures show various aspects of stigma as a focus for discussion; others show different activities or different members of a family. Participants make up their own stories around them.

Stories are used in many of the modules as a way of describing

stigma in realistic situations and providing a focus for discussion. In other exercises, participants are asked to write their own stories about stigma.

Drama or role plays are alternatives for stories. Participants act out the stories provided in the exercise or their own stories, or they act out their analysis of an issue as a way of reporting back what they have discussed. Drama helps to make things real.

Warm-up games and songs: Trainers are encouraged to use their own games and songs to break the ice, build team spirit, and create energy for sessions.

Working with feelings

Some exercises in this toolkit involve working with feelings. Many exercises address attitudes, experiences and beliefs about sensitive or taboo topics such as sexuality, same sex relationships, or "social problems". The exercises are designed to help participants express feelings that lie behind their attitudes and overcome embarrassment to discuss these topics openly with others.

Facilitators should create a safe, non-threatening space where

participants feel comfortable. The following tips may help:

- Set clear ground rules and expectations around confidentiality, listening and acceptance. Emphasis should be placed on the rules of respecting each other and the importance of non-judgmental attitudes.
- Be aware of your own feelings and fears about the topics you are going to cover. This will help you feel more confident during the exercise. Try out the exercises yourself beforehand.
- Participants are more likely to trust you if you can share your feelings openly - and by doing this, you also lead by example.
- Leave enough time for participants to share their feelings and help the group create an atmosphere where participants know that they will be listened to.
- Offer participants 'time-out' if they need to take a break.
- Remember that there are no wrong feelings, but that some participants may find it difficult to accept certain feelings.
- Feelings are a powerful tool - use them with the group to develop dramas and role-plays, to build on stories, and as examples for the future.
- Be aware that some participants may be men who have sex

with men, transgender people, HIV positive or worried about their status so some of the activities may raise emotional responses.

- If you feel uncomfortable about certain exercises, work with another facilitator who is able to assist you. Do not try to do any exercise that you feel uncomfortable with.

Tips for trainers and facilitators¹

Be well prepared

- Plan in detail each of the exercises before the training.
- Bring all materials – toolkit, reading materials, flipcharts, markers, colourful cards, etc.
- Arrive early so that you have time to be familiar with the venue and can re-arrange it if necessary and be ready to welcome participants when they arrive.

Prepare the venue

- Remove tables to make the room more spacious for group activities and making training feel more informal.
- Place the chairs in U-shape to ensure that everyone can see the flipcharts or screen.

¹ This session was adapted from Introduction & Module A: Using the toolkit in the Understanding and challenging HIV stigma – Toolkit for action, developed by Ross Kidd Sue Clay and Chipo Chiya, published by the International HIV/AIDS Alliance, AED and ICRW. 2006.

- Set up a separate table for markers, tape, handouts, cards, etc.

Make participants feel comfortable

- Break the ice and put participants at ease at the start of the workshop.
- Learn and memorize participants' names, be informal, friendly, use games, songs or buzz groups.

Find out what the participants really need to learn

- What knowledge or skills do the participants want to learn?
- What are the difficulties they are facing in their work?
- What new knowledge or skills would help them to improve their work?

Ask questions and lead discussion

- Ask clear and simple questions that allow participants to openly share their opinions.
- Encourage contribution – use your body language to encourage participants such as smiling, nodding, keeping eye contact.
- Wait for responses – give people time to think and come up

with an answer.

- Encourage everyone to talk – buzz groups get everyone talking.
- Keep asking, 'Who would like to add to that?'
- If there is no response, rephrase the questions.
- Show that you are listening and are interested.
- Praise responses to encourage participation.
- Rephrase responses to check that you and other participants understand.
- Redirect to involve others – "He said ... What do others think?"
- Summarise and check for agreement before moving to the next question or topic.

Use small groups to build participation

- Give clear explanations of tasks, time and reporting method.
- If the task is difficult, write instructions on a flipchart so that everyone is clear.
- Vary group sizes for different exercises – pairs, threes, fours and fives.
- Keep changing the groups so participants work with

different people.

- When participants break into groups, move around checking that they understand the task.
- Use a 'round robin' to make report back more interesting and efficient.

Keep presentations short and simple

- Give a presentation only when you are sure people do not know the topic.
- Write main points in key words on a flipchart and then explain them.
- Speak slowly, clearly and loudly.
- Look at people and use body language to emphasise points.
- Keep presentations short and simple – no more than 10 minutes. Only explain the basics.

Keep changing your methods

- Use different methods for different exercises to keep things interesting.
- Be creative – change a story or case study into a role play or create a debate to confirm a point of view.
- Use different sizes of groups – do not buzz all the time, try threes or fours in a group.

- Change the space – go outside or re-arrange the venue.

Check the energy level

- Observe body language – do participants look bored or sleepy?
- Ask “How are you feeling? Is it time for a break?”
- Change the topic, take a break or conduct a wake-up game.

Watch the timing and pacing

- Be time conscious – decide how much time you need for each exercise.
- Remember, small group work takes more time than you expect. Do not forget to allocate time for reporting back.
- Do not go too fast – let the group help you set an appropriate pace.
- Give groups enough time to do their work – do not rush them.
- Do small group work in the afternoon when the energy levels drop.
- Do not forget to take breaks to relax, get drinks and talk informally.
- Finish on time! Do not drag things on forever at the end of the day.

Evaluate throughout the workshop

- Evaluate as an ongoing activity, not just at the end of the workshop.
- Organise a short evaluation at the end of each day or on the following morning to encourage participants to review what was learned.
- Assess what was learned and how the learning was done.

Team facilitation

- Plan and run the workshop with another facilitator and debrief afterwards.
- Take turns in the lead facilitation role and flipchart recorder.
- Support each other – if one runs into trouble, help him or her out.



Part A

Gender, Sexuality and Sexuality Health

Sexuality Orientations

Men who have sex with man

Identities Health Gender

Exercise A1: Sex and Gender	22
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Sexuality Orientations Men who have sex with man Identities Health Gender

The exercises will help the participants gain a better understanding about the basic concepts of gender, sex, sexuality, sexual orientation and risks of sexually transmitted infections (STIs), especially HIV, among men who have sex with men and transgender people.

At the end of these exercises, participants will understand more about:

- The difference between sex and gender
- Some basic definitions of sexuality including sexual orientation
- Men who have sex with men and transgender people in Viet Nam
- Health issues and the risks of infection of STIs and HIV.

Exercise A1. Sex and Gender

Objectives

This exercise helps participants:

1. To have a better understanding of the concepts of sex, gender and identity.
2. Recognise that gender and sexuality are shaped by socio-cultural factors.
3. Start to be aware of the causes of stigma against men who have sex with men and transgender people.

Time

- 60 – 90 minutes

Materials

- Flipcharts
- Board markers
- Colourful cards

Activities

Activity 1. SEX AND GENDER

Step 1: List male and female characteristics

The facilitator uses a marker to divide a flipchart into 3 columns. In the first column write: MAN and in the third column write WOMAN, leave the second (middle) column blank.

Ask each participant to think about characteristics (personal traits, abilities, roles and biological characteristics) of a MAN then ask each participant share one characteristic for the facilitator to write it down in the relevant column. Move to the next participant and keep going until no more new characteristics of men are listed.

Repeat the same process with characteristics of a WOMAN.

Step 2: Distinguishing sex and gender

Reverse the heading of the first and third columns by writing MAN above third (WOMAN) column and WOMAN above the first (MAN) column. Ask the participants:

- a. Which characteristics of men and women are interchangeable?

- b. Which characteristics of men and women are not interchangeable?

The facilitator underlines the characteristics which are interchangeable between MAN and WOMAN, then moves the characteristics which are not interchangeable in both columns to the middle column then labels it 'SEX'

The facilitator asks the participants: *Why are there some characteristics of men and women which are interchangeable and some that are not?*

After discussion, the facilitator summarizes and explains:

- The descriptions which are interchangeable among men and women are gender characteristics. These characteristics are socially constructed so they can be changed over time and varied between different cultures.
- The characteristics of men and women which are not interchangeable belong to sex. They are created by biology and become biological conditions for men and women's bodies. People from different times and different cultures share the same biological characteristics.

Step 3: Gender roles and gender identities

The facilitator asks the participants to review the characteristics

of men and women on the list and raises the following question:

- *What roles and tasks are assigned for men and women?* (For example, women do housework, take care of children, etc; men repair the house and become leaders, etc.)

After the participants have listed all the roles and tasks assigned for women and men, the facilitator will summarize and emphasize that they are the traditional roles, or in other words, the tasks/ duties that families and society expect men and women to do. In reality, they can be changed over time and are interchangeable between men and women. However, those who do not perform their socially- sanctioned tasks may not be accepted by their peers or community. For example, some men do not want to perform their traditional roles such as marrying a woman or once married, refuse to have intercourse with their wives. These are reasons why men who have sex with men including gay men face many social pressures when they do not comply with traditional norms and roles. Transgender persons do not want to accept the gender that society ascribes for them thus they face a lot of pressures in their life.

After that, ask

- *Which particular characteristics refer to the personality and/ or behaviour of men and women?* (For example, women

are gentle, often cry, like to wear make-up, etc; men are aggressive, brutal, strong, etc.)

Once the participants have finished listing, the facilitator will summarize and emphasize that some of the items listed are traditional gender stereotypes or traits which society considers as suitable to women (feminine) and men (masculine). In reality, these stereotypes can be changed over time and across cultures. However, those with traits or behaviours of the opposite gender are often not accepted by their communities.

The facilitator describes the concept of gender identity:

Gender identity is a person's own sense of identification as male or female or neither of the two.

The gender identity of an individual is not always consistent with his/her sex. For example, some people with the biological characteristics of men (having a man's body), do not consider themselves as men but as women or want to be women. They dress and behave like women and want people to treat and view them as women. Nowadays, there is a tendency of naming these individuals as transgender¹. In some cultures, transgenders are believed to have special abilities and thus are highly respected². In other places, they are subject of mocking and humiliation. Many suffer from violence because their behaviours are seen as inappropriate and not masculine. In having a biologically male body, transgenders are often categorised as men who have sex with men and whereas some of them do not identify themselves as male. In a recent UNAIDS publication³, transgender people are addressed as a separate group⁴.

¹ Transgender people are people whose initial given identity was male, but who is now identify as female or who now exhibit a range of what are usually deemed female characteristics (UNAIDS Action Framework: Universal Access for Men who have sex with Men and Transgender People, May 2009)

² Blanc, Marie-Eve (2005) Social Construction of male homosexualities in Viet Nam. Some keys for understanding discrimination and implications for HIV prevention strategy. ISSJ 186. UNESCO, Oxford, Malden: Backwell Publishing.

³ UNAIDS (2009) UNAIDS Action Framework: Universal Access for Men who have sex with men and Transgender People

⁴ See UNAIDS (2009) *ibid*.

Summary

- Sexual characteristics are determined by biological factors. For example, men have a penis, testicles and sperms; women have a vulva, vagina and ovaries. The sex of a newborn is often determined at birth by a nurse or birth attendant, based on its genital characteristics.
- Society categorises people into two genders: men and women, based on their biological (sexual) characteristics (mainly by their external genital) and thus ascribes to them certain gender characteristics and roles. People then are expected to perform ascribed gender roles and characteristics. For example, men are expected to be strong, play the role of bread-winner, and marry/have sex with women. Women are expected to be gentle, hardworking, marry/have sex with men, etc. However, gender roles are not static but change overtime. Many men and women nowadays do not perform traditional gender roles and this change has been gradually accepted by society.
- Individuals who do not follow ascribed gender roles and characteristics based on their biological characteristics are often rejected. In some cultures, sex between men is considered illegal and men found having sex with other men can be severely punished¹.
- People who do not accept the gender ascribed to them and/or consider themselves as a member of the opposite gender are often severely stigmatised. In the eyes of other people, they do not behave appropriately to their gender characteristics and roles. Transgender people often encounter such stigma.
- We learn about gender characteristics, gender roles and stereotypes through social institutions like the family, school, community, religions, mass media, from health workers and researchers. We are brought up to express gender characteristics according to societal expectations of masculinity and femininity such as "Behave like a man!"; "Why does that boy cry so much?" "That girl is as naughty as boy!"
- We tend to conform to societal expectations regardless of whether or not we want to in order to be accepted and to survive.
- Like any person, men who have sex with men and transgender people also undergo socialization processes when they internalise similar perceptions on gender roles and stereotypes. The notion that they do not follow the roles ascribed to them makes many men who have sex with men and transgender feel frustrated and anxious, thinking that they are abnormal. This leads to self-stigmatisation and confusion about their own identity and behaviours.

¹ Ottoson, D. (2009). *State-Sponsored Homophobia, A World Survey of Laws prohibiting same sex activity between consenting adults an ILGA report*. The report points out that no less than 80 countries consider homosexuality illegal and five of them – Iran, Mauritania, Saudi Arabia, Sudan and Yemen and in parts of Nigeria and Somalia, homosexual acts are punishable with death

Basic concepts: Sex and Gender

Gender	Sex
<ul style="list-style-type: none"> - Not born with – Socially learnt - Diverse (different across societies) - Can and does change: <ul style="list-style-type: none"> • Women can be pilots • Men can be good care-takers 	<ul style="list-style-type: none"> - Biological – Born with - Universal: the same everywhere - Cannot change: <ul style="list-style-type: none"> • Only women can bear children • Only men have sperm

(Source: UNDP-NCFAW, 2005. *Mainstreaming Gender Guidelines in National policy formulation and implementation*)

“Gender”: Refers to the *socially constructed* roles, behaviours, activities, and attributes that a given society *considers appropriate* for men and women.

Some examples of gender characteristics:

- In Viet Nam, women earn significantly less money than men for similar work
- Many more men than women smoke, as female smoking has not traditionally been considered appropriate

Sex refers to the biological and physiological characteristics that define men and women. Some examples of sex characteristics:

- Women can menstruate while men cannot
- Men have testicles while women do not
- Women have developed breasts that are usually capable of lactating, while men do not
- Men generally have more massive bones than women

(Adapted from: <http://www.who.int/gender/whatsgender/en/index.html>)

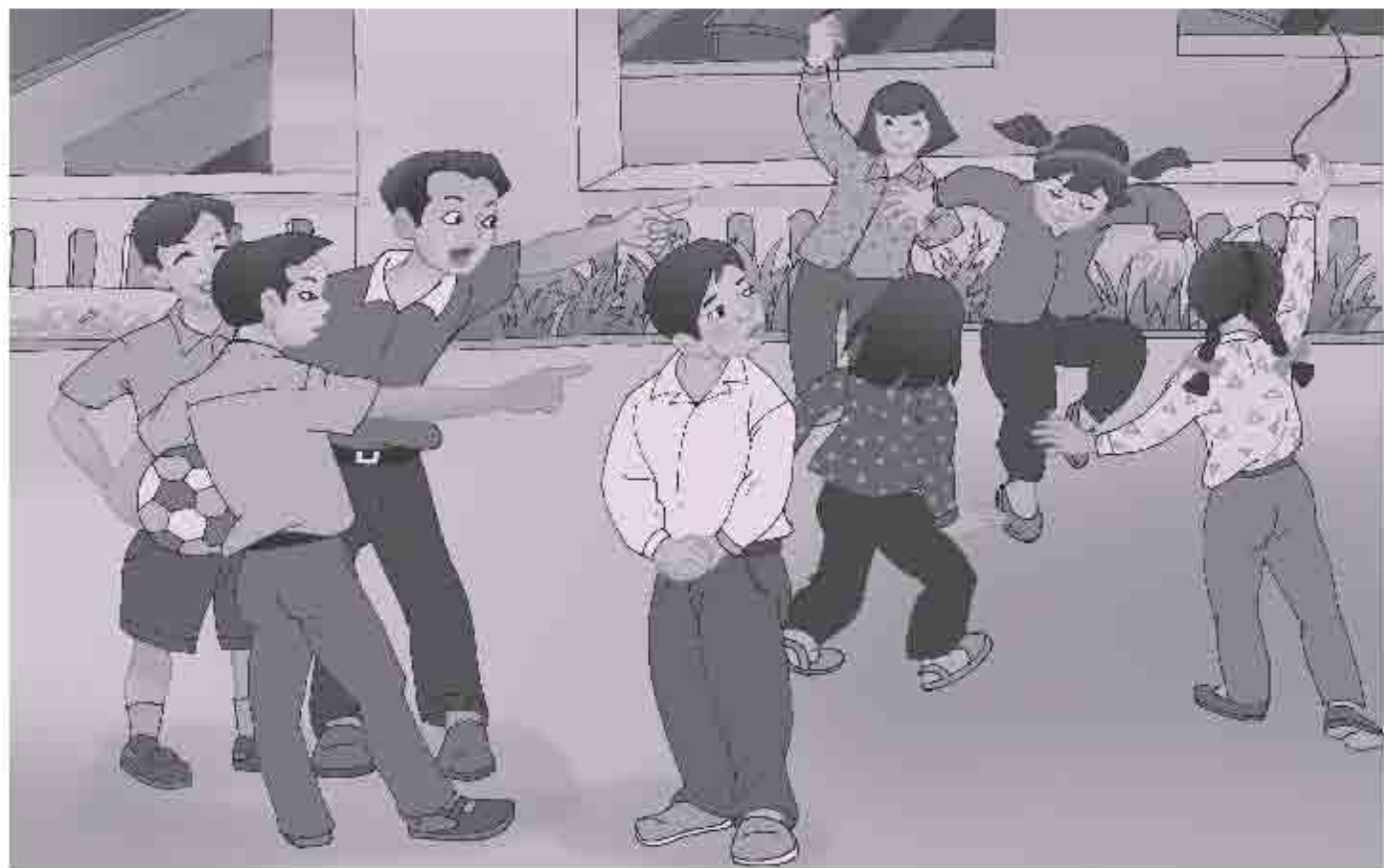
Basic gender terms

- **Gender stereotypes:** a set of characteristics that a society assigns to men or women
- **Gender value:** beliefs of an individual or group about the standards of what is worthwhile for a man and for a woman
- **Gender role:** What men and women are expected to do and how they are expected to behave towards each other
- **Gender identity:** is a person's own sense of identification as male or female or neither of the two.

Binary system: we think about sex/gender as a system of two categories: male and female.

This has led to the term of **Heteronormativity** – the view that heterosexuality is the only normal sexual orientation and that sexual and marital relations are only normal between people of different sexes

Source: South-East Asian Association of Gender, Sexuality and Health (2005). *Dictionary of Gender and Sexuality*



Exercise A2. Sexuality and sexual pleasure

Objective

This exercise helps participants to:

1. Feel more comfortable discussing sex and sexuality;
2. Understand better the concepts of sexuality and sexual pleasure;
3. Understand that sexuality and sexual pleasure are shaped by cultural and social factors
4. Understand that there is no bad pleasure if it is achieved by mutual consent of an equal relationship between partners, if it brings about happiness and is practiced safely.

Time

- 60 minutes

Preparation

- Flipchart. Markers
- Small cards (1/4 of A4 paper size)
- Sticker tapes one size and both sides

Instruction:

Exercise: IDENTIFYING EROTIC ZONES OF THE BODY

Step 1. Mapping erotic zones of the body

Divide participants into 2 or 4 small groups depending on the number of participants. Ask each small group to draw a man and a woman, both the front and the back. Use pieces of colour papers to mark areas/sensitive points of the body in term of sexuality, both on the front and the back. Use different Colours to indicate the level of sensitivity:

- **Red** indicates the most sensitive area
- **Yellow/or pink** highly sensitive area
- **Green/or blue:** less/not sensitive area

One member of each group presents the group's body map.

Attention: Some groups may forget or because of embarrassment do not list the anus as an erotic zone. The facilitator can raise a question to remind them to add this zone to the list.

Step 2. What are the differences?

The facilitator summarizes the presentation of each group and underlines the differences between the groups and between a

man and a woman in terms of sensitive zones.

The facilitator asks: *why are there different results between groups in term of sensitive zone of the body? Do the differences indicate that sexuality is shaped by socio-cultural factors? For the same area of the body, why is it sensitive for one person but not for the other? What creates these differences? Are they differences in terms of knowledge, perception and personal experience regarding sexuality?*

Step 3. Where does pleasure come from?

The facilitator distributes two small cards to each participant and asks them to write on the card the answer to the following questions:

- *Touching which areas of the body can elicit sexual pleasure?*
- *What kind of action to these areas can elicit sexual pleasure?*

The facilitator collects these cards after 3 minutes. Stick or write participants' answers on the flipchart. Summarize the ideas, read aloud and ask the participants if anything is unclear. By doing this way, people will feel more comfortable when discussing sensitive issues without asking directly or requesting them to speak out those words which may make them feel ashamed.

Point out that different participants have different ideas/opinions regarding pleasure. This depends on their personal perceptions and experience in sexuality and pleasure.

The facilitator continues raising the following questions:

- *Can imagining sexual touching to these parts of the body elicit sexual pleasure?*
- *Can watching a film, reading a book or listening about sexual touching of these parts bring pleasure?*
- *Can a person have sexual pleasure by self-stimulating the sensitive parts of his/her body?*

The facilitator's comments: Sexual pleasures do not only come from directly touching sensitive parts of the body but also come from fantasy, talking, watching, listening erotic things. Sexual pleasures can also be obtained if a person self-stimulates himself/herself. Sexual pleasures are socially constructed so the same sexual practice may bring pleasure for one person but may not for another. Some people are active in seeking sexual pleasure and arousing pleasure in other people. Some others do not dare to seek or to receive or to bring about pleasure for others. This is shaped by culture and education and depends on age, sex, knowledge and other socio-economic factors.

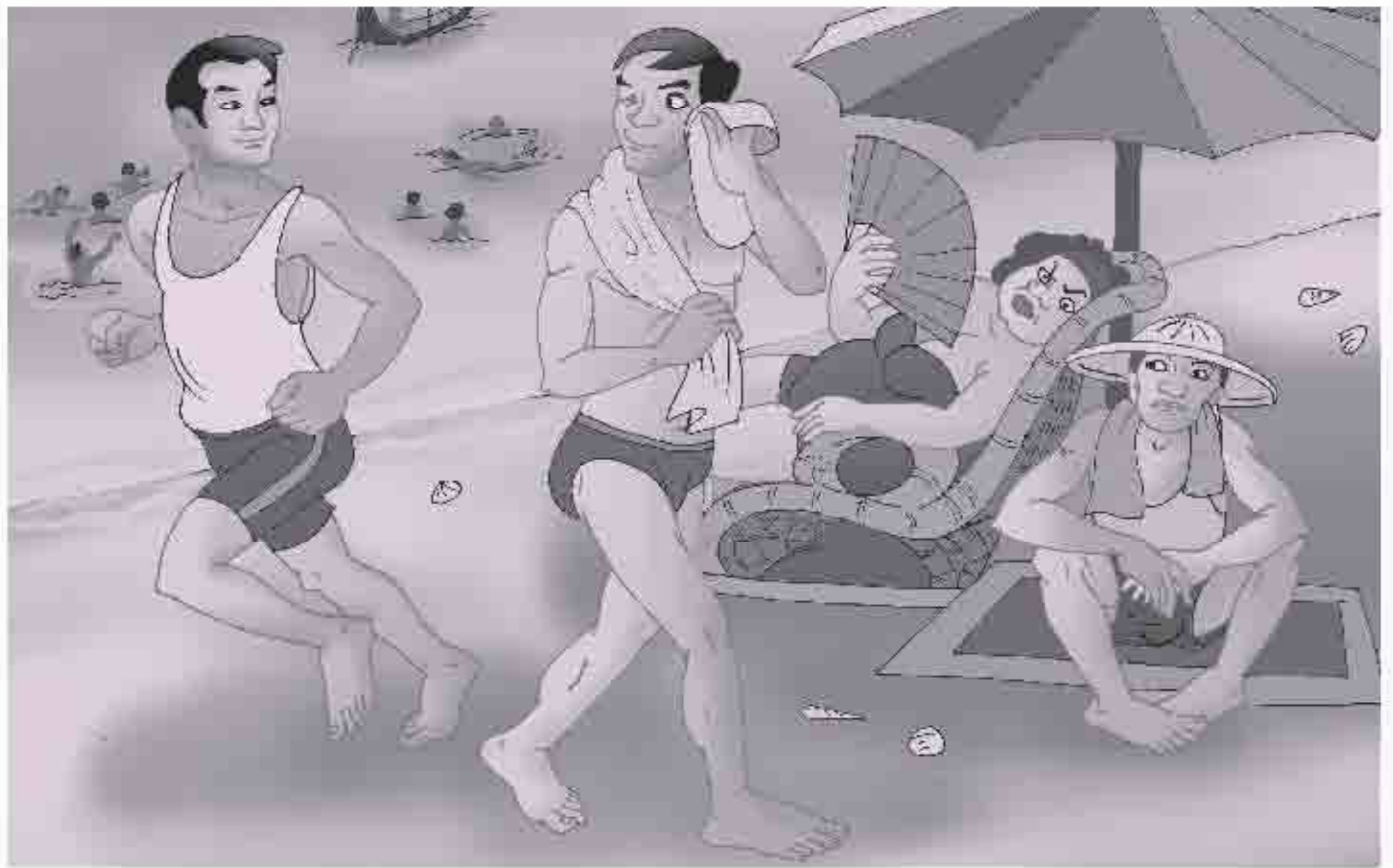
Summary

- Although sexuality is based on biological conditions (as they occur with body parts) it is shaped by social and cultural factors. That is why for the same part of the body one person may find it sensitive but another does not.
- Pleasure may come from self-stimulating or being stimulated on any part of the body, depending on his/her perception and experience. People practice different ways to seek sexual pleasure according to their own knowledge and experience.
- However, a person can be stimulated and have sexual pleasure by imagining and or watching or listening to certain things they consider erotic. Perception and experience of pleasure depends on many factors including culture, society, economy and politics. Therefore, the same sexual practice can bring sexual pleasure to one person but disgust and fear to others.
- There is no bad sexual pleasure if it occurs on the basis of mutual consent and does not cause physical and mental harm to any party. The most important matter in any relationship is safety and mutual consent.

Sexuality

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.

(WHO draft working definition 2002 from http://www.who.int/reproductive-health/topics/gender_rights/sexual_health/en/index.html)



Exercise A3. Purposes of sex and male-to-male sex

Objectives

By the end of the session, participants will be able to:

1. Understand that sex has different meanings and purposes to different individuals.
2. Be aware that sex, which can bring happiness and not harm to either those engaged in it or society, should be respected.
3. Be equipped with strong arguments to deal with prejudices against men who have sex with men and transgender people and to advocate for policy change.

Time

- 45-60 minutes

Materials

- Flipchart; Markers
- Colour cards
- One sided and two sided tape

Step-by-step activity

Activity 1. WHAT IS THE PURPOSE OF SEX?

Step 1: Working in pairs

Write down on the flipchart: "WHY DO PEOPLE HAVE SEX?"

Give each pair (sitting next to each other) three cards and ask them to write down at least one reason why people have sex on each card.

After three minutes, collect the cards and stick them onto the flipchart. While doing so, read the answers aloud and ask participants for clarification if it is required.

Step 2: Analysis

Summarize all the reasons that have been listed by the participants. Point out that people have sex for different purposes such as procreation; pleasure; maintaining the relationship; expressing one's affection, etc. In Viet Nam, many people think that having sex is mainly for maintaining family lineage. In reality, people do not only have sex for the purpose of procreation otherwise they would stop having sex when they have enough children as expected. People have sex not only for procreation but also for other purposes such as pleasure and love, etc. Some

people who do not want to have children still have sex. Almost all people have sex to feel happy and bring happiness to others. Some people have sex for political and economic purposes, to survive or to maintain their social status. Individuals can make their own judgements on whether and when sex is for pleasure or if it is a vehicle to achieve something. Sex happens all the time. Within an HIV prevention context, we should promote safe sexual behaviours without any judgement.

Activity 2. WHY DO MEN HAVE SEX WITH OTHER MEN?

Step 1. Work in pairs

The facilitator writes down on the flipchart: "WHY DO SOME MEN HAVE SEX WITH MEN?"

Distribute cards and ask participants to discuss in pairs and write down at least one answer on each card.

After 3-5 minutes, collect the cards and stick them to the flipchart. Read the answers aloud and ask for clarification if needed.

Step 2: Analysis

Ask the participants: *What do you think about the above-listed purposes of male-to-male sex?*

Remind them that the most important reasons to have sex which was discussed in the previous exercise included obtaining pleasure, satisfying desire and expressing emotions. Male-to-male sex has the same purpose which aims to bring pleasure, express love and bring happiness to each others.

However, some people may argue that recognising male-to-male sex would encourage wider practice of this type of sex and thus will put human beings at the risk of extinction. The answer is same sex relationships have existed since the birth of humankind and have been present throughout history while the world population is still growing. Therefore, using such an argument to blame those who practise same sex relationships does not make any sense.

Other common arguments may be

Argument: Male-to-male sex is abnormal or it is an indication of an immoral lifestyle and therefore should be criticized.

Answer: As explained above, sex among people of the same sex is one kind of human sexual orientation and in most cases, it is natural and it cannot be explained, predicted, or changed by individual will. Male-to-male sex is not as abnormal as some may think. This group, although it is a minority, does exist in society. We can compare those who are sexually attracted to people of the opposite sex to those of the same sex as we

compare individuals who are right-handed to left-handed ones. Men having sex with men may be different to others only by their sexual orientation. Sexual preference is a personal matter and does not determine one's values. Dignity of a person cannot be based on their sexual attraction.

Argument: Men who have sex with men are responsible for the increase in male sex work or unequal sexual relationships between younger and older men.

Answer: In any society, there are individuals engaged in sex work for many reasons beyond their sexual orientation. In Vietnamese society, any type of commercial sex, either female to male/female or male to male/female is considered illegal. Men who have sex with minors whether male or female, are severely punished by the law.

Summary

- Sex is an important part of life. To maintain the family lineage is an important purpose of sex but it is not the only one; people have sex for pleasure, for expressing love and bringing happiness.
- In traditional societies like Vietnam, intercourse or activities for sexual pleasure are considered inappropriate, and should only be for procreation. Therefore male-to-male sex is stigmatised for the same reason. Actually more and more people tend to have a small family. Therefore, sex for procreation cannot be a reason to stigmatise same-sex relationships.
- Any sexual activity which aims at obtaining happiness and expressing love on the basis of mutual consent and causes no harm to one's health, economic condition and dignity, should be respected, be it heterosexual or homosexual.



Exercise A4. Sexuality is diverse and fluid

Objectives

By the end of the session, participants will:

1. Understand that sexuality is diverse and changeable under the influence of social factors.
2. Understand that all sexual interests/ preferences can co-exist if they bring happiness and does no harm to individuals and society.
3. Confirm the perception that sexuality is shaped by social factors.

Time

- 90 minutes

Materials

- Flipchart
- Markers
- Colour cards

Step-by-step activity

Activity 1. SEXUALITY IS DIVERSE: PLEASURE AND RELATIONSHIPS

Step 1: Brainstorming “What one can do to achieve pleasure?”

The facilitator writes on a flipchart: “IN WHAT WAYS CAN PEOPLE ACHIEVE SEXUAL PLEASURE?”

Distribute the small cards to each participant and ask them to write their opinions about how and in which way a person can achieve sexual pleasure (for example, *touching, watching, speaking, listening, kissing or having intercourse with different parts of the body*). Collect the cards read aloud the answers and write them down on the flipchart, paying attention to similar ideas (use an asterisk to show the similarity of ideas).

Ask participants to share comments by answering the following questions:

- *How many ways are there to achieve sexual pleasure?*
- *Do all people achieve pleasure in the same way?*

After discussion, the facilitator summarizes discussions and

emphasizes that there are different ways to achieve pleasure. Some ways are more popular than others. Nonetheless, ways which can help a person achieve pleasure can bring no feelings or even unpleasant feelings to another. This depends on perception and experience and the context when sex happens. It is important people discuss and feel comfortable about the different ways of experiencing elicited pleasure, but not cause harm to health and dignity.

Step 2. Rotational brainstorming “WITH WHOM?”

Write on a flipchart: “AMONG WHOM CAN SEX HAPPEN?” and ask each participant to respond to the question.

Suggestion: 1) **According to sex:** man-woman, woman-man, man-man, woman-woman; 2) **According to age:** old-young, young-old, similar age; 3) **According to type of relationship:** wife-husband, lovers, acquaintances, strangers, co-workers, boss-staff, etc.

The facilitator writes all responses on the flipchart and asks participants to review the list. Encourage them to discuss:

- *Which relationships are considered common?*
- *What attitudes toward various sexual relationships (man-woman, man-man; woman-woman) are prevalent in Vietnamese society?*

The facilitator summarises discussion:

- There are many ways to achieve pleasure: touching, kissing, stimulating different parts of the body, self-stimulation, having sexual intercourse with someone of the same or opposite sex, etc. This indicates that sexuality is very diverse. Each individual has different ways to seek and enjoy pleasure.
- Sexuality is fluid: an individual may be attracted to someone at one time, but not at another time. S/he may be attracted to another at different times.
- Any activity which can bring pleasure on the basis of voluntary and mutual consent and causes no harm to both parties in terms of wealth, economic condition, and dignity is acceptable. No activity should be considered more “noble” or “dirty” than others.
- Each person has his/her own body to explore and to learn how to achieve pleasure. Pleasure comes from different parts of the body. Nature is generous in giving us a sensitive body to perceive and create pleasure. There is no such thing as bad pleasure. An individual should respect his/her own feelings and that of others as well.

Heterosexuality is one amongst sexual orientations. In fact, it is the most common form of sexual orientation, but is not a condition or standard for a person to be considered as “normal”.

Activity 2. SEXUAL MATRIX

Step 1: Rotational brainstorming: “Sexual Practices”

The facilitator asks each participant to give one example of a sexual practice such as French kissing, masturbation, anal intercourse, vaginal intercourse, felatio, cunnilingus, whispering loving words, etc, until there are no more to list. Write all on the flipcharts.

Attention: the facilitator can use the answers to the question “In what ways can people achieve sexual pleasure?” from the Activity 1 above (*Sexuality is diverse*) for this activity. From the answers make a list of sexual practices on a flipchart.

Step 2: Sharing feelings

Ask the participants to list all feelings relating to sex. For example: excitement, pleasure, hatred, hurt, disgust, insecurity, etc. Write on the flipchart.

Step 3: Sexual matrix

The facilitator draws a matrix of sexual practices and feelings. Ask the participants to give marks (*) for each practice that they agree with.

Attention

- This is a difficult and sensitive exercise. Each person has his/her own feelings about each sexual practice (not to say that feelings can vary depending upon context, time and partner, etc.)
- It is worth noting that, when participants do this exercise collectively, some may know sexual practices that are not widely known to others (for instance: oral sex, anal intercourse, men to men sex, etc.) and may hesitate to share their experience and opinions.
- Additional caution should be taken if participants include men and women of different ages. Some may find it difficult to express their true feelings on sexual practices in front of people of the opposite gender or different generation.
- The facilitator should try to create an open, friendly and non-judgmental atmosphere as this is an opportunity to change perceptions and attitudes towards various sexual practices.

Example of sexual matrix: *(The facilitator can add in more feelings or use other attitudes)*

	Climax	Enjoy	Strong feeling	Un-comfortable	Dislike	Anxious	Neutral
Male-male kissing		***		****			
Male-female kissing							
Female-female kissing							
Masturbation	***						
Vaginal intercourse	****		***		****		****
Anal intercourse			****		***		****
Oral sex	****			***			
Hand job to penis							
Hand job to vagina							
Penis-penis contact							

The *facilitator asks* the participant to comment on the matrix and together they move towards the conclusion that human sexual practices are diverse. As a result, sexual feelings are rich and varied. One practice can bring pleasure or can make someone

uncomfortable. We are not to judge others on the basis of our feelings about a particular practice. We should respect other's feelings and opinions even when we feel uncomfortable with some sexual practices.

Activity 3. SEXUALITY IS FLUID

(Note: This exercise can be used optionally. Depending on the participants' experience, the facilitator can decide whether or not to use it)

The facilitator asks a participant to read the following story:

Brokeback Mountain– Directed by Ang Lee, Hollywood movie, 2004.¹

Ennis and Jack met each other for the first time at Brokeback Mountain in Wyoming in 1963 when both were employed by Joe Aguirre to look after his sheep in the summer. In that long never-ending summer in such an inaccessible area, something started to form, to bind the two men. One night, after drinking, Jack approached Ennis with sexual hints. At first, Ennis fought back then yielded before Jack's attack. He then warned Jack that it should be a once-life-time event. Ennis gradually realized that he was involved in a mental and physical relationship with Jack during the contractual time. After a while they parted, each man returned to his own life.

After separation, Ennis married Alma Beers, his long time fiancée, and Jack moved to Texas where he met and married Lureen Newsome. Four year later, they met again and Alma accidentally saw them kissing. Jack suggested they live together in a small farm but Ennis worried that their love would not have a happy ending because he had witnessed a homosexual being maltreated and beaten to death when he was a child. Moreover, he did not want to leave his family. Since they could not disclose their love they had to plan to meet on fishing trips.

¹ The film was produced based on the story by E. Annie Puoulx. This summary was developed by ISDS based on the content of the film.

Time flew and both marriages were broken. Knowing the reason underlying her husband's fishing trips, Alma could not stand it, their relationship became more tense and finally they divorced. Meanwhile, Lureen became a serious businesswoman and wanted Jack to settle down and start a business, which he was good at but not interested in. Hearing of Ennis's divorce, Jack drove to Wyoming with a last hope that they would live together forever but Ennis did not want to leave his children and worried about the consequences of disclosing their relationship.

Some years later, a photo that Ennis sent to Jack was returned with a stamp "dead". Ennis rang Lureen and was informed that Jack was killed when he was changing his tire. In fact, Jack was brutally beaten to death by three men; this may explain what Ennis had been frightened of or it really happened to Jack and the story about the blowing tire was just to hide it. Lureen told Ennis that Jack wanted to scatter his ashes on the Brokeback Mountain but she does not know where it is. Ennis visited Jack's parents and asked to take Jack's ashes but his father refused immediately. His mother asked him if he wanted to see Jack's childhood room. There he found his shirt with his blood on which he thought he had lost in the mountain and knew that Jack had it. Inside it is Jack's shirt with blood on which he was wearing when they had fought each other that year. Ennis holds both shirts, kisses them and cries silently. He took them downstairs and Jack's mother allowed him to keep them. She also gave him a bag to keep them.

In the last scene, Ennis' daughter Alma Jr, came to see her father and announced that she was engaged. She asked Ennis to give them his blessing and invited him to her wedding. Understanding the significance of love in the relationship and marriage, Ennis asked her if her husband-to-be loved her truly. After Alma left, Ennis discovers that she left her woolen coat, he folds it up and puts it in the wardrobe. In the wardrobe, there are two shirts hanging on a nail right up on the door and a photo of Brokeback Mountain next to them. Jack's shirt is inside Ennis's shirt now. Ennis adjusts the neck button on Jack's shirt carefully while touching gently the photo and whispering "Jack, I swear..." with tears in his eyes.

After, ask the following questions:

- How did Jack and Ennis's sexual life change over their life time? (between homosexuality and heterosexuality)
- Can this occur in the Viet Nam?
- What does the story convey?

Summary

- Sexual practice is diverse. The feelings associated with sex may vary. Each individual has his/her own ways to obtain and enjoy sexual pleasure. A sexual practice which brings pleasure to any one person can make another person feel uncomfortable. We should learn to respect feelings of other people even when we do not share the same feelings about some particular sexual practices.
- The story of BrokeBack Mountain is merely one of a myriad of other stories in life. Sexuality is not static. It can be fluid and changeable depending on the specific context that one lives in. In real life, one person can live as a heterosexual for years before having a same-sex relationship experience or vice versa. The significant point is that sexual relationships, whether with the same or opposite gender, should be voluntary, have mutual consent and cause no harm to anyone both physically and mentally.
- Practices which are popular amongst a majority of people are often considered right or normal while minority group's practices are regarded as wrong or abnormal. People often use the power of the majority to criticize and marginalize the minorities and deny their rights. This has happened with homosexuality and other marginalized sexualities.



Exercise A5. Sexual orientations, identities and behaviours

Objectives

By the end of the session, participants will be able to:

1. Understand and identify the definitions of sexual orientation and identity.
2. Understand why some sexual orientations and identities are stigmatised.

Time

- 60 – 75 minutes

Materials

- Flipchart
- Markers
- Colour cards
- Scissors

Step-by-step activity

Activity 1. SEXUAL IDENTITIES- LOOKING FOR YOUR OTHER HALF

Step 1: Preparation

Prepare different definitions of sexual identities. Each identity will be written on two pieces of paper which are separately cut from one bigger sheet of paper in zigzag lines. The two pieces will match later to introduce one sexual identity. The participants will look for their other halves. Thus, make sure to prepare enough definitions and cards so that they can be matched in pairs. If there are 20 people, there should be 10 identities which are divided into 20 cards.

For example:

- **Heterosexual:** An individual who is sexually attracted to people of a gender other than their own and/ or who identifies as being heterosexual.
- **Bisexual:** An individual who is sexually attracted to people of the same gender and to people of a gender other than their own and/or who identifies as bisexual.
- **Homosexual:** An individual who is sexually attracted to people of the same gender as their own and/ or who identifies as being homosexual.

- **Lesbian:** A woman who is sexually attracted to other women and/or identifies as a lesbian.
- **Gay:** A man who is sexually attracted to other men and/or identifies as a gay.
- **Transgender:** is a person who does not accept the gender assigned to him/her and wants to be accepted as the opposite gender and is sexually attracted to people of the other gender.
- **A married heterosexual woman:** A woman whose marriage is legally acknowledged and is sexually attracted to men and/or identifies herself as a heterosexual.
- **A married heterosexual man:** A man whose marriage is legally acknowledged and is sexually attracted to women and/or identifies himself as a heterosexual.
- **Unmarried woman:** A woman who is not married and may or may not have sexual relationships.
- **Unmarried man:** A man who is not married and may or may not have sexual relationships.
- **A divorced homosexual man:** A man who used to be married, now is divorced, having sex with men, and/or identifies himself as a homosexual.
- **A divorced heterosexual man:** A man who used to be married, now is divorced, having sex with women and/or identifies himself as a heterosexual.
- **A divorced homosexual woman:** A woman who used to

be married and now is divorced and having sex with other women and/or identifies herself as a homosexual.

- **A divorced heterosexual woman:** A woman who used to be married, now is divorced, having sex with men and/or identifies herself as a heterosexual.

Step 2: “Finding the other half”

Mix all the cards/ pieces of paper and distribute them to the participants. Ask them to look for the other half so as to make a statement that makes sense about one sexual identity.

Ask each pair to stand next to each other and read aloud the content of the two cards. Let them and/ or other participants explain or give comments about that identity.

The facilitator says that these are sexual and gender identities.

Summary

The facilitator introduces the concepts of *Sexual Identity*, *Sexual Orientation* and *Sexual Behaviour*

- **Sexual identity** refers to how people view themselves sexually in terms of whom they are attracted to, their sexual relationships and behaviours, based on their experiences,

feelings and thoughts rather than the gender of their sexual partners¹. One person may identify himself or herself as *heterosexual* or *homosexual* or *bisexual*.

- **Sexual orientation** or sexual preference refers to the sexual attraction and preference that one person feels toward other person. For example:
 - **Heterosexuality:** being sexually attracted to a person of a gender other than one's own.
 - **Homosexuality:** being sexually attracted to a person of the same gender as one's own.
 - **Bisexuality:** being sexually attracted to people of both genders.

Sexual orientation cannot be changed even when a person wants to do so. There is no scientific evidence that proves it is possible to change one's sexual orientation. Understanding that sexual orientation cannot be changed will help us understand homosexuality and non-stigmatising attitudes towards homosexuals. In some cases, due to social pressure, some pretend to change their sexual orientation but in fact they are unable to do so.

- **Sexual behaviours** include but are not limited to cuddling, touching, kissing, and intercourse. These are activities to express and enjoy sex.

It is necessary to differentiate between the concepts of *sexual identity*, *sexual orientation* and *sexual behaviour*. A person's sexual orientation does not always comply with his/her sexual behaviours. For example, a man identifying himself as homosexual but due to familial pressures, he marries and has children. Sexual behaviours do not necessarily reflect either sexual orientation or sexual identity. For example, heterosexual men who live in an isolated environment with no access to women can practice same sex behaviours. When they leave this environment, they will look for female sexual partners.

Thus, not all individuals who practice same-sex behaviours are homosexuals. Similarly, not all people who practice heterosexual behaviours regard themselves as heterosexuals. Those who have sex with people of the same or different gender can be homosexuals, heterosexuals, bisexuals and transgender.

¹ This definition is extracted from the Dictionary of Gender and Sexuality by the South-East Asian Association of Gender, Sexuality and Health, 2005.

To promote safe sex behaviours and prevention of STIs and HIV infection, it is important to know about sexual behaviours and the context in which they occur. Knowing a person's sexual orientation is not as important as knowing their sexual behaviours. Interventions should be aimed at promoting safe

sex behaviours rather than changing one's sexual orientation. Efforts to change sexual orientation can only increase confusion, anxiety, unhappiness and deepen the stigma against minority groups.

For your information

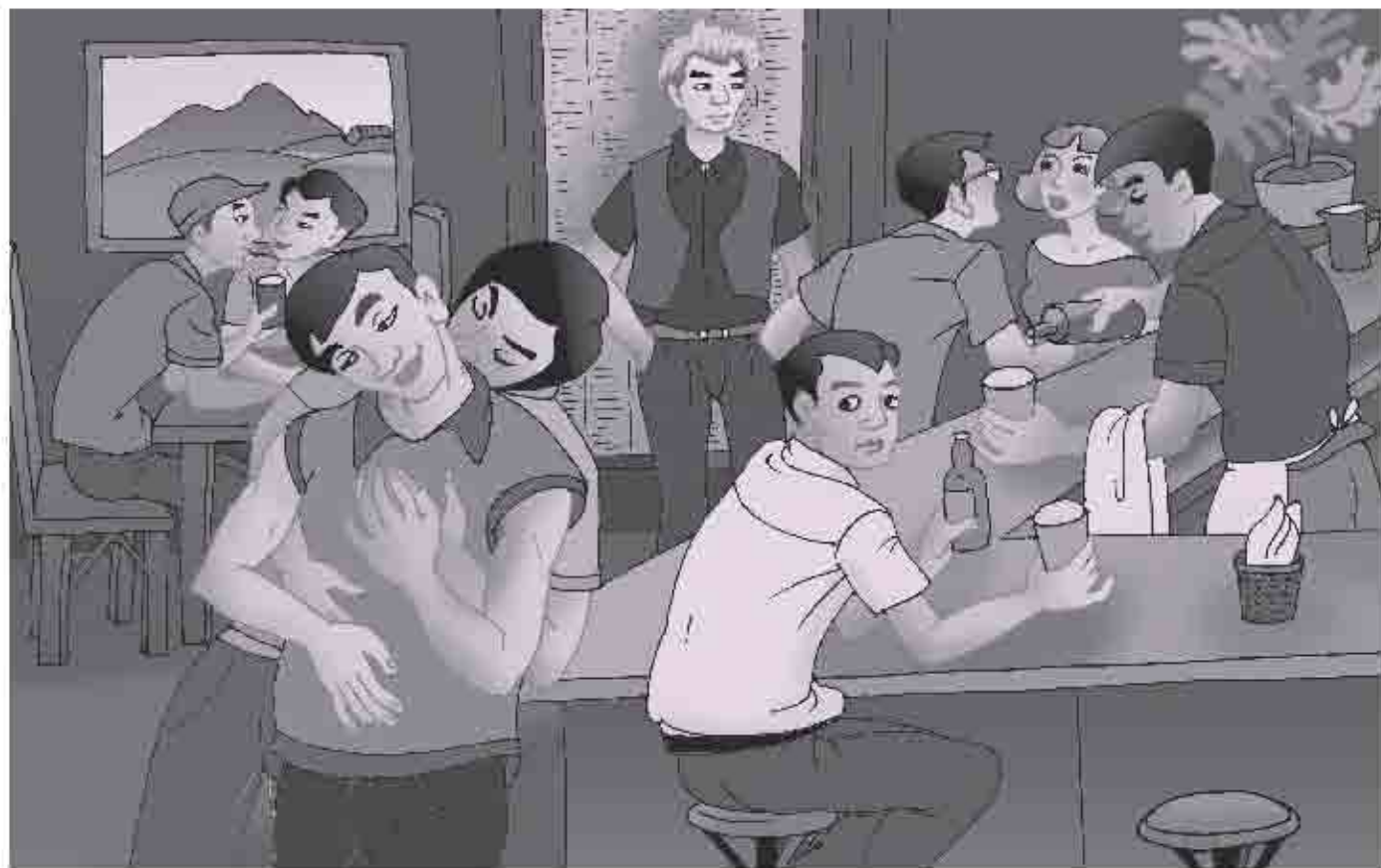
The facilitator may choose to introduce the table below at the beginning of this activity.

	Definition
Asexual	An individual who feels no sexual attraction towards other individuals.
Bisexual	An individual who is sexually attracted to people of the same gender and also to people of a gender of other than their own.
Gay	A man who is sexually attracted to other men and/or identifies as gay. This term can also be used to describe any person (man or woman) who experiences sexual attraction to people of the same gender.
Heterosexual	An individual who is sexually attracted to people of a gender other than their own and/or who identifies as being heterosexual.
Homosexual	An individual who is sexually attracted to people of the same gender as their own, and/or who identifies as being homosexual.
Lesbian	A woman who is sexually attracted to other women and/or identifies as a lesbian.
Man	A person who identifies as a male and may or may not have male genitalia or reproductive organs like a penis or testes.

	Definition
Queer	A person who questions the heterosexual framework. This can include homosexuals, lesbians, gays, intersexes and transgendered people. To some groups this term is offensive, while other groups and communities have used it as a form of empowerment to assert that they are not heterosexual, are non-conformist, against a dominant heterosexual framework, and dissatisfied with the “label” used on people who do not identify themselves as heterosexual.
Transgendered person	An individual who does not identify with the gender assigned to them. They may or may not consider themselves a “third sex”. Transgender people can be men who dress, act or behave like women or can be women who dress, act or behave like men. They do not, however, necessarily identify as homosexual.
Transsexual person	An individual who wants to change from the gender they have been assigned at birth to another gender. Some have surgery, hormonal medication, or other procedures to make these changes. They may or may not identify as homosexual, bisexual, or heterosexual. They may be female to male transsexuals , male to female transsexual or choose not to be identified as either.
Transvestite	An individual who dresses in the clothing that is typically worn by people of another gender for the <i>purpose of sexual arousal /gratification</i> . Transvestites are often men who dress in the clothing typically worn by women. They are also known as cross-dressers.
Woman	A person who identifies as a female and who may or may not have female genitalia and reproductive organs like breasts, a vagina, and ovaries.

Source: *Basic and Beyond — A Manual for Trainers. Integrating Sexuality, Sexual and Reproductive Health and Rights*. TARSHI 2006.

(Handout 1.4 Basic information on Sexual Identity and Gender identity, p82)



Exercise A6. Men who have sex with men and transgender people - Who are they?

Objectives

By the end of the session, participants will be able to:

1. Understand that the concept of men who have sex with men is a broad concept that implies sexual behaviours between men, but is not limited to male homosexuals.
2. Be aware that sexual behaviours do not always reflect sexual identity or sexual orientation and vice versa.
3. Be aware that sexual health interventions should focus on sexual behaviours rather than sexual orientation.

Time

- 60 – 75 minutes

Materials

- Flipchart
- Markers (at least three Colours: blue, black and red)
- Scissors

Step-by-step activity

Activity 1. IDENTIFYING RELATIONSHIPS AMONGST DIFFERENT SEXUAL IDENTITIES

Step 1. Mapping the relationships between individuals with different sexual identities

Break the class into four or five groups. Ask each group to do the following:

- Map out the relationships (friendship, love, sexual exchange, etc) that exist amongst the following groups:
 - Gays/ male homosexuals
 - Lesbians/ female homosexuals
 - Heterosexual single men
 - Heterosexual married men
 - Heterosexual single women
 - Heterosexual married women
 - Male to female transgender
- The facilitator encourages group discussion and uses markers of different Colours to draw the relationships that are possible (friendship, love, sex) between these groups.
- Use markers of different Colours to highlight the kinds of relationships. For example, red for sexual relationships, blue for love, black for friendship, etc. Two-way arrows for two-way relationships and one-way arrows for one-way relationships.

- Each group works for 15 minutes and one member will present the outputs to the rest of the class.

Activity 2. WHO ARE MEN WHO HAVE SEX WITH MEN?

Use the above map to discuss:

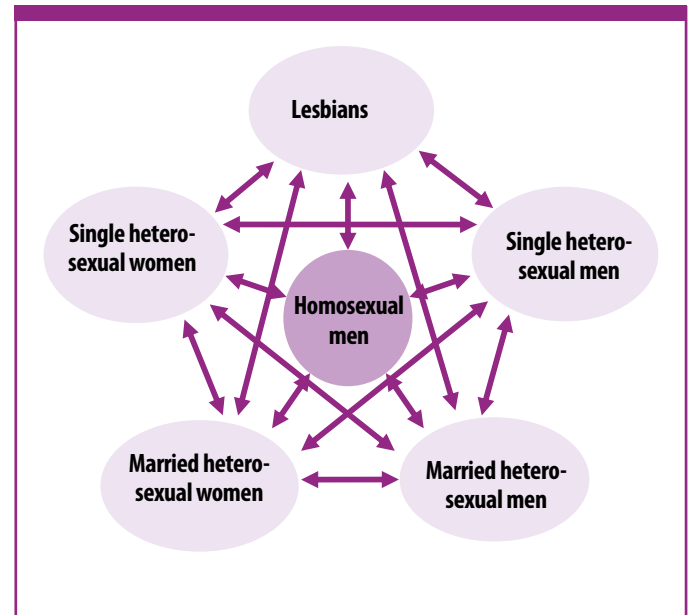
- What kinds of relationships exist amongst these groups?
- Between which groups do sexual relationships occur?
- Who are men who have sex with men?

Summary

The discussion indicates that there are many kinds of relationships amongst the groups, including sexual exchange.

- ALL GROUPS OF MEN CAN HAVE SEX WITH ONE ANOTHER AND HAVE SEX WITH ALL GROUPS OF WOMEN
- The term *men who have sex with men* implies sexual behaviours between men in general. Thus, **men who have sex with men includes people of different sexual orientations and identities**. They can be:
 - Male homosexuals/ gays
 - Heterosexual men
 - Transgender (men who do not accept their gender)

This is a map developed by a group of Hanoi law enforcement officers in the consultation workshop to develop the toolkit which was organized by the Provincial AIDS Centre of Hanoi on 2nd-3rd March 2009. The red arrows refer to the potential sexual exchanges amongst these groups.



- Sexual practice can happen in different contexts and in different relationships. Each individual has his/her own perceptions, attitudes, and value system relating to his/her sexual activities. Importantly, despite societal attitudes towards sexual relationships, all people who practise sexual behaviours have the right to receive correct, unbiased information and non-judgmental support that helps minimize the risk of infection of STIs and HIV.
- The sexual network of men who have sex with men is rather diverse and expands to sexual relationships with both men and women. In order to reduce the risks of HIV and STI infection, it is necessary to ensure that safe sex is always practised with everyone.
- The lack of opportunity to discuss sex openly may put people at risk. Sexual prejudices and judgments cause stigma against men who have sex with men and blames them for spreading HIV in the community.

For your information

Why do men have sex with men?

Men have sex with other men for many different reasons. For some men, it is because of their desire, for others it can be for money, for reward, or because women are not available, or because they are forced to do so.

Many men, who prefer to have sex with men, also have wives or girlfriends and children. Some are single and only occasionally have sex with women. Some never have sex with women. Some men have sex with other men for money or gifts. They may prefer men or they may prefer women, but want the rewards that other men give them for sex.

Most sexual acts between men are consensual. However, some men especially those who are young or in junior positions are raped or forced into sex by other men who seek sexual release, who want to use sex as a punishment or to establish power.

When two men have sex, they do not always do so for the same reason. In a commercial exchange, for example, the client probably prefers men, while the man he is paying may prefer women.

We do not know why most people are sexually attracted to the opposite sex, but some men and women prefer their own sex. Some people suggest that sexual attraction is influenced by a child's relations with other people, in particular their parents. Others suggest that preferring your own sex is a matter of willpower, and men who have sex with other men do so from a wish to be "perverse". However, there is little evidence for either of these theories. The most likely explanation is that sexual attraction, whether to one's own or the opposite sex is like right – or left-handedness; it is inborn and cannot be explained or predicted.

(Source: International HIV/AIDS Alliance. "Between men - HIV/STI prevention for men who have sex with men". Key Population Series, 2003)

MSM is a general term to imply the group of men who have sex with men. This term reflects sexual behaviours rather than sexual identity. In fact, men who have sex with men are very diverse in terms of sexual identities. Below are some groups of men who have sex with men in Asian countries:

- **Hijras** (in India) – A group of transgendered persons sometimes considered to be a “third sex;” they are often castrated, and dress as women. After individuals are castrated they become part of a tight social group that is alternately feared and respected.
- **Kothis** (India, Nepal) – Effeminate men who nevertheless may be married. The kothi identity is a complex construction with no equivalent in the West. Similar to the metis of Nepal.
- **Panthis** – Masculine men who have sex (usually in the insertive role) with kothis. They do not self identify as panthis but are labeled as such by kothis. Similar to the meta of Nepal.
- **Katoey** (Thailand and Laos), **kteuy** (Cambodia) and **waria** (Indonesia) – Transgendered men who have sex with men.
- **Sray sros** (Cambodia; also called “long hairs” in English) – Men who identify as women; also, men who dress as women to attract men.
- **Pros saat** (Cambodia; also called “short hairs” in English) – Non-transgender, masculine acting men who have sex with men.

(Source: AmFAR. “Men Who have Sex with Men and HIV/AIDS Risks in Asia: What Is Fueling the Epidemic Among Men Who Have Sex with Men and How Can It Be Stopped?“. Special Report. 8/2006)

In Viet Nam: there are various terms/words have been used to refer to men who have sex with men:

- **Gay:** Homosexual men
- **Dong co:** Transgender
- **Bong kin:** Refers to men who have sex with men but hide their sexual orientation and behaviours
- **Bong lo:** Often refer to men who are openly gay or transgender
- **Trai xin** (Straight men): Refer to heterosexual men

Source: Vu Ngoc Bao at all. “Male sexuality in Viet Nam: the case of Male to male sex“. Research Paper, Sexual Health, 2008, No5, pp 83-88

Exercise A7. Sex between men: sexual health issues

Objectives

By the end of the session, participants will be able to:

1. Understand the male and female body in regards to risky behaviours that endanger the sexual health of men who have sex with men and transgender people.
2. Have basic knowledge about the risks of STIs and HIV infection as consequences of unprotected sexual behaviours.
3. Discuss sex and sexuality more openly.

Time

- 60 – 90 minutes

Materials

- Flipchart
- Markers
- Colour cards

Step-by-step activity

Depending on the time and number of participants, the facilitator can do one or all of three exercises. For instance, the facilitator can combine Activities 1 and 3; or Activities 2 or 3

Activity 1. SAFE SEX AND UNPROTECTED SEX

Step 1. Unwanted consequences of sex

Distribute small cards to the participants. Each writes down as many opinions as possible regarding the results/ consequences of sexual behaviours.

After 3 minutes, ask the participants to take turns in sharing opinions. Each person gives one opinion so that others have the chance to discuss it. Continue until all opinions are given. The facilitator writes the opinions on the flipchart.

Probe: The **unwanted consequences of sex** include frequent pregnancy, abortion, STIs, HIV, infertility, unwanted pregnancy, bad health status, etc.

Step 2. Discussing “unsafe sex”

The facilitator encourages the participants to discuss the definition of unsafe and unprotected sex: What is unsafe sex?

What is unprotected sex? The facilitator will introduce the two definitions (see below).

- **Unprotected sex:** is sexual intercourse undertaken without using any methods to prevent pregnancy and/or STIs and HIV. Preventive methods include condoms, spermicides, microbicides or other contraception.
- **Unsafe sex:** is an unprotected sexual act that increases the risk of HIV infection and STIs (such as sexual intercourse without condom use).

Step 3. Prevention of STIs and HIV infection

Distribute small cards and ask the participants to write one opinion on each card regarding ways of preventing STIs and HIV.

The facilitator writes the opinions on the flipchart; asks the participants to discuss the listed ways of prevention and points out what ways are not effective, what ways are over protective or not useful. Add to list as discussion continues.

Activity 2. UNDERSTANDING YOUR BODY AND IDENTIFYING RISK

Step 1. Identifying erotic zones

Break the class into 3 groups. Give each group one flipchart, markers and colour cards. Allow each group 20 minutes to do the following tasks:

- **Group 1.** Draw a male body. Ask the group to discuss and mark (draw) all the body zones which can be used when he has sex with a female (male-female sex). The group can mark directly onto the flipchart or on colour cards and stick them onto the flipchart.
- **Group 2.** Draw a female body. Ask the group to discuss and mark all the body zones which can be used when she has sex with a male (female-male sex). The group can mark directly onto the flipchart or on colour cards and stick them onto the flipchart.
- **Group 3.** Draw a male body. Ask the group to discuss and mark (draw) all the body zones which can be used when he has sex with a man. The group can mark directly onto the flipchart or on colour cards and stick them onto the flipchart.

Suggestion: *The female and male genital parts should be mentioned and specified in the drawing as detailed as possible for discussion.*

Step 2. Identifying risky contacts

Groups present and explain why they marked certain zones/parts.

Continue to discuss the following:

- The different erotic and sexual zones for male and female bodies
- Different degrees of sensitivity amongst body parts

The facilitator uses the maps to encourage discussion about the risks of unprotected sexual behaviours. What kinds of sexual contact can result in getting STIs and HIV infection? What are the levels of risk (No risk/ high/ low).

For example: the facilitator may refer to the following sexual acts when discussing the risk of infection as a consequence practice them:

- | | |
|----------------|----------------|
| - Hand- anus | - Hand- vagina |
| - Hand- penis | - Mouth-mouth |
| - Mouth-vagina | - Mouth-anus |
| - Mouth-penis | - Penis-vagina |
| - Penis-anus | - Penis-penis |

Activity 3. SEXUAL BEHAVIOURS AND LEVELS OF HIV INFECTION RISK

Distribute the Table of HIV infection risk (without the answer key) and ask the participants to mark the sexual behaviours according to the different levels of HIV infection risk.

Collect ideas and give comments. Give out the answer key so that participants can correct it by themselves.

Summary

- Sexual activities are very diverse and rich. In Viet Nam, sexual relationships in everyday communication are taken for granted as between men and women and mainly as penis-vaginal intercourse. Therefore, sexual practices such as oral and anal intercourse as well as masturbation are often deemed as “deviant” or “bad”. It is normal that everybody has his/her own choice of sexual practices. Thus, it is important not to judge others for their choices. Understanding the needs and context of men who have sex with men and transgender people will help us to avoid imposing our own values or judgment, which is the root of stigma toward these two groups.
- It is worth noting that many men who have sex with men and transgender people have and will have sexual relationships with women. Thus, knowledge of female bodies and heterosexuality is vital.
- Knowledge of safe methods and zones of stimulation as well as the practice of safe sex behaviours is essential in the prevention of STIs and HIV. Some sexual behaviours have high risk of HIV infection if they are not conducted safely (i.e. using a condom).

- There are many challenges/ barriers to the prevention of HIV through sexual contacts because it is a sensitive issue. Moreover, many people:
 - have multiple partners and often practice unsafe and unprotected sex.
 - do not want to use condoms during sex because they think that condoms may reduce pleasure.
 - find it hard to convince their partner to use condoms.
 - do not use condoms in the correct way.
 - do not have access to condom services.

Methods of STIs and HIV prevention through sexual practices

- Abstinence
- Faithful to one partner/one spouse
- Practice sex in a safer way (kissing, hugging, massaging, masturbation or using condom correctly and consistently when having intercourse)
- Always use condoms correctly when having sex
- Frequent check for STIs and HIV in a professional health facility, especially when having more than one partner

For your information

Safer sex

Use by preference, the term **safer sex** because the term safe sex may imply complete safety. Sex is 100% safe from HIV transmission when both partners know their HIV-negative serostatus and neither partner is in the window period between HIV exposure and appearance of HIV antibodies detectable by the HIV test. In other circumstances, reduction in the numbers of sexual partners and correct and consistent use of male or female condoms can reduce the risk of HIV transmission. The term safer sex more accurately reflects the idea that choices can be made and behaviours adopted to reduce or minimize risk.

Source: UNAIDS Terminology Guidelines 2008 http://www.unaids.org.vn/sitee/index.php?option=com_content&task=view&id=226&Itemid=108

Listing table- Matrix of risk

Sexual act/ behavior	Risk of HIV infection			Answer
	No risk	No risk/ low risk	High risk	
Abstinence/ no sex				No risk
Masturbation				No risk
Kissing				No risk
Hugging				No risk
Touching genitals				No risk
Self stimulating by hand				No risk
Mutual masturbation by hand				No risk
Body contact				No risk
French kiss				No risk
Oral sex with correct and consistent use of condom				No risk
Anal sex with correct and consistent use of condom and water-based lubricant				Low risk
Vaginal sex with correct and consistent use of condom				No risk
Oral sex without condom use				Low risk

Sexual act/ behavior	Risk of HIV infection			Answer
	No risk	No risk/ low risk	High risk	
Withdrawal method				High risk
Vaginal sex without condom use				High risk
Vaginal/anal sex with condom and oil-based lubricant				High risk
Anal sex without condom use				High risk
Reusing condom				High risk
Using more than one condom at a time				High risk

(Source: Adapted from Jan W de Lind van Wijngaarden "Peer and Outreach Education for Improving the Sexual Health of Men who have sex with men – A reference for Peer and Outreach workers" FHI, USAID, PSI Asia, International HIV/AIDS Alliance, UNESCO. Purple sky.Network., 2007 http://www2.unescobkk.org/elib%5Cpublications/2007Peer_Edu/PeerEdu.pdf)

Exercise A8. Sexually Transmitted Infections (STIs) and HIV

Note: It is suggested that a detailed presentation on STIs and HIV is delivered by a guest lecturer/ expert and s/he will be able to join in a follow-up Q-A section.

Objectives

By the end of the session, participants will be able to:

1. Have some basic knowledge relating to STIs and HIV
2. Have a better knowledge on HIV and STIs modes of transmission.

Time

- 45 – 60 minutes

Materials

- Flipchart; Markers
- Small colour cards
- Handouts/ reading materials on STIs and HIV (see the Annex 4 'Useful addresses' for further information on STIs)

Step-by-step activity

Step 1. Discussion: sexually transmitted infections

Break the class into pairs. Distribute cards to each pair. Ask them to discuss: *What are STIs? What are the modes of transmission?* Each pair then shares their results.

Note: Remember to let each pair read out only one idea each time and move to the next pair until there are no more ideas.

Step 2. Risks related to male-to-male sexual practices

In pairs, the participants continue to discuss sexual behaviours between men which can contribute to risk of HIV infection and STIs. After that, each pair shares their opinion.

Note: prepare a list of sexual practices (see the list in Exercise A7) to add to or facilitate the discussion if the participants can list only few sexual practices.

Facilitator introduces some basic information on types of STIs (provided below or the facilitator can prepare their own handout from information in useful links about STI provided below)

Summary

- HIV is considered an STI. However, we should remember that HIV can also be transmitted through other ways than sexual transmission, including sharing needles and syringes, blood transfusion or from mother to child. HIV and STI are similarly transmitted through sex. An individual with an STI will have a higher risk of HIV infection.
- Different STIs have different symptoms. Being infected with an STI may result in abnormal symptoms in the genital area and the anus. Some STIs have symptoms in other parts of the body. Remarkably, some STIs do not have clear symptoms or the symptoms can only be seen in the later stage of the disease (such as Chlamydia, Gonorrhea, Hepatitis B, and Genital Herpes). This may make patients unaware of their infection and continue to practice unsafe sex, putting their partners at risk of infection or late treatment which results in serious complications.
- In various communication programs, there is a tendency to use images of STIs for illustration purposes. However, we urge caution when using images because they may have a negative effect on awareness of STIs: 1) the images often illustrate the diseases in later stages when they have developed seriously so the viewers may not pay attention to minor symptoms in the earlier stages; 2) the images may arouse fear and stigma against those who are living with the diseases; 3) they may create differences between *we* (who are not living with the diseases) and *they* (who are living with the diseases). In doing so, they will create a false 'safety'- making some people think that they "*will never be infected with the disease*".

For your information

Sexually transmitted infection (STI)

Also called venereal disease (VD), an older public health term, or sexually transmitted disease (STD), terms that do not convey the concept of being asymptomatic in the same way that the term sexually transmitted infection does. Sexually transmitted infections are spread by the transfer of organisms from person to person during sexual contact. In addition to the “traditional” STIs (syphilis and gonorrhoea), the spectrum of STIs now includes HIV, which causes AIDS; Chlamydia trachomatis; human papilloma virus (HPV) which can cause cervical, penile or anal cancer; genital herpes; chancroid; genital mycoplasmas; hepatitis B; trichomoniasis; enteric infections; and ectoparasitic diseases (i.e. diseases caused by organisms that live on the outside of the host’s body). The complexity and scope of sexually transmitted infections have increased dramatically since the 1980s; more than 20 disease causing organisms and syndromes are now recognized as belonging in this category.

Source: UNAIDS Terminology Guidelines 2008 http://www.unaids.org.vn/sitee/index.php?option=com_content&task=view&id=226&Itemid=108

Common signs/symptoms of STIs

STIs often have no clear symptoms. The disease can only be diagnosed by testing at a professional health facility. Go to see doctors if you have any of the following symptoms:

- Itching around the vagina and/or discharge from the vagina for women
- Discharge from the penis
- Pain during sex or when urinating
- Pain in the pelvic area

- Sore throat from oral sex
- Pain in or around the anus from anal sex
- Chancre sores (painless red sores) on the genital area, anus, tongue and/or throat
- A scaly rash on the palms of hands and/or the soles of feet
- Dark urine, loose, light-Coloured stools, and yellow eyes and skin
- Small blisters that turn into scabs on the genital area
- Swollen glands, fever and body aches
- Unusual infections, unexplained fatigue, night sweats and weight loss
- Soft, flesh-Coloured warts around the genital area

Source: Adapted from <http://familydoctor.org/online/famdocen/home/common/sexinfections/sti/165.printerview.html>

You can find more information on STIs by visiting the following websites

- http://www.ykhoanet.com/tinhduc_gioitinh/benhsinhduc/index.htm
- <http://www.tuvantuoioha.org.vn/main.php?id=6&type=7>
- <http://www.namkhoavn.com/index.php/thong-tin-chung/benh-hoc/61-cac-bnh-lay-truyn-quang-tinh-dc.html>
- <http://www.who.int/hiv/pub/sti/en/>
- <http://www.cdc.gov/std/general/>
- <http://familydoctor.org/online/famdocen/home/common/sexinfections/sti/165.printerview.html>



Exercise A9. Men who have sex with men and transgenders in Viet Nam – Risks and vulnerabilities

Objectives

By the end of the session, participants will

1. Have basic understanding of the risks and vulnerabilities of men who have sex with men and transgenders in terms of health issues, infection of HIV and STIs in relation to socio-economic factors.
2. Be aware of the risk from specific sexual practices.

Time

- 45 – 60 minutes

Materials

- Flipchart
- Markers
- Colour cards

Step-by-step activity

Step 1. Brainstorming

Break the class into three groups. Ask each group to discuss the following questions.

Group 1. Personal factors:

- 1) *What are the personal factors/ conditions that increase the risk of infection of HIV and STIs?*
- 2) *What can be done to prevent or reduce risk?*

- **Example: Factors that increase the risk of HIV infection and/or STIs**

- Not using condom
- Not using lubricants/ or incorrect lubricants which cannot protect against tearing body tissue.
- Having sex while under the influence of drugs or alcohol
- Partner living with or may have HIV
- Having many sexual partners

- **Other factors**

- Lack of knowledge about safe sex
- Lack of power to negotiate condom use
- Previous experience of harassment
- Peer pressure

Group 2. Social factors: Participants brainstorm and discuss the following:

- 1) *What are social factors/ conditions that increase the risk of HIV infection and STIs?*
 - 2) *What can be done to reduce risk?*
- **Example of social factors/ conditions**
 - Gender standards including social and cultural standards regarding male-female relationship
 - Social attitudes towards sexuality and homosexuality
 - Socio-economic conditions (poverty, unemployment, migration)
 - Accessibility to health services and consultation (treatment and counseling, peer education)
 - Education and communication

Group 3. Legal and policy environment: Participants brainstorm and discuss the following:

- 1) *How does the legal and policy environment contribute to an increase of risk of HIV infection and STIs?*

- 2) *What can be done to reduce risk?*

- **Example of legal and policy environment**

Although homosexuality is not considered illegal in Viet Nam, it is not widely accepted. For instance, from a legal and policy point of view:

- Homosexuality is ignored
- Same sex marriage is not allowed
- Sex reassignment services are not available (just in some cases of unclear genitalia)
- Issues of men who have sex with men and transgenders are not taken into consideration in the policy making process
- Men who have sex with men and transgenders are invisible in health/ social policies.

Step 2. Report

Each group selects one person to present the group's work. Other participants listen and give comments and discuss.

Summary

- Although male to male sex in Viet Nam is not illegal, lack of public knowledge and social prejudices towards men who have sex with men and transgenders, limits their opportunity to access social support and services, including information, knowledge and sexual health services.
- In the current socio-cultural context, there are many factors which negatively affect MSM and transgender people's ability to practice safe sex which may increase the risks of STIs and HIV infection. These factors include individuals, community conditions, social and legal environments. For example, due to the fact that homosexuality is denied, specific social and medical services for the group are not made available. Sometimes as a consequence of social stigma, same-sex acts may be practised in settings where safe-sex methods are not available.
- It will take time to change socio-cultural and political conditions. In the meantime, men who have sex with men, transgenders and those who are working with them should develop programmes to assist these two groups improve the practice of safe sex, raise awareness of, and have skills to protect their rights.



Part B

**Stigma related to men who have sex with men,
transgender people and HIV**

Causes – Effects
Men who have sex with men
Transgender Perceptions
HIV/AIDS
Stigma

Causes – Effects HIV/AIDS

Men who have sex with men

Stigma

Transgender Perceptions

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Exercise B1. Naming the problem through pictures

Objectives

By the end of this session, participants will be able to:

1. Identify the types of stigma faced by men who have sex with men and transgender people and;
2. Begin to explore the forms and contexts/settings of different stigmas against these groups.

Time

- 45 – 60 minutes

Materials

- Select appropriate pictures of men who have sex with men and transgender people-stigma pictures (See Annex 5- PICTURES).
- Number each picture and tape them on the wall or on the whiteboard.
- Flipchart and markers

Step-by-step Activities

Step 1. Picture discussion

Divide participants into smaller groups of 4-5 people. Ask all the groups to look at these pictures to understand their contents. After that, each group will pick one picture and discuss the picture with the following questions:

1. *What is happening in the picture?*
2. *What does the picture tell you?*
3. *What impresses you most about the picture?*

Step 2. Report back

Each group selects one member to present what they have discussed. Members of other groups listen, give comments and share their own experiences (encourage participants to give some examples of stigma against men who have sex with men and transgender people in their daily life)

The facilitator records key points on a flipchart- especially on forms and contexts/settings of stigma and reasons why it is happening and if possible the impact of stigma on those who are stigmatised and on their families, relatives and friends, etc.

Step 3. Processing

- The facilitator summarizes the similar opinions/ ideas of all the groups and highlights the differences among them as well. After that, the facilitator asks more questions to help participants understand further about stigma relating to MSM and transgender people. The questions may be:
 - *Does this happen in your community? Please give some examples. Why do you think it is happening?*
 - *OR what are the key issues that we have learnt from these pictures?*
 - *How does stigma against men who have sex with men and transgender people link to HIV?*

Summary

- There are different types of stigma (refer back to the pictures which have been discussed: moral judgment, isolation, rejection, sneering, teasing, prohibiting, scolding, shame and self-stigma, etc.)
- Stigma against men who have sex with men and transgender people happens in many places – in the family, public places, working place, health institutions, schools, etc.
- Stigma can bring hurt, sadness and tension to the family.
- Stigma does not benefit anyone. It does not make men who have sex with men and transgender people stop having same sex relationships but it can make them more vulnerable to depression and higher risk of HIV infection, and increase feelings of isolation and rejection between lovers and relatives, etc.
- We can change our own and others attitudes and behaviours. We can change our perception and behaviours towards men who have sex with men and transgenders. For example, we should not use discriminatory language. We can support MSM to access information and services. Measures for reducing stigma and discrimination towards men who have sex with men and transgender people will be discussed in detail in the following exercises.

For your information

What is Stigma and Discrimination?

- **Stigma** is a process of forming disapproving attitudes and enforcing negative views towards an individual or group on the basis of a differential characteristic or quality of that individual or group.
- **Discrimination** is stigma that has been put into action; it reveals itself through unfair treatment towards people who are stigmatised. Discrimination can be defined as enacted stigma. In turn, discrimination encourages and reinforces stigma.
- Stigma and discrimination are revealed through attitudes and actions – in many cases, people may not be aware that their words or actions are stigmatizing.

Forms of stigma

- **Physical stigma** (fear), stigma against physical defects or dangerous diseases.
- **Moral stigma** condemnation, disrespect, stigma against behaviours considered to be immoral.
- MSM may experience stigma from external sources or self-stigma (internal sources).
- **External stigma** refers to experiences of being treated unfairly and differently. This discrimination may include oppression, rejection, punishment, harassment, blame or exclusion. Sometimes it can also lead to violence against the group of men who have sex with men.
- **Self-stigma** (internal stigma) is the way a person feels about him/herself, e.g feel low, putting negative view on one-self- for examples, shame, fear, look-down on oneself, fear of rejection, and discrimination...

Source: Adapted from "Guidelines on information, education and communication activities to eliminate HIV/AIDS related stigma and discrimination", Central Commission for Ideology and Culture, 2006.



Exercise B2. Stigma against men who have sex with men and transgender people in different settings

Objectives

By the end of this session, participants will be able to:

1. Understand the forms and causes of stigma towards men who have sex with men and transgender people.
2. See how stigma affects these groups.
3. Start to identify specific actions to reduce stigma and discrimination against them.

Time

- 45 – 60 minutes

Materials

- Prepare some flipcharts, on each sheet write down one setting (family, community, health facility, school, work place, food/drink shop, bar, etc.)
- Tape and markers.

Facilitator's notes

- This can be a long exercise but it is an important one. Use energizers in between the steps if necessary. Allow people to move between groups or add cards to the different settings.
- It will work best if there are some men who have sex with men and transgender people in the group to share their experience.
- When looking at the causes of stigma, be aware that some participants may want to judge men who have sex with men and transgender people for the way they dress, speak, etc. (may be self-stigma). In such cases, the facilitator should repeat the common rules of the class- Do not judge and reflect attitudes.
- Emphasize to groups that we are exploring why society judges men who have sex with men and transgender people – there will be links to **gender** (for instance, the common perception that 'men who have sex with men and transgender people are not real men'), **culture** ('homosexual is not visible in Vietnamese culture'), **religion** ('for example, men who have sex with men and transgender people are not accepted by Catholics – same-sex relationships are immoral) and so on.

Step-by-step Activities

Step 1. Discussion about stigma in different setting

Break participants according to the number of selected settings (for example, if there are 4-5 settings, form 4-5 groups).

Each group can pick one setting for discussion following suggested questions:

- *What stigma might occur in this setting? Why?*
- *What are the attitudes of people in the settings?*
- *What are the underlying factors that contribute to these attitudes?*

The facilitator suggests the participants to keep track of the following points when discussing:

- Describe how stigma occurs and identify possible forms of stigma and discrimination that men who have sex with men and transgender people might face in that setting. (*What are the forms of stigma: For example: disliking, isolating, judging, kicking out of the house, etc.*)
- Discuss causes of different forms of stigma following the suggested question: *Why does this happen?*

- The group should write all opinions (forms and causes of stigma) on flipcharts.
- Encourage all groups to perform plays or role-play to illustrate the stigma scene- Assign each participant one role to play and show one form/ forms of stigma in that particular setting/ place.

Step 2. Report back

Each group presents the result (the group may write on flipcharts or perform a play).

Step 3. Discussion

Discussion the impacts of stigma and strategies to change these attitudes using the following suggested questions:

- *What happens to us (or to men who have sex with men and transgender people) if we experience stigma?*
- *What are the implications of stigma to HIV interventions, regarding risk of infection and accessibility to health services or prevention?*
- *What would change things? Where and how can we start?*

Write all of the viewpoints on flipcharts and summarize key points.

Summary

- Stigma against men who have sex with men and transgender people happens in many places and at different times. A person may face different forms of stigma depending on the context. If a person experiences many layers of stigma, his/her feelings of isolation and rejection may increase.
- The right to education, entertainment, healthcare, etc. should not be denied because they are men who have sex with men or transgender people. Because of harsh stigmas, sometimes these groups need to find places where they feel safe, unthreatened, and can act freely.
- Because of stigma, men who have sex with men and transgender people have to hide their sexual orientation and identity. They may often have sex in hidden places where it is difficult to obtain protective methods for safe sex (such as condoms). They do not want to see health services providers when they feel unhealthy due to the fear of being stigmatised. These are factors which multiply the risk of HIV infection.



Exercise B3. Stigma against men who have sex with men and transgender people: Case studies

Facilitator's notes: The case studies were developed by men who have sex with men and transgender people during the toolkit development workshops. They are based on their experiences.

Objectives

By the end of this session, participants will be able to:

1. Explore more deeply stigma towards men who have sex with men and transgender people
2. Discuss lived experiences and examine ways of challenging stigma.

Time

- 45 – 60 minutes

Materials

- Copies of case studies— one case per group

Step-by-step Activities

Step 1. Discussion

Divide into small groups of two or three. Give each group a different case study, ask members of each group to read through together and then discuss the case following the suggested questions:

- *What do you think about the situation? Why does this happen?*
- *What could change this situation?*

Each group will discuss the questions. The group facilitator will note all important points and present them to the larger group.

Option: Role play: Each group can perform a role play describing the given situation, and based on the interactive drama discuss solutions or ways of changing the situation.

Step 2. Presentation

Each group presents points from their discussion. The facilitator may suggest the following questions to stimulate comments and questions amongst participants.

- *Do you agree with the group's comments/conclusion? Who has a different opinion?*
- *Can a similar situation occur in your life?*
- *What have we learnt from this case?*
- *What are the impacts of stigma in the case studies?*
- *What can we do to raise awareness and empathy for men who have sex with men and transgender people?*

Case studies

Case study 1: She is a teacher, and is married, living a happy life with her doctor husband and a daughter. Their blissful marriage is admired by their peers. However, after 10 years of marriage, she discovers that her husband has had an affair with somebody. She confronted him but he swore that he had been with no woman other than her. One day, she returned home earlier than usual. She saw her husband having sex with a handsome young man. She was shocked. She felt devastated and could not understand why he could do such a thing. She took her daughter to her mother's house because she was scared of her husband and considered him to be deviant.

Question:

1. *Is the husband gay?*
2. *Can you identify any form of stigma in this case study?*
3. *What can be done to address it?*

Case study 2: D is a handsome man. He was born and raised in a rural area. His lifelong dream is to become a famous singer. He moves to the city to establish his career. When he arrives, he falls in love with a girl. After a while, they plan to marry and establish a home. D still dreams of becoming a singer. He meets a man who promises to help him. He takes good care of D and promises to train and make him become a star. D agrees to have sex with the impresario in order to advance his career. Gradually, D and this man became lovers. His fiancée is devastated because her lover has become a "deviant" (in her words) to become a star,

Question:

1. *Is D a gay?*
2. *Do you agree with the fiancée's accusation? Why?*

Case study 3: H is a transgender. H perceives himself as a woman- wearing nice feminine clothes. He wears make up and behaves like other women. H lost his identity card when “she” was dressed as a man. At the moment H faces difficulty because H needs a new ID but she is told to cut her hair and dress like a man which she does not want to do. H wants a new ID with her present image. Without an ID, she cannot travel by plane or go abroad.

Question:

1. *Can you identify stigma in this case? Where does the stigma come from? Why?*
2. *In your opinion, what can be done to address H's problems?*

Case study 4: H is the middle child in the family. He has a younger sister and an elder brother. His family lives on a farm. His parents have urged his brother to marry and have children because he is the eldest son and the head of his kin but he always finds reasons to avoid marrying. H's brother moves to the city to work and visits home often. Every time his brother returns home, he brings male friends to stay with them. One time, H sees his brother cuddling one of his male friends in his bedroom. H is very disturbed and assumes that his brother is an abnormal person but does not dare to tell his parents. Gradually, there is a rumor in the village that his brother is a 'pede' (gay).

This rumor makes H and his parents feel embarrassed and ashamed. They do not want his brother to come home. Since then, his elder brother has not returned to the farm.

Question:

1. *What do you think about H and H's family attitudes towards his brother?*
2. *How would you behave towards the brother if you were H?*

Case study 5: M is an English teacher at a high school. A student's parent has discovered that M is living and having a “more than friendly” relationship with another man. The parents go to the school headmaster and tell him that M should not be allowed to teach at the school because M is in an ‘improper relationship’. The parents worry that M will corrupt the students by exposing them to his lifestyle.

Question:

1. *Is there stigma in this case? If so, please describe the stigma in this context.*
2. *What should the headmaster do?*

Case study 6. T works as the head of personnel in a large company. At the office he sets a good model for being serious and hard working. He has been married for more than 15 years

and has a son. His wife is a beautiful and successful business woman. However, she feels unhappy in their marital life as they seldom have sex since they were married. Many times she asked T to see a doctor/sex therapist but he is reluctant. At last, they went for a health check, but the results show that he is healthy. In the last few years she has heard a rumor from his office that T has a very special relationship with a young male staff member. She asks T directly and he admits that the young male in his office likes him a lot. He feels strong affection for the young man, but he cannot reveal their relationships to anyone. T is afraid of losing his job and his position in the office may be affected.

Question:

1. *Is T gay?*
2. *Is there any stigma in this case?*
3. *What action can T's wife take?*

Facilitator's summary

- Stigma against men who have sex with men and transgender people does not only harm them both mentally and physically, but also causes other difficulties such as professional difficulties- they may be refused work or fired from current work.
- Due to a lack of awareness, many families do not accept their sons to be gay. Consequently, they may try to prevent or force their sons to deny their sexual orientation and follow 'the norm'. This makes life very difficult for their children/ family members who may feel compelled to hide their orientation and live a double life in order to please their family and relatives.
- Cultural norms, perceptions and stereotypes regarding gender roles have contributed to increased stigma against people who have same-sex relationships. Social rejection can lead to feelings of being marginalized and isolated. Stigma may make men who have sex with men and transgender people reluctant to access health care and/or social services when needed.

Exercise B4. Forms of stigma against men who have sex with men and transgender people: Causes and Effects

Objectives

By the end of this session, participants will be able to:

1. Define the forms and different manifestations of stigma.
2. Understand how stigma can affect men who have sex with men and transgender people.
3. Identify some root causes of stigma towards these two groups.

Time

- 45 - 60 minutes

Materials

- Small cards, preferably 3 different Colours to indicate root, trunk and leaves of a tree.
- Flipcharts/whiteboard – to draw a big tree with root, trunk and leaves.
- Markers.
- Tape and pins to stick cards on different parts of the problem tree.

Facilitator's notes

- This is an important exercise because it will help participants to explore and analyse forms, causes and consequences of stigma against men who have sex with men and transgender people and their family, in community and society.
- This is one effective way to analyse problems.
- The facilitator can use this exercise as a way to summarise and systematise issues relating to stigma which were discussed in the previous exercises.

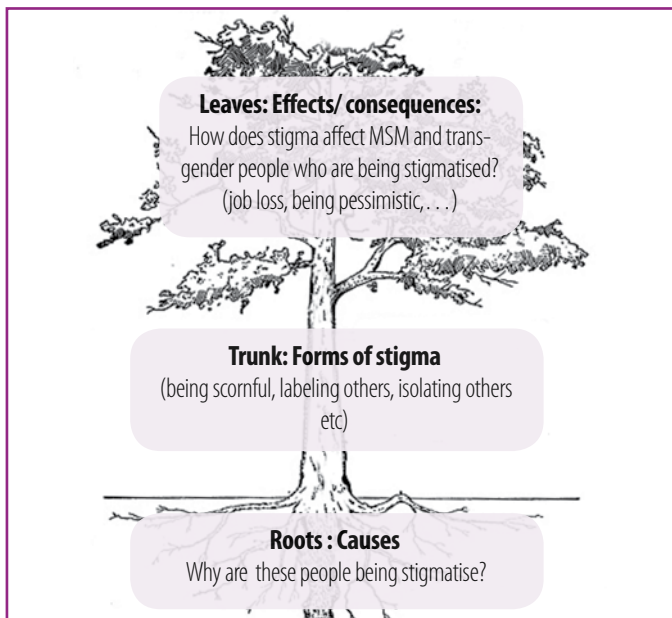
Activities

Developing PROBLEM TREE

Step 1. Draw a tree

Draw a tree, with the following parts to represent different aspects of the tree

- **Leaves: Effects/ consequences:** How does stigma affect MSM and transgender people who are stigmatised? (For example- job loss, discouraged, pessimistic, and cannot access health services)
- **Trunk:** Forms of stigma or discriminatory behaviours (Some behaviours include name calling, being scornful, labeling others, sneering, gossiping, isolating others etc.)



- **Roots:** Causes – Why do people stigmatise? (For example- lack of knowledge, stereotyping)

Step 2. Discussion and processing

Break into pairs to discuss causes, forms and effects/ consequences of stigma. Distribute different colour cards and

markers to each pair to write a discussion point on each card. Then they will stick them onto the roots, the trunk or the leaves to make a problem tree. Forms of stigma will be on the tree trunk, effects on the leaves, and causes on the roots.

Step 3. Analysing

- The facilitator and participants review all the causes, forms and effects of stigma by looking at cards taped on the Problem Tree.
- Group similar opinions (the facilitator may ask participants to group common ideas together)
- Facilitator summarizes all the points and highlights two levels of effects- immediate effects (for instance, isolation) and long term effects (for instance, job loss) to men who have sex with men and transgender people

Alternative step: The facilitator may ask some participants to read aloud the causes, forms and effects and the whole class will group similar opinions and discuss.

Optional activities

If time allows, ask participants to brainstorm:

What are the effects/ consequences of stigma at different levels: individual, family and the community?

Facilitator's Summary

The facilitator analyses and summarises the causes:

- The main causes of stigma are norms regarding gender and sexuality, stereotypes, moral judging, lack of knowledge, fear of 'losing face' with the community, government policies, etc. The facilitator may give examples of these causes and group or classify them. For example, stigma based on social stereotypes, value perceptions, social norms, or lack of knowledge, etc. in order to encourage deeper analysis.
- Explain some of the effects of stigma: how stigma prevents men who have sex with men and transgender people from seeking health services including treatment and counselling, HIV testing, or practicing safer sex.
- Stigma obstructs HIV prevention services in reaching their target group.
- Stigma makes many homosexuals hide their sexual orientation and live a double life. For example, a homosexual may marry and have children but he maintains his sexual relationships with other men. This is unfair to everyone involved.
- Men who have sex with men and transgender people, who are living with HIV or STIs, suffer from double stigma: being judged because of their sexual behaviours and identity and

being stigmatised because they are living with HIV and/ or STIs.

- Due to stigma, individuals may easily become depressed and may turn to alcohol, drug use, have multiple sexual partners or engage in other practices that are harmful to their health. In turn, these practices are also stigmatised. Men who have sex with men and transgender therefore may experience more prejudices and become even more socially marginalized.

Some causes of stigma

- *Lack of knowledge* reinforces social prejudices and moral judgment towards men who have sex with men and transgender people.
- *Moral stereotypes and social norms* associate men who have sex with men and transgender people with social problems, view that same-sex relationships are a perverse way of living, consider them as breaking social norms and rules, leading an indulgent lifestyle. They are blamed for loss of their family's face and pride, for bringing shame to their family. Men who have sex with men and transgender people are not equally treated by the community.



Exercise B5. Disclosure of male-to-male sex

Objectives

By the end of this session, participants will be able to:

1. Discuss the links between stigma and disclosure
2. Discuss coping mechanisms to deal with stigma
3. Generate ideas for challenging stigma together

Time

- 45 minutes

Materials

- Flipcharts
- Markers

Step-by-step Activities

Two participants seating together make a pair for discussion.

The facilitator reads each question aloud.

1. *If you are a man who has sex with men or a transgender person, what are the advantages of disclosing your sexual behaviours or orientation?*
2. *What are the disadvantages of disclosing your sexual behaviours or orientation?*
3. *Who would you tell, and why, if you found out you were HIV positive?*
4. *What are some of the strategies that a person can use to cope with stigma?*
5. *What can we do as members of a community/group to contribute to the fight against stigma towards men who have sex with men and transgender people?*

For each question, each pair will discuss for a few minutes. The facilitator will then collect answers from each pair. Answers will be recorded on the flipcharts. Each pair gives one answer and

moves on to the next pair. The answers rotate from one pair to another unless no new answer is given. After that, the facilitator moves to another question and repeats the process until the last answer is read.

Facilitator's Summary

- Disclosing sexual behaviours, orientation or HIV status is difficult and requires bravery, calmness and patience. One should prepare well in advance before deciding to disclose his/her status so that disclosure does not harm everybody involved.
- Ideally, relatives and family members should remain calm, express sympathy and tolerance so that men who have sex with men and transgender people are supported and do not feel even more anxious.



Exercise B6. Men who have sex with men, transgender people and their families

Objectives

By the end of this session, participants will be able to:

1. Explore and discuss stigma against men who have sex with men including gay, and transgender people in the family.
2. Find the ways to develop family support.

Time

- 60 minutes

Materials

- Scenarios for role playing.

Activities

Role playing- Interactive or 'stop-start' drama

Stop-start drama is a type of role play in which the actors can stop at any time to raise questions for discussion and then start it again.

1. Ask for volunteers to take part in a role play- each will be given a description of a role.
2. Start role-playing the drama according to the given scenario.
3. After a short drama, the facilitator asks the audience, "*What happened in this drama?*" and writes the answers on a flipchart. Then the facilitator asks the actors, "*How did you feel playing your role?*" Writes the answers on flipcharts.
4. Ask "*How do you want the scenario to continue next?*" and write answers. After that, ask the group to agree on one of the suggested ideas and continue the drama.
5. Ask participants for further discussion:
 - *What do we learn from this drama about men who have sex with men and transgender people and the stigma against them from their own family?*
 - *What are other ideas or possible ways to help families in similar situations?*

Scenario

The scene is a family wedding of a daughter. One of the sons has invited his friend who is a gay man to attend the wedding.

Description of roles

- **The gay son:** You have invited your boyfriend to attend your sister's wedding, although you do not want all your family to know that you are a gay man.
- **The homosexual friend:** You have been invited by your partner to attend a family wedding. You are open about being a gay man but know that your partner has not told his family.
- **The mother:** You have noticed that your son is secretive, but you love him and try to be close to him.
- **The sister:** You know that your brother is homosexual and you accept it. You are very close to him and fully support him.
- **The brother:** You are shocked to see the lover of your brother invited to the wedding — he is known to be a gay. You think it is time for your brother to behave like a straight man.
- **The father:** You are worried about your youngest son, especially when he has brought his friend to the wedding. You have been hoping he will join the army like you did in your youth and become 'a strong man'.

Ideas for situation solutions

Ask a family member to be the mediator between family members and the person disclosing his sexual orientation. Try to stay calm and discuss problems that occurred such as those characters in the story. Another possibility is that a friend of the homosexual son comes beforehand and explains to the father, and asks the father not to reject his youngest son who is gay. He said "that everything has changed these days, people now understand more about gay". The mother and the sister try to convince the elder brother not to be violent towards his youngest brother. The youngest son might have to prepare family members in advance before his boyfriend arrives.

The gay son should emphasize that within the family they can speak and discuss openly about his sexual orientation. Then he no longer has to lie to his family.

Facilitator's Summary

- In Viet Nam, due to cultural norms, parents often do not accept the fact that their sons are homosexuals or transgender persons.
- Due to lack of knowledge, some families reject their sons or maintain attitudes or behaviours that hurt them. It may include shouting, scolding, prohibiting, or physical abuse in order to force their sons change sexual behaviours and orientation.
- Stigma will only make men who have sex with men or transgender people hide their sexual orientation and behaviours. They may also suffer from long-term psychological or emotional damage which can lead to depression. Therefore, some may turn to drug or alcohol use in order to cope. In addition, stigma in the family prevents men who have sex with men and transgender people from acquiring information and social support services.



Exercise B7. Male-to-male sex, HIV and rights

Objectives

By the end of this session, participants will be able to:

1. Recognize the rights relating to men who have sex with men and transgender people and those living with HIV and AIDS.
2. Discuss how to support these groups to realize human rights and challenge stigma.

Time

- 60 – 90 minutes

Materials

- Flipcharts
- Small cards
- A ball of string/rope
- Scissors
- Markers

Activities

Step 1. Defining needs and rights

Break the class into two large groups. Give them cards and markers to write their ideas. Divide the board into two (or put two A0 size papers side by side). Write on one side (or on one A0 paper) “BASIC RIGHTS” and write “BASIC NEEDS” on the other.

Ask participants to do the following:

- Group 1. Specifying the basic needs of human beings. Each participant writes their ideas about basic needs of human beings on the cards. Each basic need will be written on one card. Group cards with the same needs. Stick them on the board side (or on the A0 paper) with the heading “BASIC NEEDS”.
- Group 2. Specifying basic human rights. Each participant will write their ideas about basic human rights on the cards, one idea per card. Group cards with the same rights. Stick cards on the wall or on the the board side (or on the A0 paper) with the heading “BASIC RIGHTS”.

Step 2. Defining and discussing rights

After the two groups have finished their work, the facilitator asks the participants to identify rights and needs which are relevant and connected, and to group the cards together. Do so until all needs and rights are connected together.

Ask the participants to give comments regarding the connection between basic needs and rights. Afterwards, begin discussion using the following suggested questions:

- "What rights could be violated or affected if we were men who have sex with men or transgender people?"
- "What rights could be violated or affected if we were living with HIV?"

Write answers on the flipcharts.

Step 3. Defending rights

1. Divide into small groups of three or four. Ask the group to pick three to five rights that they consider the most important and explore these further.
Option: each group picks up only one of the most important rights.
2. Each group discusses (or prepares a role play) to show **how we can ensure that these right/s are upheld**. Each group works for 30 minutes.
3. Each group presents results of the group's discussion and gains feedback/input from members of the other groups.

Step 4. Highlight

The facilitator begins the group discussion by using the following suggested questions:

1. *What did we learn from the discussions or from the role plays?*
2. *How can we ensure our rights despite stigma?*
3. *What are your thoughts on Article 10 in the Family and Marriage Law which prohibits same sex marriage?*
4. *What are your thoughts on Decision 88/2008/NĐ-CP by the Government issued on 05/08/2008 referring to sex reassignment?*

Examples of human rights related to HIV and AIDS

- The right to non-discrimination, equal protection and equality before the law;
- The right to life;
- The right to the highest attainable standard of physical and mental health;
- The right to liberty and security of person;
- The right to freedom of movement;
- The right to seek and enjoy asylum;
- The right to privacy;
- The right to freedom of opinion and expression and the right to freely receive and impart information;
- The right to freedom of association;
- The right to work;
- The right to marry and to found a family;
- The right to equal access to education;
- The right to an adequate standard of living; The right to social security, assistance and welfare;
- The right to share in scientific advancement and its benefits;
- The right to participate in public and cultural life;
- The right to be free from torture and cruel, inhuman or degrading treatment or punishment.

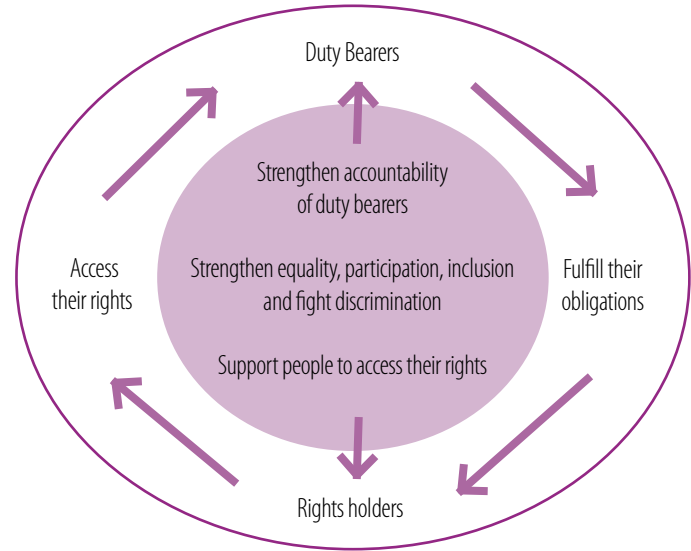
Source: "International Guidelines on HIV/AIDS and Human Rights. 2006 Consolidated Version", UNAIDS, 2006.

The facilitator introduces some human rights related to HIV and AIDS, and rights-based approach which will help us to realize our rights

What is a Rights Based Approach?

- A human rights-based approach to programming (HRBAP) is an approach that gives equal attention to *what* should be done and to *how* it should be done.
- All rights-based approaches are grounded in *universal values* of freedom, and equality to development.
- Participants or beneficiaries of a rights-based approach in development are identified as **rights-holders**.
- Providers/Benefactors of rights-based approaches in development are the State, development agencies, INGO's and NGO's. They are identified in development and rights-based approaches' language as **duty-bearers** or **duty-holders**.
- Rights based approaches **focus on strengthening capacities of rights holders and duty bearers** to realize their entitlements and their obligations.

Adapted from Introduction to Rights-based Programming, Joachim Theis, 2003, Save the Children, Sweden



The facilitator can take the list of rights above and identify who are the rights holders, and who are the duty bearers for each right.

Human Rights Principles

- **Universality and Inalienability** – everyone in the world is entitled to them
- **Indivisibility** – all rights are inherent to the dignity of all persons

- **Inter-dependence and Inter-relatedness** – The realization of one right depends wholly on the realization of others
- **Equality and Non-discrimination** – All human beings are entitled to rights without discrimination of any kind
- **Participation and Inclusion** – Every person is entitled to active, free and meaningful participation in, contribution to, and enjoyment of their rights.
- **Accountability and Rule of Law** – Compliance to legal norms and standards enshrined in human rights instruments is mandatory, particularly where States have ratified specific human rights instruments.

Facilitator's Summary

- Some societies and families are not ready to accept homosexuality. Stigma towards people living with HIV is similar to that which is faced by men who have sex with men and transgender people because stigma is often based on moral judgments. Men who have sex with men and

transgender people living with HIV face double stigma.

- All human beings are entitled the right to health care and to express themselves. However stigma and discrimination in health settings may make some men who have sex with men and transgender people reluctant to seek help when they are sick, for example, when they have STIs.
- *The right to identity reassignment.* In Viet Nam, the Civil Law issued in 2005 and Decree 88/2008/ND-CP issued on 05 August 2008 does not permit sex changes but accepts sexual reassignment. According to the law, sexual reassignment surgery is now legal only for those who were born with unclear genitalia. Individuals, who do not have physical deformities in their genitalia, will be prohibited to change their sex in order to live with their own sexual identity.
- Individuals who have undergone sexual reassignment in other countries or in Viet Nam prior to August 5th 2008 may face difficulty in changing or renewing their legal documents, including identity cards, insurance card, land ownership documents, resident registration, visa application, immigration, or marriage registration certificate.

Legal documents in Viet Nam concerning homosexuality

Section 5, Article 10 the **Viet Nam's Family and Marriage Law in the year 2000** prohibits same sex marriage.

Article 36 of the **Civil Law** stipulates the right to sex reassignment:

Each individual can have her/his sex re-determined. One's sex reassignment is allowed if s/he was born with innate flaws or undefined sex which needs medical interventions for this purpose. This should be done according to legal regulations.

Decree No.88 /2008/NĐ-CP issued by the Government on 05/08/2008 stipulates that sexual reassignment surgery is now legal only for people with inborn or behavioural sexual variants. Sexual reassignment is done according to the Medical Criteria concerning unborn sexual flaws (Article 5) and undefined sex (Article 6).

Article 4 of this Decree prohibits: sexual reassignment performed among those whose sex is perfectly determined (Article 1); Reassignment conducted without approval by the Ministry of Health or Health Department in central cities or provinces (Article 8, section 2); all information relevant to people undergoing sexual reassignment disclosed to others (Article 8, section 3) and discrimination against people undergoing sexual reassignment.

The necessary documents for sexual reassignment include: completed application form, original copy of birth certificate, register book and identity card of the applicant. More importantly, there should be one document of conclusion issued by a medical organization who has undertaken intervention for sex reassignment. The authorized medical organizations include but not limited to Binh Dan, Nguyen Trai, Nguyen Tri Phuong Hospitals, etc.. The People's Committees at the district level are also authorized in conducting sex reassignment for those who require it.

VnExpress, 14/12/2007



Exercise B8. Access and utilise social and health services

Objectives

By the end of this session, participants will be able to:

1. Discuss accessibility of men who have sex with men and transgender people to public services (health and social services).
2. Discuss community attitudes towards them.
3. Explore the means/ skills to help men who have sex with men and transgender people to cope with/ overcome stigma.

Time

- 45 – 60 minutes

Materials

- Flipcharts, markers

Activities

Step 1. Discussion

Break the class into small groups of 6-7 persons. Each group discusses one problem that men who have sex with men and transgender people face. Time for group discussion is about 25-30 minutes.

Suggested problems:

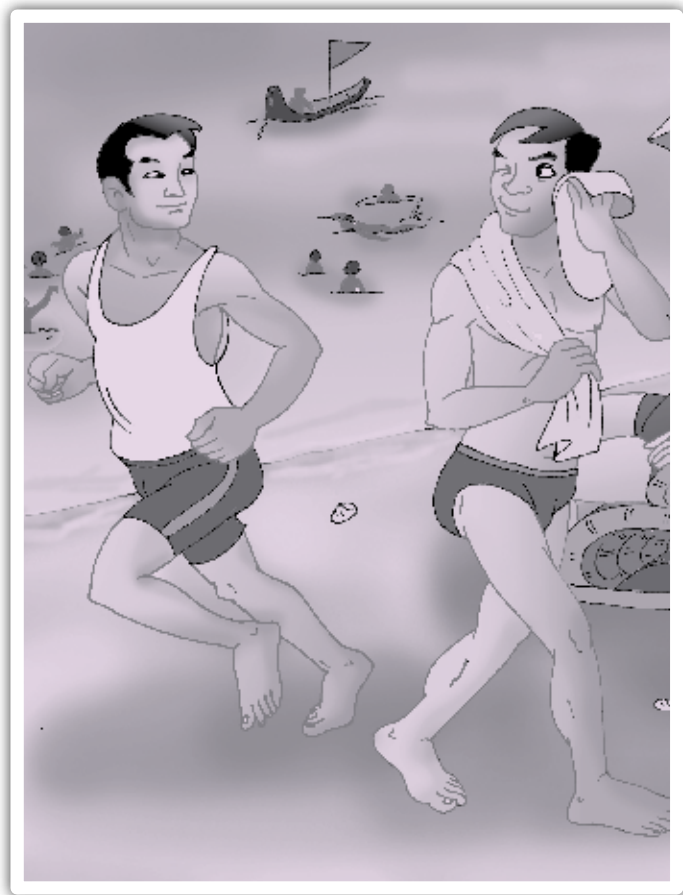
- **Issue 1.** Health (health problems, risks of acquiring diseases) and access to health care services.
- **Issue 2.** Work and employment.
- **Issue 3.** Social life (participating in social activities-expressing their emotions/ interests in public spaces).
- **Issue 4.** Sex and love life.

Step 2. Presentation

Each group presents their group work. Members of other groups contribute their comments/feedback and discuss.

Facilitator's Summary

- The groups of men who have sex with men, especially openly gay men, and transgender people must cope with difficulties due to stigma from families and society.
- The lack of understanding of many health providers and stigma may prevent MSM and transgender people from accessing health care services, especially public services, when they have sexual health queries and problems. This hinders them from accessing immediate and effective treatment.
- Because of sexual orientation, openly gay people may find it difficult to find work.
- Social stigma restricts gay men's participation in social activities and/or influences their work promotion opportunities.
- Difficulty in finding partners and lovers may drive gay men into depression, boredom and pessimism.



Exercise B9. Social perceptions regarding homosexuality

Objectives

By the end of this session, participants will be able to:

1. Analyse assumptions behind our attitudes/ judgments about men who have sex with men and transgender people.
2. Review our attitudes towards them.

Time

- 45 minutes

Materials

- Flipcharts, markers and statements
- Write statements on a flipchart with two columns: agree and disagree

Step-by-step Activities

Step 1. Sharing opinions

Ask participants to go to the flipchart with written statements and write down their opinion about each statement on appropriate columns- « Agree », and « Disagree ».

Smiling and crying faces 😊 😞 can be used to express their relevant opinion.

The facilitator then summarises the results: number of Agree answers and number of Disagree answers for each of the statements.

Step 2. Plenary discussion

Select one statement at a time. Ask one person to read it aloud and the opinion results. Then ask one person who agrees to explain why, and one who disagrees to explain why. Discuss. Then move to the next statement.

Note to the Facilitator: time may not be sufficient for the facilitator to discuss all provided statements. The facilitator may choose only those statements which have a clear difference in the number of Agree and Disagree columns to raise discussion.

Examples of popular statements relating to men who have sex with men and transgender people:

Table of Statements

(It is possible to use all or to select some statements provided in the Table below)

Statements	Agree	Disagree
1. Homosexuality is a disease.		
2. Sex between two people of the same sex is perverse.		
3. Homosexuality is a social issue.		
4. Homosexuals can easily contract HIV and STIs.		
5. Men who have sex with men and transgender people are indulgent depraved people.		
6. Men who have sex with men and transgender people lead double lives.		
7. Hanging out with “gays” makes it easier to become “gay”.		
8. Homosexuals can be cured to become “normal”.		
9. Sexual reassignment for transgender people should not be accepted because this may cause social disorder.		
10. Homosexual people are feminine and freak.		
11. Homosexual people are transvestites.		
12. Gays often wear colourful and tawdry clothes.		
13. It is unfortunate for a family to have a homosexual child.		

Facilitator's Summary

Of the listed statements, there are many stigmatizing statements towards men who have sex with men and transgender people. They are based on either social prejudices or moral judgment. These statements show that:

- These moral values and norms play vital roles in shaping our judgment about other people.
- People often have prejudices against those with behaviours or lifestyles which do not follow the dominant cultural and gender 'norms'.
- Everyone has a different point of view. Some points of view may cause stigma.
- Such statements will strengthen stigma against men who have sex with men and transgender people because of misperception and misunderstanding between gay, homosexual people (identity based) and male-to-male sex (behaviour based).

For your information

The facilitator may find stigmatizing statements/prejudice in the media together with participants to analyse shortcomings of some articles and the potential consequences of conveying prejudices in newspapers.

Prejudices against MSM today

(A collection of reader opinions/ ideas of some online newspapers)

- Homosexuality is the product of western lifestyle.
- Homosexuality is the perverse lifestyle.
- Homosexuality is an illness which should be treated.
- Society should apply strict measures to prevent homosexuality.
- If homosexuality is accepted, this phenomenon will be spread further in our society.
- Homosexual people are not normal. They are not like us.
- Many people become homosexuals because it is "fashionable" and practice depraved habits.
- Homosexuals break social morality.
- Homosexuals have strange love.
- Homosexuality is not good in terms of feelings/ emotions. It is even more dangerous if they involve in sexual practices.
- It is necessary to teach young people that homosexuality is bad.
- Homosexuals begin with perverse feelings that lead to depraved behaviours.
- Homosexuals are pitiable people.
- It is important not to love people of the same sex or have sex with people of the same sex.
- Homosexuals lead depraved lifestyle, "half meat half fat" (nửa nạc nửa mỡ)
- MSM are deviant (biến thái).
- Homosexuality is a reflection of a deviant lifestyle.
- MSM cause negative consequences and insecurity of life.
- It is necessary to strongly condemn homosexuality because it is an expression of perverse lifestyle.
- Homosexuals are those who have to bear the "karma" for the whole family.
- MSM is the family karma.
- MSM are people who were born unlucky.

Exercise B10. Labelling- What do people say about key populations at higher risk

This exercise can be used in combination with the Exercise B11 about Layered Stigma and Double Standards).

Objectives

By the end of this session, participants will be able to:

1. Identify labels that people use to stigmatise key populations at higher risk.
2. See how those words hurt them.

Time: 45 minutes

Materials

- Flipchart, markers
- On each flipchart write one of these groups: People living with HIV, Sex workers (this could separate into male sex workers and female sex workers), injecting drug users, homosexual/or men who have sex with men and transgender people.

Activities

Step 1

Display flipchart papers on the wall. Write down the name of a group on one of the sheets, for example- 1) Injecting drug users; 2) sex workers; 3) People living with HIV; 4) Homosexuals. Under each name write the question: *"What do people say about this group?"* (For example, on the flipchart with the title "Injecting drug users", the question will be *"What do people say about Injecting drug users?"*)

Step 2. Group formation

Break the class into 4 groups with the same number of people in each group (number of group is in accordant with number of flipcharts). Ask each group to get close to one selected flipchart (4 groups of participants per 4 stigmatised groups).

Step 3. Rotational brainstorming

Hand out markers and ask each group to write on the selected flipchart all the things people say about that group (names, behaviours, attitudes, etc.). After five minutes, the facilitator tells everyone to change and asks groups to rotate and add points/opinions to the next flipchart. Continue until all groups have contributed to all four flipcharts and are back at the starting point.

Step 4. The facilitator summarizes all opinions recorded on the flipcharts.

The facilitator leads the discussion by asking the following suggested questions:

1. *If you are a person living with HIV, or an IDU, or a sex worker, or a homosexual, how would you feel if you were called these names?*
2. *How would you feel if your family members or people close to you were called these names?*
3. *What hurts them the most?*
4. *What is the implication behind these labels?*
5. *Imagine if a man who is a man who has sex with men and or transgender person who injects drugs, is involved in sex work and is living with HIV, how strongly would s/he be stigmatised?*
6. *What should we call them (men who have sex with men, transgender people, drug users and sex workers)?*

Facilitator's Summary

- We are sometimes unconscious about what we call a person or a group. Labeling- although it happens accidentally or does not reflect an attitude of stigma and discrimination- may hurt the labeled person seriously.
- Labeling increases the existing stigma against individuals and may make them feel inferior. Men who have sex with men and transgender people bear heavy pressure because of their sexual behaviours, orientation and identity and are often considered different from others (e.g. heterosexuals). Being teased, sneered at and criticized by society, they may hide their true selves, their interests and their wishes for happiness. Men who have sex with men and transgender people face more stigma if they are HIV positive, sex workers or IDUs (layered stigma).
- Labeling and moral judgment can easily equate men who have sex with men and transgender people with social problems and as a consequence, they will suffer more stigma.

(The facilitator may refer to the Summary at the end of exercise B11 about doubled standards and layered stigma)

Exercise B11. Double Standards and Layered Stigma

Facilitator may use this exercise in combination with the exercise B10

Objectives

By the end of this session, participants will be able to:

1. Understand better the concepts of double standards and layered stigma.
2. Gain insight on the layered stigma against some high risk groups, including men who have sex with men and transgender people.

Time

- 45 – 60 minutes

Materials

- Small cards to write opinions
- Flipcharts or white board
- Markers, tape

Activities

Step 1. Brainstorming

Ask the following questions for further discussion:

1. *Have you ever done something different from what you said you would/could?*
2. *Have you ever told someone else not to do something while you were still doing it?* (For example, we teach our children not to drink, or smoke because they are harmful to their health while some adults still do so. Some doctors say smoking is harmful but they smoke. Some teachers tell students not to tell a lie or be greedy but they collect extra funds from parents)
3. *Why is this so?*

Participants discuss the questions in pairs. Each pair gives specific examples of double and layered stigma that they have seen in daily life.

Write down the opinions/ ideas of the pairs on the flipcharts.

Step 2. Discussion

The facilitator reads the statements provided at the end of the exercise, and explains that they are examples of double

standards and layered stigma. Then facilitator then introduces common definitions of double standards and layered stigma (See definitions given below)

Facilitator's Summary

- Individuals and groups may speak against certain behaviours that they themselves practice. Dominant norms and values regarding sex, gender, age, social and economic status are used to justify which behaviours are acceptable and not acceptable, i.e. stigmatizing others. Double standards and condemning certain behaviours can lead to a power imbalance.
- Double standards may cause someone to stigmatise others, due to prejudice, or to put oneself at a higher status, or to hide their own behaviours, or deal with fear about the behaviour which they are stigmatizing.
- People living with HIV who are either women or IDUs, sex workers, homosexuals, men who have sex with men and transgender people will suffer from layered stigma. They have to bear combined stigma in relation to the various identities which they have.

For your information

What is a double standard?

Principles, rules or expectations that are imposed unequally on different groups. Some groups are strongly criticized if they practice behaviours which are considered as deviant, even if very little from dominant norms while other groups may enjoy more tolerant attitudes for the same behaviours.

Some dominant social groups may believe that they have a special moral right to judge or to do what they deem while others such as minority groups may not have.

What is layered stigma?

A person who is stigmatised because of his/her "norm-deviant behaviour" is also stigmatised because of their being HIV positive. He/she faces layered stigma.

Examples of double standards and layered stigma

- PLHIV are stigmatised. They experience additional stigma if they are women, sex workers or IDUs. It is layered stigma: stigma against PLHIV and other groups which are considered to be associated with “social evils”.
- MSM who are living with HIV may suffer double stigma. They are stigmatised because they have same sex relationships and have HIV.
- We criticize people who ‘indulge’ themselves in pleasure while we may conduct affairs with someone other than our spouse. This is a double standard.
- We tell other people: “Abstain from sex, be faithful and use condoms”, but after that we may practice unsafe sex with our partners. This is a double standard.
- Women who have many sexual partners will be severely condemned but men who have various partners may be forgiven as it is considered as ‘natural’. This is a double standard.
- Some people may condemn sex work while they may purchase sex from sex workers. This is a double standard.
- Social norms are different for wives and husband. A man is often advised by the family to divorce his wife if she has HIV. In contrast, if the husband has HIV, the wife is advised to take care of her husband. This is a double standard.
- Women living with HIV will be stigmatised more heavily than men. This is a double stigma. Women suffer from double stigma because they are women and they are living with HIV.



Part C

Action planning

Start Advocacy Dealing
stigmatizing statements End
Policy Perception Change

Start Advocacy Dealing stigmatizing statements End Policy Perception Change

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Think Big. Start Small. Act Now.

This section aims to

- Synthesize what we have discussed about stigma and identify practical ways to address stigmatising attitudes and behaviours towards men who have sex with men and transgender people.
- Build commitment to change in order to stop stigma;
- Concentrate on what we change as individuals, part of the groups and community;
- Build consensus on objectives and ways to achieve our objectives.

In this section, participants can

- Develop a specific action plan to cope with stigma in their community;
- Gain commitment to work as an individual or group to identify, to understand and to challenge stigma through:
 - Active thinking about change.
 - Developing a specific action plan.
 - Developing advocacy, communications and educational skills.

Key message for this section

- We all bear responsibilities to challenge stigma and discrimination. We are responsible for educating others and working on advocacy for new attitudes and practices.
- Try to become non-stigmatizing. Apply all that you have learned to your own life. Think about the language you use when you talk about men who have sex with men and transgender people and the way you treat them. Do the same for other people who suffer from social judgment and stigma such as IDU, sex workers, people living with HIV. Try to change your way of thinking, your attitudes and behaviours. Try to understand them before you judge their lives.
- Act against stigma in a group. Each group can look at stigma under specific circumstances but can get consensus on one or two practical actions that they can do to make a change.
- Saying that “stigma is wrong and harmful” is not enough. Help people move to action and have common consensus on what needs to be done, develop an action plan to reduce stigma and together implement that plan.



Exercise C1. Start with the end in mind

Objectives

By the end of this session, participants will be able to:

1. Identify some of the main obstacles in dealing with stigma.
2. Identify specific actions which need to be done to cope with stigma.
3. Identify results of successful intervention activities.

Time

- 45 – 50 minutes

Materials

- A4 paper
- Flipchart
- Colour pens and markers

Step-by-step Activities

Step 1. Drawing a WORLD WITHOUT STIGMA

- Divide participants into pairs and give each pair A4 papers.
- Ask each pair to draw and write phrases about *“a world without stigma towards people who have same-sex relationships”*.
- If there is enough time, ask each pair to draw and write phrases about *“a world with stigma”* as we are living now and *“a world without stigma”* in the future.
- Write phrases describing these two worlds: Present time - the world with stigma and Future - a world without stigma.

Step 2. Discussion

Each pair explains about their drawing of *“present world with stigma”* and *“the future world without stigma”* based on the following suggested questions:

1. *What is going on in the drawing? Why did you draw a world with/out stigma this way?*
2. *What are differences/or changes between the two drawings of “Present” and “Future”? What makes them different?*
3. *What prevents change? What would stimulate change?*
4. *Who would influence change? Who would impede it?*
5. *To be concrete, what can we do to build a world without stigma?*

Gallery

Tape the drawings on the walls around the workshop hall in order to evoke/thinking for action planning.

Example of the Future - A world without stigma

- Men who have sex with men and transgender people share openly their experiences of same-sex relationships to their families and close relatives. In turn they receive love and support;
- All will feel part of their community and will not need to hide their true sexual identity;
- All can openly express love and feelings in public places like everyone else;
- All can marry the person they love.
- Other things...

How to instigate change – building a world without stigma

- Improve understanding on sex, gender, sexuality and HIV;
- Educate communities to prevent men who have sex with men and transgender people from isolation and judgment.
- Advocate for policies that support easy access to social and health services.

What to do first?

- Change our own language and attitudes.
- Mobilize sympathy and support to men who have sex with men and transgender people.
- Push for homosexuals to be treated as equally as heterosexuals.
- Develop policy/legal framework to protect the rights of gay, lesbian, bisexual and transgender people.
- Provide information about HIV modes of transmission in order to reduce fear of HIV.
- Raise our voices against stigma towards men who have sex with men, transgender people and other vulnerable groups (such as, people living with HIV, women, orphans, sex workers, and intravenous drug users, etc.)

Exercise C2. Policy advocacy

Objectives

By the end of this session, participants will be able to:

1. Gain a better understanding about advocacy.
2. Improve advocacy skills and tactics.

Time

- 60 minutes

Materials

- Flipcharts and markers.

Step-by-step Activities

Step 1. What is advocacy

Participants pair off. Pairs discuss their opinions regarding “advocacy” according to the following probing questions:

1. *What is policy advocacy? (give examples of advocacy)*
2. *What are advocacy issues (relating to MSM and transgender people), goals and objectives (What do you want to achieve?)*
3. *Whom (or which organization) do you need to target in order to create policy change?*

Each pair gives one opinion and move around the group until all statements are given. Write all opinions on the flipcharts.

Step 2. How to advocate?

Brainstorm with participants about measures/means used to implement advocacy. Write all opinions on the flipcharts.

Probe: mass media, workshops, Information, Education, Communication (IEC) materials, etc.

Step 3. Developing an advocacy strategy

Divide participants into small groups (about 4-5 groups) to discuss different topics, for example:

1. *Men who have sex with men and transgender people;*
2. *Counseling (mental/emotional/psychological issues);*
3. *Health;*
4. *Legal issues and legal counseling;*
5. *Information, Education and Communication (IEC).*

Groups discuss (in 20 minutes) and develop an advocacy strategy and appropriate means of communication for policy advocacy to reduce stigma towards men who have sex with men and transgender people. Advocacy efforts will address difficulties/problems these groups face which can be emotional (*counseling*); physical (*health issues*); legal (*legal counseling*); or communications (*IEC, men who have sex with men and transgender people*).

Each group presents their results. Other participants add more and provide feedbacks.

Facilitator comments

Facilitator gives his/her remarks and comments for each group.

Example: Some advocacy tactics:

At community level:

- Residential meeting
- Seek support from community-based organisations
- Using mass media and local communication
- Conduct peer education and communication sessions

Government:

- Lobbying
- Conduct advocacy campaigns through mass media
- Call for open dialogue
- Develop IEC materials
- Develop education program

(Source: Adapted from NAZ. "Training Manual –Introduction to Promoting Sexual Health for Men who have Sex with Men and Gay Men". The NAZ Foundation Trust, India, 2001)

Exercise C3. Advocacy for perception change

Objectives

By the end of this session, participants will be able to:

1. Gain a better understanding of advocacy concepts;
2. Improve their advocacy skills such as negotiation and presentation.
3. Know how to prepare for negotiations such as preparing for and developing counter and convincing arguments.

Time

- 60 – 90 minutes

Materials

- Flipcharts
- Markers
- Case studies

Step-by-step Activities

Step 1 Preparing arguments

Divide participants into 4 or 5 small groups. Each group is given one case study (situations are given below) with description of group tasks. Each group reads the given task, discusses and prepares possible arguments within 15 minutes.

Facilitator emphasizes that each group should perform the given task even if personal perspectives may be different from the given point of view.

Step 2 Negotiation

One person from each group joins in the mock negotiation, presenting their group's point of view and arguments in order to get consensus from representatives of the other groups.

All parties need to reach consensus in deciding a solution to the given case study. After role playing, the facilitator asks other participants for comments and remarks about the meeting and the process of debating/arguing amongst different parties.

Step 3 General discussion

After completing negotiations, the facilitator leads a general discussion by asking the following suggested questions:

1. *Is negotiation easy? Did each group achieve its purpose? Why? What is the most difficult aspect of negotiation? Did your group have to compromise in some way in order to reach consensus? If so, what was the compromise?*
2. *What arguments reflect community perceptions about these issues?*
3. *What did you learn about negotiating after participating in this exercise?*

Summary by facilitator

- Advocacy for policy change is difficult and requires patience. Preparation of solid and convincing arguments to persuade others is very important, especially when the party that you are advocating with lacks understanding or support of homosexuality. It is helpful to understand the perspective of the other side by standing in their shoes. It will help you to better prepare for achieving advocacy objectives.
- It is important to build and practice advocacy skills, especially presentation, communication and negotiation skills in order to make our advocacy successful.

Suggested case studies for negotiation

Situation 1. Working with Television

Your Green Tree Group is currently implementing an international project on capacity building and HIV prevention amongst groups of men who have sex with men and transgender people. In the project there is a component of working with the mass media to change public perception and attitudes towards men who have sex with men and transgender people. One of the project activities is to produce a short documentary film for television about life and experiences of these groups. The film will show that the groups live and contribute to society as other social groups. Social stigma only makes life difficult – hiding sexual orientation, telling lies and unable to exercise rights, or to enjoy happiness. Men having sex with men and transgender people are perceived as immoral. Through this film, the project wants to present difficulties faced by men who have sex with men and transgender people.

The Green Tree Group has prepared materials for producing this film, sending them to related stakeholders for feedback. The project coordinator is going to organise a meeting for opinions and feedback. Invitation letters are sent to the Television Broadcasting Station, the Central Commission for

Education and Communication, Ministry of Culture and a donor organisation.

Group Tasks

Group 1 task

You are members of the Green Tree Group which is implementing this project. Your group expects that the film will be produced based on the written script and then will be broadcast on national TV to raise public awareness. Your group would like to talk about love between two persons of the same sex, about difficulties that transgender people have faced in relation to their identification documents such as obtaining their legal status for asset ownership, or traveling, etc. You are especially concerned with the right to privacy due to fear of being stigmatised and sexual identity revealed. Individuals are not willing to be visible and request that their faces be blurred in the film.

Think on who may support the objectives of this film and who may disagree with it, who will decide whether the script will be changed, revised or remain the same?

Group 2 task

You are the project donor, invited to attend the meeting to discuss the script. You strongly support the Green Tree Group

and think that more pictures, stories and information about men who have sex with men and transgender people should be delivered to the public. It will help to raise awareness and understanding of homosexual people and their role in the HIV response.

Group 3 task

You represent the television studio and are involved in producing the film. You are very supportive to the idea of this film but concerned about faces of the actors being blurred. You believe that in doing so it would reduce the power of the film. You would like some of the participants to be open about their status to make the film more persuasive.

Group 4 task

You are attending the meeting on behalf of the Ministry of Culture. Personally you find homosexual relationship immoral and against social norms. You also notice that in the past few years this phenomenon has been more visible. You think that there should be a TV programme broadcast in order to prevent increased behaviour of this kind. However, you do not agree with producing a film about the life of men who have sex with men and transgender people. If the film is shown publicly it will encourage homosexuality. You suggest that instead of making a film, the project can organize a round table discussion where psychologist, sociologists and doctors meet to discuss about

causes and consequences of this phenomenon to the family and society.

Group 5 task

You attend the meeting on behalf of the Central Commission of Education and Communication. You support the idea of making a film about men who have sex with men for gaining a better understanding about this social group. However, you think that it is too early to bring issues of love amongst men who have sex with men and transgender people in this film because Vietnamese law does not allow homosexual marriage and does not support sex change broadly. You suggest that the film should emphasize health aspects and the risk of HIV transmission among these groups for prevention.

Situation 2. Working with Ministry of Education and Training (MOET)

You are implementing an international project on capacity building and HIV prevention among young men who have sex with men. In the project there is a component to introduce homosexuality into the teaching curriculum for sex education and life skills. It will provide students with more knowledge about different sexual orientations, homosexuality and HIV prevention. One project activity is to support MOET to pilot a teaching curriculum on sex education in a secondary school by integrating education about homosexuality in the school's

existing sex education program. If the pilot program is successful, it will be integrated into sex education curriculum in secondary schools throughout the whole country.

The Green Tree Group has prepared a pilot template introducing homosexuality into the sex education program and the proposal was sent to relevant organizations for review and feedback. The project coordinator of the Green Tree Group is conducting a meeting with the stakeholders: MOET, the Department of Family Affairs within the Ministry of Culture, principals of the targeted secondary school and the donors.

Group Tasks

Group 1 task

You are Green Tree Group members implementing this project. The aim of your group is to provide more knowledge on homosexuality to the teaching curriculum for life skills and sex education in a secondary school. The team has developed a detailed project proposal including supplementary training for teachers on gender, sexuality and sexual orientation, homosexuality, health aspects and HIV transmission amongst men who have sex with men. You expect that organisations will accept and approve the pilot program in a secondary school.

You should think on who may support this project activity, and who may disagree with it, and who will decide whether the curriculum should be changed, revised or remain the same?

Group 2 task

You are the donor of the project. You are invited to the meeting and are very supportive to the Green Tree Group. You think that information about homosexuality should be introduced into school early; students can have deeper knowledge about sexuality and sexual health so they have better understanding about homosexual people and HIV prevention.

Group 3 task

You are the principal of the secondary school which is selected to implement the pilot project to introduce homosexuality education into your school's sex education programs. You strongly support this idea because you find that adolescent students lack knowledge about reproductive health, especially knowledge about gender and sexuality. You think that providing more information on gender and sexuality will help students cope better with their own issues.

Group 4 task

You are attending the meeting on behalf of the Ministry of

Culture. Personally you find homosexual relationships are weird and go against social norms. You also notice that in the past few years' homosexual behaviour has become more visible. You think that a sex education program is needed in order to prevent homosexuality among youth. However, you do not agree with the idea of teaching sexuality and homosexuality in a school setting, as proposed in the project. If this content is taught in school it would encourage homosexual behaviour. You suggest that instead of teaching in detail about the issue, the project should organise a meeting where students meet with experts. Psychologists and doctors will be invited to discuss causes and consequences of this issue in a plenary school meeting.

Group 5 task

You are attending the meeting on behalf of MOET. You support the idea of developing a teaching curriculum to introduce homosexuality in the secondary school sex education program in order to help students understand this issue. However, you are afraid that if the curriculum emphasizes issues of sexuality and sexual orientation, it will create confusion and may lead to misunderstanding on the part of the students. You suggest that the content should focus on the health aspects and risk of HIV among men who have sex with men and provide education and communication for HIV prevention.



Exercise C4. Action Planning

Objectives

This exercise helps participants to develop a detailed strategy for action against stigma towards men who have sex with men and transgender people.

Time

- 2 - 3 hours

Materials

- Flipcharts and marker pens.

Step-by-step Activities

Step 1

Divide participants into small groups (4-5 persons) either based on area of action such as counseling, health, IEC, etc OR based on an action group such as community, health worker, NGOs, peer group, and IEC group, etc.

Step 2

Members of each group discuss and together develop a concrete action plan based on situational analysis, vision/expectation, specific actions, difficulties and challenges, opportunities and advantages according to the analysis framework provided below.

Step 3

Each group presents their action plan. Members of other groups provide feedback according to the following questions.

- What can the group do to stimulate supporting factors/ environment for the proposed action plan?*
- What can be done to address the barriers which may impede the action plan implementation?*

Summary

The facilitator emphasizes:

- The action plan and its steps for implementation should be highly practical. Consider carefully what actions are feasible. Besides capacity, resources, both human and material a schedule should also be considered.
- It is necessary to consider factors that are manageable and adjustable in implementing the action plan. For example, the timeframe or expertise, and also unexpected factors that cannot be controlled, for instance, rain.
- Indicators are needed to show the outcomes of plan implementation.

Analysis framework

Identify target group: groups discuss and together select their target group and context to implement proposed activities.

Example: groups identify the following:

- TARGET: family members, community leaders, health workers, etc.
- CONTEXT: family, government organizations, health facilities, etc.

Situational analysis: analysis is conducted by group discussion according to the following questions:

- *What is the situation of stigma towards men who have sex with men and transgender people in the community?*
- *What are common forms of stigma towards men who have sex with men and transgender people?*
- *What are the main causes of stigma towards men who have sex with men and transgender people?*

Vision: members of the group discuss vision (target, objectives and expectation of results) after implementing stigma reduction activities - how people's attitudes and behaviours change towards men who have sex with men and transgender people?

Specific activities: Member of the group discuss and together propose activities to implement the stigma reduction with identified target groups and contexts. Together PRIORITIZE ACTIVITIES - which activity is important and needs to be implemented immediately. Activities maybe ranked (to prioritize material and human resources and time of implementation) - need to consider which activity is short-term (that may bring immediate results), and which activity is long-term (needs longer time to change).

Get common consensus on what activity is the most important.

Resources: the group discusses and identifies what resources are needed to implement these activities: budget (where to get? Estimation of total budget ;), human resource, etc.

Envisioned challenges: The group discusses and lists as much as possible factors which may impede/or difficulties which may emerge during the implementation of the stigma reduction activities, and the way to overcome those difficulties.

Advantages: The group discusses and lists as much as possible the advantages and opportunities which may contribute to make the stigma reduction activities easier and more effective.

Indicators: The group needs to identify which indicators best illustrate the results of the implementation - what are the outcomes of the activities?

Example

The implementation of a program focused on stigma reduction towards men who have sex with men and transgender people, for people in a community:

Identifying target groups: Local authorities, head of residential clusters, health workers, etc.

Situation analysis: Current perception and attitudes of people in the community:

- Myths and silence surrounding life style and sexual relationship of men who have sex with men and transgender people as well as sex workers, drug users, and HIV – people makes it difficult to talk about these matters.
- People think that men who have sex with men and transgender people lead a “deviant lifestyle” which corrupts society and if this is not prevented, it would spread.
- Family members do not understand them.
- Fear and belief in fate - it is destiny of the person, the person was “born” that way.
- Lack of knowledge and lack of trust by the community
- Men who have sex with men and transgender people are excluded from public and entertainment services. For example, sexual health services for their specific needs are not available because many health providers are not trained on sexual health issues for men who have sex with men and transgender people; entertainment venues for

them are often under suspicion by local authorities and are subject to being shut down.

Vision/Expected results: After two years of implementation of the program on stigma reduction, what are the people’s attitudes and behaviours now?

- More open in discussions about drugs, sexuality, HIV and men who have sex with men and transgender people.
- Tolerant attitudes towards them and accept love relationships between two homosexual persons.
- Rumor and gossip reflected on families of people living with HIV including MSM living with HIV are reduced.
- More knowledge about modes of HIV transmission, particularly transmission through male-to-male sex.
- More hope. Less belief on fate and reduced feeling of helplessness.
- Men who have sex with men and transgender people are more easily able to access health care services that are specific to their needs.
- Health workers’ attitudes in providing services to men who have sex with men and transgender people have positively changed.

Activities: Priority activities to implement stigma reduction towards men who have sex with men and transgender people:

- Conduct sensitization workshops on sexuality, homosexuality, and HIV for local authorities and larger community.
- Conduct community meetings and peer group meetings, conduct stigma sensitization about men who have sex with men and transgender people in schools.
- Use participatory approaches to provide updated information about HIV and homosexuality.
- Build and improve capacity of voluntary community groups of men who have sex with men and transgender people.
- Carry out IEC programs on safe sex practices, HIV prevention and STI prevention.
- Integrate stigma reduction elements in IEC activities to reduce stigma towards drug users, men who have sex with men, transgender people and people living with HIV.
- Conduct community festivals or social events with active participation of men who have sex with men and transgender people.

Priority activities

- Conduct sensitization workshops for community people on stigma towards men who have sex with men and transgender people.
- Develop education and communication programs on safe sex practices, HIV prevention, STI prevention amongst

men who have sex with men and transgender people.

Resources

- Funds and materials for sensitization workshops.
- Funds and number of persons involved in IEC activities.

Challenges

- Resistance of faith-based organisation leaders due to religious beliefs that do not support same-sex behaviours.
- Negative perception about lifestyle and fatalistic attitudes - people feel they are unable to do anything.
- Poverty and hunger push some men who have sex with men and transgender people to engage in sex work

Indicators: that the proposed activities are successfully implemented

- Number of individuals sensitized (number of sensitization workshops)
- Number of IEC materials distributed
- Percentage of population receiving education participated in communication activities on HIV and men who have sex with men and transgender people.
- Percentage of people whose attitudes and behaviours towards men who have sex with men and transgender people, people living with HIV have changed positively.



Exercise C5. Dealing with stigmatising statements

Objectives

By the end of this session, participants will be able to:

1. Share their experiences in being stigmatised.
2. Shape arguments to deal with stigma when it happens.
3. Practice techniques to create and enhance his/her own assertiveness.

Time

- 45 – 60 minutes

Preparation

- Prepare in advance some stigmatizing statements towards men who have sex with men and transgender people. Write them on small cards/ OR on a flipchart. (Look back Exercise B9 – for more information about statements)

Step-by-step Activities

Step 1. Participants brainstorm stigmatizing statements/behaviour about men who have sex with men and transgender people. Write the statements on the flipchart.

Step 2. The facilitator reads aloud each statement and together with participants discusses solutions on how to overcome the stigmatizing statements and measures to deal with the situation in the best way. Write solutions on the flipchart and check the most effective ones.

Step 3. Participants pair up and role play based on the following:

Instruction for Role play: One participant plays the role of the person doing the stigmatizing and the other plays the role of the one being stigmatised. The person stigmatised should refer to the proposed solutions developed from the earlier activity and show assertiveness in protesting stigmatizing statements/attitudes/behaviours. All pairs practice role play at the same time. After a few minutes, when the role play is done, the facilitator asks one or two pairs to replay their scripts to the whole group.

Situation 1. In a crowd, a transgender hears a man saying to his girlfriend: *"Look, this person is so weird; he is neither man nor woman".*

Situation 2. A father sees his son kissing another boy. The father scolds him strongly and forces him to end his relationship: *"I forbid you to have such abnormal behaviour!"*

Situation 3. A homosexual teacher is discovered by his colleagues. The principal of the school asks him to resign saying that if he is a gay man he cannot teach children because he will corrupt and influence the students with his lifestyle.

Situation 4. A man who has sex with men would like to foster an orphan whose parents died of AIDS. But his parents strongly oppose the idea and force him to marry in order to have his own child.

The facilitator can add more situations for role play.

Facilitator's Summary

- Assertiveness can be used in many circumstances to cope with stigma, especially in situations when an individual directly faces stigma and discrimination (for example, when men who have sex with men and transgender people are judged by health care providers)
- You can cope with the stigma even when you do not experience stigma directly.
- When stigma becomes discrimination, you may need to develop a strategy or a policy of your own to protect you or other people who are in similar situations as yourself. Giving your opinions in an assertive and direct way will help you feel confident in implementing a strategy to cope with stigma and discrimination.

Assertiveness: To express thought, feelings and desires clearly and honestly. Expressing attitudes and opinions view in an assertive way does not mean you are aggressive or you are angry.

Some techniques to assert yourself:

- Express your thoughts, feelings and desires clearly and directly;
- Speak out: "I feel .."; "I think that..."; or "I want..."
- You do not need to apologize before saying what you think, or demean yourself.
- Stand or sit up straight in a comfortable way;
- Keep your head high and look directly into the other person's eyes;
- Speak clearly;
- Be steady and consistent with your own opinion and defend it;
- Do not be afraid when you disagree with others;
- Accept the right of others to say "No" and your right to say "No" to others;

(Source: Adapted from "Understanding and Challenging HIV related Stigma –Toolkit for Action". ISDS & ICRW, 2004.)

Forms of Stigma towards men who have sex with men and transgender people:

- Stigma due to sexual orientation (having sex with other men is bad, perverse)
- Stigma due to sexual behaviours (having many sexual partners, oral sex, anal sex)
- Stigma due to sex work (male sex workers are stigmatised more heavily than female ones)
- Stigma due to disease (STI and HIV)
- Stigma due to lifestyle (make up, dress)

Examples of stigma towards men who have sex with men and transgender people:

- Teasing due to feminine appearance in clothes and make up
- Health workers lecture men who have sex with men and transgender clients in health care setting if they are found to have anal lacerations
- Driven out of and mocked in public toilets
- Family members call them "abnormal" and "deviant"
- Parents forbid transgender to dress or throw out clothes and belongings



Annexes

Useages Useful addresses
Examples Methods Toolkit
Sample of training workshop
Implement

Pictures Useful addresses

Examples Methods Toolkit

Sample of training workshop

Implement

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Annex 1: Sample of a three-day training workshop

Objectives

1. To introduce basic concepts of gender, sexuality, sexual orientation, and homosexuality
2. To discuss issues of men who have sex with men and transgender people in Viet Nam
3. To raise awareness about their health issues - risk of HIV infection and STIs

4. To raise awareness about Stigma and discrimination related to men who have sex with men and transgender people and HIV.

Target population:

Peer educators, volunteer groups of men who have sex with men and transgender people.

Time	Content
DAY 1	
Morning	Basic concepts of Gender, Sex and Sexuality
8:00- 8:15	Registration
8:15-8:30	Opening speech and participant introduction
8:30 – 9:15	Characteristics of Sex and Gender (Exercise A1)
9: 15- 10:15	Sexuality and Sexual Pleasure (Exercise A2)
10:15-10:30	Tea Break
10:30-11:30	Sexual Orientation, Sexual Identities and Sexual Behaviours (Exercise A5)
11:30-13:30	Lunch

Afternoon

13:30 -13:45

13:45 -14:45

14:45- 15:15

15:15-15:30

15:30-16:30

Homosexuality

Energizer

Purpose of Sexuality and Same-sex Relationship (Exercise A3)

Men who have sex with men and transgender people - Who are they? (Exercise A6)

Tea Break

Sexual behaviours between men who have sex with men and transgender people and their health issues - risk of HIV infection and STIs (Exercises A7, A8, A9)

DAY 2

Morning

8:00 - 8:15

8:15 – 9:15

9:15-10:15

10:15-10:30

10:30-11:30

11:30-13:30

Understanding Stigma and Discrimination

Energizer and review of previous day

Understanding stigmas through pictures (Exercise B1)

Stigmas towards men who have sex with men and transgender people in different contexts (Exercise B2)

Tea Break

Problem Tree- causes, forms and consequences of stigma towards men who have sex with men and transgender people (Exercise B4)

Lunch

Afternoon

13:30-13:45

13:45-14:15

14:15-15:00

15:00-15:15

15:15-16:00

16:00-16:30

Relationships, HIV and Rights

Energizer

Disclosure of male-to-male sex (Exercises B5, B6)

Male-to-male sex, HIV and rights (Exercise B7)

Tea Break

Access and utilize social and health services (Exercise B8)

Double Standards and layered stigma (Exercise B11)

DAY 3**Morning**

8:00 -8:15

Advocacy for change

Energizer and review of previous day

8:15-9:15

Start with the End in mind (Exercise C1)

9:15-10:00

Advocacy for perception change (Exercise C3)

10:00-10:15

Tea Break

10:15-11:30

Advocacy for perception change (continue Exercise C3)

11:30-13:30

Lunch

13:30-13:45

Energizer

13:45-15:00

Action Planning: How to reduce stigma and discrimination related to men who have sex with men and transgender people? (Exercise C4)

15:00-15:15

Tea Break

15:15-16:00

Presentation of group action plans

16:00-16:30

Evaluation and closing speech

Annex 2: Sample of a two-day training workshop

Objectives

1. To introduce basic concepts of gender, sexuality, sexual orientation, and homosexuality.
2. To discuss health issues of men who have sex with men and transgender people and risks of HIV infection and STIs.
3. To raise awareness about stigma and discrimination related to men who have sex with men and transgender people and HIV.

Target population

Staff of social groups, NGOs, social workers, staff of government organizations working on HIV prevention and men who have sex with men and transgender people, mass media

Time	Content
DAY 1	
Morning	Basic concepts of Gender, Sex and Sexuality
8:00- 8:15	Registration
8:15-8:30	Opening speech and participant introduction
8:30 – 9:15	Characteristics of Sex and Gender (Exercise A1)
9: 15- 10:15	Sexual Orientation, Sexual Identities and Sexual Behaviours (Exercise A5)
10:15-10:30	Tea Break
10:30-11:30	Men who have sex with men and transgender people -Who are they? (Exercise A6)
11:30-13:30	Lunch

Afternoon**Understanding Stigma and Discrimination towards men who have sex with men and transgender people**

13:30 -13:45

Energizer

13:45 -14:45

Sexual behaviours between men who have sex with men and transgender people and their health issues - risk of HIV infection and STIs (Exercises A7, A8, A9)

14:45- 15:15

Understanding stigma through pictures (Exercise B1)

15:15-15:30

Tea Break

15:30-16:30

Problem Tree- Causes, Forms and Consequences of stigma towards men who have sex with men and transgender people (Exercise B4)

DAY 2**Morning****Accessibility to Social services and Rights**

8:00 - 8:15

Energizer and review of previous day

8:15 – 9:15

Male-to-male sex, HIV and rights (Exercise B7)

9:15-10:15

Double Standards and layered stigma (Exercise B11)

10:15-10:30

Tea Break

10:30-11:30

Advocacy for perception change (Exercise C3)

11:30-13:30

Lunch

Afternoon**Action Planning**

13:30-13:45

Energizer

13:45-14:15

Action Planning: How to reduce stigma and discrimination related to men who have sex with men and transgender people? (Exercise C4)

15:00-15:15

Tea Break

15:15-16:00

Presentation of group action plans

16:00-16:30

Evaluation and closing speech

Annex 3: Sample of a One-day training workshop

Objectives

1. To provide basic knowledge and information about men who have sex with men and transgender people in order to change attitudes and perceptions about these groups;
2. To discuss health issues of men who have sex with men and transgender people and risks of HIV infection and STIs;

3. To raise awareness about Stigma and discrimination related to men who have sex with men and transgender people and HIV.

Target population

Community leaders, policy makers, press and media.

Time	Content
Morning	Basic concepts of Gender, Sex and Sexuality
8:00- 8:15	Registration
8:15-8:30	Opening speech and participant introduction
8:30 – 9:15	Sexual Orientation, Sexual Identities and Sexual Behaviours (Exercise A5)
9:15-10:15	Men who have sex with men and transgender people -Who are they? (Exercise A6)
10:15-10:30	Tea break
10:30-11:30	Sexual behaviours between men who have sex with men and transgender people and their health issues - risk of HIV infection and STIs (Exercises A7, A8, A9)
11:30-13:30	Lunch

Afternoon

13:30 -13:45

Stigma and Discrimination towards men who have sex with men and transgender people

Energizer

13:45 -14:45

Understanding stigma through pictures (Exercise B1)

14:45- 15:15

Problem Tree- Causes, Forms and Consequences of stigma towards men who have sex with men and transgender people (Exercise B4); Male-to-male sex, HIV and rights (Exercise B7)

15:15-15:30

Tea break

15:30-16:15

Action Planning: What to do to reduce stigma and discrimination related to men who have sex with men and transgender people? (Exercise C4)

16:15-16:45

Presentation of group action plans

16:45-17:00

Summary and closing speech



Annex 4: Useful addresses

No	Organizations	Contacting Address
Volunteer group of men who have sex with men and transgender people		
1	AdamZone Forum, Hanoi	http://adamzone.vn
2	Uoc Mo Tuoi Tre group (Youth's Dream group), Hanoi	Nguyễn Văn Tùng – Email: tungnguyenhn@gmail.com
3	Hai Dang club (Light House Club), Hanoi	Nguyen Dinh Thu – Email: haidang.clb@yahoo.com
4	Khat vong song (Life inspiration), Hanoi	Vi Quang Lich – Email: khatvongsong513@yahoo.com
5	The Gioi Moi group (New World group) , Hanoi	Nguyen Trong Dan – Email: coolboy-hn8x@yahoo.com
6	Niem Tin Xanh group (Green Hope club), Hanoi	Nguyen Son Minh – Email: niemtinxanh@yahoo.com
7	Thong Xanh Group (Green Pine group), Hanoi	Nguyen Van Dung – Email : thongxanhdung@gmail.com
8	The Bright Future Network	No 99, alley 2, Bồ Đề street, Long Biên, Hanoi Tel. 04 8 724148/04 8 727149
9	Bien Xanh club (Blue Sea club), Hai Phong	Nguyen Van Dinh – Email: caulacbobienxanh@gmail.com
10	Muon sac mau club (Multi-colour club), Khanh Hoa	Nguyen Hung Cuong Email: cuong_manhtien2000@yahoo.com.vn
11	Anh Sao Dem club (Night sparkling club), Da Nang	Phan Huy Hien – Email: phanhuyhien1979@yahoo.com.vn
12	Cau Vong group (Rainbow group), Da Nang city	Le Tan Minh – Email: dncauvong@yahoo.com
13	Bau Troi Xanh club (Blue Sky Club), Vung Tau	23B Nguyễn Du road, Vũng Tàu, Việt Nam
14	Bau Troi Xanh Club (Blue Sky Club), HCMC	Nguyen Hong Khanh Email: bautroixanhmsmclub53@yahoo.com

No	Organizations	Contacting Address
15	Friendship Nguyen	Nguyen Van Trung – Email: nvtrung@yahoo.com
16	M for M club	Dinh Duc Thien – Email: thien@life-vietnam.org
17	Dong Xanh club (Green Field club)	Nguyen Thanh Vu – Email: thanhvu0808@yahoo.com
18	Adamzone group, Can Tho city	Pham Van Tam – Email: phvtam@gmail.com
19	Nam-Men website	http://nam-man.vn/

Organizations working on men who have sex with men

20	Vietnam Administration for HIV/AIDS Control (VAAC) – Ministry of Health	135/3 Núi Trúc, Ba Đình, Hanoi – Tel: (844) 37367128, Fax: (844) 38465732 – E-mail: aidsmoh@vaac.gov.vn
21	Hanoi provincial AIDS Centre	86 Thợ Nhuộm, Hanoi
22	Consultation of Investment in Health Promotion (CIHP)	Number 2 Lane 49/41 Huỳnh Thúc Kháng road, Ha Noi Tel. 04 3 5770261; Fax. 04 5770260 http://www.cihp.org/Desktop.aspx/English/
23	Magazine AIDS and Community (Tạp chí AIDS và Cộng đồng)	15 Lý Thường Kiệt – Tel: 04-39741661/ 62
24	VICOMC	19 Định Công, Hoàng Mai, Ha Noi – Tel: (04) 32851425; Fax: (04) 3285 1961 – Email: vicomchn@viettel.vn
25	SHAPC	No 90B, Núi Trúc Lane, Giang văn Minh street, Ha Noi Email: shapc@fpt.vn – ĐT. 04-37365474
26	CHP (Community Health Promotion)	Suite 117-120, Block B17, Kim Lien Diplomatic Compound, Dong Da, HaNoi – Tel: 04-3574 6225 (ext 17) or 0983180028 Email: tmgioi@chp.org.vn
27	ISDS (Institute for Social and Development Studies)	Suite 225, Stairway 11, Bld CT5, Song da-My Dinh, Pham Hung road, Hanoi – Tel. 04 3 7820058 – E-mail: isdsvn@isds.org.vn
28	Hai Phong Provincial AIDS Centre	184 Nguyen Duc Canh, Le Chan district, Hai phong Tel: 0313822355

No	Organizations	Contacting Address
29	Hai Duong Provincial AIDS Centre	Km 3, Nguyen Luong Bang road, Hai Duong city Tel: 032 3896572
30	Thanh Hoa Provincial AIDS Centre	No. 474 Hai Thuong Lan Ong, Thanh Hoa City
31	Khanh Hoa Provincial AIDS Centre	No 31, Lê Thành Phương, Nha Trang city
32	Centre for Health Education and Communication of Khanh Hoa province	No 4, Quang Trung - Nha Trang city – Tel: 0583824649
33	Da Nang Provincial AIDS Centre	315 Phan Chu Trinh, Da Nang city – Tel +0511-3823336. Fax +051-3897218
34	Ho Chi Minh city AIDS Committee	No 121 Lý Chính Thắng, ward7, Dist.3, HCMC Tel: 08-39304280
35	Life Centre	No. 80/8 Nguyen Trai, district 5, Ho Chi Minh City
36	Can Tho Provincial AIDS Centre	Number 4 Chau Van Liem, An Lac ward, Ninh Kiều district, Can Tho city
37	An Giang Provincial AIDS Centre	6/6D Le Loi Road, Long Xuyen city, An Giang province
38	CARE International	66 Xuân Diệu road- Tây Hồ - Hanoi 32/63 Cao Thang, ward 5, district 3, Ho Chi Minh City
39	Family Health International (FHI) Hanoi	3rd floor, No. 1 Ba Trieu Street, Hoan Kiem District, Hanoi Colonnade Building, 27 Nguyen Trung Truc, district 1, Ho Chi Minh City
40	Save Children UK in Viet Nam	E3 Diplomat Compound, Trung Tu, 6 Dang Van Ngu, Dong Da, Hanoi – http://savethechildren.org.vn/
41	Medecins du Monde	342B Nghi Tam, Tay Ho, Hanoi – Tel: 04-7192522/23 42 Bis Le Truc street, ward 7, Binh Thanh district, Ho Chi Minh city

No	Organizations	Contacting Address
42	Population Service International	4th Floor, side B, 273 Kim Ma street, Ba Dinh district, Hanoi
43	PACT	37A Xuan Dieu, Tay Ho, Hanoi – Tel: 04-37198899
44	USAID in Viet Nam - Health and Humanitarian Program	Vườn Hồng, 6 Ngọc Khánh str., Hanoi – Tel. 04-38314580
45	UNAIDS in Viet Nam	No 24, Alley 11, Trịnh Hoài Đức str. Hanoi Tel.: (84 4) 3734-2824; Fax: (84 4) 3734-2825. http://www.unaids.org.vn/sitee/index.php
46	World Health Organisation (WHO)	63 Tran Hung Dao street, Hanoi Tel: 04-39433734/5/6 http://www.wpro.who.int/vietnam

Health care and social support services on HIV, Sexual and Reproductive Health

Hanoi		
47	Bach Mai hospital, VCT room 408 Department of Health check	78D Giải Phóng road, Hà Nội
48	Hospital of Clinical Medicine of Tropical Diseases, Bach Mai hospital, room 104, Department of Health check	78D Giải Phóng road, Hà Nội
49	Hospital of Dermatology, Bach Mai hospital	Phương Mai street, Hanoi – Tel.: (04) 38520825
50	Dong Da hospital, Department of Clinical Medicine for Tropical diseases.	Lane 180, Nguyễn Lương Bằng street, Hà Nội Tel. 04 35118572
51	Hospital K (Cancer of Sex organs) Contact: Dr. Van Quang Anh	43 Quán Sứ – Tel.: (04) 38264175, (04) 38264178
52	Private Dermatology Services Contact: Dr. Nguyen Duy Hung All weekdays from 17:00 -20:00	207A Phố Huế
53	Department of Dermatology, Hanoi Hospital of Dermatology	79B Nguyễn Khuyến street – Tel.: (04) 37474908

No	Organizations	Contacting Address
54	Private health care service – Contact: Dr. Thanh	Address: No 31 alley 4 Phương Mai – Tel.: (04) 35770163
55	Private health care service – Contact: Dr. Bac	Address: Lane 492, Đề La Thành – Tel.: (04) 38354972
56	VCT	50C Hàng Bài, Hà Nội – Tel. 04 39434738
57	Centre for Legal Consulting and supporting for poor people	Ms. Duong Thi Thanh Mai - Director – Tel: 0908433955
Ho Chi Minh city		
58	Dermatological hospital	No 2 Nguyễn Thông, Dist.3 – Tel.: 08. 3930 5995
59	Department of health care for men, Binh Dan hospital	No 371 Điện Biên Phủ, Dist.3 No 408 Điện Biên Phủ, Dist.10 (Trung tâm Điều trị Kỹ thuật cao) – Tel.: 08. 3839 4747
60	VCT Counseling, Dermatological hospital of HCMC	No 2 Nguyễn Thông, Dist.3 – Tel: 08 39 305995
61	Anh Duong Centre	71 Võ Thị Sáu, P.6, District 3 – Tel. 08 38208407
62	Centre for counseling and supporting community, District 1, HCMC	48/52 Mã Lộ, Tân Định ward, District 1 – Tel. 08 8209321
Can Tho city		
63	Can Tho Dermatology hospital	12/1, Road 30 tháng 4, Can Tho city – Tel. 0713.838920
64	Free STI examination for community	4/4 Lê Lai, ward An Phú, Can Tho city – Tel. 071 3731475
65	The Viet Nam HIV/AIDS/STI Community Clinic Network Project	Village Vĩnh Lân, national road 80 (next ot Vĩnh Trinh market) Tel. 071 3859257
66	Counselling room for Community health	79 Lý Tự Trọng, ward An Phú Can Tho city Tel. 071 3930676

No	Organizations Other cities	Contacting Address
67	Legal Clinic in An Giang	Mr. Nguyen Van Tao. 18/5B, Tran Hng Dao roaf, My Quy district, Long Xuyen, An giang province – Tel: 076-3934222
68	Legal Clinic in Hai Phong	Mr. Nguyen Lang Thinh – Mobile phone: 0913240619
69	Legal clinic on HIV/AIDS in Quang Ninh	Ms. Nguyen Thi Hue. No.3, Nguyen Van Cu road, Hong Hai, Ha Long city. Tel: 033-3820014; Mobile: 0989125968

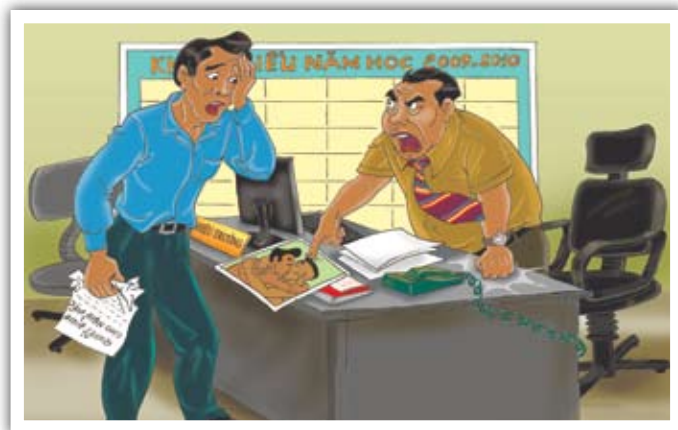
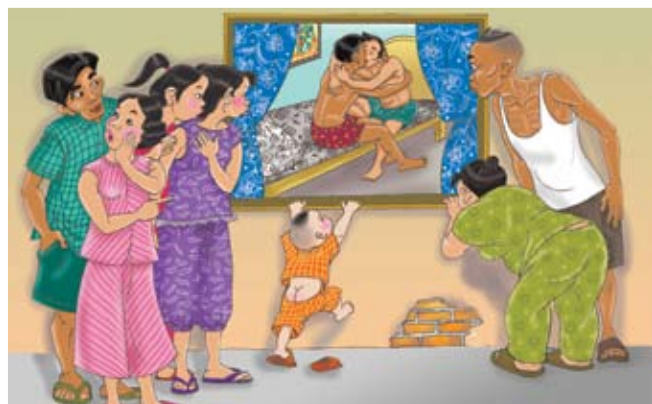
Annex 5: Pictures











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