UNDERSTANDING MEN WHO HAVE SEX WITH MEN (MSM) AND HIJRAS & PROVIDING HIV/STI RISK REDUCTION INFORMATION

Basic Training for Clinicians & Counselors in Sexual health/STI/HIV

TRAINER'S MANUAL

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Two gay Englishmen once came to Gandhi – - this was in the 1930's --- and asked him what he thought about their relationship. After questioning them a bit, Gandhi fell silent for a short time, and then said, "The greatest gift that God gives us is another person to love." Placing the two men's hands in each other's, he then quietly asked, 'Who are we to question God's choices?"

(From 'Tackling gay issues in schools'. A resource module edited by Leif Mitchell. GLSEN Connecticut. 1999. II edition.)

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Some sections from the following manuals were adapted in the preparation of this trainer's manual.

Rhonda Linde. Gay, Lesbian, Bisexual and Transgender Health Access Training project. Trainer's manual and Participants resource manual. The Fenway Institute of Fenway Community Health and JRI's Health Access Project.

Tackling gay issues in school. A resource module edited by Leif Mitchell. GLSEN, Connecticut, and Planned Parenthood of Connecticut, Inc. 1999. II edition.

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CONTENTS

ABBREVIATIONS

AIDS - Acquired Immunodeficiency Syndrome

CBOs - Community-Based Organizations

HIV - Human Immunodeficiency Virus

IPC - Indian Penal Code

GLBT – Gay, Lesbian, Bisexual, Transgender

HCP - Health Care Providers

MSM - Men who have Sex with Men

NACO - National AIDS Control Organization [India]

NGOs - NonGovernmental Organizations

SRS – Sex Reassignment Surgery

STDs - Sexually Transmitted Diseases

STIs - Sexually Transmitted Infections*

*The World Health Organization recommends that the term 'sexually transmitted disease (STD)' be replaced by the term 'sexually transmitted infection (STI)'. The term sexually transmitted infections has been adopted as it better incorporates asymptomatic infections.

Purpose of this Trainer's Manual

Often health care providers rarely had the opportunity to understand the sexual diversities and to be educated about the health issues of sexual minorities. This manual can be used as a self-study resource material for trainers who are involved in conducting training on sexual health, STI and HIV to integrate the health care issues of men who have sex with men (MSM) and Hijras in their training programs. Such training programs can result in increased knowledge, and enhanced skills of doctors/counselors on the health issues of sexual minorities that will ultimately lead to improvement in the quality of services available to sexual minorities in the clinical and counseling settings.

This manual was primarily developed for the use of trainers attending the training of trainers workshops conducted by Dr. Venkatesan Chakrapani with support from The John D. and Catherine T. MacArthur Foundation.

1. INTRODUCTION

a. Introduction of the facilitators:

Facilitators need to introduce themselves briefly to the participants. The introduction will include credentials and institutional affiliations and their expertise in facilitating this training course. A single facilitator can handle the entire training but it may be useful to have at least one co-facilitator.

b. Introduction of the participants:

Ask the participants to briefly introduce themselves: their name, the institution to which they belong, their role and expectations from the training program (if time permits)

c. Pre-training evaluation:

Explain why pre- and post-training evaluations are necessary:

- Mainly to assess the knowledge (and attitude) of the participants before and after the training and to find out whether there is any difference after the training.

Explain that the participants need not write their name on the questionnaires (pre-/post training evaluation). But ask them to write the particular number assigned to them in the training. Each participant has to write the same number assigned to them in both the pre and post-training questionnaire. Note the questionnaire is the same and hence the participants have to indicate by ticking whether the evaluation is pre- or post-training.

A model pre-/post-training evaluation questionnaire is given in the appendix. Facilitators can modify this questionnaire as per their training schedule and requirements of the participants.

d. Goals and objectives of the training:

Explain the goals and objectives of the training to the participants.

Goal

To enable health care providers provide quality health care services to men who have sex with men (MSM) and Hijras/Aravanis*

(* 'Aravani' is the term used for Hijras in the state of Tamil Nadu in India.)

Objectives

- To understand basic information about various sexualities - homosexuality, bisexuality and Transsexualism
- To make the participants aware of their own attitudes and values with respect to homosexuality, bisexuality and transsexualism, and to enable them to be respectful and caring towards their clients who are MSM or Hijras
- To improve the knowledge and skills of doctors/counselors in taking sexual history (especially same-sex/bisexual behavior) during HIV/STI counseling.
- To improve the knowledge and skills of doctors/counselors in providing risk-reduction counseling to MSM and Hijras.
- To understand the barriers faced by MSM and Hijras in accessing appropriate clinical and counseling services.
- To improve the knowledge on risk-reduction counseling to HIV-positive persons of any sexuality or gender identity.

Note: Not all the above objectives need to be attained in a single training program. Different groups of people may have different needs and depending upon the training needs and time constraints the objectives may need to be adapted.

Brief the participants on the duration of the training period. A model one-day training schedule is given as appendix-2. This schedule may be suitable for training doctors/counselors who are in the sexual health field or who are providing STD/HIV counseling. Request the participants to read the participant resource handbook and any

additional handouts given to them once the training is over. Depending upon the training needs and time duration available, the duration of various sessions can be modified by the facilitator.

e. **Ground Rules**

(Adapted from Trainer's manual of GLBT Health Access Training Project)

The following ground-rules need to be read out from the PowerPoint™ slides. If possible, charts in which these ground rules are written can be posted in the walls of the training room.

Resource for facilitators: Ground rules

Respect

• Respect Others' opinions. Agree to disagree. We come from a variety of backgrounds and experiences. What is one person's truth may not be the truth of another. We come together to share and to learn, not to judge.

• Use respectful language

•All feelings are valid

Speak from personal experiences

- When speaking use "I" statements when appropriate. (Example: "I feel it is wrong to have sex before marriage" rather than "It is wrong to have sex before marriage")

Questions

- There are no "foolish" questions.
- Challenge yourself to ask questions as they arise

Participation

- People are encouraged to speak freely
- Speak one at a time
- We want to encourage you to be non-judgemental and open to different perspectives.

2. SEXUALITY-RELATED TERMS & CONCEPTS

Objective:

To help the participants understand the meaning of the key terms used in the area of sexuality.

Methods:

PowerPoint™ presentation or overhead projector presentation.

Supplies or Equipment:

- LCD projector or overhead projector
- Copies of the handout 'Glossary of Terms'

Time needed: 45 min

Instructions for the facilitator:

- Find out appropriate terms in the native languages of the participants. Often, there may not be appropriate equivalent terms in the native language. For example, there is no term in most (if not all) of the Indian languages for 'heterosexual' or 'bisexual'. (Note: There may be recently coined technical terms for 'homosexual' or 'homosexuality' in the native languages.)
- Go from simple terms to complex
- Not all the key terms in the field of sexuality need to be taught – only those terms that are relevant for the discussion in this course need to be given importance.
- Interaction with the participants in this session is very crucial since they need to be very clear in the basic and key terminology that will be used throughout this training.

Steps:

Brief the audience on the importance of understanding the basic terminology and concepts in sexuality for better understanding and appreciation.

The definitions of the following can be then shown and explained:

- Sexuality
- Sex
- Gender
- Sexual orientation (homosexual, heterosexual, bisexual)
- Sexual behavior (homosexual, heterosexual, bisexual)
- Sexual identity (gay, bisexual, lesbian)
- Gender expression
- Gender identity
- Transsexualism
- Transsexual (male-to-female transsexual, female-to-male transsexual)
- Transgender

Give examples and exercises to the participants to understand the difference between the following:

- Sex and gender
- Sex and sexuality
- Sexual orientation and sexual behavior
- Sexual identity and gender identity

Give examples and provide explanations to show that:

- Feminine gender expression may or may not be associated with homosexual orientation (a male can be feminine and still have heterosexual orientation/behavior, a male can be masculine but still have a homosexual orientation/behavior)
- Sexual identity and sexual behavior may or may not correlate (a gay-identified male may get married to a woman and have bisexual behavior, a person without a gay identity might have had same-sex behavior)
- Point out that masculine and feminine are not dichotomous notions, but rather a continuum and very much based in the culture and era in which one lives.

Once the participants understand the above, tell the participants that gender expression and sexual orientation can be viewed as continuum rather than polar categories of masculine and feminine or heterosexual and homosexual, respectively. Then, brief them on the Kinsey scale.

After explaining the above definitions, define and explain the following terms:
Men who have sex with men* (MSM)
Males who have sex with males*
Kothi**
Panthi
Double-Decker

Note:

* It may be difficult for some people to understand the difference between “men who have sex with men” and “males who have sex with males”. Explain that the term “men who have sex with men” assumes both are “men” (their gender identity is ‘man’) and hence excludes inclusion of ‘Hijras” who don’t think of themselves as ‘men’. But the term “males who have sex with males” includes all biological males who have sex with other males. Then technically even Hijras who are biological males will come under this umbrella term. Additionally, "men" assumes that the individuals as adults, while "males" does not make this assumption.

**Kothi identity can be considered as gender-role based identity rather than ‘sexual identity’)

Important: Identities Vs. Behavior

While it is the behavior that puts people at risk for HIV, one should not overlook the importance of identities like Kothi, gay or bisexual among MSM populations and ‘identities’ like Hijras, Aravanis, Jogtas among transgender populations. Identities are important in relation to community mobilization, and the psychosocial support provided by the presence of communities. Hence prevention and care programs should also be culturally appropriate and respect the identities chosen by MSM and transgender populations.

3. PHOBIAS (HOMO/BI/TRANS) AND HETEROSEXISM

Objectives:

To make the participants understand the meaning of homophobia, biphobia, transphobia and heterosexism

Method:

PowerPoint™ presentation or overhead projector presentation.

Supplies/Equipment:

- LCD projector or overhead projector

Time: 10 to 15 min

Steps:

Give definitions and explanations for the following terms.

- Homophobia
- Biphobia
- Transphobia
- Heterosexism

Explain how these phobias combined with heterosexism constitute barriers in providing quality health care to MSM and Transgender persons.
(Interaction with the participants in this session is important.)

Optional:

- Ask the participants to give examples of homo/transphobia they have seen or heard from their clients in their practice.
- You can ask the participants to think of some time in their life when they felt discriminated against or when someone exhibited a prejudice against them. This might help them to "understand the prejudices experienced by MSM or Hijras and the toll it takes on their lives and emotional well being". Note that for some people this might be a stressful activity.

4. THE 'HETERO/HOMO/BI MATRIX' EXERCISE

Objectives:

At the end of this session, the participants should be able to understand that the primary difference between men with different sexual orientations (homo/hetero/bi) is whom they are attracted to. Otherwise, men with any sexual orientation are basically the same.

Method:

Provide sexuality matrix exercise sheet to each participant. Explain what they need to do. Let them tick the boxes in the matrix and complete ticking the entire matrix. Once all the participants completed the exercise, start the discussion.

Supplies/Equipment:

- Copies of the exercise sheet 'sexuality matrix'

Time: 45 – 60 min

Steps:

Sexuality matrix exercise consists of a tabular column and its heading contain the terms 'heterosexual men', 'homosexual men' and 'bisexual men' refer to those men whose sexual orientation are hetero, homo and bi – respectively. The participants have to read the row against the column and if they agree with the statement mark "+" for 'Yes' and "_" for 'No'. You have to emphasize that they should not mark according to what they think is ideal (or what the majority do) but what is *possible* with regard to at least some proportion of men with any sexual orientation.

Give 10 to 20 minutes for the participants to finish this exercise.

Instruct them:

- Not to copy the responses of their friends sitting nearby them
- Not to ponder too much on a particular statement but to keep going marking + or – as per their first impression
- Not to leave any of the cells in the tabular column blank.

This exercise is a good way of knowing their attitude as well as misconceptions about the sexuality issues. For example, some participants might still think that homosexual men cannot be masculine or they cannot have sex with women. Thus if they have put a '-' sign against the statement 'may be masculine' for homosexual men then you have the opportunity to explain to them again that homosexual men can be masculine or feminine just like heterosexual men (thus again emphasis that 'feminine mannerisms' in a male may or may not correlate with homosexual orientation).

Once everyone has finished marking the entire matrix, make a list of how many participants have how many negative signs.

For example, you can split the number of persons who have particular number of negative signs as:
Those who have
Less than 5 negative signs
Between 6 and 10
Between 11 and 15
Between 16 and 20, so on

Then ask the persons belonging to each category (start from the lowest category, say 'less than 5 '-') to tell for which statements they have put '-' and then offer explanations how it could be '+'. Thus at the end of the exercise (after the explanations provided by the facilitator), all the cells should be having '+'.

After having gone through all the '-' (negative signs), engage the participants in follow up questions:

- How did you feel while doing that exercise?
- Did this exercise clarify the concepts learned so far or is there still some confusion?
- How does it feel to know that primary difference between persons of heterosexual orientation and that of homo/bisexual orientations is whom they are attracted to and otherwise they are all similar in most ways.

5. Q & A SESSION OR FREQUENTLY ASKED QUESTIONS (FAQ)

Objectives:

The participants should get clarifications on the common queries they might have about men who have sex with men (MSM) and Hijras.

Method:

The participants are encouraged to ask whatever queries they have about MSM and Hijras. If the sexuality matrix exercise has been completed, most of the common queries might have been answered in that exercise itself, however it is still better to have this session. If the participants don't have any queries, then ask the questions listed here and encourage them to provide answers to them.

Supplies/Equipment:

- White-board and marker pens to note down the queries from the participants
- List of questions to the participants (in case participants do not come out with questions)

Time 30 to 45 min

Steps:

It is better to have a separate session to clarify the queries the participants might have but which are not covered in the previous sessions. Some of the common queries asked by the participants in any of the sessions of the training are given below. If the participants ask any of these queries in previous sessions tell them that they will be given answers/explanations in Q & A session. Though many of the queries in this session are actually 'myths and misconceptions', it is better to use the neutral term 'Q & A session'.

The common queries are listed below and brief explanations are given as a handout in the resource manual.

If the participants have understood the terms and concepts well and as well as have understood the sexuality matrix exercise, having this session may be redundant. However, some participants may have certain misconceptions so much ingrained that they cannot able to get rid of them easily and for them this is an opportunity to raise their queries.

Some of the queries like whether homosexuality is a mental disorder might not have been addressed in the previous sessions and this session offers the chance to explain those areas better.

List of some common queries:

- Is Homosexuality a mental illness?
- Can homosexuality be "cured" by appropriate therapy?
- Do gay men want to be women and do lesbians want to be men?
- Can homosexual people be identified by their mannerisms or appearance?
- Are all homosexual people ‘promiscuous’ and incapable of maintaining long-term relationships?
- Do homosexual men abuse children and ‘recruit them into their circuit’?
- Does a male child later become a homosexual because a man had sexually abused that child?
- Whether lesbians have turned to other women due to bad experiences with men?
- Whether in most gay or lesbian couples, one partner always plays the man and the other plays the woman?

6. 'CARD EXERCISE' TO CLARIFY COMMON QUERIES

Note: This exercise can be used if the sexuality matrix exercise or Q&A session on common queries are not used in the training.

Objective:

To make the participants examine false and true statements about MSM & Hijras and hence to remove any misconceptions.

Time: 30 min

Supplies/Equipment:

- Cards which contain correct and false statements about MSM or Aravanis/Hijras
- Handout containing explanations for the common queries

Steps:

The facilitator has many cards each containing one statement (true or false) about MSM or Hijras. He/she reads out what is written in each card and asks what the participants think about that statement. The participants are encouraged to tell their opinion. Interactions among the participants are encouraged rather than the facilitator trying to answer or respond to the comments from each participant. After a reasonable period of discussion on a particular statement, the facilitator intervenes and summarizes the discussions and gives the rationale behind why a particular statement is a myth or fact.

Below is a list of statements (false or true) that can be used for this exercise.

- Homosexuality is abnormal
- Homosexuality is unnatural
- Homosexuality is not a mental illness
- Homosexuality can be cured by appropriate therapy
- A Hijra has both male and female genitalia (or ambiguous genitalia)
- Homosexual people can be identified by their mannerisms, or appearance.
- The majority of child molesters are homosexual men.
- Gay people could be cured if they have good sex with a person of the opposite sex.

Instructions for the facilitators:

Note that some participants may not be satisfied with your 'rationale' behind why a particular statement is a myth or fact. Acknowledge that it may not be possible for everyone to agree or disagree with certain statements and at least make them understand it might have definitely challenged the way they might have thought about that initially. And then move forward to other statements or next session.

Variants of this exercise:

Each of the participants can be given one card containing a statement (false or true) and asked to comment on that statement. Later the other participants are asked to talk about their views on that statement. Finally the facilitator intervenes and gives the rationale behind why a particular statement is false or true.

7. LEGAL ISSUES ON HOMOSEXUALITY IN INDIA

Objective:

To make the participants understand the legal status of homosexuality and section-377.

Method:

PowerPoint™ presentation or overhead projector presentation.

Supplies/Equipment:

- LCD projector/overhead projector

Time: 10 – 15 min

Steps:

There are several ways of starting this session.

a. Ask the participants what do they think of: "If a husband and wife have oral or anal sex in their private bed room with mutual consent, whether that would be considered as a criminal act?" Answer: Yes, It is.

(Proceed to brief about section-377 IPC)

b. Ask the participants whether they think 'homosexuality' is criminal in India?

Answer: "Homosexuality' per se is not criminal but any 'carnal intercourse against the order of nature' (apparently referring to 'non-procreative sex') between two men or between a man and woman is considered criminal.

(Then brief about Section-377 IPC)

Key points to convey:

- Section-377 is against the sexual rights of everyone whether he or she is a heterosexual, homosexual or bisexual person.
- Sex between two adults with mutual consent in privacy should not require any state intervention.
- Section-377 was introduced in India by the British in 1860s. In United Kingdom, this law was repealed in the late 1960s yet it still remains in India.

8. SEXUAL HISTORY TAKING

Objective:

To improve the skills of doctors/counselors in asking about same-sex/bisexual behavior among their clients (men and Hijras)

Method:

PowerPoint™ presentation or overhead projector presentation.

Role-play

Supplies/Equipment:

- LCD projector/overhead projector
- Role-play scenarios

Time: 45 - 60 min

Steps:

1. Start with why most of the counselors or doctors have difficulty in taking sexual history in detail even in those clients who come specifically with sexual problems or for STD/HIV testing or 'check-up'. You can ask the participants to give various reasons. Then cover the relevant PowerPoint™ slides.
2. Proceed to how, in general, sexual history need to be taken. These basic points can be covered with specific examples for each point.
3. Then, talk about the possible ways of asking about the same-sex or bisexual behavior in any male (whether that person is masculine or feminine, young or old, single or heterosexually married). Some possible 'scripts' are given in the PowerPoint™ slides but ask them to develop their own scripts that need to be tailored according to individual client characteristics.

4. Role play scenarios:

The following scenarios can be acted upon by the participants. One should act as a doctor/counselor and the other as the client. Note that these role-plays are to train or improve their skills in asking same-sex/bisexual behavior in any male.

a. A 25-year-old unmarried masculine-looking male comes for HIV testing and the doctor/counselor needs to conduct HIV/STI risk assessment in this person. How the counselor/doctor will proceed to ask sexual behavior of this client?

b. A 30-year-old married male comes with STD symptoms and was asked to see the counselor first. How the counselor will take sexual history in this client? (If the training is for doctors, ask how they will ask sexual history in this patient?)
Note: This role-play should focus more on taking sexual history and not STD history.

c. A 23-year-old male comes for HIV counseling and informs that he has had sex with males in the past. How do you take a comprehensive sexual history?

Key points to convey:

- Same-sex or bisexual behavior can be present in males who are masculine or feminine, young or old, single or married.
- A self-proclaimed homosexual male can also have sex with females.
- Not all the men who have homosexual orientation have anal sex.
- Sex between a man and woman may also involve oral or anal sex.
- A heterosexually married male may also be having sex with males (bisexual behavior).
- A person with gay or Kothi identity can be heterosexually married.
- If a male acknowledges same-sex or bisexual behavior enquire about both male and female steady partners to facilitate partner screening and treatment.

9. SEXUALLY TRANSMITTED DISEASES (STD) – BASICS

Objective:

To make the participants to have a brief overview of STDs: common STD syndromes/ symptoms, types of STDs, management. The participants have to understand that the same type of STDs which occur in men who have sex with women also occur in men who have same-sex or bisexual behavior or Hijras.

Method:

PowerPoint™ presentation or overhead projector presentation.

Supplies/Equipment:

- LCD projector/overhead projector

Time: 30 min

(Note: This session is to provide a brief overview of STDs to the participants and not to give a detailed training on this topic, which requires a separate training program.)

Steps:

Present the information given in the participant resource manual and explain where necessary. The PowerPoint™ slides of STD pictures that can be used for this presentation is available upon request (write to cvenkatesan@hotmail.com)

Key points to convey:

- Depending upon the site of sexual intercourse, STDs can occur at different sites - genitalia, anal area, and mouth/oral cavity.
- Any type of STD can occur in persons who have any sexual orientation
- Persons with any sexual orientation may have STDs at any site (genitalia, anal area, and mouth/oral cavity) since their sexual practices may or may not correlate with their sexual orientation.
- Irrespective of whether one identifies as only the insertive or receptive partner (while having sex with other males), the doctor needs to clinically examine and ask for STD symptoms in three major sites – genitalia, anal area and mouth/oral cavity.

10. SEXUAL PRACTICES

Objective:

To make the participants understand the various sexual practices – penetrative and non-penetrative. The participants also need to understand the relative risk of acquiring or transmitting HIV infection through the various (unprotected) sexual practices.

Methods:

Discussion

PowerPoint™ presentation or overhead projector presentation.

Supplies/Equipment:

- LCD projector/overhead projector

Time: 30 min

Steps:

1. Introduce the terminology for the various types of penetrative or non-penetrative sexual practices.

2. Ask them to find out or create appropriate terms in their native languages so that they can ask about these sexual practices with their clients.

3. For the following sexual practices, mention the relative risk of acquiring or transmitting HIV:

- unprotected anal sex
- unprotected vaginal sex
- unprotected peno-oral sex.

Note:

- The participants should be able to understand that any type of sexual practices, if not limited by the absence of a particular anatomical part, can occur between any one (man and man, man and woman, man and Hijra, woman and woman) except probably the peno-vaginal sex which happens between a man and a woman.
- The participants should also be able to understand that persons of any sexual orientation can practice any of the sexual practices. For example, anal sex can be practiced between a man and a woman. A gay-identified man can have vaginal sex with a woman.

Key points to convey:

Unprotected anal sex (whether between two men or between a man and a woman) has highest risk of HIV infection. This is followed by unprotected peno-vaginal sex (medium risk of HIV infection) and unprotected peno-oral sex (low risk of HIV infection).

11. HIV/STI RISK-REDUCTION OPTIONS

Objectives:

To understand the various risk-reduction options available for the various sexual practices ("risk" here refers to risk of acquiring or transmitting HIV or STI) to provide appropriate risk-reduction information to the clients/patients.

Methods:

Group exercise

Discussions/Interactions

PowerPoint™ presentation or overhead projector presentation.

Supplies/Equipment:

- Whiteboard/markers
- LCD projector/Overhead projector

Time: 45 min

Steps:

1. Divide the participants in to three to five groups depending upon the total number of the participants. For each group, give two or three sexual practices (terms) and ask them to discuss the following questions and then present the discussion points to the whole group.

Questions for group discussion:

a. This sexual practice can occur between whom: man and man, man and woman, man and Hijra, woman and woman?
b. What is the relative risk of HIV through this unprotected sexual practice? (Three stars for highest risk, two stars for medium risk and one star for low risk)
c. What types of STDs can be transmitted or acquired through this unprotected sexual practice?

d. How to reduce the risk of acquiring or transmitting HIV or STDs through this sexual practice?

Inform the participants that you will give 15 minutes for them to discuss the above and get back to you. While they discuss, prepare the tabular column on the white board (or on a chart) as shown below and later fill up as they come out with answers.

Sexual practice	**Between whom?**				**HIV risk**	**STIs**	**Risk-reduction**
	Male/Fem	**Male/Male**	**Male/Hijra**	**Fem/Fem**			
Peno-oral							
Peno-vaginal							
Peno-anal							
French Kissing							
Mutual masturbation							
Fingering							
Rimming							
Cunnilingus							
Frottage							

2. Note that when the group representatives mention their discussion points, correct any misinformation or add information that was missed. Then proceed to summarize the risk-reduction options available for each sexual practice.

12. SEXUAL RISK-REDUCTION INFORMATION FOR HIV-POSITIVE PERSONS

Objectives:

To understand that risk-reduction options are the same irrespective of the HIV status of a person. To be able to convey messages to HIV-positive person of any sexuality regarding the need to practice safer sex.

Method:

PowerPoint™ presentation or overhead projector presentation.

Supplies/Equipment:

LCD projector/Overhead projector

Time: 10 min

Steps:

Explain the points given in the participant resource handbook using PowerPoint™ or overhead.

Key points to convey:

Risk-reduction counseling discussed above applies for anyone – whether that person is HIV-negative, positive or of unknown status. Hence, emphasize to the participants that:

- One should not assume that HIV-positive persons who know their status are not sexually active
- Many HIV-positive persons who are sexually active may take adequate measures to prevent transmission of HIV to others. However it is important to assist HIV-positive persons in practicing safer sex.
- The importance of safer-sex practices should be emphasized not only to prevent transmission to others but also to protect their own health (see this topic in the participant resource handbook for details)

13. BARRIERS TO HEALTH CARE FOR MSM AND HIJRAS

Objectives:

To understand that various barriers that prevent MSM and Hijras accessing quality health care services and to think of possible solutions to remove those barriers.

Method:

PowerPoint™ presentation or overhead projector presentation.

Discussions

Supplies/Equipment:

LCD projector/Overhead projector

Time: 45 min

Steps:

1. Ask the participants to come up with examples of homophobia/transphobia in health care. The participants should leave out identifying details (like who said or did what to which persons). In addition to these examples, also show the examples summarized in the PowerPoint™ slides. Pick up a few examples for a brief discussion.

2. Discussion

- How these examples or incidents represent barriers to health care for MSM and Hijras?
- What can be done to remove these barriers?

Ask the participants to think how organizations/clinics can improve the quality of services (counseling and clinical) they provide to MSM and Hijras. This can be done by dividing them into groups but if there is limited time, then go on to make the presentation on this topic (Note: Presentation points on this topic are given in the participant resource manual)

14. DEVELOPING ACTION STEPS TO IMPROVE PROVISION OF QUALITY HEALTH CARE SERVICES TO MSM AND ARAVANIS IN THE AGENCIES OF PARTICIPANTS

Objectives:

To assist the participants in preparing a personalized action plan to improve the services (counseling/clinical) provided by them in their agencies.

Method:

Participants are thinking alone and writing

Discussions

Supplies/Equipment:

Template for writing down the personal action plan

Time: 45 min

Steps:

Ask the participants to write down their action plan on how they want to change things at personal and institutional level from what they have learned from this training program. Specifically, how they are planning to decrease the barriers faced by MSM/Hijras in their own settings and what can the participants do in their own clinical/counseling practice and what their institution can do.

Action steps can be developed at the end of the training program or if there are time constraints the participants can do this as 'homework' and keep to themselves for implementation.

Template to assist the participants in preparing the action plan:

(Adapted from: Leslie Rae, 2004. www.businessballs.com)

1. What are the items that you learnt from this training you intend to implement?
2. By which targets will you measure progress?
3. What barriers might impede your implementation?
4. How will you avoid or negate these barriers?
5. When do you intend to start implementing the item?
6. By when do you intend to complete the implementation of the item?
7. What resources (people, extra skills, etc.) will you need to complete the implementation of the item?
8. What benefits do you hope will result from your actions (to you and your clients)?
9. When will you and your senior or manager meet a) to discuss the implementation of your plan and b) to review the progress of this action?
10. Any other comments (continue on a separate sheet if necessary):

Some examples of action steps:

- Will routinely ask same-sex/bisexual behavior even among married masculine-looking men
- Will talk about female partners even with men who have openly announced they have sex with other men or 'gay'
- Will ask my program manager to have pamphlets addressing same-sex behavior in our STI/HIV educational materials

15. WRAP-UP

Review training (10 min)

- Review what topics and key concepts have been learned
- Reiterate the key points that they have to be follow in their clinical or counseling practice
- Brief them about how as doctors or counselors they can better equip themselves to serve their clients who are MSM/Hijras

Oral Feedback:

You can ask for oral feedback from the participants about the training program and what they have learned in general. This will be followed by giving them feedback forms to fill in.

Post-training evaluation:

Administer the post-training evaluation questionnaire. Ask the participants to write the same number they have written in the pre-training evaluation questionnaire.

APPENDICES

APPENDIX-1: "THE HETERO/HOMO/BI MATRIX" EXERCISE

(Venkatesan Chakrapani)

Note that in the tabular column heading, the terms 'heterosexual men', 'homosexual men' and 'bisexual men' refer to those men whose sexual orientation are hetero, homo and bi – respectively.

Read the row against the column and if you agree with the statement mark "+" for 'Yes' and "-" for 'No'. Do not mark according to what you think is ideal but what is *possible* with regard to at least some proportion of men with any sexual orientation. If you have any doubts ask your group facilitator.

	Heterosexually oriented men	**Homosexually oriented men**	**Bisexually oriented men**
Sexually attracted to	opposite-sex person	same-sex person	both sexes
May have sex with same-sex person			
May have sex with opposite-sex person			
May be 'masculine'			
May be 'feminine'			
May have anal sex (peno-anal)			
May not want to have anal sex			
May have oral sex (peno-oral)			
May not want to have oral sex			
May have peno-vaginal sex			
May be monogamous (single partner)			
May have multiple partners			
May rub against a person (with out consent) in a bus or train			
May have sex with a person in public places (park, beach, etc.)			
May have sex with another person with out consent (rape)			
May have sex with an adult, with consent, in a private place			
May sexually abuse a child (male or female)			
Might have been sexually abused by a male as a child			
May get married to a female			
May live together with a sexual partner			
May receive money to have sex with a person			
May pay money to have sex with a person			
May watch cricket			
May be living with mother, father, and sister/brother			
May be a 'good' person			
May be a 'bad' person			
May belong to "upper socioeconomic class"			
May belong to "lower socioeconomic class			

APPENDIX-2: A MODEL ONE-DAY TRAINING SCHEDULE

MEN WHO HAVE SEX WITH MEN (MSM) & HIJRAS: PROVIDING HIV/STI RISK REDUCTION INFORMATION

Training dates	
Organized by	
Training facilitator	
9.30 am	Introduction of the facilitator
9.35	Goal and Objectives of the program
9.45	Ground rules
9.55	Introduction of the participants
10.10	Pre-training evaluation
10.30	Sexuality-related terms
11.00 – 11.15 am	Tea break
11.15	Exercises to understand the Terminology introduced
11.30	Subpopulations of MSM & Aravanis
12 noon	Legal issues
12.15	'The Hetero/Homo/Bi Matrix' Exercise
1 – 2 pm	**Lunch**
2.00	Sexual practices, STI/HIV risk and Risk-reduction counseling
3.15	Addressing same-sex/bisexual behavior in HIV risk assessment (Discussions and Role-play)
3.45 – 4.00 pm	Tea break
4.00	Barriers to health care for MSM and Aravanis
4.15	Developing action steps to improve quality of services to MSM and Aravanis in doctor's or counselor's setting
4.30	Summary/Review
4.45 – 5.00 pm	Feedback and Post-training evaluation

APPENDIX-3: PRE- AND POST-TRAINING EVALUATION QUESTIONNAIRE: FOR COUNSELORS

(**Note:**

- The number and types of questions in the evaluation questionnaire should take into account the topics covered, depth of information conveyed, and the target audience
- For both pre- and post-training evaluation, the same questionnaire will be used)

Participant Number:
Date:
Training organized by:
Training Facilitator:

Question	Tick (√)				Official Use
	a	b	c	d	
1. Which one of the following carries **highest** risk of acquiring or transmitting HIV infection? a. Unprotected anal sex b. Unprotected vaginal sex c. Unprotected oral sex d. Mutual masturbation					
2. Which one of the following will be the **best** risk-reduction option for a ma having anal sex with another man? a. use condoms only b. use condoms with water-based lubricants c. use water-based lubricants alone d. none of the above					
3. For oral sex on man ('penis in mouth' sex) which of the following need to be used a. dental dam b. flavored condoms c. finger gloves d. no need to use anything					
4. Hijras identify themselves closely with women (or 'neither man nor woman') because: a. they have hormonal imbalance b. they have chromosomal abnormalities c. were abused sexually in their childhood by men d. none of the above.					
5. Name at least three common symptoms of sexually transmitted diseases. a..... b..... c.....					

Question	Tick (√)			Official Use
	a	b	c	
For the following statements - Say Yes, No or Don't know **a. Yes b. No c. Don't know**				
6. Anal sex can happen between two men or between a man and a Woman				
7. The main difference between 'homosexual men' and 'Hijra' is: Homosexual men consider themselves as 'man' and have sex with other men while Hijras consider themselves as 'women' (or 'neither man nor woman') and have sex with other men.				
8. A Hijra has both male and female external genitalia.				
9. 'Homosexual men' can have sex with women				
10. A (heterosexually) married man can also have sex with other men.				
11. ALL homosexual men are feminine.				
12. Homosexuality is a psychiatric disorder.				
13. Sexually Transmitted Infections increase the risk of acquiring or transmitting HIV.				
14. Most of the 'sexually transmitted diseases' can be cured completely by giving injections or tablets.				

APPENDIX-4: PRE- AND POST-TRAINING EVALUATION QUESTIONNAIRE: FOR CLINICIANS

(**Note:**

- The number and types of questions in the evaluation questionnaire should take into account the topics covered, depth of information conveyed, and the target audience
- For both pre- and post-training evaluation, the same questionnaire will be used)

Participant Number or Name:
Date:
Training organized by:
Training Facilitator:

Question	Tick (√)				Official Use
	a	b	c	d	
1. Which one of the following carries **highest** risk of acquiring or transmitting HIV infection? a. Unprotected anal sex b. Unprotected vaginal sex c. Unprotected oral sex d. Mutual masturbation					
2. Which one of the following will be the **best** risk-reduction option for a ma having anal sex with another man? a. Use condoms only b. Use condoms with water-based lubricants c. Use water-based lubricants alone d. None of the above					
3. For oral sex on man ('penis in mouth' sex) which of the following need to be used a. Dental dam b. Condoms c. Finger gloves d. No need to use anything					
4. Hijras identify themselves closely with women (or 'neither man nor woman') because: a. They have hormonal imbalance b. They have chromosomal abnormalities c. Were abused sexually in their childhood by men d. None of the above.					
5. Treatment of choice for Syphilis in MSM and Hijras is a. Inj. Benzathine Penicillin b. Doxycycline c. Erythromycin d. Inj. Streptomycin					
6. MSM and Hijras, if sexually active, need to be vaccinated against which of the following? a. Hepatitis-A only b. Hepatitis-B only c. Both A and B d. Herpes simplex virus (HSV) only					
7. A sexually active male with anal discharge needs to be treated with regimen covering which of the following organisms? a. Gonococci and Chlamydia b. Gonococci, Chlamydia and Herpes c. Gonococci and Herpes d. Chlamydia and Herpes					

Question	Tick (√)			Official Use
	a	b	c	
For the following statements - Say Yes, No or Don't know **a. Yes b. No c. Don't know**				
8. Anal sex can happen between two men or between a man and a Woman				
9. The main difference between 'homosexual men' and 'Hijra' is: Homosexual men consider themselves as 'man' and have sex with other men while Hijras consider themselves as 'women' (or 'neither man nor woman') and have sex with other men.				
10. A Hijra has both male and female external genitalia.				
11. 'Homosexual men' can have sex with women				
12. A (heterosexually) married man can also have sex with other men.				
13. ALL homosexual men are feminine.				
14. Homosexuality is a psychiatric disorder.				
15. Sexually Transmitted Infections increase the risk of acquiring or transmitting HIV.				

APPENDIX-5: A MODEL FEEDBACK FORM

Date:
Venue:
Organized by:
Training facilitator:

You are a (kindly tick): 1. Doctor 2. Counselor 3. Other: …….

Directions: Below are a series of paired, opposing statements about various aspects of the course. Please respond to each pair by circling what you would consider the appropriate number from 1 to 5.

1. The course objectives were clearly explained	1	2	3	4	5	The course objectives were not clearly explained
2. The course objectives were consistent with my needs and abilities	1	2	3	4	5	The course objectives were not consistent with my needs and abilities
3. The methods used were appropriate to meet course objectives	1	2	3	4	5	The methods used were inappropriate to meet course objectives
4. The course was well structured.	1	2	3	4	5	The course was poorly structured.
5. The course introduced to me a lot of new knowledge	1	2	3	4	5	The course taught me nothing new
6. The course was appropriate for this group in terms of:						The course was inappropriate for this group in terms of:
a. Content	1	2	3	4	5	a. Content
b. Method	1	2	3	4	5	b. Method
7. I felt motivated to learn more	1	2	3	4	5	I felt unmotivated to learn more
8. The visual aids were used well and assisted my learning	1	2	3	4	5	The visual aids were used poorly and did not assist my learning
9. The presentation was very easy to follow	1	2	3	4	5	The presentation was very difficult to follow
10. The course handouts were very useful	1	2	3	4	5	The course handouts were not at all useful
11. The tasks/exercises had practical relevance	1	2	3	4	5	The tasks/exercises had no practical relevance
12. The time allocation for the course was perfect	1	2	3	4	5	The time allocation for the course was inappropriate
13. Much of the learning can applied	1	2	3	4	5	I have learned nothing of relevance and practical application

The most useful parts of the course were: (see the agenda for the topics covered). Explain why you feel these topics are most useful.

The least useful parts of the course were: (see the agenda for the topics covered). Explain why you feel these topics are least useful

Do you have any suggestions to improve this course?

Any Other Comments:

Thank you for completing the form. Your comments are greatly appreciated.