

Needs assessment for MSM-friendly health services in Georgia

The Research Report

(Tbilisi, Kutaisi, Batumi, Telavi)

Georgia, 2012

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Terminology and acronyms

Discrimination	The unjust or prejudicial treatment of different categories of people on the grounds of race, age, sex, sexual orientation, gender and gender identity and presentation.
Gay	A male same sexual identity and orientation; attraction between two males on various levels (emotional, physical, intellectual, spiritual, and sexual).
HIV/AIDS	Human immunodeficiency virus infection/Acquired immunodeficiency syndrome
Homosexual	refers to a person who have sex with and/or sexual attraction to or desires for people of the same sex.
Homophobia	refers to fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behaviour, towards homosexuals and/or homosexuality.
Lesbian	refers to a woman, who emotionally and physically is attracted to women.
LGBT	is an abbreviation for Lesbian, Gay, Bisexual and Transgender.
Men who have Sex with Men (MSM)	this term describes males who have sex with males, regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity.
Sexual Orientation	refers to each person's profound emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different, the same, or both sexes.
Stigma	a dynamic process of devaluation that significantly discredits an individual in the eyes of others.

Introduction

Georgia is considered a low prevalence country in terms of HIV infection. Still, the number of new cases indicates to high epidemic potential in future. Nowadays HIV prevalence in Georgian population is less than 0,1%. Injecting drug use still remains the leading way of HIV transmission. Homosexual transmission accounts to about 3,7% (1). However, as BSS with biomarker component among MSM shows, the prevalence of HIV infection inside this population has increased from 3,7% to 6,4% (2) from 2007 to 2010. According to these data MSM constitute the highest risk behavior group in terms of HIV infection spreading. This is the only group in Georgia where concentrated epidemic has been detected.

Along with HIV infection there is quite high rate of other STIs among MSM: active syphilis - 12%, HSV-2 – 32%, Chlamydia – 19%. According to sexual behavior patterns and STIs prevalence MSM are considered as very specific group in terms of public health. Risky sexual practices are quite widespread among MSM: large numbers of different types of partners, both male and female, low use of condoms, especially consistent use of male and female occasional and commercial partners, involvement in group sexual practices and in commercial sex. High risk practices with male partners among MSM with bisexual activity raise concerns about potential bridging role of MSM in HIV transmission to the general population. Knowledge about STIs is quite high among MSM, but STI testing is very low. There is inadequate awareness of the availability of confidential HIV testing leading to an alarmingly low HIV testing practice. Coverage by preventive programs is very low among this high risk group.

In 2010 the first Size Estimation Survey of MSM in Tbilisi was conducted, in conjunction with the BioBSS research (3). The results of the survey showed that there are 1200 MSM with low socio-economical background in Tbilisi (through the capture-recapture method) and 7900 MSM in total (according to the WHO/UNAIDS recommended formula).

According to National Association of Community Health Centers data (4) LGBT patients have additional needs and problems, particularly, MSM have increased risk of HIV infection, drug addiction, depression and suicides. According to the same data, young MSM tend to have 2-3 times more suicidal attempts than the heterosexuals of the same age.

Stigma and discrimination related to homosexuality represent serious obstacles for their integration in the society. High rate of homophobia is still the reality for Georgian society and it prevents MSM from getting adequate healthcare and social services easily (5).

According to Center for Disease Control and Public Health, negative attitude towards MSM prevent their access to high quality medical services. Also, this affects negatively their employment opportunities and is reflected on their incomes. Therefore, MSM involvement in healthcare insurance programs is redundant (6).

Cases of discriminative and humiliating actions towards MSM from the side of the doctors are subject of intensive discussions worldwide. This even more aggravates MSM integration in civil society and especially their involvement in the health programs. 2010 AGHA-Uganda report mentions that discrimination from the doctors towards LGBT people is the biggest obstacle for their access to healthcare services (6).

Based on the international data mentioned above, and taking into consideration situation among MSM in Georgia, it is very important to find out what is the level of stigma and discrimination of MSM while referring to healthcare specialists. At the same time, it is interesting to study in-depth attitudes of the healthcare workers towards this group of population. Revealing particular negative attitudes, their roots and consequences might provide helpful information and lay a basis for future interventions targeting reduction of stigma and discrimination. In the long run, this would contribute to better attraction and involvement of MSM in the healthcare services provision.

The presented research has been implemented under the program “Bridging the gaps: health and rights for key populations’ in Georgia”, in response to the needs described above. This program is financed by the Dutch Ministry of Foreign Affairs (Key Populations Fund). Program implementing organization is AIDS Foundation East West (Ukraine office) and local implementing organization – Georgian NGO “Center for Information and Counseling on Reproductive Health – Tanadgoma”.

The research intended to study two groups of the population – healthcare providers and Men who have Sex with Men. The attitudes of medical personnel towards MSM and possible effects of these attitudes on their access to healthcare services have never been studied in Georgia. At the same time, the second part of the research aims to reveal the attitudes of MSM towards medical personnel and healthcare services in general. The presented research is the first attempt to assess situation in this regard.

Methodology

Duration of the research was 5 months, from 01.04.2012 till 31.08.2012.

Main goal of the research was to assess needs for friendly medical services among MSM in Georgia, and study healthcare providers' attitudes towards MSM patients and their needs for learning how to deal the MSM patients.

Objectives of the research:

- To study the attitude of health personnel towards MSM as well as their skills in gathering sexual anamnesis;
- To assess health personnel's needs in additional trainings/educational activities in order to increase their knowledge and skills of working with MSM and increase their knowledge on HIV/AIDS/STIs prevention issues;
- To elaborate specific recommendations for advocacy specialists working on the issues of MSM rights and HIV/STIs prevention, which could inform further intervention program targeting MSM in Georgia.
- To study MSM health-seeking behavior (how often they refer to medical specialists, such as urologists, proctologists, STI specialists and infectionists) and attitudes towards medical personnel and healthcare services (whether MSM are open about their sexual behavior with medical providers or not);
- To assess MSM needs in terms of HIV/STIs prevention services (would they prefer specialized services or friendly providers in general clinics).

Target groups of the research were:

- Medical personnel – proctologists, STI specialists (dermato-venerologists), urologists;
- MSM over 18 years of age.

Geographical coverage of the research:

The research was carried out in four cities of Georgia: Tbilisi (capital city), Batumi (Adjara Region), Kutaisi (Imereti Region) and Telavi (Kakheti Region). These cities were chosen according to several criteria: a) Possibility to reach MSM through Tanadgoma offices (Tbilisi, Batumi, Kutaisi); b) Largest cities in the country: Tbilisi – the capital, Kutaisi – the second largest city in Georgia and main city of the Imereti (West Georgia) region, Batumi – main city of Adjara (West Georgia, port and border city) region; c) High HIV prevalence (Tbilisi and Batumi); d) Telavi was added as the largest city in the East part of the country (Kakheti region).

Assumptions for the research

While working on the concept and methodology of the research, the research team elaborated several assumptions.

Assumptions for the research part targeting medical providers are as follows:

1. In each of the cities of the study there are medical providers of the following specialties: urologists, STI specialists, proctologists and infectiologists (specialized on HIV infection). Medical providers are ready to fill out the questionnaire.

2. Medical providers have MSM patients in their regular daily practice. However, their knowledge about these patients' engagement in homosexual practices is based on their own doubts rather than on the information gathered from the patients.
3. Medical providers might not have enough time for counseling provision to each and every patient on the topics of sexual behavior and HIV prevention.
4. Medical providers, that are sure their patients are MSM, might have discomfort while working with them.
5. Attitudes and beliefs of the medical providers about homosexual relations being "immoral, incorrect, pathological etc" does not affect the quality of the services provided (diagnostics, counseling and treatment).
6. Medical providers are knowledgeable about HIV prevention projects targeting MSM (if there are any) and regularly refer their patients there.
7. Medical providers did not undergo special training on prevention work with most at risk populations, including MSM. They have either not received such information through informational materials or guidelines.
8. Medical providers are interested to learn more about HIV/STIs prevention among MSM and are ready to undergo special training dedicated to these topics, if such training is available.

Assumptions for the research part targeting MSM are as follows:

1. The research team has access to MSM population. MSM are ready to fill out the questionnaire.
2. MSM are aware about where they can go for medical services related to sexual and reproductive health and refer to these services from time to time.
3. During anamnesis gathering and medical examination MSM do not tell medical providers about their homosexual contacts due to own or reported former negative experience, fear of stigmatization and, as a consequence, receiving medical service of poorer quality (discrimination from medical providers).
4. MSM, identifying themselves as gays or belonging to groups/networks can use services of the same "friendly" providers/ Information about these providers is spread among member of groups/networks through word of mouth.
5. There is some part of MSM that prefer not to refer to medical services due to fear of stigmatization based on their homosexual behavior.
6. MSM would refer to services related to sexual and reproductive health for regular examination more often, if a specific service targeting this group of population would exist, or in case "friendly" specialists were available in general medical facilities.

The presented research report contains three parts:

- Medical personnel survey results
- MSM survey results
- Comparison of the findings and recommendations for further programming.

Methodology for the medical personnel's survey:

For the survey among medical personnel Expert Sampling was used. Tanadgoma staff selected several medical institutions where specialists (proctologists, STI specialists, urologists) were available. In total 40 specialists were interviewed.

The types of healthcare institutions involved in the research: Multi-profile medical centers, specialized medical centers, diagnostic medical centers, primary health care units.

Tanadgoma research team selected several medical facilities reporting that medical providers with the profile selected for the research (proctologists, STI specialists, urologists) are working there. Based on the information gathered by the team, in the four cities selected for the research there were the following number of medical facilities with the relevant specialists:

City	Number of medical facilities
Batumi	9
Kutaisi	11
Telavi	9
Tbilisi	Exact information not available; approximately 80-90

When sampling the specialists, the following situation factors were taken into consideration:

1. Majority of the doctors are working in more than one medical facility, which made sampling more difficult;
2. In Telavi and Batumi there were no proctologists. Those in need of these specialists were referring to Tbilisi.
3. In Kutaisi there were only two STI specialists (as a rule these functions are fulfilled by urologists and gynaecologists).

According to the situation described, and based on the numbers of medical facilities (about the same number in the three cities and several times more in the capital), as well as taking into consideration availability of specialists, it was decided to interview 4-5 specialists in the three cities (12-15 in total) and 25 specialists in Tbilisi (based on the breakdown by specialties).

The division of medical personnel according to the cities was the following:

Location	# of respondents
Tbilisi	25
Batumi	5
Kutaisi	5
Telavi	5

Recruitment procedure was as follows:

Tanadgoma research coordinator was contacting the selected facility, asked about existence of the relevant specialists in this facility, in case of positive answer made inquiries about doctor's schedule and contact details. Then a recruiter visited the facility and contacted the medical provider, gave him explanation about the survey, its goals and procedures. In case the provider

agreed to take part, the interview was conducted. 17 medical providers had refused to take part in the survey, without specifying any particular reason. Majority of them – 11 – were from Tbilisi. The table below demonstrates distribution of the medical providers by specialities:

		Tbilisi	Kutaisi	Batumi	Telavi
Urologist	16	11	1	2	2
STI specialists	14	9	2	2	1
Proctologist	10	5	2	1	2
Total	40	25	5	5	5

Some out of these providers were involved in the Global Fund supported programs – working in the “Healthy Cabinets” established as MSM-friendly medical clinics: 2 in Tbilisi, 1 in Batumi and 2 in Kutaisi.

Methodology of the MSM survey:

Special questionnaire was used for obtaining information from MSM. The survey was based on anonymity and confidentiality. 100 respondents participated in the survey in 4 different cities of Georgia.

For selection of the respondents nonprobability Convenience Sampling method was used, since convenience samples are cheap, do not take much time and can provide rich qualitative information.

There is only one organization in Georgia that works with MSM on health-related issues - Tanadgoma. Coverage of MSM by this organization during 2011 through outreach was: Tbilisi – 240-250, Batumi – about 100, Kutaisi – 50. It was decided to interview about 20-25% percent of the clients of Tanadgoma in three cities (3 cities – 95 persons). As for Telavi, since Tanadgoma is not working with this particular group, minimum of 5 respondents would make up the whole sample. It was decided to attract MSM through nonprobability snowball sampling methodology, finding the first one among their clients in any of the cities and motivating him for providing 4 more respondents.

Participation in the survey was offered to every accessible respondent, representing group of MSM. MSM that are “public” – visit cruising areas and offices of HIV service organizations - were more likely to be in the sample.

Any available representative of MSM population was asked to participate in the research. In Telavi, where Tanadgoma office did not exist by the survey implementation period, nonprobability Snowball Sampling was used, which meant that the respondent who participated in the research could bring other respondent using his personal contacts. In order to increase the motivation, participants were given incentives - 10 GEL per participant.

The division of the MSM population according to the cities was the following:

Location	# of respondents
Tbilisi	62
Batumi	20
Kutaisi	13
Telavi	5

In Tbilisi, Batumi and Kutaisi the number of the respondents was defined according to the coverage proportion of MSM population by Tanadgoma. In these cities Tanadgoma covers annually approximately 220, 100 and 60 MSM. Proportion of these numbers was calculated for the current survey as 20-30% of the covered MSM. In Telavi, due to absence of such data, minimal number of participants – 5 - was identified for the survey.

SPSS (Statistical Package for Social Sciences) 16 version was used for data analysis. For data processing descriptive statistic methods were used.

The MSM questionnaire contained also three qualitative – open questions. They were included into the instrument in order to give respondents possibility to more openly express their opinions.

For qualitative part of the survey the similar answers (similar in content) were grouped together and systemized, according to the coding system developed for the database. A “theme” – explicit statement on one and the same topic – was used as a grouping unit. Coding for two out of the three questions (q10 and q15) was done on the ordinal scale, and for the third one (q20) – on the nominal scale. After grouping the answers descriptive statistics were calculated.

The criteria for selection of the participants:

1. Medical personnel:

- Proctologists/STI specialists /urologists
- Should work at healthcare institutions accessible for general population
- Voluntary participation in the research
- Informed consent from the participant
- Physically and mentally fit to participate in the research

2. MSM:

- 18 years old and above
- Accessible for research team
- Voluntary participation in the research
- Informed consent from the participant
- Physically and mentally fit to participate in the research

The survey instruments:

The survey instruments (2 kinds of semi - structured questionnaire, one per each target group) were designed according to the recommendations from an external expert and assumptions given above. The questionnaires are enclosed in Annexes 1 and 2.

The main topics of the qualitative research questionnaire for medical providers:

- Personal and general attitude of the doctors towards MSM
- Attitude of medical personnel while providing medical services to MSM
- Influence of existing stigma and discrimination towards MSM on the quality of provided medical services (consultation, diagnostics and treatment)
- Assessment of the risks among MSM in terms of HIV and STIs transmission
- Reasons for referring to healthcare services
- Special training/educational meetings on HIV/STIs prevention among MSM and supporting vulnerable groups including MSM for medical personnel
- Health personnel's needs in receiving specific information about increasing effectiveness of HIV/STIs prevention services for MSM and sources for this information

The main topics of the qualitative research questionnaire for MSM:

- Socio-demographic characteristics of MSM
- Referral to healthcare services
- Relationship between medical personnel and MSM patient
- Needs of MSM in friendly healthcare services

Ethical issues and confidentiality:

Taking into account the sensitivity of the main topics and specifics of target group, main requirement for the research was high level of confidentiality and anonymity. The places where the MSM survey was conducted were isolated, the interview was carried out by skilled and experienced interviewers from Tanadgoma.

The participation in the research was voluntary. In the questionnaire and informed consent form no names were indicated. All the documentation was strictly confidential. The refusal to participate in the research would not cause any negative effect in the relation between the organizations implementing the survey and their beneficiaries.

National Bioethics Committee discussed and approved this survey at the meeting held on May 18, 2012 (2012/75).

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The Analysis of the Qualitative Research among Medical Providers

Personal and general attitude of the medical personnel towards MSM

While speaking about personal attitude towards MSM the doctors express different opinions. Part of the respondents have neutral, non-aggressive attitude towards MSM and they treat them in the same way as other patients.

Interviewer: *How do you think in general, what is the attitude of doctors towards MSM? What is your own attitude towards MSM?*

Respondent: *“Neutral, as towards other patients” (Tbilisi, In-depth Interview 17).*

“I treat them as I treat other patients.... He is my patient and I am not interested in what he is doing at home” (Tbilisi, In-depth Interview 1).

It is interesting that no difference was revealed in attitudes of medical providers’ from the capital and other cities.

Part of the doctors admits that they have negative personal attitude towards MSM, but this negative attitude does not show when they refer to them as to their patients, because the responsibility of the medical doctor is to treat all patients equally. However, there are some other reasons to treat MSM patients with respect: some of the participants mention that if they treat MSM badly, they can make complaints, causing problems for the doctors at their workplace; another factor which does not allow doctors to treat MSM improperly is the fear of losing remuneration for the service they are providing.

“In hospital the attitude is neutral, patient is patient. But personally, I do not like them, I worry about my children, I’m afraid to turn on TV, so many stupid things are there...” (Tbilisi, In-depth Interview 21).

“Personally I have negative attitude. This disease is unacceptable for us for religious and mentality reason. This does not refer to them as to patients” (Tbilisi, In-depth Interview 10).

“No one will let the client go and lose him, does not matter gay is he or whoever” (Telavi, In-depth Interview 5).

Part of the respondents have very negative attitude towards MSM and they think that homosexuality is immoral, represents a disease, a psychiatric deviation:

“I have negative attitude, this is immoral and psychiatric deviation” (Tbilisi, In-depth Interview 18).

“I do not like this ugly relationship. The man must have sex with woman and not with man. Who would like men kissing other men... and they are proud of it. I think that the society has the same attitude as I have. You see what was the reaction of society when they had the demonstration in Rustaveli Avenue, all were irritated” (Tbilisi, In-depth Interview 2).

The smaller part of interviewed doctors says that they have positive attitude towards MSM. It is worth mentioning that this positive attitude is more presented among young (40 years old or younger) doctors and doctors who are working directly with gay men/MSM within the different projects (for example, projects funded by the Global Fund to fight AIDS, TB and Malaria – 5 providers) and therefore have more frequent contacts with them:

“I have good, normal attitude towards them. I am the doctor and I have equally good attitude towards all my patients” (Batumi, In-depth Interview 4).

“I have positive attitude towards this group. I do not consider them as sick people and I do not like them to be isolated from the rest of the society” (Tbilisi, In-depth Interview 19).

“Positively, for doctor it does not matter who is his/her patient. I have positive attitude. I work with them within the Global Fund supported project” (Tbilisi, In-depth Interview 9).

In general, the majority of the participants are talking about their attitudes towards MSM patients drily, they give short answers – “yes” or “no” and it is obvious that they do not like discussing the topic. Even those respondents who have neutral position towards MSM do not like their lifestyle. For some of the respondents it is important that gay men/MSM should not impose the way and style of their lives on others:

“His life is his life, he has to decide how to live, but I do not like the way of their life” (Batumi, In-depth Interview 17).

“I have the position: they can do whatever they want, but they should not promote the style of their life” (Tbilisi, In-depth Interview 6).

The participants indicate that their colleague doctors’ attitude towards MSM varies. Some of them have normal, positive attitude, some of them – negative. However, even in case of negative attitude, this does not affect the relationship doctor-patient and the services they are providing to MSM. Still, a few respondents indicate that they have heard about discrimination of MSM patients from the side of their colleagues.

“I have not heard about aggression towards MSM from my colleagues. For me and my colleagues the most important is the patient and not his private life” (Kutaisi, In-depth Interview 1).

“I do not think that somebody will throw the stones to them [MSM]. Simply, they should not be naked and should not impose their ideas on others” (Tbilisi, In-depth Interview 7).

“It is possible that it [discrimination] happens. I do not have personal experience and I have not seen it myself, but I have heard about discrimination towards them [gay men/MSM] from the side of my colleagues” (Tbilisi, In-depth Interview 22).

Attitude of medical personnel while providing medical services to MSM

When asked, whether they have ever seen or witnessed indifferent, discriminative and negative treatment from medical personnel to MSM while providing medical services, most of the doctors answer negatively. They deny any kind of discrimination towards MSM in their own medical practice. However, most of the Tbilisi respondents do not reject the existence of discriminative or indifferent treatment towards MSM in the regions of Georgia.

“I, personally, have not heard of it, but I think that it is possible, mainly in regions. I think that awareness among doctors should be raised, they should know that the homosexuality is not a sin” (Tbilisi, In-depth Interview 13).

“The discrimination probably exists, mainly, in regions. The educational meetings are necessary to make doctors understand that that this [homosexuality] is not a disease. We should provide our colleagues with this kind of information” (Tbilisi, In-depth Interview 6).

Having said that there are no facts of ill-treatment and discrimination towards MSM patients, the medical doctors admit there are facts of mockery and gossiping when MSM patient leaves the healthcare unit.

“Not in the presence of patients, but there were the facts when medical staff was gossiping and mocked MSM patients after they had left the doctor’s office” (Kutaisi, In-depth Interview 2).

“There were the facts when medical personnel gossiped about the patient in his absence (Tbilisi, In-depth Interview 5).

“Once there was a fact... nothing important, but... there was a patient MSM and the nurses said silly things about him, he heard this talking and was not pleased.... After that I have not seen him any more in our clinic” (Tbilisi, In-depth Interview 4).

“No, not in the presence of the patient. When he leaves, it is not a problem to discuss him among the colleagues. Anyway, he would not hear it” (Tbilisi, In-depth Interview 11).

Existing examples prove that provided services are not confidential and the patients’ private lives are discussed loudly among medical staff.

It is important to mention that some part of the respondents does not have any basic knowledge about homosexuality issues. Along with negative personal attitude towards gay men/MSM they think that homosexuality is a disease. Some of them go even further and say that homosexuals have hormonal misbalance and do not have testicles.

“They have their own troubles, they are sick and who will oppress sick person? [Ironically]” (Telavi, In-depth Interview 2).

“They are sick, they have different diseases: some of them have hormonal misbalance and some of them do not have even testicles. So, they are ill and nobody treats patients badly” (Tbilisi, In-depth Interview 21).

Influence of existing stigma and discrimination towards MSM on the quality of provided medical services (consultation, diagnostics and treatment)

The majority of the respondents think that the existing stigma and discrimination among medical personnel towards MSM do not affect the quality of provided medical services (consultation, diagnostics and treatment). Especially, taking into consideration that the doctors are not interested in losing the patients and consequently money.

“No, it cannot affect the quality of medical services. I’m sure, at least, the doctors I know around me.... They may laugh at them [MSM], but of course they treat them properly” (Tbilisi, In-depth Interview 23).

“I have not heard of such facts. Even in case of negative attitude towards MSM, it can’t influence the quality of medical services they [MSM] are receiving” (Kutaisi, In-depth Interview 2).

“There is no connection between stigma/discrimination and quality of provided medical services. No doctor is interested in having unhappy patient, especially when this patient is paying money and the doctor is getting remuneration” (Tbilisi, In-depth Interview 21).

Assessment of the risks among MSM in terms of HIV and STIs transmission

Almost all of the respondents think that, because of their sexual practice, MSM have increased risks in terms of HIV and STIs transmission compared to other vulnerable groups. However, the doctors are not aware of precise statistics and latest trends of HIV prevalence among MSM population.

“Probably, they have more infections than other groups. Recently it has become fashionable to practice gay sex and probably the risks have increased” (Telavi, In-depth Interview 5).

“MSM have bigger risks than other groups. I think that nothing has been changed during the last 5 years in terms of prevalence” (Tbilisi, In-depth Interview 14).

“Risk is quite high. During the last years the risks have reduced a bit“ (Tbilisi, In-depth Interview 19).

Reasons for referring to healthcare services

MSM refer to healthcare providers with different frequency (some report no MSM patients, and some up to 52 during the last 6 months). There are cases when gay couples are referring to these medical providers to get health services. The reasons for MSM refer to the healthcare services, according to the medical providers, are the following: Infections of reproductive tract, STI symptoms, anal ruptures. Sometimes MSM speak about their sexual orientation, sometimes the doctors suspect patient’s homosexual orientation based on his “feminine” manners. This fact underlines once more the widespread stereotype in society that everyone who has “feminine” manners is gay or MSM.

“They [MSM] refer to me mainly with the problems of reproductive system infections” (Kutaisi, In-depth Interview 2).

“The main reasons they refer to us are STIs” (Batumi, In-depth Interview 3).

“One [MSM] referred recently, I learned about his sexual orientation from him. He had anal ruptures” (Telavi, In-depth Interview 1).

“Yes, very often they talk about their sexual orientation themselves. Sometimes I can guess myself. Often male couples are referring together. Mostly they come with reproductive tract infections” (Tbilisi, In-depth Interview 12).

“Sometimes they admit their sexual orientation, sometimes I guess from their behavior, you know all they act like women” (Telavi, In-depth Interview 3).

Some of the doctors still try to treat MSM medically in order to “correct” their sexual behavior. This demonstrates low competence of these doctors and the fact that they are not familiar with up-to-date medical literature. Mostly this kind of “treatment” is prescribed by aged (60 years old and above) doctors.

“A few months ago the parents brought their son, “passive gay” and we started hormone therapy to correct his homosexuality” (Tbilisi, In-depth Interview 5, interviewee age - 71).

“Those kind of patients [MSM] should be sent to andrologists for treatment” (Tbilisi, In-depth Interview 2, interviewee age - 65).

Health personnel’s needs in receiving special information on how to increase effectiveness of HIV/STIs prevention services among MSM

The research revealed that at the majority of healthcare institutions where the participants work no special trainings/educational meetings had been conducted on the issues of HIV/STIs prevention and supporting vulnerable groups including MSM.

In some healthcare facilities these kinds of trainings had been performed, however, it was long time ago and happened very rarely.

“In our institution such kind of trainings has not been performed. Though, we participated in similar training 2 or 3 years ago at Tanadgoma office” (Batumi, In-depth Interview 3).

“No, no trainings on these topics have been conducted at our clinic” (Tbilisi, In-depth Interview 15).

“The training was conducted long time ago; 10 years ago it was conducted by MSF” (Tbilisi, In-depth Interview 13).

“We have not undergone these kinds of trainings. I got necessary information myself, from the literature I obtained” (Kutaisi, In-depth Interview 2).

“We were provided with these trainings when we started working in this project 2 years ago. We participated in the trainings in Tbilisi at Global Fund’s office and training was provided at the institute of dermatological and venereal diseases” (Kutaisi, In-depth Interview 3).

There are very few healthcare institutions where the trainings on above-mentioned issues are provided.

“Trainings, informational meetings have been conducted at our institution. Mainly, these were internal meetings and trainings” (Tbilisi, In-depth Interview 6).

“We, the doctors of the “Healthy cabinet” took part at the trainings several times. Foreign trainers trained us, also Tanadgoma provided us with the trainings” (Tbilisi, In-depth Interview 7).

Large part of the doctors do not wish to receive additional professional trainings on how to support vulnerable groups including MSM in order to provide high quality HIV/STIs prevention services to them.

“I do not think so. If I need it, I can search for the required information myself” (Tbilisi, In-depth Interview 21).

“No, I think these kind of trainings are not needed” (Tbilisi, In-depth Interview 14).

“I do my work properly, what else I have to study? I do not know...” (Tbilisi, In-depth Interview 1).

“I have no great desire, but if it is an interesting training, I will still participate” (Tbilisi, In-depth Interview 8).

Part of the doctors would participate in these kinds of trainings with pleasure. It is worth mentioning that the doctors from the regions are more motivated to take part in trainings than the doctors from Tbilisi.

“It would be nice to have an opportunity of such trainings. It would provide us with new additional knowledge and information” (Kutaisi, In-depth Interview 1).

“Yes, I would like to undergo to additional professional training on these issues” (Batumi, In-depth Interview 5).

Part of the participants thinks that the elimination of stigma/discrimination could be achieved through doctors’ education on homosexuality issues and providing them with additional information about this group (homosexuals), especially in regions.

“To eliminate stigma among health professionals their education is required. Media should prepare additional programs about MSM group” (Tbilisi, In-depth Interview 19).

“Georgian medical staff is not ready to work with MSM. You know why? If doctors are not trained and aware that they [MSM] are also the same kind of people and sexual orientation should not be important for doctors, nothing can be changed” (Kutaisi, In-depth Interview 2).

“More educational meetings on homosexuality issues are required, especially in regions” (Tbilisi, In-depth Interview 20).

The participants list various sources for receiving qualified information in terms of HIV/STIs prevention among MSM. These sources are: internet, other medical doctors - infection diseases specialists, sexologists, psychologists, other colleague doctors, non-governmental organizations working with MSM.

“Internet or my colleague doctors” (Tbilisi, In-depth Interview 23).

“Doctor infectionists” (Tbilisi, In-depth Interview 21).

“Organizations which are experienced in working with MSM, organizations like Tanadgoma, also from foreign colleagues I would receive the information” (Tbilisi, In-depth Interview 6).

“...From psychologists” (Tbilisi, In-depth Interview 19).

“Sexologists, NGOs working in the field” (Batumi, In-depth Interview 1).

“Those specialists who work with homosexuals for a long time and have relevant experience” (Tbilisi, In-depth Interview 2).

Significant part of the respondents thinks that they do not need to receive additional information about HIV/STIs prevention work with MSM. Some of them think that they would become interested if the number of MSM patients increase.

“I think I do not need it, I treat the patients and not the orientation” (Tbilisi, In-depth Interview 23).

“No, I do not need to receive extra information” (Telavi, In-depth Interview 5).

“No, not now. If the number of these patients [MSM] increase, than yes” (Telavi, In-depth Interview 2).

Part of the participants would receive, anyway, the additional information about HIV/STIs prevention among MSM through printed materials such as booklets, leaflets, professional guidelines, methodological materials.

“Professional guidelines, methodological materials” (Telavi, In-depth Interview 3).

“Guidelines and booklets are very convenient” (Kutaisi, In-depth Interview 2).

“Booklets, leaflets” (Tbilisi, In-depth Interview 4).

Main findings and conclusions

Findings

- The research participants have different attitudes towards MSM (from negative to positive). Neutral or positive attitudes towards MSM exist mostly among young (40 years old or below) doctors and doctors who are working with gay men/MSM within the different projects (for example, projects funded by Global Fund to Fight AIDS, Tuberculosis and Malaria), therefore they have more frequent contacts with them and know the group better.
- According to the respondents, negative attitudes of medical providers towards MSM patients does not influence the quality of medical services provided to MSM.
- In general, the majority of the participants are talking about their attitudes towards MSM patients drily, they give short answers – “yes” or “no” and it is obvious from their answers that they do not like discussing the topic. Even those respondents who have neutral position towards MSM do not like their lifestyle. For some of the respondents it is important that gay men/MSM should not impose the way and style of their lives on others. These explicit attitudes of medical providers reflect general taboos regarding homosexuality issues that exist in the society. In general, it is a widespread opinion, usually supported by media, that homosexuality either should not be discussed, or should not be demonstrated.
- In healthcare facilities confidentiality is not protected. The patients’ private lives often become subject of loud discussion and even mockery among medical staff which is the violation of patients’ rights. This fact indicates that medical personnel do not care about confidentiality breaches, and are not familiar with the law about patients’ rights.
- It is important to mention that some part of the respondents does not have any basic knowledge about homosexuality issues. Along with negative personal attitude towards gay men/MSM they think that homosexuality is a disease, although it has been removed from the diseases’ list by WHO long time ago. (In recognition of the scientific evidence, the American Psychiatric Association removed homosexuality from the DSM in 1973, stating that "homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities." After thoroughly reviewing the scientific data, the American Psychological Association adopted the same position in 1975. May 17 was the day that homosexuality was removed from the International Classification of Diseases of the World Health Organization (WHO) in 1990). Some of them go even further and try to treat MSM medically in order to “correct” their sexual behavior. This fact indicates very low qualification of these doctors and the fact that they do not follow up-to-date medical literature. Mostly this kind of “treatment” is prescribed by aged (60 years old and above) doctors.
- Some doctors think that stigma/discrimination exists in medical facilities (although they deny such facts in their clinics). As a way to eliminate stigma/discrimination they see through doctors’ education on homosexuality issues and providing them with additional information about this group (homosexuals), especially in regions.

- In the majority of healthcare institutions, where participants work, no special trainings/educational meetings have been conducted on the issues of HIV/STIs prevention among MSM and supporting vulnerable groups including MSM. In some healthcare facilities these kinds of trainings had been performed, however, it was long time ago and happened very rarely.
- Significant part of the respondents do not wish to receive additional professional trainings on how to support vulnerable groups including MSM in order to provide high quality HIV/STIs prevention services to them. Though, part of the participants would receive, anyway, the additional information through printed materials such as booklets, leaflets, professional guidelines, methodological materials.

Conclusions

- Doctors' knowledge on homosexuality issues is very low; they often consider homosexuality a disease. Part of the doctors still tries to "treat" homosexuality, which indicates very low competence of these doctors and the fact that they do not follow up to modern medical standards. The majority of the doctors (even those who have frequent contact with MSM patients) are not familiar with latest trends of HIV prevalence among MSM. Still, some medical providers are not willing to be more educated on the topics of MSM, HIV/STI prevention among MSM and providing support to this group.
- The attitudes of doctors towards MSM vary from very negative to positive. Young (40 years old or below) doctors and doctors who are working with gay men/MSM within the different projects are more tolerant and friendly to MSM.
- In spite of different attitudes towards MSM, according to the doctors, these attitudes do not affect the services they are providing to MSM. The reasons for that are the following: doctor's responsibility to treat all patients equally and fear to lose the patient and, therefore, money.
- Confidentiality issues related to patients' private life are not ensured in healthcare facilities.
- In the majority of healthcare institutions, where the participants work, no special trainings/educational meetings have been conducted on the issues of HIV/STIs prevention among MSM and supporting vulnerable groups including MSM. In some healthcare facilities these kinds of trainings had been performed, however, it was long time ago and happened very rarely.

Analysis of the research among MSM

Resume

Results

Socio-demographic characteristics

100 respondents participated in the survey. Their average age was 30; one third of the respondents had received higher, another third – secondary education.

96 respondents indicate that they have had homosexual contacts during the last 6 months.

Referrals to medical services

The respondents mostly refer to dermato-venerologists (STI service). 66 respondents indicate that they know personally STI doctor they refer to.

Attitudes of medical personnel towards MSM patients

From those 75 patients who referred to healthcare facilities for medical examination only 42 (56%) revealed their sexual orientation to the doctor. The majority of the respondents (48,64%) indicate that the doctors have not expressed any negative reaction or attitude when they learned about patient's sexual orientation.

Four respondents (5%) indicate that there was disdainful reaction from the doctors when they found out the patient's sexual orientation. One respondent indicates that the doctor's treatment became abusive once he learned his orientation.

22 respondents (29%) indicate that they avoid revealing their sexual orientation while talking to the doctor.

84% (63 participants) out of those, who referred to medical services, indicate that their friends/sexual partners referred to the same medical specialists themselves.

Needs for friendly medical services

37 % of the respondents think that the medical personnel do not have enough knowledge and skills to carry out counseling with MSM.

The vast majority (99) of the respondents report that in case of some health problems they would be glad to refer to MSM-friendly medical services.

48 respondents mention that the trainings on homosexuality issues for medical personnel and warm and friendly attitude from the doctors towards MSM patients will increase the quality of healthcare services provided to this group.

18 respondents indicate that existence of special clinics providing medical services mainly to MSM patients is necessary.

8 respondents think that MSM themselves should have more knowledge regarding Sexually Transmitted Infections.

6 respondents think that it is necessary to eliminate MSM-related stigma and homophobia in society.

Also, there are opinions that NGOs working with MSM should be involved more actively in supporting MSM when they seek/refer to healthcare services.

Main findings

1. $\frac{3}{4}$ of the respondents have received medical services from STI doctors, urologists and proctologists. Out of the three kinds of medical providers, MSM refer to STI specialists more often.

2. $\frac{2}{3}$ of respondents indicate that after disclosing their sexual orientation the doctors have not expressed any negative attitudes towards the patients. However, quite large portion of the respondents avoids discussing their sexual orientation with healthcare providers, or reports having faced improper or offensive attitude from the doctors, which indicates quite high rate of stigma among medical personnel towards MSM.

3. According to MSM, part of the doctors does not consider that it is necessary to discuss with the patients topics such as condom use and safe sexual relations.

4. The majority of the respondents report that their friends/sexual partners refer to the same doctors as they do. This means that when choosing the medical provider, members of target group exchange their opinions about doctors and give advices to each other about where and whom to refer to for medical services.

5. $\frac{1}{3}$ of the respondents think that the medical doctors in Georgia do not have enough knowledge and skills to provide adequate medical services to MSM.

6. Creation of medical facilities specializing on provision of medical services mainly to MSM was mentioned as a way for improving the quality of medical services received by MSM.

7. Along with the competence of medical providers, the respondents underline the necessity of friendly environment and ensuring anonymity and confidentiality while receiving healthcare services.

Recommendations

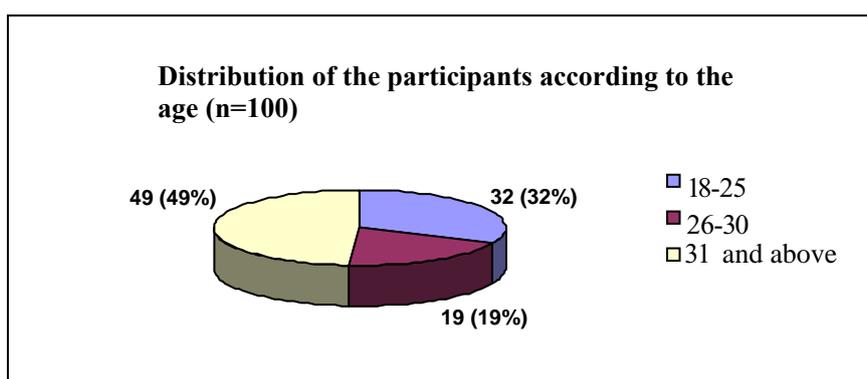
- It is necessary to conduct trainings for medical personnel on medical and social characteristics of MSM and their additional medical needs.
- MSM capacity building is recommended in the field of stress management and strategies of overcoming stigma.
- It is recommended to increase social networking among MSM both through personal contacts and internet-based networking. This networking and contacts can be used for promotion of friendly healthcare facilities and medical staff, as well as other accessible services among MSM.
- It is important to train STI doctors, urologists and proctologists on homosexuality issues in order to increase their tolerance towards MSM and other sexual minorities.
- NGOs role as mediators between MSM and healthcare providers/doctors should increase.
- It is necessary to support further extension of MSM-friendly medical services.

Results

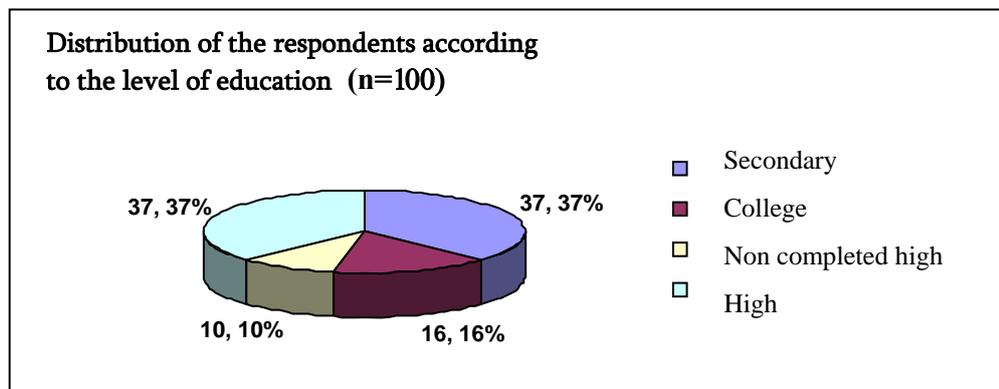
Socio-demographic characteristics

100 respondents participated in the survey: 62 in Tbilisi, 20 - in Batumi, 13 – in Kutaisi, 5 – in Telavi. The average age of the respondents is 30 years (st. deviation 8,2 years). The youngest participant is 18 years of age and the most aged - 50. Distribution of the participants according to the age groups see in diagram 1.

Diagram 1. Distribution of the participants according to the age groups (n=100)



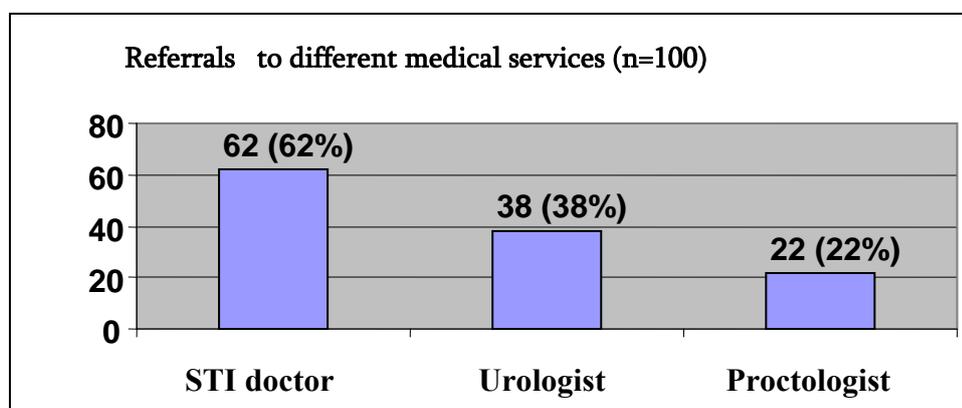
More than 30% of the respondents have received higher education; the same number has received secondary education. The details are available in the Diagram 2.

Diagram # 2 Distribution of the respondents according to the level of education

96 respondents report that they have had homosexual contacts during the last 6 months.

Referrals to medical services

75 (75%) respondents have referred to STI doctors, urologist or proctologist. However, mainly they refer to STI doctors and less frequently - to urologist and proctologist. Details are available in Diagram 3.

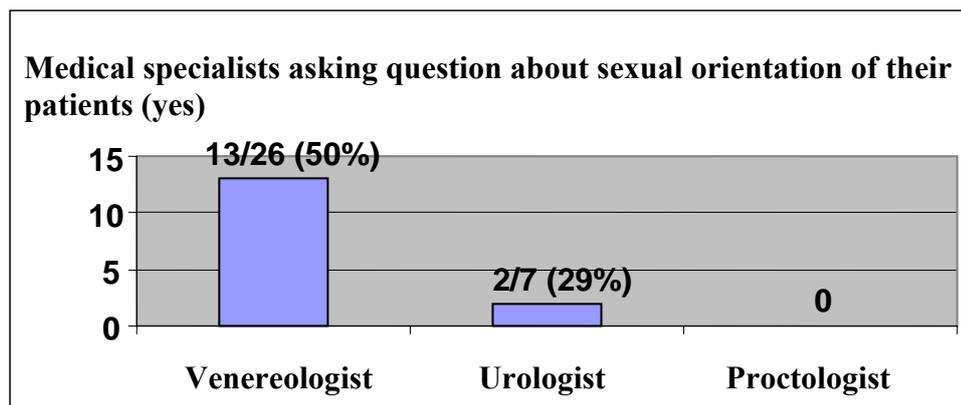
Diagram №3. Referrals to different medical services

There is no correlation between the age of the respondents and the number of referrals to medical services. The participants of different age refer to medical services with the same frequency. Those respondents who have never referred to the specialists were asked if they knew where to refer in order to receive the appropriate medical service if needed. Out of those who have never referred to STI doctors (34 respondents) 23 (68%) know where to refer in case of necessity. Among those who have never referred to urologists (62 respondents) 46 (74%) know where to refer if needed. Among those who have never referred to proctologist 57 (73%) know where to refer if needed.

66 respondents say that they personally know the doctor-specialists from whom they can get qualified medical services. 88 respondents say that they can get the information about “reliable” medical personnel.

Respondents who had referred to medical services report that in some cases the doctors are interested in the sexual orientation of their patients and ask questions about that. The cases of posing such questions are higher among STI doctors than among proctologists and urologists. Details are available in Diagram 4.

Diagram 4. Medical personnel’s interest in sexual orientation of their patients



Out of 75 patients who referred for medical examination to healthcare facilities, only 42 (56%) revealed their sexual orientation to the doctor.

Attitudes of medical personnel towards MSM patients

The respondents were asked about the reactions of the doctors when they find out the sexual orientation of their patients. The majority of the respondents (48; 64%) indicate that the doctors have not expressed any negative reaction or attitude when they got to know about patient’s sexual orientation. These respondents describe the doctors’ attitudes as follows:

“He was not surprised, and what is important, he provided proper assistance”

“[his attitude was] normal, he received me well. I think he even did more than he would do with a regular patient”

Four respondents (5%) indicate that there was disdainful reaction from the doctors when they found out the patient’s sexual orientation.

One respondent indicates that the doctor’s treatment became abusive once he learned his orientation: *“I’ve got nothing but abuse”*.

22 respondents (29%) indicate that they avoid revealing their sexual orientation while talking to the doctor.

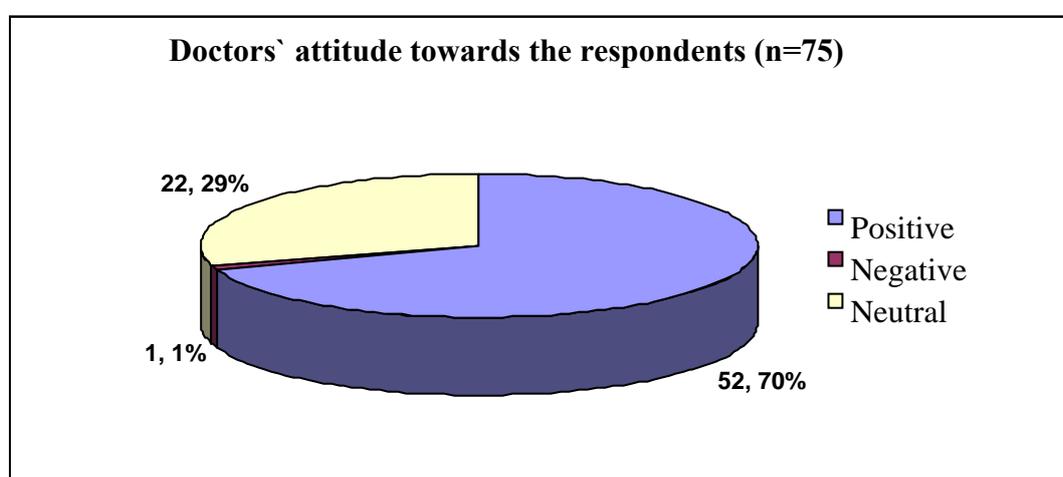
Part of the respondents is from rural areas and they go to doctors in Tbilisi in order to keep in secret their sexual orientation. They say that the doctors in rural areas probably would not like

MSM patients. They indicate that indifferent or negative reactions mainly come from the aged doctors, which often ask questions like “*Why are you like that?*”.

77% (58) of the respondents report that they had received information about STIs prevention methods from healthcare providers. The vast majority (56 persons) thinks that the information they had received was complete and sufficient.

The majority of those respondents who have referred to medical services to these 3 types of doctors indicate that the doctors mainly have positive or neutral attitude towards MSM patients. Only 1 respondent reports negative experience. Detailed information is available in Diagram 5.

Diagram 5. Doctors’ attitude towards the respondents



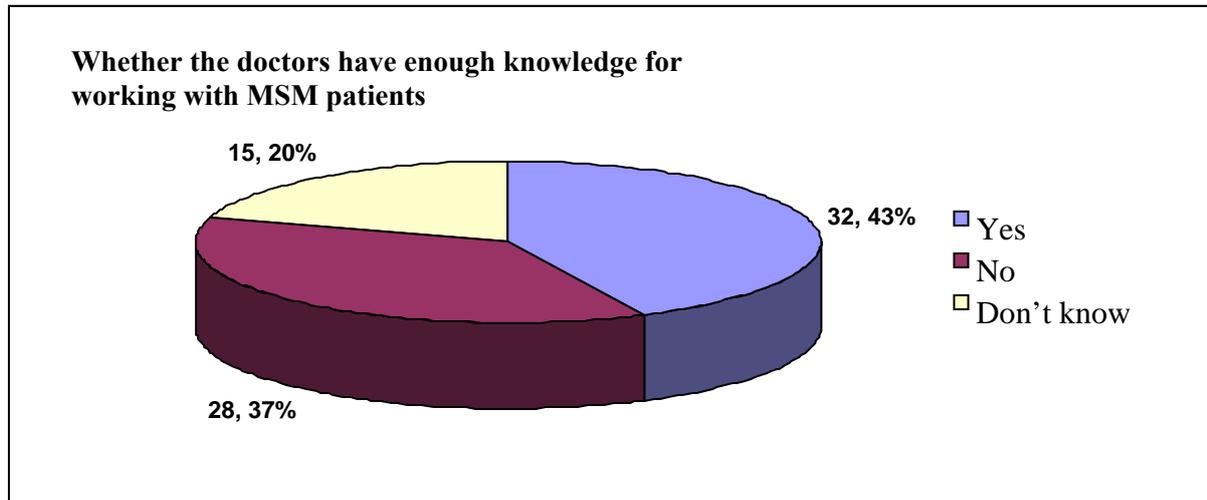
84% (63 participants) from those respondents who referred to medical services say that their friends/sexual partners refer to the same medical specialists as they do.

The respondents were asked the question about their friends’ impression regarding the doctors they’ve visited. Most of them were pleased and thought that the doctors’ attitude was positive or neutral. 6 respondents (8%) thought that the attitude of doctors was rather negative than positive. There were a few cases of indifferent or even aggressive treatment and in one case the doctor even said “*It would be better if you die, why you need treatment?!*”

Needs for friendly medical services

32 (43%) respondents think that Georgian doctors have enough knowledge and skills to consult MSM patients. On the contrary, 37% of the respondents think that the medical personnel do not have enough knowledge and skills in this field. Detailed information is available in Diagram 6.

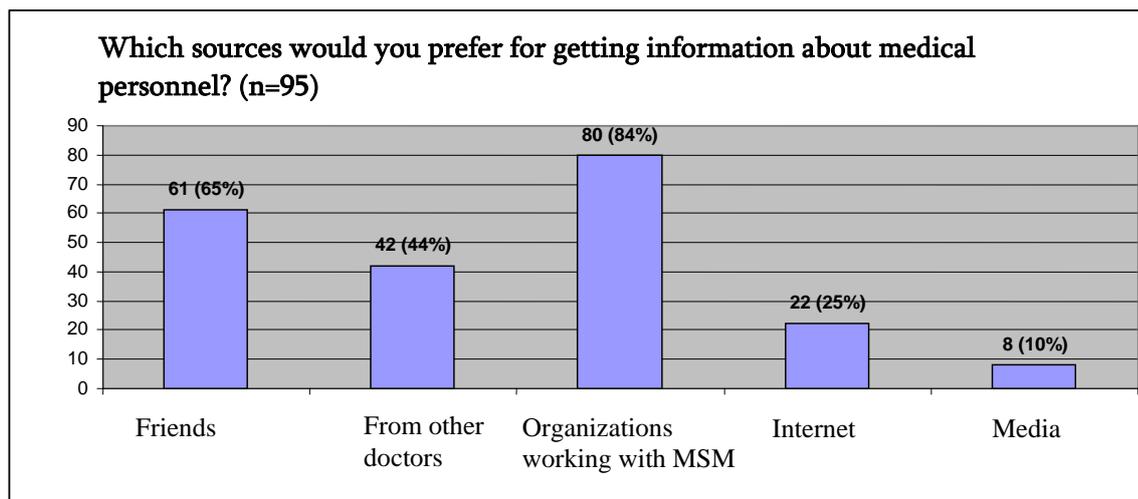
Diagram 6. Sufficient knowledge for working with MSM patients



The vast majority (99) of the respondents report that in case of some health problems they would be glad to refer to MSM-friendly medical services.

96 (96%) respondents think that it is important for them to know contact details of medical personnel to visit him/her in case they need medical assistance. 95 respondents indicated the ways and sources of getting such information. The majority of respondents (80, 84%) listed organizations that have experience of working with MSM. 61 (65%) respondents mentioned their friends as the sources of such information. Details are available in Diagram 7.

Diagram 7. Sources of information about medical personnel



The respondents were asked the question about the ways of improving medical services provided to MSM. 48 respondents said that the trainings on homosexuality-related issues for medical personnel and demonstrating friendlier attitude from the doctors will increase the quality of healthcare services for MSM provided. Some of the views expressed were as follows:

“The doctors should become more competent, should receive information about homosexuality”

“Doctors should be provided with information. We should share knowledge with them about Men who have Sex with Men.”

18 respondents indicate that the existence of special clinics providing medical services to MSM patients is necessary, where there would be comfortable environment and confidentiality will be guaranteed. Also, they mention necessity of not only medical but also psychological services.

8 respondents think that MSM should have more knowledge regarding Sexually Transmitted Infections.

6 respondents think that it is necessary to eliminate homosexuality-related stigma/discrimination and homophobia in the society.

8 respondents think that nothing has to be changed and existing situation is acceptable for them.

5 respondents think that the prices for medications and medical services provided should be reduced and free medical services should be in place for MSM.

Also, there are opinions that NGOs working with MSM should be involved more actively in supporting MSM when they seek/refer to healthcare services. They think that NGOs working on LGBT issues should inform the healthcare service providers on the healthcare needs of MSM.

Main findings and discussion

1. The vast majority of the respondents are sexually active at the time of the survey. 96 % of respondents have had homosexual contacts during the last 6 months.
2. $\frac{3}{4}$ of the respondents have received medical services from STI doctors, urologists and proctologists. Out of the three kinds of medical providers, MSM refer to STI specialists more often.
3. The majority of those respondents who have never referred to medical services are aware about where to go and whom to refer to if they have medical problems.
4. $\frac{2}{3}$ of respondents indicate that after disclosing their sexual orientation the doctors have not expressed any negative attitudes towards the patients. However, quite large portion of the respondents avoids discussing their sexual orientation with healthcare providers, or reports having faced improper or offensive attitude from the doctors, which indicates quite high rate of stigma among medical personnel towards MSM. This indicates to high rate of stigmatization. The same situation is in Cambodia where MSM tend to hide their sexual orientation to doctors and this leads to improper management of HIV infection and STIs treatment (5).
5. The majority of the doctors provide all necessary and sufficient information to MSM about safe sexual relations. Although, part of the doctors does not consider that it is necessary to discuss with the patients topics such as condom use and safe sexual relations.
6. The majority of the respondents report that their friends/sexual partners refer to the same doctors as they do. This means that when choosing the medical provider, members of target group exchange their opinions about doctors and give advices to each other about where and whom to refer to for medical services. It is worth mentioning that the partners and friends of survey participants also indicate that doctors' attitude towards MSM is mainly positive or neutral. However, there are cases of discrimination and humiliation of MSM patients, which means that the facts of discrimination and improper treatment based on sexual orientation still exist in Georgia. The same situation is described in Cambodia, where healthcare staff is not trained on homosexuality issues and their tolerance level is very low. Part of medical staff is aggressive towards MSM patients, humiliate and insult them and sometimes even refuse to treat MSM patients (5).
7. $\frac{1}{3}$ of the respondents think that the medical doctors in Georgia do not have enough knowledge and skills to provide adequate medical services to MSM.
8. Creation of medical facilities specializing on provision of medical services mainly to MSM was mentioned as a way for improving the quality of medical services received by MSM. Along with the competence, the respondents underline the necessity of friendly environment and protection of anonymity and confidentiality while receiving healthcare services. American foundation for AIDS research (amFAR) in its report along with awareness raising and reduction of homophobia in society underlines the necessity of existence of MSM friendly medical services (6).
9. The majority of the respondents think that it is important for them to know the contact details of medical personnel to visit him/her in case they need medical assistance. Organizations working with MSM, as well as friends were listed as sources for above-mentioned information. This means that the NGOs working with MSM have high level of confidence among the respondents. Along with that the important source for information sharing is social networking.

Comparison of the findings among medical providers' and MSM

It is important to compare the findings from both parts of the research, in order to provide needs-based recommendations for future prevention interventions targeting improved access of MSM to health-related services, and reduced stigma, discrimination or any other kind of negative attitude.

- Part of the medical providers report that they don't have negative attitude towards MSM patients, and even if such attitude exists (that is in case of some providers, especially aged ones), it does not influence the quality of services provided. About half of MSM report the same – that doctors have not expressed any negative reaction or attitude when they learned about patient's sexual orientation.
- Quite large portion of the MSM respondents avoids discussing their sexual orientation with healthcare providers, and some small part reports having faced improper or offensive attitude from the doctors, which indicates existence of stigma among medical personnel towards MSM. Medical providers do not report explicit stigma, existing among their colleagues, but confidentiality breach is mentioned by them as a fact in many of medical facilities. This indirectly indicates to stigma and discrimination towards MSM patients. It is interesting that most of the Tbilisi respondents do not reject the existence of discriminative or indifferent treatment towards MSM in the regions of Georgia, but the research could not find such a difference between the capital city and the regions.
- MSM report that the majority of the doctors provide all necessary and sufficient information to MSM about safe sexual relations. Although, part of the doctors does not consider that it is necessary to discuss with the patients topics such as condom use and safe sexual relations. At the same time, if MSM do not reveal their sexual behaviors to the doctors, doctors are not in position to talk with them about such issues. As for medical providers, the research has revealed that majority of medical providers does not have enough information on homosexuality, and sometimes doctors don't have even basic knowledge on this topic.
- About half of MSM respondents mention that the trainings on homosexuality issues for medical personnel and warm and friendly attitude from the doctors towards MSM patients will increase the quality of healthcare services provided to this group. Most of the medical providers report that in their facilities no special trainings/educational meetings have been conducted on the issues of HIV/STIs prevention among MSM and supporting vulnerable groups including MSM. Still, majority of the doctors do not wish to receive additional professional trainings. Though, part of the participants would not refuse to receive some printed materials such as booklets, leaflets, professional guidelines, methodological materials.

Recommendations

Main goal of the research was to assess needs for friendly medical services among MSM in Georgia, and study healthcare providers' attitudes towards MSM patients and their needs for learning how to deal the MSM patients. The data gathered through the research are clearly reflecting the situation and demonstrate the needs for following actions, described in the recommendations below.

Majority of the assumptions of the research were confirmed, however, not all of them. Namely, the following assumptions were not proved:

- Medical providers are interested to learn more about HIV/STIs prevention among MSM and are ready to undergo special training dedicated to these topics, if such training is available.
- Medical providers are knowledgeable about HIV prevention projects targeting MSM (if there are any) and regularly refer their patients there.
- There is some part of MSM that prefer not to refer to medical services due to fear of stigmatization based on their homosexual behavior.

Based on the conclusions, as well as comparison of the results of the research, the following recommendations are developed:

Recommendations

1. It is important to raise medical personnel's awareness on homosexuality issues through:
 - a) Training young health professionals on the following topics:
 - homosexuality issues,
 - patients' rights,
 - confidentiality issues,
 - counseling skills,
 - HIV/STIs prevalence in vulnerable groups including MSM,
 - medical and social characteristics of MSM and their additional medical needs.

These trained medical staff could contribute to reducing stigma and increase tolerance towards MSM among their colleagues, and creating friendly environment in their respective medical facilities.

b) Conducting special training/educational meetings on the issues of HIV/STIs prevention among MSM and supporting vulnerable groups including MSM in relevant healthcare institutions.

c) Creating and distributing special information-educational materials and professional guidelines for medical providers on how to increase effectiveness of HIV/STIs prevention services among MSM.

2. MSM capacity building is recommended in the field of stress management and strategies of overcoming stigma.

3. It is recommended to increase social networking among MSM both through personal contacts and internet-based networking. This networking and contacts can be used for promotion of friendly healthcare facilities and medical staff, as well as other accessible services among MSM.
4. NGOs role as mediators between MSM and healthcare providers/doctors should increase.
5. It is necessary to support further extension of MSM-friendly medical services and their incorporation into existing medical services.

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Annex 1

Questionnaire № _____

Theme: “Needs assessment for MSM friendly health services in Georgia, attitudes of health services providers towards MSM and health personnel’s needs in additional trainings/educational meetings for improving the services they are providing to MSM”

Georgian NGO **Center for Information and Counseling on Reproductive Health – Tanadgoma** and **AIDS Foundation East West (Ukraine office)** are conducting the survey which aims to study attitudes of health service providers towards MSM and health personnel’s needs in additional trainings/educational meetings for improving the services they are providing to MSM. Thank you for participating in the research and filling out the questionnaire.

1. Respondent’s sex:

2. Respondent’s age: _____ *years*

3. Type of organization the respondent is working:

- Specialized medical center
- Multi profile medical center
- Diagnostic center
- Primary healthcare unit
- Other

4. Specialization:

5. How long have you been working in the field of healthcare? _____ *years*

6. In your opinion, what is the attitude of medical doctors in general towards MSM? What is your personal attitude?

7. Have you ever come across the cases of indifferent, discriminative and negative attitude from medical personnel while providing medical services to MSM? In your opinion, where such an attitude can be more frequent - in Tbilisi or in rural areas? In your opinion, how such attitude can be reduced?

8. Does the existing stigma (discrimination) among medical personnel towards MSM influence the quality of provided medical services (consultation, diagnostics and treatment)?

9. How would you assess the risks among MSM in terms of HIV and STIs transmission compared to other high risk behavior groups? In your opinion, are there any changes in terms of the risks of HIV and STIs among MSM during the last 5 years? Please justify your answer.
10. Tell me, does the consultation service you are providing to MSM include:
- a) *Topics of HIV prevention:* *yes* *no*
- b) *Topics of STIs prevention:* *yes* *no*
11. What is included in the consultation services that you provide to MSM?
12. In your opinion, how often doctors are providing MSM with consultations about HIV and STIs?
13. Do MSM refer to you? Do you learn about their sexual orientation from them or make your own assumptions? What are the problems MSM refer to you with?
14. Please, tell me the approximate number of MSM that have referred to you for medical services during the last 6 months?
15. Does it happen at your healthcare institution that medical providers undergo special training on HIV/STIs prevention and supporting vulnerable groups (including MSM)? Since when such training is taking place and provides it? Have you participated in these training? If yes, when and where? How would you assess quality of these training?
16. Do you have any need or desire to receive additional professional education on the topics of STIs prevention among MSM patients and supporting vulnerable groups (including MSM)?
17. In your opinion, who could provide you with the information about STIs/HIV prevention and working with the vulnerable groups?
18. Do you have any need to receive special information about effective working with MSM for HIV/STIs prevention?
19. If yes, how would you prefer to receive such information?
- a) *Informational material, booklet:*

b) Electronic list serves:

c) Professional manuals, guidelines:

THANK YOU FOR PARTICIPATION!

The interviewer fills the chart after the interview

The name of the interviewer _____

Signature of the interviewer _____

Duration of the interview _____

Annex 2

Questionnaire № _____

Theme: “Needs assessment for MSM friendly health services in Georgia, attitudes of MSM towards medical personnel and healthcare services in general attitudes of health services providers towards MSM and health personnel’s needs in additional trainings/educational meetings for improving the services they are providing to MSM”

Organization which implement program:

Georgian NGO Center for Information and Counseling on Reproductive Health – Tanadgoma and AIDS Foundation East West (Ukraine office) is conducting a survey which aims to study attitudes of MSM towards medical personnel and healthcare services, attitudes of health services providers towards MSM and health personnel’s needs in additional trainings/educational meetings for improving the services they are providing to MSM. Thank you for participating in the research and filling the questionnaire.

20. Age:

18-21 22-30 31-40 41-50 >50

21. Education:

Secondary Professional Incomplete high High

22. Have you had sexual relationship with a man during the last 6 months?

YES NO

23. Have you ever referred to the following specialists?

ა) Venerologists (for STIs treatment)	Yes	No
ბ) Urologist (for urinary tract treatment)	Yes	No
გ) Proctologist (for rectum treatment)	Yes	No

5. If you have not referred yet, do you know where to go and to whom to refer if needed?

YES NO

6. Do you know personally medical specialists who can provide you high quality medical services?

- YES NO

7. Is it possible to get from your friends/partners contact information of medical specialists who they regard as reliable?

- YES NO

If you have not referred to those specialists please go to the question 14.

8. Have the doctors asked you about your sexual behavior (sexual relations with other men) during the consultation?

- YES NO

9. Have you revealed your sexual behavior to the doctor on your own?

- YES NO

10. If doctor knew about your sexual practices with other men what was his/her reaction?

11. Has the doctor explained to you how to protect yourself from STIs (e.g. that you have to use condom during every sexual contact)?

- YES NO

12. Have you received enough information from the specialist?

- YES NO

13. How would you assess the doctor's attitude towards you?

- Positive Negative Neutral

14. Have your friends/partners told you that they had referred to these particular specialists?

- YES NO

15. What was their impression about these specialists?

16. In your opinion, do the doctors in Georgia have enough knowledge about working (providing consultations) with MSM?

- YES NO DON'T KNOW

17. If you had some health problems, would you wish to have possibility to refer to “friendly medical services”, where you could freely speak about the details of your sexual behavior?

- YES NO DON'T KNOW

18. Would you wish simply to know the names of the medical specialists at healthcare institutions (hospitals, primary healthcare units, etc) who, knowing about your sexual behavior, would have friendly attitude towards you?

- YES NO DON'T KNOW

19. How would you wish to receive information about friendly medical specialists?

s)	Friends	YES	NO
ბ)	From other medical specialists	YES	NO
გ)	Organizations working with MSM	YES	NO
დ)	Internet	YES	NO
ე)	Mass media (announcements through TV, radio etc.)	YES	NO
ვ)	Other	YES	NO

20. In your opinion, what can be done in order to improve medical services for MSM?

THANK YOU FOR PARTICIPATION!