



# HIV INFECTION AND RELATED STIGMA AND DISCRIMINATION AMONG MEN WHO HAVE SEX WITH MEN AND TRANSGENDERS IN GEORGIA

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## Terminology and acronyms

**Bisexual** - refers to a person who is attracted to and/or has sex with both men and women and who identifies with this as a cultural identity.

**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).

**Gender Identity** - refers to a person's deeply felt sense of identification with a specific gender, in relation to the social construction of masculinity and femininity. A person's gender identity may be male, female, or something other than or in between male and female. A person's gender identity may or may not correspond with the sex assigned at birth. Since gender identity is internal, one's gender is not necessarily visible to others. Gender identity is different from sexual orientation.

**HIV/AIDS** - Human immunodeficiency virus infection/Acquired immunodeficiency syndrome

**Homophobia** - refers to fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behavior, towards homosexuals and/or homosexuality. Similarly, biphobia refers to an irrational fear or hatred of bisexuality and transphobia refers to an irrational fear or hatred of transgender people. All of these phobias manifest themselves in harassment, prejudicial and negative treatment, violence and other forms of discrimination.

**Homosexual** - refers to a person who have sex with and/or sexual attraction to or desires for people of the same sex.

**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.

**NSP** - National Strategic Plan

**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.

**STI** - Sexually transmitted infections

**Stigma** - a dynamic process of devaluation that significantly discredits an individual in the eyes of others.

**Transgender** - is an umbrella term for people, whose gender identity, expression or behavior is different from that typically associated with their assigned sex at birth, including but not limited to transsexuals, travesties, transvestites, transgenderists, cross-dressers, and gender non-conforming people. Transgender people may be heterosexual, homosexual or bisexual.

## Foreword

This document is a brief situational analysis of HIV infection and related stigma and discrimination among Men who have Sex with Men and Transgenders in Georgia.

The analysis reviews literature, research and other documents which are in place in connection with LGBT community in Georgia. Specific attention is being paid to existing laws in the country from human rights perspective, to issues of sexual orientation and gender identity, issues of healthcare and especially HIV/AIDS and related stigma and discrimination among gays/MSM and transgender. This report uses data of both published and unpublished behavioral, biomarker, attitudinal and other analytical surveys that are available since 2004.

The issues such as HIV infection, HIV-related stigma and discrimination are quite urgent in Georgia, since concentrated HIV epidemic has been identified among Men who have Sex with Men in Tbilisi, the capital city, in 2010.

As a response to this situations, with support of UNAIDS, a non-governmental organization “Center for Information and Counseling on Reproductive Health – Tanadgoma” initiated a project “ Promote national guidance on comprehensive package and improved access to quality HIV prevention programmes for MSM and transgender”. The main objective of the project is to review and study stigma and discrimination in the context of HIV infection in these particular groups of population, and at the same time to prepare a roadmap for the mid-term review of the National Strategic Plan on HIV/AIDS. The roadmap will compile all important information and recommendations, which would gain practical value during the strategic plan review process. This will help the group of stakeholders, involved in the review, to identify planned prevention or other interventions targeting these groups with more precision.

It noteworthy that LGBT community is quite often mentioned in the present document. Since “MSM” is a technical term, which emerged in the context of HIV infection, it is not known to the broader public. When stigma and discrimination are in question, they usually take place towards LGBT people, and MSM represent only a part of those. Accordingly, in the majority of cases the legislation also refers to sexual orientation and gender identity and not to the sexual behavior.

While discussing stigma and discrimination, it is necessary to consider contributing and/or hindering factors to these phenomena. Based on this, this document reviews in details those laws or articles, which might be associated with general discrimination of the LGBT community.

The report structurally is divided into several sections describing different spheres, such as: legislative environment, cases related to discrimination based on sexuality and gender identity; HIVAIDS and related stigma and discrimination among MSM and transgender; existing policy documents and recommendations.

## Introduction

Majority of Georgian society expresses aggressive attitude towards LGBT persons, based on the negative perception of differences. This kind of perception is caused by religious and socio-cultural norms. Internalized homophobia is an additional factor contributing to unsafe and uncomfortable environment for LGBT persons on different – personal, interpersonal institutional and cultural levels. Such environment is an obstacle for LGBT community representatives in institutional and interpersonal relationship (self-expression, accessibility and quality of medical services, freedom of speech, protection of rights, etc).

Liberalization of the law towards LGBT, namely, decriminalization of homosexuality, took place after Georgia joined Council of Europe. On June 1, 2000 a new Criminal Code was adopted in Georgia, where “sodomy” was not considered illegal any more. Adopting the new Criminal Code and decriminalization of homosexuality was among commitments before the Council of Europe to be accomplished by Georgia. As of today, among former Soviet Union Republics, Georgia has the most liberal legislation in terms of LGBT issues.

However, despite majority of the laws being not discriminative, their implementation causes discriminative results in practice and significantly violates freedoms and rights of the LGBT persons [1].

Despite existing laws and international documents ratified by the state, homophobic and transphobic attitudes towards LGBT persons are widely spread in Georgian society, and these topics are often subjects of manipulation.

At the same time, spreading of HIV infection and promotion of this issue also to some extent contributed to discriminative attitudes and further stigmatization of LGBT persons and, among them, of Men who have Sex with Men. Double stigma, caused both by non-traditional orientation or behavior, and by potential threat of HIV from people with such orientation or behavior, is worsening the situation of these gay/MSM and transgender individuals. They have difficulties in access to medical services, which ultimately affects negatively their health and health of the society in general.

Georgia is among the countries with low HIV/AIDS prevalence but with a high potential for the development of a widespread epidemic. The estimated prevalence of HIV among the adult population is 0.05%<sup>1</sup>. In its early stage the HIV epidemic in Georgia showed similarities with the epidemics in most Eastern European countries, with injecting drug use being the major mode of transmission. However, over the past several years, while transmission

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<sup>1</sup> Spectrum database, Infectious Diseases, AIDS and Clinical Immunology Research Center

through injecting drug use is still the prevailing route for HIV spread, the role of heterosexual transmission is increasing. According to the national HIV surveillance system, infections acquired through homosexual contact account for a small proportion – 3.7% - of all HIV cases. In 2011, the homosexual route of transmission contributed to 5.8% of all newly registered cases<sup>2</sup>.

Since 2002 in order to control the spread of HIV epidemic in the country, Bio-Behavioral Surveys have been conducted regularly among several so-called vulnerable populations (Injecting Drug Users, Commercial Sex Workers, Men who have Sex with Men). Three rounds of such surveys had been conducted among MSM in 2005, 2007 and 2010. The research was carried out only in the capital. An alarming trend of HIV infection increase has been revealed in this population – from 4.3% in 2005 to 6.4% in 2010 [12]. Accordingly, concentrated epidemic was identified in this group, and this may change not only the epidemiological profile of the country, but is raising lots of different issues, which are closely associated with HIV prevention and control among MSM. These issues are: broader coverage of MSM with prevention interventions throughout the country; studying factors and conditions beyond risk practices spread among MSM; need to study their migration inside and outside the country; accessibility of healthcare services, existence of friendly medical services, etc. It is clear from this perspective that stigma and discrimination related both to HIV and to the sexual behavior of MSM play crucial role.

However, there has been not enough attention dedicated to studying stigma and discrimination of LGBT and MSM in Georgia, and existing research provide poor or out-of-dated information about the issue.

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<sup>2</sup> Spectrum database, Infectious Diseases, AIDS and Clinical Immunology Research Center



## **Overview of the legislation in relation to LGBT issues**

Georgia does not have an anti-discrimination legislation. Equality clause of the Constitution provides a list of prohibited grounds of discrimination, such as nationality and ethnicity, religious or social affiliation, sex etc. This list does not include sexual orientation or gender identity. The Constitutional Court's interpretation of the equality clause suggests however, that discrimination is also prohibited on other grounds not expressly mentioned therein. Accordingly, it is possible to interpret "sex" or "social group" in a manner that these terms imply sexual orientation and gender identity. However, the Georgia judicial system has never explicitly articulated this issue.

Until very recently discrimination on the basis of race, religion, national or ethnic origin and language intolerance were considered as aggravating factors for all crimes in the Criminal Code of Georgia. Very recently, in March 2012 Georgian Parliament amended this provision and added victim's sexual orientation or gender identity to this list of grounds.

On December 28, 2011 the Georgian Parliament adopted a Law on Data Protection [4]. The law envisages that every public and private institution shall collect personal information about the employees, among them – data about their sexual lives. As provided by the law, collecting data implies: gathering, recording, storing photos, recording on audio- or videotapes, organizing, keeping, retrieving and using for sharing or making them otherwise available etc. Every institution is obliged to provide these data to the Data Inspector – the post which is introduced by the law. Furthermore, if the public interest mandates so, the Inspector has the right to process, analyze, store or release such data without the consent of the individual concerned.

This new Law on Data Protection is inconsistent with the Constitution and international human rights obligations of Georgia and creates a serious danger for the protection and realization of the right to private life in Georgia. It should be mentioned that before adopting of this law, it was prohibited for public institutions to gather, store and provide such information to the third parties.

Hate speech against LGBT people remains a serious problem. It is not prohibited by law, however media self-regulatory mechanisms – such as the Broadcaster's Code of Conduct and the Charter of Journalistic Ethics - prohibit hate speech and promote the principle of covering diversity (which includes sex and sexual orientation); under the Charter journalists may face ethical responsibility for violating the prohibition of hate speech.

Sex reassignment surgery is not prohibited in Georgia; however its rules and procedures are not regulated by law and the issue is left solely to the discretion of medical establishments. Changing official documents after sex reassignment remains problematic for transgender

individuals. The legislation does not clearly regulate from which stage the documentation of a transgender individual can be changed.

Although Georgian legislation does not regulate the procedures of sex recognition, Georgian administrative structures have established practice, after which transgender individuals have the rights to change sex in the official documentation only after sex reassignment surgery. This requirement forces transgender individuals to undergo sterilization. At the same time, majority of transgender persons cannot afford undergoing costly medical interventions and are left without official recognition of their sex for years. Even after the surgery the legislation does not provide for issuing a university diploma for the second time with the changed sex of the person. Such practices are in contradiction with the recommendations of the Council of Europe and with Yogyakarta principles – documents, which consider standards of human rights and norms in relation to sexual orientation and gender identity.

An Order of the Minister of Labor, Health and Social Affairs imposes a blanket ban on blood donation by homosexuals – as one of the HIV/AIDs risk groups [7]. Such a blanket ban is disproportionate and incompatible with fundamental principles of human rights law.

Homosexuality was decriminalized in Georgia in 2000. However the Criminal Code still contains pejorative language regarding homosexuality which stigmatizes and marginalizes the community. The Code proscribes sexual contact by force, threat, abuse of an official capacity or a defenseless position of the victim, also with a person below 16. Such prohibitions are by all means justified in order to protect the rights of others, what is problematic however is that Georgian Criminal Code proscribes such acts committed by heterosexuals in one provision, whereas the same acts committed by homosexuals are proscribed separately in another provision; legal justification for such a separation is unclear. The penalty under both provisions is identical however.

Also the mentioned provision refers to homosexual sexual conduct as “deviant” (abnormal) sexual behavior. Such language contravenes fundamental principles enshrined in the Constitution and the criminal legislation of the country: freedom and equality before the law and inviolability of person’s honor and dignity.

Labour Code expressly proscribes discrimination based on sexual orientation at the workplace, however it leaves the door wide open for discrimination both - at the stage of hiring and dismissal. (Georgia Labour Code, article 2(3)). [5]

Although there is a law in Georgia against domestic violence, it does not apply to unmarried couples; therefore since same-sex marriage is not authorized in Georgia, the law does not apply to domestic conflicts between LGBT couples; thus the law fails to take into consideration specific needs of LGBT people and is ineffective to protect their rights in a relationship.

25<sup>th</sup> article of the Georgia Constitution protects the right to public assembly without arms either indoors or outdoors without prior permission. This article binds the state to protect citizens from violation of this right from the third parties.

The “Law of Georgia on the rights of patient” directly proscribes discrimination on the ground of sexual orientation (Georgia Law on Patients’ Rights, 2000; Chapter 1; article 6). [6].

Georgian law on HIV/AIDS highlights issues such as: protection of right to medical care of HIV infected person or a person living with AIDS; protection of rights and dignity of persons and avoiding their discrimination in regards to HIV/AIDS; confidentiality of information about HIV infected or diseased with AIDS; inviolability of civic, political, social economical and cultural rights and freedoms based on HIV status, inviolability of internationally acknowledged and provided in Georgian constitution rights, freedoms and guarantees of HIV infected/people living with AIDS. Also, the law implies that it is unacceptable to dismiss HIV infected from the job or refuse him/her a job only on the foundation of HIV positive status, except those professions, which imply high risk for infecting others.

Accordingly, Georgian law on HIV/AIDS provides the general framework against stigma and especially discrimination. However, since there are no legislative acts, it is difficult to say what would be reaction in cases of breaking these articles of the law. [8]

Despite the fact that in Georgia there are laws, which consider rights of LGBT persons and which to some extent guarantee equality and freedom of expression, existing stigma, homophobia and expected discriminative attitudes create poor environment for these people. Non-governmental organizations working with LGBT community register violation of their rights on macro-, as well as micro-level. Namely: LGBT persons are often forced by their family members to undergo treatment because of “wrong” orientation and/or gender identity; majority of LGBT community representatives do not reveal their orientation at their employment places because of fear that their colleagues will judge, discriminate and marginalize them; based on the expected discriminative, indifferent, cynical attitudes LGBT representatives are often afraid to refer to law enforcement structures for protection of their rights; homophobic and transphobic attitudes of the society violate freedom of speech and equality of LGBT persons; existing stereotypes and homophobic environment also violates the right to education. As of today, there is no sexual and reproductive health related education in secondary and high schools in Georgia.

Absence of unified code of ethics for professional medical associations represents another problem, which contributes to practices like “treating homosexuality”, whilst homosexuality is taken out from the list of mental illnesses by WHO.

Although majority of the laws are not explicitly discriminative, but their realization often causes discriminative results in practice and affects freedoms and rights of LGBT persons. [1]

## **Overview of the health-related situation – HIV/AIDS, stigma and discrimination**

In 2010 Georgia has elaborated and adopted the National HIV/AIDS Strategic Plan for 2011-2016 [9]. This document considers Men who have Sex with Men as one of the target populations in regard of HIV infection. The plan contains particular targets, as well as activities to be undertaken in order to achieve those targets among this population.

In particular, according to the plan, the second strategic objective “Improve quality and scale of preventive interventions” envisages keeping HIV prevalence among most at risk populations (including MSM) under 5%. Activities to be carried out among MSM, according to the NSP Implementation plan of 2011 – 2013 are: provide Voluntary Counseling and Testing on HIV, operate HIV/STI integrated services in Tbilisi and regions and implement peer outreach interventions through peer educators targeting MSM. Besides, the implementation plan includes conducting regular behavior surveillance surveys and, if there is financial possibility, population size estimation surveys.

Three rounds of Behavior Surveillance Survey with biomarker component had been conducted among MSM – in 2005 [10], in 2007 [11] and in 2010 [12]. The research was carried out only in the capital; however, the sampling methodology used in the survey makes it possible to generalize the findings to the whole population.

Out of the behavioral surveillance surveys listed above, the most important finding of the last survey of 2010 is that prevalence of HIV has exceeded 5% and reached the level of concentrated epidemic among MSM in Tbilisi (6.4%) [12].

Some other STIs were included in the biomarker component of the survey – hepatitis B and C, herpes, chlamydiosis and syphilis. Prevalence of these infections was also quite high: herpes – 32%, syphilis – 12%, chlamydia IgA – 15.9%, hepatitis C – 17.3%, hepatitis B – 4.3%. There were also cases of HIV and STIs (e.g. syphilis) co-infection.

High prevalence of infections in this group is compounded with insufficient knowledge and low referral to medical services – STI testing rate is low (21.2%). Despite that awareness on HIV/AIDS is high, still some of the MSM have never heard of this disease (8.5%). At the same time, indicator of correct knowledge on HIV/AIDS is not high – 19.9%. Less than half of the respondents knew where it is possible for people from their group to have a confidential HIV test. Majority had never been tested on HIV, and only 15.5% had been tested on HIV during the last 12 months. Out of them almost all were knowledgeable about their test results. It is noteworthy that out of HIV positive respondents at least one third did not know their HIV status, since they had never been tested on HIV before.

When assessing their personal risk of HIV infection, MSM gave inadequate answers: only 9.9% of them assessed their personal risk of HIV infection as high, while 23.8% thinks that they are under low risk of acquiring this infection. About one fifth of the respondents believe they are under no risk.

Risky sexual behavior is quite widespread: consistent use of condoms with different types of male partners is between 20 and 35%.

Thus, the survey results revealed that HIV prevalence in this group is alarmingly high, at the same time knowledge about infections, safe sexual practices and referrals to medical services are low.

Stigma and discrimination, which MSM could face, were not paid a lot of attention in these surveys. The issue of violence was studied to some extent, though, in particular, violence because of sexual orientation or behavior.

According to the behavior surveillance survey of 2005, one quarter of the interviewed MSM (25.7%) reported that they had faced problems because of their sexual orientation. The problems that they faced came mainly from strangers, then from neighbors and then - from family members and friends. These problems were both of physical and social nature; still problems of physical violence were less frequent compared to social pressure. [10]

The survey revealed that 7 respondents have faced physical violence because of their sexual orientation (beating, rape). As for the social/psychological problems, they are as follows: mocking; expulsion from the friends' circle; undeserved negative attitude at work and at school/college; firing from work. Out of 18 respondents (who have faced such problems) only 8 report having done something in response, e.g.: leaving the house, counter-blackmailing, justifying oneself, trying to avoid the conflict, trying to make it up and leaving the job. However, respondents still could not protect their rights with these actions.

Another part of the respondents has not even tried to protect their rights because they did not want to reveal publicly their sexual orientation. Also, they say that there is no law to

protect rights of homosexuals. Some were scared and did not want to tense the situation even more.

In a Bio-BSS survey of 2007 there was also a section about violence because of sexual orientation and behavior. 21.4% of respondents reported that they had been victims of different types of violence – both physical and verbal. [11]

As for the survey of 2010, 7.4% of the MSM respondents reported that they had been victims of violence because of their sexual orientation or homosexual behavior in the last 12 months. [12]

There are several surveys conducted by an organization “Inclusive Foundation”<sup>3</sup> and these surveys had found that MSM really represent a stigmatized and discriminated group:

- In the “Discrimination survey conducted among 120 LGBT in Georgia” by Inclusive Foundation in cooperation with ILGA-Europe/COC Netherlands in February 2006 [11] majority of the respondents reported having experienced different types of discriminative or violent acts because someone knew or presumed them to be gay, lesbian, bisexual, intersex and/or transgender. Only 6 cases have been reported and none of the victims of discrimination felt satisfied with the outcomes. Respondents would report to NGOs, International human rights organizations, Ombudsman, Police or Media.

For the reasons of dissatisfaction with how their complaints were treated respondents mostly quote indifference from the public agencies and antidiscrimination legislation gaps. Reasons for not reporting human rights violations include all above quoted as well as security and privacy concerns.

Besides, 57.5% of respondents characterize the public attitude towards the sexual minorities as intolerant. [13]

- From the study done by Inclusive Foundation with financial support of ILGA-Europe “Representation of homosexuals/homosexuality in Georgian Media” it is clear that for the media it is very important to underline not homosexuality but “non-traditional” sexuality as a social problem. Spreading myths about LGBT contributes to stigmatization of these people and they refrain from integration into society. Most of the LGBT that express their concerns through the media are presented negatively. Consequently, this strengthens negative image of the homosexuals. [14]
- A survey in 2006 of the general population found that 81.4% of respondents would not be on friendly terms with a homosexual, while 71.4% would not want to work with a homosexual. [15]

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<sup>3</sup> The organization ceased functioning in 2009.

In the results of the „Study on Homophobia, Transphobia and Discrimination on Grounds of Sexual Orientation and Gender Identity“, carried out in 2010, the issue of discrimination of LGBT persons because of HIV infection is being discussed. Based on the data provided by non-governmental organizations, LGBT people avoid testing and treatment due to social stigma and fear of discrimination. There is some information about cases when some medical providers, especially dentists, refused to treat HIV infected patients. LGBT persons often avoid disclosing their HIV status from employers, because they fear losing their jobs. [1]

The issue of HIV/AIDS and gay/MSM is intertwined and complicated. Double stigma, caused by low awareness and resistance towards new information and knowledge, is still prevalent in some parts of the society and is enhanced by religious dogmas.

It is noteworthy that there are registered no cases of discrimination of LGBT persons while receiving HIV-related medical services. Even representatives of Public Defender have no information about such cases.

## **Existing policy documents and recommendations**

There are numerous internationally acknowledged documents that consider overcoming stigma and discrimination as one of the most important pre-conditions for effective prevention of HIV infection among MSM and Transgender. A UNAIDS policy brief of 2006 laid a foundation for these documents [16]. This document was followed in 2007 by a document “Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity“ a.k.a. Yogyakarta principles [18].

One of the most important documents in the field of HIV/AIDS is “UNAIDS Action framework: Universal Access for Men who have Sex with Men and Transgender People” (2009). [17]

From the perspective of fighting discrimination there is another milestone - Recommendation of the Committee of Ministers to member states on measures to combat discrimination on grounds of sexual orientation or gender identity” (2010). [19]

These issues became actual also in the region of Eastern Europe and central Asia. In 2010 a situational analysis was conducted in 7 countries of the region (Georgia among them), which included information such as epidemiological data, population size estimations, assessment of the risk factors for HIV infection, etc.

In November 2010 a regional consultation “Hidden Epidemic: HIV, Men Who Have Sex with Men and Transgender People in Eastern Europe and Central Asia”. As a result of the consultation, a set of recommendations was elaborated, which envisages all the enabling factors for effective control of the epidemic in the region. [20]

In May 2011, through the expanded meeting of the UN Joint Team on HIV/AIDS in Georgia, the UN Family representatives and the key national and international stakeholders of AIDS response targeting MARPs in Georgia, discussed the recommendations of the regional consultations and the issues of HIV among MSM and transgender in Georgia. The meeting participants agreed to consolidate efforts for settling a framework and creating basis for augmented response on emerging HIV epidemic among MSM, bringing together the efforts of government, civil society, donors and the international organizations. It was recommended by the meeting: to initiate this project and the review on MSM/Transgender and HIV prevention, and prepare recommended action plan before the mid-term review of the HIV/AIDS NSPA in 2013.

In October 2011, with support of amfAR (American Foundation for AIDS Research), the “First South Caucasus Conference of HIV among Men who have Sex with Men and Transgender People” was carried out. Delegation from Georgia, Armenia and Azerbaijan, as well as regional experts took part in the Conference. During the conference recommendations were elaborated both for the whole region of the South Caucasus and for each of the three countries separately. The recommendations are targeted to non-governmental organizations, governmental structures and international and donor organizations. [21]

Among the recommendation elaborated for Georgia, there are several that touch upon stigma and discrimination, namely:

- To carry out special research dedicated to issues such as violation of rights, stigmatization and discrimination of MSM/TG, access to HIV/AIDS prevention and treatment programs.
- To inform general population on problems of MSM and TG in the field of public health and human rights in order to overcome tabooing the issue, stigma and discrimination, through active involvement of mass media.

MSM are paid attention in the context of HIV infection, however, transgender persons, although being one of the highest risk groups, are overlooked in the National HIV/AIDS Strategic Plan. One of the recommendations of the South Caucasus Conference encourages non-governmental organizations to plan and carry out qualitative research in order to reveal transgender individuals’ needs in HIV prevention, treatment, care and support.

In 2012, non-governmental organization “Identoba” elaborated a research paper, which reviews international standards and best practices on requirements for sex recognition of



transgender persons. This paper, along with reviewing the international standards, offers an optimal sex recognition model for Georgia [3].

“Identoba” considers creating a mechanism similar to the UK law on gender recognition and recommends Georgian authorities to set the similar procedures in place. More specifically, it asks not to oblige Georgian transgender individuals to undergo forced sex reassignment surgery and sterilization in order to legally have sex confirmed. Changing sex in the documentation will be based on presenting the certificate about gender dysphoria or successfully passing the additional transitional period. The document also reviews the same practice of Hungary, as an alternative in case if this new legislative package is not acceptable to Georgia.

## **Future steps**

Despite the fact that Georgia does not have discriminative legislation, in other words, there are laws that protect rights of LGBT people, it is also a fact that this issue is still of high importance. Existence of the law is not a guarantee of its realization. On one hand, homophobic environment, existing in Georgia, and, on the other hand, internalized homophobia represent impeding factors for implementation of these laws. General situation, which contributes to flaring up stigma and discrimination, has probably extremely negative influence on the field of HIV/AIDS. Since MSM and transgender represent groups under high risk of HIV infection, it is very important that they can freely refer to any medical or social services. Deeply-rooted attitudes and examples of discrimination create negative expectations in these people. They are afraid of referring to medical facilities and talking there about their sexual orientation or sexual behavior. As a result, not only this group but also the country interests are suffering – it becomes impossible to control infections, and this puts public health in danger.

Accordingly, in order to overcome stigma and discrimination, especially HIV-related stigma and discrimination, it is important to provide preliminary recommendations to implement the following steps:

- To amend those articles in the legislation, which provide for discrimination based on sex or sexual orientation and to protect equal rights for everyone (e.g.: particular articles of the Criminal Code); to review the legislative gaps where LGBT persons are still inappropriately labeled;
- To make issues of sexual and reproductive health and rights available in the educational system;
- To cancel the Order of the Minister of Labor, Health and Social Affairs which bans homosexuals from blood donorship;

- To regulate the issue of responsibility of media in order to eliminate hate speech, which negatively influences public awareness and strengthens negative stereotypes in society;
- To pay attention to the old-fashioned approaches, stereotypes and discriminative attitudes towards LGBT issues. Education on LGBT issues is important both for medical students and for specialists of the clinics and other facilities, which have active medical practice;
- To create/refine the legislative and medical package for transgender persons, in order to give them possibility to enjoy full lives;
- To refine the above in the roadmap for mid-term review of the HIV/AIDS National Strategic Plan in 2013, which concerns Men who have Sex with Men, namely: to specify indicators, to expand prevention interventions and, accordingly, to increase the budget for covering this group through the strategy 2<sup>nd</sup> phase Plan of Implementation for 2014-16.

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