



**Center for Information and Counseling on Reproductive Health - TANADGOMA**

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## **STIGMA AND DISCRIMINATION IN HIV-RELATED SERVICES**

**Qualitative research among Men who have Sex with Men**

**Tbilisi, Batumi, Kutaisi**

**Georgia, 2012**

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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 behaviour, towards homosexuals and/or homosexuality.

**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.

**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.

**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.

## **Introduction**

The following qualitative research was carried out with the financial support of UNAIDS in the frame of the project “Promote national guidance on comprehensive package and improved access to quality HIV prevention programs for MSM and Transgender People”.

The main goal of the project is to increase access to HIV/AIDS prevention programs for MSM and Transgender people in Georgia. The project objectives are:

1. Capacity building for LGBT organizations;
2. Awareness rising of HIV service organizations and mass media representatives on addressing MSM related stigma/discrimination and advocacy issues;
3. To study stigma and discrimination in HIV-related services among gays and MSM in Georgia;
4. To elaborate the special roadmap for an accelerated interventions plan for the mid-term review of the HIV/AIDS National Strategic action plan 2011-2016 for achieving better results in HIV prevention among MSM and TG.

The research was carried out by Georgian NGO “Center for Information and Counseling on Reproductive Health – Tanadgoma”.

## **Brief description of the qualitative research**

**Research goal:** The research aimed to study stigma and discrimination in HIV-related services among gays and MSM in Georgia.

**Research target groups:** Gay men/Men who have Sex with Men (MSM).

**Criteria for selecting participants for the research:** Gay/MSM of the age 18 and more who agree to participate in the research.

**Geographical area and sites of the research:** Focus Group Discussion (FGDs) and In-Depth Interviews (IDIs) were conducted at the offices of “Tanadgoma”, located in three cities of Georgia: Tbilisi (the capital), Batumi (Adjara region) and Kutaisi (Imereti region).

**Numbers of Focus Groups Discussions and In-Depth Interviews by regions:**

**Tbilisi** – 1FGD and 2 IDIs;

**Batumi** - 1FGD and 2 IDIs;

**Kutaisi** – 3 IDIs

**Total number of the survey participants:** In total 19 respondents took part in the focus group discussions and in-depth interviews. Out of 19 respondents 12 participated in focus groups (Batumi – 6 participants; Tbilisi - 6 participants) and 7 – in interviews.

**Main topics of the qualitative study:**

- HIV/AIDS related services;
- The cases of stigma/discrimination while receiving medical services;
- Involvement of gay/MSM in protection of their rights, including receiving friendly medical services;
- Role of mass media in stigma and discrimination.

## **Main Findings of the Qualitative Research**

### ***HIV/AIDS related services***

- The respondents mention the following sources of information about HIV/AIDS related services:
  - Friend;
  - Request of HIV testing certificate from employer (referring to some particular clinic);
  - Any health care facility (health facility the respondent applied to, referred him to HIV related services);
  - Posters;
  - Outreach work.
  
- The research revealed the following factors which prevent gays and MSM to discuss their sexual orientation and practices with medical personnel:
  - Internalized homophobia;
  - Low level of coming out;
  - Fear of confidentiality breach;
  - Expected discrimination from service providers;
  - Non-comfortable environment (presence of other person during the consultation, indifferent treatment from the service provider).
  
- The respondents prefer medical institutions where they feel comfortable. Under comfort they mean calm, isolated, confidential and friendly environment, as well free of charge services. In case they refer to unknown service provider (the service provider they have never been before), the participants doubt they will be able to speak openly about their sexual orientation and behavior. Part of respondents thinks that talking about their sexual

orientation and behavior will make easier the relationship between the patient and the doctor.

- The research revealed obvious and hidden internalized homophobia among the participants:
  - **Obvious internalized homophobia:** Part of the respondents control their behavior, the way they dress or speak in unfamiliar environment (including the situations when they refer to medical services) in order to hide sexual orientation. They think that those who do not behave like this deserve aggression and criticism from the society. This kind of attitude is explained by respondents with the idea that they are living in the country where traditions and orthodox religion are highly valued and therefore they (gay/MSM) have to fit in society and should not cause irritation.
  - **Hidden internalized homophobia:** Part of the respondents demonstrates discomfort while speaking about their orientation. They prefer to keep in secret their sexual orientation while receiving medical services and explain this with the opinion that the doctor has to cure him anyway, regardless his sexual orientation.
- The survey participants have diverse opinions regarding the quality of the received medical services, their accessibility and manifesting sexual orientation in front of medical personnel. In spite of these diversities, almost all of the participants agree that existence of friendly services is prominent for gay/MSM. These kinds of services will increase referrals to medical facilities, raise the awareness, decrease risky behavior, make it easy to reveal the disease and increase the effectiveness of treatment. The respondents think that talking about their sexual orientation and behavior will make easier the relationship between the patient and the doctor.

### ***Cases of stigma/discrimination while receiving the medical services among gay/MSM and their involvement in protection of their own rights***

#### **Cases of stigma/discrimination while receiving the medical services among gay/MSM**

- Part of the respondents indicates they have experience of cynical and indifferent treatment from medical personnel because of their sexual orientation or gender identity. Some of them have heard about such attitudes from other gays and MSM. These attitudes prevent them from referring to medical services. Negative or indifferent attitudes from the side of medical personnel lead to destructive actions among gay/MSM, such as providing false information to medical staff, which results in wrong selection of

treatment methods. In some cases because of negative attitudes from medical staff gays/MSM refuse to go to healthcare facilities for treatment.

- Part of the respondents indicates that they have never experienced discrimination while receiving medical services.
- Even those respondents who have not experienced cynical or indifferent treatment while getting medical services find it difficult to speak about their sexual orientation and behavior. First they observe the medical personnel carefully and only after they decide whether they should speak about their sexual behavior with medical staff or not.

### **Involvement of gay/MSM in protection of their rights, including their right to health**

- Part of the respondents thinks that the state and rights-based organizations should take care of gay/MSM-related issues.
- In terms of involvement in rights protection some of the respondents think that there is no need to mobilize the community and involve it in solving their own problems. They prefer to arrange the relationships with surroundings on interpersonal level. Such attitude is based on existing social, cultural and religious norms, internalized homophobia and low awareness on their rights. It seems that these conformal approaches nourish homophobia, violation of rights and discrimination.
- Homophobic environment, low level of coming out and internalized homophobia prevent gays/MSM to be more active. Part of the respondents thinks that they should not speak loudly about their problems and rather hide their status. According to them, this is the best way to protect themselves and their rights.
- The research also revealed an opinion that in order to involve gays/MSM in solving their own problems it is important to increase their knowledge regarding their rights, homosexuality issues and internalized homophobia.

### ***Role of mass media in stigma and discrimination***

- There are different attitudes towards mass media among the participants. Part of them does not trust media, some – do trust, and some of them get information from different media sources (TV, printed media, internet) and prefer to analyze the information obtained from those different sources by themselves.
- The participants named the following trusted sources of information: internet, friends, NGOs working on LGBT issues, other NGOs.



- Part of the respondents thinks that there is no need to discuss the issues related to homosexuality in the media, because this may lead to aggression from the side of society.
- The majority of the respondents' thinks that homosexuality-related issues are presented in mass media with a bias, which nourishes homophobia in society, damages the image of gays/MSM and leads to even more aggression. They think that incorrect questions posed in media result in mockery towards gays/MSM.
- The following motives were mentioned as reasons for spreading wrong and incorrect information: homophobia; low level of knowledge regarding homosexuality issues; media being more oriented on creating intriguing stories and increasing rating rather than on providing objective information; censorship (especially from religious leaders).
- To change incorrect/discriminative attitudes and approaches from the side of media the following ways were listed: these issues in media should be discussed by LGBT sensitive/tolerant persons; before presenting some issue in media, the information should be carefully verified; legislative changes should be adopted, which would push media cover LGBT issues in a correct way.
- In spite of different attitudes towards media, most of the participants agree that the media is the powerful tool to influence the society. Therefore involvement of media in a correct manner and positive reporting of LGBT-related issues can change the negative attitude of the society towards these issues.
- The respondents say that there is no direct association between gay/MSM and HIV/AIDS in mass media. According to them, homosexual relations are mentioned equally to heterosexual relations and injecting drug use as main ways of HIV spreading. Though one participant indicates that while talking on HIV/AIDS issues in media the emphasis anyway is done on homosexual relations.

## The Analysis of the Qualitative Research

### *HIV/AIDS related services*

- The respondents mention the following sources of information in terms of getting HIV/AIDS related services: friends, request of HIV testing certificate from employer (referring to particular clinic), any health service provider organization (health provider organization the respondent applied to, referred him to HIV related services), posters, outreach work (Tanadgoma social workers outreaches to the places of Gay/MSM cruising areas).

**Interviewer:** *How you got to the health care institution you mentioned before?*

**Respondent:** *My friend took me there... (Kutaisi; In-depth interview #3).*

**Respondent 3:** *I got [information] first of all from you, I got it from the poster, I called and came here (Tbilisi; Focus group discussion).*

**Interviewer:** *So, it was the request from the employer...*

**Respondent:** *Yes, it was requirement to go to this particular clinic for blood testing, because I think, they possibly had an agreement with this clinic... (Batumi; In-depth interview #2).*

**Interviewer:** *And what was the reason for you to come here? They also have HIV related service there...*

**Respondent:** *Yes, but there were no conditions... there was one room and thousand people were coming there and also I was interested in other organizations who also cared about us.. (Tbilisi, In-depth interview #2)*

**Respondent:** *It happened accidentally, I was talking to my friend in the street and two girls came to us. They were from association Tanadgoma. They talked to us, I was very interested and I asked how anonymity was ensured and till now everything is anonymous. They left me visit cards and the next day I came to Tanadgoma (Kutaisi; In-depth interview #2)*

- The research revealed the factors which prevent gays and MSM to discuss their sexual orientation and practices with medical personnel. Those factors are the fear of confidentiality breach, expected discrimination from service providers and non-comfortable environment (presence of other person during the consultation, indifferent treatment from the service provider). Also, internalized homophobia and low level of coming out were revealed as obstacles for open relationship while getting medical services.

**Interviewer:** *So you do not want to speak about your orientation... what prevents you from doing this?*

**Respondent:** *My family.*

**Interviewer:** *So you are afraid of the fact that your family will know about you...*

**Respondent:** *Yes, of course (Tbilisi; In-depth interview #1)*

**Interviewer:** *Did you feel comfortable during the consultation on HIV/AIDS?*

**Respondent:** *No, there were two tables, we were sitting at one table and there were other people at another table...*

**Interviewer:** *Who were these other people? What you mean, the consultation was not confidential you mean?*

**Respondent:** *Exactly... that's why I did not reveal my orientation, I tried to be reserved... (Tbilisi; In-depth interview #1).*

**Respondent:** *You know how it was... The doctor received one patient, then another, then, third, fourth and so on... I was standing in a row in the corridor, there was no chair, nothing... (Tbilisi; In-depth interview #1).*

**Interviewer:** *How do you think, is it better to hide your sexual orientation in order to get normal medical service?*

**Respondent:** *Yes, of course.*

**Interviewer:** *Your friends around you think the same?*

**Respondent:** *Yes, you know how it is...everybody thinks the same. If you tell your orientation to the doctor, or if the doctor suspects your orientation, the possibility that he/she would not tell this to other people is very little, so everybody tries to play and pretend if he can. If he is too feminine, of course he can not hide this... (Tbilisi; In-depth interview #2)..*

**Respondent 3...** *The mentality or whatever it is in our country is such that if medical personnel knows about your orientation they would look at you aslant and I do not want it happen at all (Tbilisi; Focus group discussion).*

- The respondents prefer medical institutions where they feel themselves comfortable. Under comfort they mean calm, isolated, confidential and friendly environment. Also, under comfortable they mean getting free services. The participants doubt if they go to unknown service provider (the service provider where they have not been before) they

would not be able to speak about their sexual orientation and behavior. Part of respondents thinks that talking about their sexual orientation and behavior will smooth the relationship between patient and the doctor.

**Interviewer:** *So there is a possibility to be alone with a consultant?*

**Respondent:** *...Yes, yes...*

**Interviewer:** *What else?*

**Respondent:** *Also... to keep secrets... you can tell in details your story and this would not be announced... and something like this would not happen (Tbilisi; In-depth Interview #1)*

**Respondent:** *The difference is that there [except “Tanadgoma” and “Healthy cabinet”] they are gloomy... while receiving you...*

**Interviewer:** *Friendly?*

**Respondent:** *No, not there (Tbilisi; In-Depth Interview #1).*

**Interviewer:** *So if I understand correctly in Tanadgoma you were given the possibility to speak openly about your sexual behavior and risks and do not have any... (interrupted)*

**Respondent:** *Yes... He was open to me and made me feel open too. I felt comfortable and I spoke easily. At the beginning I was a bit shy, but then everything happened like this... (Kutaisi; In-depth Interview # 2).*

**Interviewer:** *Why is it important for gays/MSM to have access to friendly HIV/AIDS prevention services?*

**Respondent:** *First of all it is important and good to have free services. Some people cannot afford to spend money on this and when they know that there are free services they will come, especially if they doubt something. I came this way and underwent the treatment. I bought only medications, but the doctor, consultation and test were free (Kutaisi; In-depth Interview #3).*

➤ The research revealed obvious and hidden internalized homophobia among the participants:

- **Obvious internalized homophobia:** Part of the respondents control their behavior, dressing or way of speaking in unfamiliar environment (including the situations while they refer to medical services) in order to hide sexual orientation. They think that those who do not behave like this deserve aggression and criticism from the society. They explain this kind of attitude with the idea that they are living in the country where traditions and orthodox religion are highly valued and therefore they (gay/MSM) have to fit in society and not cause irritation.

- **Hidden internalized homophobia:** Part of the respondents demonstrates discomfort while speaking about their orientation. They prefer to keep in secret their sexual orientation while receiving medical services and explain this with the opinion that the doctor has to cure him anyway, regardless his sexual orientation.

**Respondent:** ... When I am at public places I have to play, I'm not open and I am not myself...

**Interviewer:** You hide your sexual orientation?

**Respondent:** Yes, because I have no other way... (Tbilisi; In-depth Interview #2).

**Interviewer:** How do you think what gays/MSM should do in order to increase HIV/AIDS related friendly services?

**Respondent:** We can not do anything. The government must do something. But you can see on TV how they [gays/MSM] were beaten [at the demonstration against homophobia]. They should not have demonstrated in the street. These kinds of things are unacceptable in our country. We are an orthodox country with traditions and things like that... Georgian is Georgian anyway... Abroad is different, in Europe or Asia that is a different matter... Even after centuries nothing will change here... (Tbilisi; In-depth Interview #1).

**Respondent 3:** You are coming to the doctor for examination and why you need to say your orientation, you are doing tests and what will change.... If I say that I am gay the doctor will tell me everything and if I do not reveal my sexual orientation he would not tell me everything or what? The doctor has to explain you everything and has to treat you whether you are gay or not. This is very personal thing and the doctor anyway should do his duty and tell you the truth... (Batumi; Focus group discussion).

- The survey participants have diverse opinions regarding the quality of the received medical services, their accessibility and manifesting sexual orientation in front of medical personnel. In spite of these diversities, almost all of the participants agree that existence of friendly services is prominent for gay/MSM. These kinds of services will increase referrals to medical facilities, raise the awareness, decrease risky behavior, make it easy to reveal the disease and increase the effectiveness of treatment. The respondents think that talking about their sexual orientation and behavior will make easier the relationship between the patient and the doctor.

**Interviewer:** *How important is it to reveal your sexual orientation while going to the doctor? What are the advantages?*

**Respondent 1:** *The advantage is that you are open and you can discuss any matter with the doctor. You would not hide your problems and can speak freely about your problems without shirking. That is very big advantage. I can remember one story about my friend. He had a venereal disease. He came to the urologist and hid his sexual orientation and the doctor treated him as he had cystitis. But in reality he had venereal disease and during this wrong treatment his venereal disease became more severe and complicated. Then I took him to the “Healthy Cabinet” and there he got treatment for his complicated venereal disease. So, I am saying it’s better to be open with the doctor in order to avoid wrong diagnosis and treatment.*

**Respondent 2:** *The advantage is that more people will go for testing.*

**Respondent 3:** *I agree, at this kind of places you can get more information about diseases, speak with doctor and get an advice.*

**Respondent 5:** *You are not embarrassed, you can take friends to these places and uptake tests when you want (Tbilisi; Focus Group Discussion).*

### ***Cases of stigma/discrimination while receiving the medical services among Gay/MSM and their involvement in protection of their own rights***

#### **Cases of stigma/discrimination while receiving the medical services among Gay/MSM**

- Part of the respondents indicates they have experience of cynical and indifferent treatment from medical personnel because of their sexual orientation or gender identity. Some of them have heard about such attitudes from other gays and MSM. Such attitudes are preventing them to apply to medical services. Negative or indifferent attitudes from the side of medical personnel lead to destructive actions among gay/MSM, such as providing false information to medical staff, which results in wrong selection of treatment methods. In some cases because of negative attitudes from medical staff Gay/MSM refuse to go to healthcare facilities for treatment.

**Respondent:** *3 years ago I went to the doctor, how do you call that kind of doctors?...to treat gonorrhoea. While speaking to him he demonstrated cynical attitude towards me and even laughed at me and looked to her nurse with ironic smile...Then I asked him if I did something funny, the doctor answered me that nothing, that he just reminded something funny. I felt*

*humiliated, now I do not pay much attention to similar things but I have learned that it is not needed to tell the details of your personal life to everybody (Kutaisi; In-depth Interview #1).*

**Interviewer:** *Was there any aggressive attitude towards you?*

**Respondent:** *Yes, aggression too...I prefer being infected rather than go there....(Kutaisi; In-depth Interview #2).*

**Interviewer:** *How do you think is it important to have friendly HIV related services for homosexuals?*

**Respondent:** *Yes of course. We are not heterosexuals and we are living in the country which is full of stigmas and everywhere we have to play. And if someone smiles to you and receives you in a friendly manner you have a desire to tell your story without hiding anything, and if you are received indifferently, you would not say anything and even refuse to do tests (Tbilisi; In-depth interview #2). .*

- Part of the respondents indicates that they have never experienced discrimination while receiving medical services.

**Interviewer:** *Do you remember such cases when medical staff looked at you cynically or humiliated you because of your behavior being different? Or maybe you have heard such cases from your friends?*

**Respondent:** *No, and I have not heard anything like that from others too (Batumi; In-Depth Interview #2).*

- Even those respondents who have not experienced cynical or indifferent treatment while getting medical services find it difficult to speak about their sexual orientation and behavior. They observe the medical personnel carefully and only after that they decide whether they should speak about their sexual behaviors with medical staff or not.

**Interviewer:** *I am interested, while speaking about your risks [in terms of HIV transmission], were you speaking openly about your sexual behavior with consultant?*

**Respondent:** *At the beginning it was difficult but then some particular relations were established and I became more open.*

**Interviewer:** *What you mean under the particular relationship?*

**Respondent:** *Briefly, I realized that you were reliable people (Kutaisi; In-Depth Interview #1)*

**Respondent:** *I was told that there was a good person who can listen to you and everything you told him would stay in secret, that you can reveal your orientation and he would listen to you as a friend and everything would be confidential and I decided to tell him... That is only one doctor with whom I revealed my orientation and I have not done nothing similar with others... (Batumi: In-depth Interview #1).*

### **Involvement of gay/MSM in protection of their rights, including their right to receive friendly medical services**

- Part of the respondents thinks that the state and rights-based organizations should take care of gay/MSM-related issues.

**Respondent 2:** *Yes, it is very important to protect our rights. We have to apply to the organizations, which can support us.*

**Respondent 4:** *The organizations which support our rights should be established, our rights are not protected today anyway.*

**Respondent 6:** *How we can protect our rights if the government and the parliament would not accept appropriate laws? I do not think that this problem will be solved soon (Tbilisi; Focus group discussion).*

- In terms of involvement in rights protection some of the respondents think that there is no need to mobilize the community and involve it in solving their own problems. They prefer to arrange the relationships with surroundings on interpersonal level. Such attitude is based on existing social, cultural and religious norms, internalized homophobia and low awareness on their rights. It seems that these conformal approaches nourish homophobia, violation of rights and discrimination.

**Respondent 1:** *No, I would not support an idea to form a group and accept some law...in the country like ours, where there are stereotypes. This would cause aggression in the society towards sexual minorities and we and our friends would have much more problems than we have*



today. So, if you live in the society you would not create problems neither in the family nor in the society.

*You have to establish friendly atmosphere with surroundings. Everybody knows about myself, in the family, at my work place, at another work place too - everybody knows about my orientation. Every person should protect its position individually. Years ago, my friends who are heterosexuals and learned about my sexual orientation, became furious and aggressive towards me, I was even beaten but then I indicated an examples of other people, I showed them examples from Bible and now we are again friends (Tbilisi; Focus Group Discussion).*

- Homophobic environment, low level of coming out and internalized homophobia prevent gay/MSM to be more active. Part of the respondents thinks that they should not speak loudly about their problems and rather hide their status. According to them, this is the best way to protect themselves and their rights.

**Interviewer:** *In your opinion, how important is involvement of gay/MSM in protection of their rights, including their right to receive friendly medical services?*

**Respondent:** *Yes, it is important. They should get together and support each other... but I can not do it, my family would not understand me...(Kutaisi; In-Depth Interview #3).*

**Interviewer:** *That is from the side of the state, but what you have to do yourselves?*

**Respondent 2:** *We – nothing. What we can do?*

**Respondent 5:** *It's better that it is not visible, that is better... what else you have to do...*

**Respondent 3:** *If you do not say anything about yourself you are protected and if you say you - are not protected, but people are different. It is important what kind of personality you are... (Batumi; Focus Group Discussion).*

- The research also revealed an opinion that in order to involve Gay/MSM in solving their own problems, it is important to increase their knowledge regarding their rights, homosexuality issues and internalized homophobia.

**Interviewer:** *In your opinion, what gay/MSM should do in terms of protection of their rights?*

**Respondent:** *I think first of all they have to read the laws.*

**Interviewer:** *You think that majority of them do not know their rights?*

**Respondent:** *Majority? Does anyone at all know? (Tbilisi; In-Depth Interview #2).*

## ***Role of mass media in stigma and discrimination***

- There are different attitudes towards mass media among the participants. Part of them does not trust media, some – do trust, and some of them get information from different media sources (TV, printed media, internet) and prefer to analyze the information obtained from those different sources by themselves.

***Interviewer:*** *Do you trust the information coming from media?*

***Respondent:*** *I have no confidence in media.*

***Interviewer:*** *So there is no trustful source of information for you?*

***Respondent:*** *No, because we live in the country where there is no confidence and trust (Tbilisi; In-Depth Interview #1).*

***Respondent:*** *I myself - Internet, TV and newspapers, I collect the information from all these sources and make conclusion on my own. That is because different things are told and written in different sources (Batumi; In-Depth Interview #2).*

***Interviewer:*** *Do you trust the information coming from media?*

***Respondent 1:*** *You know I am living in this city and I am not Georgian, but I like and trust TV. That is not politics that is what I see. Yes, I trust TV.*

***Respondent 6:*** *I trust all the sources which exist.*

***Respondent 4:*** *I trust Internet more.*

***Respondent 3:*** *I trust what I have seen and what are the facts and I trust TV, Internet or TV program (Focus Group Discussion).*

***Respondent:*** *I listen and trust half of what I hear (Batumi; In-Depth Interview).*

- The participants listed the following trusted sources of information: Internet, friends, NGOs working on LGBT issues, other NGOs.

***Interviewer:*** *If you do not trust mass media where you get the truthful information?*

***Respondent:*** *As I told before, from the Internet and my friends (Kutaisi; In-Depth Interview #1).*

**Interviewer:** *What sources of information do you trust?*

**Respondent:** *Mainly NGOs working for us, nothing else and Internet (Tbilisi; In-Depth Interview).*

- Part of the respondents thinks that there is no need to discuss the issues related to homosexuality in the media, because this may lead to aggression from the side of society.

**Interviewer:** *What is the role of the TV programs and shows on these [LGBT] issues? For society?*

**Respondent:** *Negative.*

**Interviewer:** *So you think that these TV shows only irritate the society. That is your personal opinion or the people around you think the same?*

**Respondent:** *My opinion and the people around me think the same.*

**Interviewer:** *What do the other gay men/MSM think about it?*

**Respondent:** *Maybe some of them think that this is good but majority of them think that this is not acceptable (Batumi; In-Depth Interview #1).*

**Respondent:** *These programs do not cover the issues properly. There are no appropriate specialists and professional people. At every talk show where homosexuals are invited the audience is terrible. And when the society looks at these shows they become more aggressive (Tbilisi; In-Depth Interview #2).*

- The majority of the respondents' thinks that homosexuality-related issues are presented in mass media with a bias, which nourishes homophobia in society, damages the image of gay/MSM and leads to even more aggression. They think that incorrect questions posed in media result in mockery towards Gay/MSM people.

**Respondent:** *You know? They cover the issues in negative context and create more homophobia in order to increase or maintain their rating ((Tbilisi; In-Depth Interview #2).*

**Interviewer:** *What is the reason of spreading improper information?*

**Respondent:** *Homophobia... may be that is convenient for the government too, because a lot of*

issues have been solved and now sexual minorities and their rights are left. Something is done on paper but in reality and in practice everything is different (Tbilisi; In-Depth Interview #2).

**Interviewer:** Which role media plays in informing the society about homosexual issues?

**Respondent:** They act mockery (Tbilisi; In-Depth Interview #1).

**Respondent:** “Pride” was absolutely nonsense. They [media] did not even mention what day it was and said that it was gay pride. It was totally wrong information. They could mention that it was the international day against homophobia and it was the demonstration supporting this day and it was not of course gay pride at all ((Tbilisi; In-Depth Interview #2).

- The following motives were mentioned as reasons for spreading wrong and incorrect information: homophobia, low level of knowledge regarding homosexuality issues, media being more oriented on creating intriguing stories and increasing rating rather than on providing objective information, censorship (especially from religious leaders).

**Interviewer:** In your opinion, why homosexuality issues are covered in a wrong way by media?

What is the reason of it?

**Respondent:** Because this is not acceptable for our society, although we are living in 21<sup>st</sup> century, but in our country the situation is different and that is not acceptable (Batumi; In-Depth Interview #2).

**Respondent 6:** I think that the journalists do not provide correct information, they invite popular people for discussing homosexuality issues but they are not professional people and do not know the certain issues. They do not know the issue and they are tendentious (Tbilisi; Focus Group Discussion).

**Respondent:** May be the reason is that media sources are more occupied with their PR (Tbilisi; In-Depth Interview #q).

**Respondent 6:** I am working in press, we had certain theme with Identity [LGBT organization] and Patriarch’s office forbade covering this issue .... This article was anyway published, but religious persons were angry and we got a warning... (Tbilisi; Focus Group Discussion).

- To change incorrect/discriminative attitudes and approaches from the side of media the following ways were listed: these issues in media should be discussed by LGBT sensitive/tolerant persons; before presenting some issue in media, the information should

be carefully verified; legislative changes should be adopted, which would push media cover LGBT issues in a correct way.

**Interviewer:** *What should happen in order to eliminate mockery and tendentious approach from the side of media towards LGBT people?*

**Respondent:** *They should have a boss, journalists or responsible persons who would be more tolerant... (Tbilisi; In-Depth Interview #1).*

**Respondent 3:** *Before making the program, the information should be verified. Only someone's verbal information is not enough for being sure that the information is correct... (Batumi; Focus Group Discussion).*

**Interviewer:** *In your opinion, what should be done in order to avoid unfair/discriminative/prejudicial coverage of homosexuality issues by media?*

**Respondent:** *I think that there must be a law which obliges them to spread correct information and prepare 1 or 2 TV programs oriented to prevention (Tbilisi; In-Depth Interview #2).*

- In spite of different attitudes towards media, most of the participants agree that the media is the powerful tool to influence the society. Therefore involvement of media in a correct manner and positive reporting of LGBT-related issues can change the negative attitude of the society towards these issues.

**Respondent:** *I cannot remember any positive information in newspapers regarding LGBT people. For example, that LGBT collected some amount of money and gave it to some fund for charity reasons. This kind of information can definitely change the negative attitude towards gay/MSM and lesbians (Batumi; In-Depth Interview #2).*

**Interviewer:** *What should be done in order to avoid unfair/discriminative/prejudicial coverage of homosexuality issues by media?*

**Respondent:** *Simply the society has to know that they are not bad people, they only have different orientation and that's all (Batumi; In-Depth Interview #2).*

**Interviewer:** *You think that the right involvement of media will change the attitude of the society towards gay/MSM?*

**Respondent:** *Yes, definitely it can change the attitude towards homosexuals, HIV infected people and injecting drug users too, because mass media plays the most important role (Tbilisi; In-Depth Interview #2).*

- The respondents say that there is no direct association between Gay/MSM and HIV/AIDS in mass media. According to them, homosexual relations are mentioned equally to heterosexual relations and injecting drug use as main ways of HIV spreading. Though one participant indicates that while talking on HIV/AIDS issues in media the emphasis anyway is done on homosexual relations.

**Respondent 3:** *The direct relationship [between homosexuality and HIV/AIDS] I can not remember.*

**Respondent 6:** *I remember while talking about the ways of transmission that homosexual way was mentioned as one of the way, but it was mentioned along with the heterosexual way of HIV transmission (Tbilisi; Focus Group Discussion).*

**Interviewer:** *Does mass media make direct linkage between HIV/AIDS and homosexuality?*

**Respondent 1:** *No.*

**Respondent 3:** *No, definitely no.*

**Respondent 3:** *Wait... I remember the fact while talking on HIV... media makes emphasis on homosexual contacts and gays. They do not say it but indirectly indicate to gays (Batumi: Focus Group Discussion).*

## Conclusions and Recommendations

### *Conclusions*

Based on the main findings of the qualitative research we can conclude

1. The level of knowledge and general awareness on homosexuality, as well as on LGBT rights is quite low among gays/MSM;
2. There is high rate of self-stigmatization and internalized homophobia among gays/MSM;
3. The level of “coming out” is low (gays/MSM hide their orientation everywhere or reveal it only among very limited number of people);
4. Part of the respondents indicates that they have never experienced discrimination while receiving HIV-related medical services. This can be explained by the following:
  - Gays/MSM use only friendly medical and consultation services existing in our country;
  - Gays/MSM tend to hide their orientation and/or behavior in order to avoid the discrimination (they behave themselves in harmony with the society demand).
  - Medical staff providing HIV/AIDS related services observe ethical norms and do not reveal their attitude towards their patients/clients in their presence.
5. Existing internalized homophobia and low level of “coming out” , low level of knowledge and general awareness on homosexuality and existing homophobia among society prevent gays/MSM involvement in problem solution and protection of their rights;
6. Mass media covers LGBT issues tendentiously and therefore strengthens existing stereotypes and homophobia in society.

## ***Recommendations***

Below are three priorities in terms of further actions, which would contribute to a) decreasing stigma and discrimination of gays and MSM in HIV-related medical facilities and b) increase referral of gays and MSM to these facilities.

- It is important to increase knowledge of gays/MSM on homosexuality issues, stigma, discrimination, LGBT rights and decrease internalized homophobia. Eventually gay/MSM motivation of involvement in protection of their rights will increase.
- Medical personnel that has or might have gay and MSM patients should be sensitized on homo-, bi- and transexuality issues, LGBT rights, patients' rights, stigma and discrimination. It is important to teach these issues while receiving high medical or professional medical (for nurses) and psychological education.
- Existing attitudes and approaches towards LGBT issues among journalists should be changed. It is important to increase their knowledge on LGBT issues, human rights, patients' rights, reproductive rights and stigma/discrimination.



# Annex 1 - Qualitative Research Questionnaire

## STIGMA AND DISCRIMINATION IN HIV-RELATED SERVICES

### Qualitative research among Men who have Sex with Men

**Introduction:** “My name is \_\_\_\_\_. This research is being conducted with support of UNAIDS and the aim of the research is to study stigma and discrimination while getting HIV services in Georgia.

**Confidentiality and consent:** “I’m going to ask you some questions. For some people it’s difficult to answer these questions. Your answers will be fully confidential. Your name won’t be written on this questionnaire and will never be used regarding the information you’ll give too us. You will be given budge where you can write any name you want to be addressed. You may not to answer the questions you do not want to answer. You may quit the interview at any time you want. Though your sincere answers will help us to finalize if HIV/AIDS related medical services are available for Gay and MSM people in our country and how friendly are these services for those people. we are also interested in cases of stigma/discrimination, the attitude of media towards these issues etc. We appreciate very much your assistance in this research”.

*The place of the Interview:* \_\_\_\_\_

*The date of the Interview:* \_\_\_\_\_

*The interviewer:* \_\_\_\_\_

*The respondent’s age:* \_\_\_\_\_

*(The signature of the interviewer which indicates the informed consent of the respondent)*

\_\_\_\_\_

## 1. HIV/AIDS related medical services

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*(To the interviewer: “Please, explain HIV related services as, consultation or testing on HIV. HIV related care and treatment”)*

*If the respondent has never received such services, please, go to the paragraph 1.2.*

### 1.1

- **have you ever received HIV/AIDS related services: If yes:**
  - I’m not interested in particular clinic or hospital, but where you have received HIV/AIDS related services? Was it a private hospital, State hospital or NGO?
  - How you went to the institution you have just indicated?
  - Why you went to this particular institution and not other one?
  - Has someone suggested this institution to you? If yes: who was this person?
  - Who gave you the information about the institution you mentioned?
  
- **While getting HIV/AIDS related services have you gone through the consultation with counselor or doctor?**
  - Have you received the information about HIV/AIDS, HIV transmission, prevention, testing and possible results on testing?
  - Have your risks in terms of HIV infection estimated, or otherwise has the counselor/doctor discussed with you your risky behaviors which could lead to high risk of HIV infection? if yes:
    - When you were estimating your risky behaviors with the counselor, were you speaking openly about your sexual behavior?
    - Have you told to the counselor about your sexual orientation and behavior? If no:
      - Why you have not told to the counselor about your sexual orientation?
      - What was the reason which make you avoid to discuss your sexual orientation while speaking with the counselor?
      - What were the obstacles for disclosing your sexual orientation/behavior during the consultation before the testing on HIV?
  
- **How do you think, would you be more satisfied if you had discussed your sexual behavior openly with the counselor? would the consultation be more productive? if yes:**
  - What would be the advantage of disclosing of your sexual orientation/behavior?

*If the respondent can not see the advantages of discussing openly his sexual orientation or behavior during the visit of medical personnel:*

- Why do you think that there is no advantage of discussing your sexual orientation with the doctor who is specializing in STIs and HIV/AIDS?
- What would be and disadvantage of disclosing your sexual orientation/behavior?

*If the respondent has discussed his sexual orientation/behavior while getting HIV/AIDS related services?*

- **Can you give us more details how you revealed your sexual orientation/behavior to the doctor/counselor during the consultation before the testing on HIV?**
- Was the discussion voluntary from your side?
- Has someone imposed/provoked this discussion?
- What was the reaction of the counselor while you disclosed your sexual orientation/behavior?
- Did you feel comfortable after you had discussed your sexual orientation/behavior with the counselor?
- **Can you give us more details about the environment where you have received HIV/AIDS related medical services?** (To the interviewer: under environment we mean environment while speaking with the counselor and overall clinic environment as well).
- Was the environment friendly? If yes:
- What you mean under the friendly environment?
- The environment was uncomfortable? if yes:
- What you mean under the uncomfortable environment?

### ***1.2 If the respondent has never received HIV/AIDS related services***

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- **Why you have not received HIV/AIDS related services yet (consultation, testing, treatment, care and support)?**
- What prevents you from getting consultation and testing on HIV/AIDS?
- What are the conditions you will undergo consultation and testing on HIV?
- Which circumstances/environment would help you to undergo consultation and testing on HIV?
- **If you apply for HIV/AIDS related medical services, would it be better if you have a possibility to discuss openly your sexual orientation/behavior with the medical personnel? if yes:**
- Why it would be better to discuss your sexual orientation/behavior?
- What would be advantages of discussing openly your sexual orientation/behavior?

*If the respondent can not see the advantages of discussing openly his sexual orientation or behavior during the visit of medical personnel:*

- Why do you think that there is no advantage of discussing your sexual orientation with the doctor who is specializing in STIs and HIV/AIDS?
- What would be and disadvantage of disclosing your sexual orientation/behavior?

## **2. Stigma and discrimination while receiving medical services**

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**To the interviewer:** if you have already touched the particular cases of discrimination but you think that more information can be obtained go to the questions of the section 2: “Though we have already discussed some cases of discrimination in healthcare institutions, but let’s go deeper in these issues”.

- **Have you or your friend ever experienced indifferent, cynical or/and aggressive attitude from the medical personnel because of your sexual orientation or gender identity? (Gender identity is the perception of the gender when the person recognizes himself/herself as the representative of particular gender (feminine or masculine constructs). If yes:**
  - Can you tell us more details?
  - What was the expression of an indifferent, cynical or/and aggressive attitude from the medical personnel?
  - What was your or your friends reaction on this discrimination from the medical personnel?
  
- **How do you think, are friendly medical services including HIV/AIDS related services available/accessible for GAY/MSM people?**
  - Is it easy for GAY/MSM people to receive friendly medical services?
  
- **How important is for Gay/MSM people existence of friendly HIV/AIDS related medical services in terms of prevention? If you think that is important:**
  - Why do you think that existence of friendly HIV/AIDS related medical services is important is for Gay/MSM people?
  - What are the advantages for GAY/MSM people having access to friendly HIV/AIDS related medical services in terms of prevention?

*If the respondent thinks that existence of friendly medical services for GAY/MSM is not important in terms of HIV/AIDS prevention:*

- Why do you think that *existence of friendly medical services for GAY/MSM is not important in terms of HIV/AIDS prevention* ?
- What are the disadvantages of having friendly medical services for GAY/MSM people in terms of HIV/AIDS prevention?
  
- **What do you think how important is for GAY/MSM people to be involved in protection of their own rights, including demand of friendly medical services? If yes:**
  - How do you think what GAY/MSM people should do in terms of protection of their rights and demand friendly medical services?

- Can you list the particular steps which help GAY/MSM people in protection of their rights? These steps are....

### 3. Media

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➤ **Do you personally trust the information given by the media? If no:**

- What are the sources of information you trust?
- By your opinion what are the most trusted way of getting information?
- If you do not trust the media from where you get the information?

➤ How do you think what is the role of media in sensitizing the society regarding homosexuality issues?

- How do you think, is the media coverage of homosexuality issues fair?

*If the respondent thinks that the coverage of homosexuality issues by media is unfair?*

- How do you think, what is the reason for unfair coverage of homosexuality issues by Media?
- What causes the prejudicial interpretation of homosexuality issues by media?
- Do you remember one or more cases of unfair/discriminative/prejudicial coverage of homosexuality issues by media?
- Which unfair/discriminative/prejudicial attitudes or coverage of homosexuality issues by media do you remember?

- **How do you think, what role media plays in correlation of HIV/AIDS and homosexuality?**

- Are these two issues discussed simultaneously in media?
- Does the media commit in stigmatization of homosexuality as possible source of spreading of HIV infection? If yes, can you remember any particular cases?

- **How do you think what should be done in order to avoid unfair/discriminative/prejudicial coverage of homosexuality issues by media?**

- How is it possible to change an unfair/discriminative/prejudicial attitudes and approaches of homosexuality issues in media sources?