



# TRAINING MANUAL FOR HEALTH CARE PROVIDERS

PROVIDING SERVICES FOR LESBIAN, GAY, BISEXUAL  
AND TRANSGENDER PERSONS (LGBT)

Revised March 2018

### **First Edition**

The process of developing the first version of this manual involved the conducting of qualitative research with health care workers and gay, bisexual and other MSM in 2012. This was done via focus group discussions with health care workers from all staff categories drawn from the clinics in KSA, St. Ann and St. James. Three focus group discussions were also conducted with MSM and gay men who have accessed health services from the clinics in the three locations. The original research pointed to the need to cover 9 core topics that formed the original training curriculum:

Exploring values, Gender and Sexuality, Sexual Health, Anal Sex and Hygiene, Social Context and the Gay, Bisexual and Other MSM, MSM and Gender, Communication, Risk and Vulnerability and LGBT, Stigma and Discrimination, Mental Health; Anxiety and Depression.

Following discussions with J-FLAG and building on research by the MOH around providing client-centred care the units on Trans Health Care and Human Rights were added.

### **Second Edition**

Following the training of several cohorts of medical workers between 2012 and 2017 and building on the 2015 Establishing Key-Population Friendly Services in Public Clinics in Jamaica Situational analysis this manual was revised to include a broader focus on lesbians and transgender persons, a module on differentiated service delivery (in light of Jamaica's 90-90-90 targets for PLHIV) and the inclusion of more participant driven group activities within the teaching modality. Included here in the updated manual as of March 2018.

## BACKGROUND

There have been significant improvements in the services provided for LGBT persons and many medical workers are more sensitive and supportive than in previous years.

However some LGBT persons have difficulties in finding services where they feel included, accepted & safe. Negative encounters may result from several factors including lack of understanding of how to interact with LGBT persons; failure to interrogate personal beliefs and how they impact the ability to give care, as well as unaddressed biases against gender non-conforming persons. Experiences of stigma & discrimination may result in limited uptake of care, treatment and prevention services by the population. Equally important is the expectation of negative treatment and the perception of some facilities as being unwelcoming.

The majority of the services that are offered to LGBT persons focus specifically on HIV/ AIDS prevention. Indeed HIV rates are much higher, particularly among gay bisexual and other men who have sex with men (GBMSM) and trans women who show a prevalence of about 32% and 35% respectively when compared to a prevalence of 1.7% in the general population. However LGBT persons require a host of other non-HIV related services including mental health support as well as screenings for certain cancers to which they are more susceptible.

## PURPOSE OF THE MANUAL

The modules of this manual have been developed to provide a tool for training healthcare workers in the provision of equitable services for LGBT persons. There are selected modules which can be used in training other professionals who are involved in providing social support for the population. The objectives of the manual can be summarised as follows:

1. To increase the knowledge and skills of health care workers who directly provide services to the LGBT population including LGBT social and cultural expectations.
2. Increase knowledge of healthcare workers on the rights and dignity of LGBT people with and emphasis on Human Rights Frameworks.
3. Address healthcare providers' personal views and ideas relating to gender identity, sexuality and sexual health.
4. To increase the understanding of healthcare workers about the unique health challenges of LGBT people including the impact of stigma, discrimination and mental health needs.
5. Build capacity of participants to plan and implement trainings with other healthcare workers.

## MODULE 1: INTRODUCTION/WHY PROVIDE SERVICES TO LGBT PEOPLE

**The purpose of this module is to contextualise the experiences of LGBT persons and explain why it is important to provide services to them. It addresses pre-conceptions and misinformation some medical workers might hold about working with the LGBT community which act as barriers to service provision. The module also functions to make initial linkages between the social experiences of LGBT persons and their sexual and reproductive health. This section works towards building self reflexivity and empathy which are key to equitable healthcare.**

Some information you can share:

Some medical workers may feel there is a disproportionate emphasis on providing services to LGBT persons. So may even think it goes against the law because homosexuality is illegal. While anal sex between all persons (not just MSM) is illegal, being LGBT is not. However being LGBT does increase a person's vulnerability to HIV and other Sexually Transmitted Infections because of stigma, social vulnerability, mental health issues, and inadequate prevention and social support programs.

MSM are at particular risk because of the prevalence of unprotected anal sex and multiple partnerships. A 2008 survey shows that 27% of MSM had 2 or more male partners in the last 4 weeks, while 26% had a new male partner in the same 4 week period. Among MSM unprotected receptive anal sex has the highest risk of HIV infection, 73% of HIV positive MSM were the receptive partners. Other factors include lack of a life plan and poor risk perception, also mental health issues resulting from adverse life events such as being kicked out of home, bullying, physical sexual and emotional violence, and social exclusion.



Transwomen are particularly vulnerable for some of the same reasons as MSM (anal sex, multiple partnerships, traumatic life events, mental health) however the risk of violence is heightened and may surpass violence against MSM. Transwomen are also targeted because they cross gender roles, especially the roles associated with biological males. Moreover much of the work pertaining to trans women has been subsumed under work about GBMSM which leaves a significant gap in information and relevant training. Transmen are

often rendered invisible in SRH policy and prevention work because they are considered a low risk group, however they will need support around SRH including navigation of pregnancies and, like transwomen, the medical aspects of gender affirmation.

Lesbian and bisexual women are also not perceived to be a high risk group. While it is recognised that women who have sex exclusively with women may be at lower risk there are certain specialities such as increased likelihood of coming in contact with menstrual blood and other vaginal secretions that should not be ignored. Similarly their risk of other STIs remains a consideration in addition to sexual health concerns related to digital penetration and safe use of sex toys. The risk of transmission is higher among bisexual

women. Bisexual women, like their heterosexual counterparts, engage in sexual and social behaviors that place them at high risk, including but not limited to: unprotected sex with men, an increased number of sexual partners, and also exposure to fluids known to transmit HIV. Women of both groups (lesbian and bisexual) who have been victims of corrective rape may be at risk of HIV/STI infection. Corrective rape is a hate crime in which one or more people are raped because of their perceived sexual orientation or gender identity.

The poor health of the LGBT population is a Human Rights issue and also has impact on the wider society. Beyond that, Jamaica's VISION 2030 Development Plan lists creating an enabling environment as a national priority, and within that is included provision for the integration and fair treatment of LGBT Jamaicans.

## MODULE 2: VALUES CLARIFICATION

### Objectives:

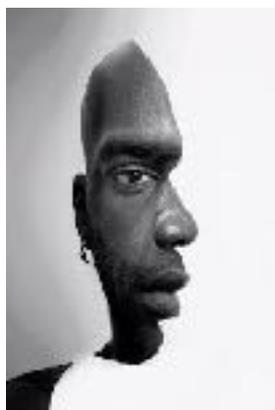
1. To define values
2. To help participants to understand where they learn their values
3. To enable participants to identify their values
4. To recognise the different ways people perceive the same phenomena.
5. To understand how values shape decision making in personal and professional lives.

### *Facilitator's instruction:*

*Values clarification is at the core of this training exercise. This module uses multiple activities to support participants in identifying their values, understanding how they shape perception, and recognising how those values affect their decision making and priorities.*

### Exercise 2.1: What do I See?

**Activity:** Show participants images that can be interpreted differently. Use this as an opportunity to discuss perception, how it varies, and the validity of feelings - even those that do not agree with your own. Some sample images are included below.



## Exercise 2.2: What do I Value ?

This exercise supports introspection and encourages participants to identify what they value most, why, and explore how values impact their lives and others.

Name \_\_\_\_\_ Date \_\_\_\_\_ Points \_\_\_\_\_

### VALUES RANKING WORKSHEET

What do you value most in life? There are 21 values listed below. Place a check mark in the column across from each value that best represents you.

Values	Extremely Important	Important	Not Important
<b>WISDOM</b> Having mature understanding, insight, good sense, and good judgment	_____	_____	_____
<b>WEALTH</b> Having many possessions and plenty of money for the things one wants	_____	_____	_____
<b>TRUSTWORTHINESS</b> Being honest, straightforward, and caring	_____	_____	_____
<b>SKILL</b> Being able to use knowledge effectively; being good at doing something important for you and others	_____	_____	_____
<b>RELIGIOUS FAITH</b> Having a religious belief	_____	_____	_____
<b>RECOGNITION</b> Being important, well-liked, and accepted	_____	_____	_____
<b>POWER</b> Possession of control, authority, or influence over others	_____	_____	_____
<b>PLEASURE</b> Satisfaction, gratification, fun, joy	_____	_____	_____
<b>PHYSICAL APPEARANCE</b> Concern for being attractive; being neat, clean, and well groomed	_____	_____	_____
<b>MORALITY</b> Believing in and keeping ethical standards, personal honor, and integrity	_____	_____	_____
<b>LOYALTY</b> Maintaining allegiance to a person, group, or institution	_____	_____	_____
<b>LOVE</b> Warmth, caring, unselfish devotion	_____	_____	_____

*Activity:* Facilitator should encourage participants to consider what they value and how deeply using a ranking system or scale. A sample worksheet is attached which provides some categories/ characteristics. Others can be found or devised to suit the audience. Encourage participants to deflect deeply on their answers and also to learn from the answers of others. Use the conversion to have participants think about the positive and negative impact of their value system on their own lives.

## Exercise 2.3: How do I feel?

**Activity:** Have participants stand together and move to different areas of the room designated as agree or disagree sections. There is no neutral section. Allow participants to share their reasoning with the facilitator and each other.

### Some prompting statements:

- ❖ Men enjoy sex more than women
- ❖ It is okay for a man to have more than one sex partner
- ❖ Most sexually active persons engage in transactional sex.
- ❖ It is okay for a sexually active 14 year old to have an HIV Test done only with a consenting adult.
- ❖ I would prefer to find my partner in bed with someone of the opposite sex than

someone of the same sex.

- ✦ It is not necessary for married couples to use condom.
- ✦ Partners of persons who are HIV positive should be informed by the Health Care Provider.
- ✦ Red Light Districts should be created as a part of HIV prevention.
- ✦ Homosexuality is a learnt behaviour
- ✦ Persons who are homosexuals have mental problems.
- ✦ It is okay for lovers to video tape their sex act
- ✦ Sexually active teens should be provided with SRH information to protect themselves
- ✦ I would still eat at a restaurant that employs a chef I know is HIV positive
- ✦ Condoms should be made accessible in prisons.
- ✦ Condom skills should be taught in schools
- ✦ It is easy for me to use a condom

## MODULE 3: UNDERSTANDING AND RESPECTING GENDER AND SEXUAL DIVERSITY

### Objectives:

1. To define diversity and gender and sexual diversity
2. To allow participants to recognise diversity in themselves and their own communities.
3. To understand gender and sexuality related terms and concepts and how they relate or do not relate to each other.
4. To understand the social construction of gender and the impact of gender role socialisation on individuals and societies.

### Exercise 3.1: Recognising Diversity

*Facilitator's instructions: either ask participants to stand as a group or participate from their seated positions. If participants are standing have them move to a designated area when a category applies to them and move back to the larger group after. If they are seated ask them to stand or simply ease up in their seats each time a category applies to them.*

Please stand or move if you-

- |                        |   |
|------------------------|---|
| ✦ Have children        | ✦ Get nervous when you hear a yeng-yeng (motorbike) |
| ✦ Have siblings        | ✦ Are the last child? first born? only child?       |
| ✦ Take the bus         | ✦ Work with somebody you dislike                    |
| ✦ Live with an illness | ✦ Go to church                                      |
| ✦ Don't like thieves.  | ✦ Don't go to church                                |

Facilitate a discussion about how sexual diversity is treated different from other kinds of diversity and what is the basis and impact of that.

## Exercise 3.2: Understanding Gender and Sexual Diversity

*Facilitator's Instructions: Use the genderbread person as to explore and separate the components of gender and sexual identity. Invite participants to plot their own identity at the end of the presentation.*

Some important terms:

**Biological Sex:**

the chromosomal, hormonal, and anatomical characteristics that are traditionally used to designate a persona as male, female, or intersex at birth.

**Intersex:**

A person who has characteristics of both male and female sexes. This may include anatomical characteristics such as ovaries and testes or may be determined by the hormonal ranges - eg females who have more testosterone than expected etc. Approximately 1 in 100 people are intersex but most do not know it.



**Gender:**

This may be a shortened way of saying gender identity or it may refer to the gender system. The gender system encompasses the socially constructed definition of men and women which determines what roles, functions, and expectation are assigned to them in public and private life. Male and Female are biology terms. Man and Woman or Masculine and Feminine are gender terms.

**Gender Binary:**

The classification of sex and gender into two distinct, opposite and disconnected forms of male and female (sex) or masculine and feminine (gender). The gender binary implies that men and women should not and could never be alike as their characteristics should never overlap.

**Gender Identity:**

A person's perception of themselves as having a particular gender. It is not linked to their biological sex and may range from man to woman with gender queer persons who identify with both genders or neither in the middle. Some persons are non-binary and identify outside of the gender binary completely.

**Transgender:**

Refers to individuals whose gender identity is different from their sex assigned at birth.

**Cisgender:**

Refers to individuals whose gender identity is the same as their sex assigned at birth.

### Gender Expression:

Refers to how a person displays their gender through a combination of their social behaviour, disposition, appearance (including hair and clothing) and other factors. It is usually measured on a scale of masculine to feminine and includes androgynous persons who embody characteristics of both. Gender expression does not automatically imply a sexual orientation.

### Sexual Orientation:

An enduring emotional, romantic, or sexual attractions to persons based on their gender in relation to yours. It is important to note that a person's sexual orientation is determined by their gender identity not their biological sex. Therefore a transman (assigned female at birth and identifies as a man) who dates women is straight and a transwoman (assigned male at birth and identifies as a woman) who dates women is gay.



### Sexual Attraction:

A sexual interest in a particular person or kind of person. This does not have to be enduring (for more see the Kinsey Scale) nor does it imply a romantic attraction. Encourage participants to think about their own lives: have you even been sexually attracted to a person but not want a relationship or any other kind of engagement with them?

### Romantic Attraction:



A romantic interest in a particular person or kind of person. This does not have to be enduring nor does it imply a sexual attraction. Persons can have both romantic and sexual attractions that differ from their sexual orientation without changing their orientation. For example a lesbian woman may have a sexual attraction to feminine men, she may even sleep with them. She is still a lesbian, however, because long term she can only imagine herself with women and her attraction to women is enduring. Thus she is *oriented* towards women but attracted to men.

### Sexual Behaviour/Activity:

Refers to engaging in any activity for pleasure, procreation or even pay with oneself or with others. A person's sexual behaviour does not indicate a sexual orientation or even an attraction. For example some straight people have gay sex for money and vice versa.

**Tip:** Encourage participants to think about preferences and diversity outside of the LGBT community e.g. persons who prefer short, or light skinned, or natural haired partners etc. Draw linkages between activities in the LGBT community and those outside to highlight commonalities.

## MODULE 4: TRANS INCLUSIVE HEALTH CARE

### Objectives:

1. To help participants better understand the lived realities of persons of trans experience.
2. To help participants better understand the sexual reproductive health needs of persons of trans experience towards providing

- trans\*inclusive health care.
3. To prepare health care workers to offer services to trans persons who are in the process of medical transition.
  4. To help participants determine practical opportunities for trans inclusion that can be implemented at their own facilities.

### **Exercise 4.1: Terminology**

*Facilitators's note: Lead participants through a presentation in which you introduce them to terminology and create a space whether they can share misgivings and misconception.*

Some terminology you may wish to introduce to participants:

#### Person of Trans Experience/ Transgender person

A person who's biological sex does not match or correspond to the person's gender identity.



#### Man of Trans Experience/ Transgender man

People who were assigned female at birth but identify and live as a man may use this term to describe themselves. They may shorten it to trans man

#### Woman of Trans Experience/ Transgender woman

People who were assigned male at birth but identify and live as a woman may use this term to describe themselves. They may shorten to trans woman

#### Transition

Altering one's birth sex is not a one-step procedure; it is a complex process that occurs over a long period of time. Transition includes some or all of the following personal, medical, and legal steps: telling one's family, friends, and co-workers; using a different name and new pronouns; dressing differently; changing one's name and/or sex on legal documents; hormone therapy; and possibly (though not always) one or more types of surgery. The exact steps involved in transition vary from person to person. Avoid the phrase "sex change."

#### Binding

Involves wearing tight clothing, bandages, or compression garments to flatten out your chest.

#### Packing

A term some people use to describe having a non-flesh penis (sometimes referred to as a packer or a prosthetic penis).

#### Tucking

Refers to the practice of hiding the penis\* and testicles so they are not visible in tight clothing.

#### Padding

Refers to the use of undergarments, breast forms, and foam to create the appearance of larger breasts, hips, and buttocks.

## Gender Dysphoria

Dysphoria by definition is discontent – as such gender dysphoria is significant discontent with one’s gender. The Diagnostic and Statistical Manual of Mental Disorders (DSM) replaced the diagnostic term “Gender Identity Disorder” with the term Gender Dysphoria in 2013. Dysphoria in can be physical (feeling like you’re in the ‘wrong body’ or social (anxiety, discomfort from being categorised or treated as the gender you do not identify with).

### **Exercise 4.2 Trans Inclusive Healthcare**

Guiding Question: What does trans-inclusive healthcare entail?

#### **Characteristics of Trans Inclusive Health Care**

- ✦ Meets the unique needs of the trans community
- ✦ Is trans-sensitive - acknowledging gender, using preferred names, and gender neutral language for body parts.
- ✦ Provides compassionate customer service
- ✦ Knows how to deal with dysphoria

Here is a useful video on how health care facilities can offer better service to persons of trans experience:

[www.youtube.com/watch?v=NEHxlmFBRrA](http://www.youtube.com/watch?v=NEHxlmFBRrA)

### **Exercise 4.3 Sexual Reproductive Health Needs of the Trans\* Community**

*Facilitator’s note: Ask participants to brainstorm the sexual and reproductive health needs of the trans\* community.*

The primary differences between trans and cisgender health needs lay in experiences of gender dysphoria, medical transitions, and susceptibility to violence and the impact of that.

- ✦ Trans persons lack access to relevant information - ask participants if any trans specific information is available in their facilities.
- ✦ Trans persons are often reluctant to engage the medical system because providers are untrained - ask participants who at their facility has been trained to manage trans bodies.
- ✦ Trans persons may engage with partners who are men, women, or both
- ✦ Trans persons need access to HIV/STI services as well as preventative screenings for cancers and other conditions.
- ✦ Many trans men who have sex with men may have unintended pregnancies and need support.

#### **Medical Transition**

Medical transition for persons of trans experiences can involve Hormone Replacement Therapy (HRT) and/or surgical intervention. Medical transition accompanies and supports other social and legal transitions and helps the person of trans experience close the gap between their sex assigned at birth and their gender identity.

Hormone replacement therapy refers to the process of administering sex hormones to a transgender person for the purpose of aligning their sex assigned at birth with their gender identity. For transfeminine persons it involves administering oestrogen and anti-androgens to feminize the body; for transmasculine persons it involves administering androgens such as testosterone to make the body more masculine in appearance. Non-binary and gender queer persons may also undergo hormone therapy to achieve the desired balance of hormones.

**Table 1: The Effects of Hormone Replacement Therapy**

For Transmen (Testosterone)	For Transwomen (Estrogen)
Menstruation - will stop, typically within 3 months (likely to become infertile)	Voice – no change in voice
Voice – will drop in pitch – typically breaks around 5 months	Hair – Facial hair, hair on body, chest will decrease in thickness and grow at a slower
Hair – facial hair and more body hair – gradually but varies from person to person	Muscle and Body Shape – less definition in arms , redistribution of fat - more fat around hips, development of breasts, eyes and face will become more feminine
Appetite – will increase	Reproduction – will most likely become sterile
Muscle – leaner mass develops and it will be easier to develop muscle tone	
Body Shape – redistribution of fat -leaner hips, less fat in breasts	

## Gender Affirming Surgery

Persons of trans experience may undergo surgery to achieve their desired bodies. This is not the only way to transition but may be one component.

### Transmen

May undergo *top surgery* to remove the breasts. Two types of surgery are available:

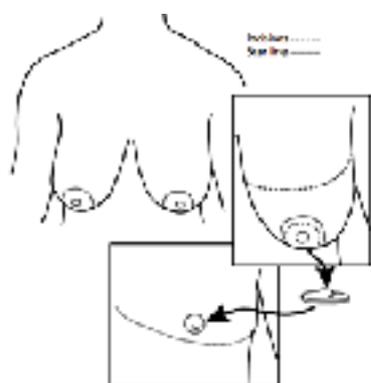


Illustration of double incision surgery. Taken from <https://transfaq.info/top-operationstyper/>

Keyhole or single incision surgery. This is performed on transmen with a B-cup chest or smaller and who also have good skin elasticity.

A single incision is made around the nipple for the purpose of removing excess tissue. The nipple is re-shaped and replaced after.

Double incision surgery is necessary for transmen whose chest is bigger than a B-cup and who do not have good skin elasticity. In this surgery incisions are made around the nipple and under the breast to remove excess tissues. Similar to the keyhole the nipple is re-shaped and replaced.

Transmen may undergo bottom surgery to create an

aesthetically pleasing phallus or penis with sensation and which allows urination from a standing position. There are two most common types of bottom surgery:

Metoidioplasty involves the creation of a phallus from a hormonally enlarged clitoris.

Free Flap Phalloplasty involves creation of a penis using skin taking from a donor site which as the radial forearm or anterior lateral thigh. In this case a rod may be inserted into the penis and attached to a pump which helps it become erect

An animated video illustrating top and bottom surgery for transmen can be found here <https://www.youtube.com/watch?v=GdZhOZh71zw>

### Transwomen

May undergo breast augmentation to achieve the desired chest size. During this procedure silicone or saline is implanted into the chest to create a more feminine appearance.



Illustration of FFS for transwomen via Kamol Cosmetic Hospital

They may also undergo a vaginoplasty in which is functional vagina is created from the male sex organs. Following surgery the vagina will have to be manually dilated for some time. The transwoman is capable of enjoying sex and having orgasm.

See an animated illustration of vaginoplasty here: <https://www.youtube.com/watch?v=pTgfwIIVP1o>

Facial feminisation surgery refers to cosmetic surgical procedures that bring typically male facial features closer to those usually found on females. It can involve rhinoplasty (nose job) brow lift, lip and cheek augmentation, hairline correction, and forehead re-contouring, adam's apple reduction, and chin and jaw contouring to create softer lines.

See the full video on facial Feminisation Surgery from Kamol Cosmetic Hospital here <https://www.youtube.com/watch?v=MJMlkIK1vMU>

### Exercise 4.4: Practical Application - Trans Inclusive Healthcare

Allow the participants to work in groups to determine how health care providers can improve services offered and accessed by persons of trans experience. Suggestions should be ranked by difficulty:

- 1 easy to do
- 1 not so easy to do
- 1 hard to do.

### Objectives:

1. To improve participants' awareness of basic human rights principles
2. Participants will have improved appreciation for the human rights of all clients accessing the health services
3. To understand stigma and discrimination and how they act as barriers to universal access to health care

### Exercise 5.1 Defining Human Rights

*Facilitator's Note: Ask participants to write a definition of human rights. Take at least 2 definitions and discuss with the group.*

*Facilitator will then provide the following definition and ask participants to comment:*

**Fancy Talk:** Human rights are those inalienable and indivisible entitlements an individual has regardless of who they are, what they do or where they are from. Catalogue of rights inherent to the human person and that are contributing to a life in dignity and increasing choices

**Simple:** From you born, you have these rights. This means the government must ensure you can benefit from these rights.

The facilitator will further explain that Human Rights are:

- ✦ *Universal - This means all people everywhere in the world are entitled to them.*
- ✦ *Inalienable - They cannot be taken away, except in specific situations and according to due process.*
- ✦ *Indivisible - all the different rights and types of rights must be equally protected*
- ✦ *Interrelated and interdependent - all human rights work together to secure the best life for you*



This means that all humans should be treated in a fair and equal manner and not as a hierarchy where some rights are viewed as more important than others.

### Exercise 5.2: Understanding Duty Bearers and Rights Holders

*Facilitator's Note: Introduce the concepts of duty bearer and right holder and ask participants to provide suggestions of the meanings in the context of human rights.*

Participants will be asked to provide examples of the rights that they have claimed as a right holder from the duty bearers.

### Exercise 5.3: Sources of Human Rights

*Facilitator's notes: Facilitator will indicate that Human Rights are protected internationally, regionally and nationally.*

International Level – Declarations, Treaties, Protocols and Plans of Actions

Regional Level – Declarations, Treaties, Protocols and Plans of Actions

National Level – Constitution, Laws, Regulations, Policies

The facilitator will discuss the sources of human rights at all of the levels using the information outlined below:

The main source of **International Human Rights Law** is the International Bill of Rights which is made up of the:

### **Universal Declaration of Human Rights (UDHR)**

- Non-binding document that was adopted by the UNGA in 1948 which sets the stage for all the treaties to come.  
Considered “*jus cogens*” in International Law

Article I All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2 Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 7 All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 25.1 Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

### **International Covenant on civil and political rights**

Adopted by the UNGA in 1966. Jamaica ratified in 1975

Article 26 All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

### **International Covenant on Economic, Social & Cultural Rights (ICESCR)**

Adopted by the UNGA in 1966. Jamaica ratified in 1975.

- Article 12 1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
- ...
- (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

### Regional level sources of Human Rights

In the Americas, our equivalent to the UN is the Organisation of American States (OAS).

And it has developed the Inter-American system.

There is the:

- 🌟 American Declaration on the Rights & Duties of Man
- 🌟 American Convention on Human Rights
- 🌟 Adopted in 1969 by the OAS. Jamaica ratified in 1978

Article 24 **All persons are equal before the law. Consequently, they are entitled, without discrimination, to equal protection of the law**

### National Level sources of Human rights

National sources of human rights protection include the recently passed Jamaica Charter of Fundamental Rights and Freedoms, 2011. It replaces the 1962 Bill of Rights.

Section 13(3)(h) [Everyone has the right to] equitable and humane treatment by any public authority in the exercise of any function

Section 13(3)(i) [Everyone has a right to] freedom from discrimination on the ground of being male or female, race, place of origin, social class, colour, religion or political opinions.  
*What group of people is not represented?*

Section 13(5) A provision of this Chapter binds natural or juristic persons if, and to the extent that, it is applicable, taking account of the nature of the right and the nature of any duty imposed by the right.

### Exercise 5.4 The Right To Health

The right to health includes access to timely, acceptable, and affordable health care of appropriate quality.

It requires a set of social criteria that is conducive to the health of all people, including the availability of health services, safe working conditions, adequate housing and nutritious foods.



Achieving the right to health is closely related to that of other human rights, including the right to food, housing, work, education, non-discrimination, access to information, and participation.

The right to health includes both freedoms and entitlements.

*Freedoms* include the right to control one's health and body (e.g. sexual and reproductive rights) and to be free from interference (e.g. free from torture and from non-consensual medical treatment and experimentation).

*Entitlements* include the right to a system of health protection that gives everyone an equal opportunity to enjoy the highest attainable level of health.

### **Barriers to Exercising the Right to Health**

**Stigma** : a set of negative and often unfair beliefs that a society or group of people have about something which they may believe to be against cultural norms.

**Discrimination**: Treatment of, or making a distinction against, a person or thing based on the group, class, or category to which that person belongs rather than on individual merit.

## **MODULE 6: LGBT SEXUAL HEALTH**

### **Objectives:**

1. Participants understand LGBT sexual reproductive health in social and political contexts.
2. Participants better understand health needs and challenges that are unique to LGBT persons.
3. Participants understand why LGBT health is a national priority.
4. Participants become comfortable with discussions of anal sex.

**Facilitator's Note:** Use the guiding questions to start conversations and to allow participants to share knowledge. Core information you should discuss is covered below.

**Guiding question:** What is sexual health?

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having *pleasurable* and safe sexual experiences, free of coercion, *discrimination* and violence (World Health Organisation).

Emphasise the importance of sexual health as not just being free from disease but being able to freely enjoy one's sex life. Use this as the basis of thinking about LGBT sexual health and to move the discussion beyond HIV.

### **Exercise 6.1. Contextualising LGBT Sexual Health**

## HIV

- ✦ HIV prevalence in Jamaica's general population is estimated at 1.7% (UNAIDS database 2014) while HIV prevalence among MSM is estimated at 32% (research in 2001 and 2011 Figueroa et al). About 60% HIV positive MSM do not disclose their HIV status to their partners.

**Guiding Question:** Why are MSM not disclosing HIV status ?

- ✦ HIV prevalence for the trans\* community is even higher than for MSM. A 2011 study by Figueroa et al showed a 52.9% prevalence among the 17 transwomen in the sample. A 2016 study by JASL and other organisations shows a prevalence of over 40% for Jamaican transwomen

## Mental Health

- ✦ LGBT people are almost 3 times more likely to experience mental health issues. They are twice as likely to live with Post Traumatic Stress Disorder (PTSD) as heterosexual people.

**Guiding Question:** Why is mental health significant to sexual health?

## Homophobia and Transphobia

- ✦ Most business persons said that they were not likely to hire persons who were known to be non-heterosexual. Most, however, said that they would not fire someone because of their sexual orientation. (National Survey of Attitudes and Perceptions of Jamaicans Towards Same Sex Relationships - A Follow Up Study 2013 Ian Boxill et. al)
- ✦ Violence against the trans community may be equal to or even surpassing violence against women and may be even more severe than violence against MSM. (Amnesty International 2006).

**Guiding Question:** Why is violence against transwomen more prevalent than violence against ciswomen?

## Healthcare System

- ✦ Only 20% of staff at health facilities remain untrained in HIV prevention.
- ✦ Up to 54% are untrained in Human Resource Orientation for working with LGBT persons accessing public health clinics.
- ✦ Between 70 -76% of staff remain untrained of offering psychosocial support to transpersons and lesbians.

**Guiding Question:** What is the impact of training gaps for health care workers?

## Exercise 6.2 Unique Health Needs of WSW and MSM

The table below highlights some health disparities most noticeable in the LGBT community.

MSM	WSW
A higher rate of HIV and other STIs	Perceive themselves to be a no risk/low risk group for STIs - not receive information re: safe digital penetration etc.
Greater risk for developing mental health problems - PTSD, depression, anxiety, eating disorders and body image issues (cultural).	Some studies show higher prevalence of weight control issues and obesity - high blood pressure, high blood sugar, cholesterol, heart disease
Physical and sexual violence - rape, intimate partner violence (MSMCSW).	Higher levels of mental health issues such as depression, anxiety, suicidal ideation, PTSD.
Alcohol and drug use - diabetes, high blood pressure [linked to socialising in clubs and bars, also escapism]	higher levels of alcohol and tobacco abuse (bars as social venue)
Cancers - lungs due to smoking. Testicular - less likely to screen because messages do not target them. Some research indicates they are at greater risk for anal and prostate cancers.	Cancers - lungs due to smoking [more likely to smoke and smoke more than straight women] breast - lower likelihood of pregnancy increases risk (no breastfeeding), higher body weight also increases risk of breast cancer cervical - lesbians are less likely to do pap smears and other kinds of screening since a) health care providers do not suggest them since they are wrongly perceived as being low/no risk b) IEC material does not target them or represent them c)they stay away from the health care system for fear of stigma and discrimination.
Issues related to anal sex - hepatitis, herpes HIV and E.coli infection, urinary tract infections if vaginal sex follows anal sex.	SRH related to the use of sex toys - allergies, checking labels for carcinogens, correct and consistent use of lubricants, sharing sex toys/using sex toys on multiple partners

**Table 2: Specific Health Needs of MSM and WSW**

### Exercise 6.3: Client Conversations

It is important to have conversations with LGBT clients about their specific sexual activities. This requires that medical workers be comfortable having those discussions.

#### Anal Sex

The issue of anal sex is pertinent for all clients, but for MSM and transwomen in particular:

- 🌟 Ensure clients are using condoms and lubricants. The anus is not self lubricating.
- 🌟 Ask clients if they are having anal penetrative sex with a penis, finger, fist, or toy or if they are engaging in rimming - anal oral sex.
- 🌟 Engage clients about what they do to 'freshen up'. Some persons may douche before anal sex but it has the potential to change the Ph of the anus and also cause the area to dry it which makes it more likely to tear.
- 🌟 Remind clients to practice good anal hygiene including washing the area and the penis before and after sex and having a high fibre diet with lots of water too help them go regularly.

## Barrier Methods

It is essential to engage clients around the use of barrier methods - not just condoms.

- ✦ Dental dam - a thin piece of latex- is placed over the vagina or anus before oral stimulation. A condom can be altered to make one.
- ✦ Finger cots cover all or part of the finger to prevent exchange of bodily fluid through small or large cuts on the digits.
- ✦ Both can be accessed at most pharmacies and support safe oral and digital stimulation.

## Exercise 6.4: Sexual Health Scenarios

*Facilitator's note: Working in groups allow participants to role play the following scenarios to how best practices they could use in their own facilities.*

Following the exercise engage the participants to gauge the disparity between the best case scenario they presented and what would actually happen at their own facilities.

A 33 years old transgender woman visits the clinic the 3rd time in 6 months. She suspects she might be infected with gonorrhoea. She had missed the previous appointment and states that she was unable to keep the appointment because her 6 yr old daughter was ill and she had to stay home with her. Ask this client questions to get more information on her exposure.

A 27 year old female with no previous history of STI visits the clinic complaining of foul smelling discharge from the vagina and sometimes bleeding when having bowel movements. What are some of the questions you would ask this client to get more information on her exposure?

A transman walks into the ante natal clinic to seek treatment. He is obviously pregnant and discloses that this is his second child.

## MODULE 7: CULTURAL AND SOCIAL EXPECTATIONS OF LGBT

### Objectives:

1. To introduce health care workers to the social and cultural experiences of LGBT people.
2. To discuss how these expectations affect the sexual behavior of LGBT people.
3. To raise awareness of some of the difficulties that LGBT people face
4. To de-stigmatize behaviours and identities
5. To look, in practical ways, at the impact of stigma and discrimination.

### **Exercise 7.1 - Race Course Game**

*Facilitator's note: Participants are chosen at random and assigned characters which they must function as for the duration of the exercise. Facilitators should use the prompts and responses to facilitate conversations about social experiences of marginalised groups.*

#### **Race Course Game**

Participants were randomly selected and assigned characters. The following characters were assigned:

- ✦ A twelve (12) year old street boy who sells sex
- ✦ A young transgender female who lives at home with his family
- ✦ A young out male student
- ✦ A middle aged male corporate executive who occasionally goes to the club or street to pick up young men for sex.
- ✦ An older police superintendent who is married but occasionally has sex with other male officers
- ✦ A heterosexual male who is unmarried and comes from a liberal upper middle class family.

Persons were asked some questions if the answer was yes, they were allowed to take one and if it was no, they remained in position.

- Someone threatens to blackmail you by exposing your sexual activities to your family, people at your workplace or your neighbours. Can you respond with confidence that it doesn't matter to you?
- Would it be easy for you to seek police protection if you were being attacked because of your sexual orientation?
- Are you close friends with other persons who share similar sexual behaviour or identity?
- Can you talk comfortably to everyone you know about what you are feeling regarding sexual behaviour or identity?
- Can you tell your family about your sexual behaviour or identity?
- Would it be easy for you to find relevant information about sexual health in a government clinic?
- Are there social spaces (other than NGOs) such as clubs, bars where you can meet people who share the same behaviour or identity?
- Would it be easy for you that a condom be used during sex?
- Could you have a long term relationship?
- Could you live with that person freely?
- Do you think that you could give up MSM behaviour and still be happy?
- Would most people you meet assume that you are heterosexual?

At the end see which participants have progressed the furthest and discuss barriers to progress. Check in with participants about how they felt in character and if there are opportunities to build empathy.

### **Exercise 7.2 -**

*Facilitator's Note: If possible invite some LGBT persons to present to participants. It is important to strike a balance between asking difficult questions and mitigating against invasive questions asked of presenters.*

If LGBT presenters cannot be found participants may be introduced to the following

terms:

<b>TERM</b>	<b>DEFINITION</b>
<b>BOTTOM</b>	Is usually penetrated during sex
<b>TOP</b>	Usually penetrates during sex
<b>VERSE</b>	One who penetrates or who will be penetrated at times
<b>GAY</b>	Usually refers to a social movement
<b>HOMO THUG/THUG</b>	Person usually is hiding his sexual orientation or on the down low, usually assumes a thug persona
<b>MALE SEX WORKER BEACH BOY</b>	Men who exchange or sell sex for money or gifts. Male who sells sex to mainly tourist
<b>DRAG QUEEN</b>	usually male, who dresses in <b>drag</b> and often acts with exaggerated femininity and in feminine gender roles for the purpose of entertainment or fashion
<b>STRAIGHT GAY</b>	Males who have sex with men only
<b>BISEXUAL</b>	Males who have sex with both men and women
<b>TRANSGENDER</b>	Persons whose gender identity is different from the sex assigned at birth.
<b>FEMME</b>	A WSW who presents in a stereotypically feminine way.
<b>AGGRESSIVE FEMME</b>	A WSW who presents in a stereotypically feminine way but who may be sexually aggressive and the initiator in her relationships
<b>HIGH FEMME</b>	A WSW who is ultra feminine in her appearance, may choose to date only butch lesbians
<b>BUTCH</b>	A masculine presenting WSW

## MODULE 8: DIFFERENTIATED SERVICE DELIVERY

Objectives:

1. To build understanding of the specific care needs of different groups of persons living with HIV.
2. To offer practical opportunities for medical workers to design differentiated care packages for PLHIV.

*Facilitator's Note: Use the guiding question to direct discussion and allow participants to share what is available at their facilities, gaps, and possible packages of care they could devise.*

### Exercise 8.1: Why differentiated care?

**Guiding Question:** Do all PLHIV require the same care?

#### Points to note:

- ✦ Differentiated care is a client-centred approach that simplifies and adapts HIV across the treatment cascade in order to reflect the preferences and expectations of various groups of people living with HIV.
- ✦ As more people start treatment in pursuit of Jamaica's 90-90-90 goals it is important to maximise the quality of care and ensure efficient health services.
- ✦ Differentiated Care for HIV requires delivery of different care packages for people based on their needs (WHO 2015).

(WHO) recommends

90% of people living with HIV should know their status;

90% who know their status should be on ART;

90% of those on ART should be virologically suppressed.

### Exercise 8.2: Differentiating PLHIV?

**Guiding Question:** What types of care might PLHIV require?

Introduce participants to diverse groups of PLHIV and the building blocks of differentiated service delivery.

Four groups of persons living with HIV can be identified:

- ✦ People presenting well with higher CD4 counts
- ✦ People with advanced disease
- ✦ People who are unstable on treatment and need careful monitoring
- ✦ People who are stable on ART

### Exercise 8.3: Applying Differentiated Care

**Guiding Question:** What kind of care can be accessed at your facilities?

Separate the participants into groups and have them build packages of care for each set of PLHIV using the building blocks highlighted in the diagram,



**The Building Blocks of Differentiated Service Delivery**

## MODULE 9: Risk, Vulnerability and LGBT

### Objectives:

1. To explore the social vulnerability of MSM and gay men to HIV/STI infection
2. To increase awareness the risky sexual behaviours of MSM/LGBT
3. To design programs of care for specific members of the LGBT community

### Exercise 9.1 Risk Taking - Bringing It Home

*Facilitator's Notes: Separate participants into smaller groups and have them reflect on their own personal risks and vulnerabilities.*

Working in groups participants should write:

- one risk they have taken
- one reason people take risks
- a definition of risk
- a definition of vulnerability

**Risk taking refers** to the personal choices which an individual makes regarding sexual behaviour. Several factors can contribute to risk taking or can cause a person to be more vulnerable to risk taking. Increase vulnerability is related to the individual and social context

**Individual factors contributing to risk taking** include; the level of knowledge about the risk or the disease, personal risk perception, attitudes about oneself: self worth, self efficacy, self esteem, history of sexual abuse,

**Social factors contributing to risk taking include;** norms about relations between men and women, social attitudes towards sexuality and MSM, Transgender, economic conditions, accessibility to HIV/STI prevention education, lack of safe spaces where safe sex can take place, political and legal climate

The Health Care Provider will have to develop an understanding of the factors which increase the vulnerability of the LGBT persons especially MSM and gay men to HIV infection in order to provide prevention and treatment and care services.

### **Exercise 9.2 Sexual Risk Taking and LGBT**

*Facilitators' notes: Ask participants to brainstorm some risk behaviours in which LGBT persons engage and why.*

The list produced by participants should include these specific risk behaviours:

- Not using a condom
- Not using a water based lubricant with a condom
- Having sex when using drug or alcohol
- Having sex in a dangerous environment
- Assuming that a sex partner is HIV negative
- Having multiple partners

#### **Reasons for LGBT Risk Taking**

- Low knowledge about safer sex
- Low risk perception
- Poor self esteem
- Social norms about sex
- Lack of safe spaces for sex
- Economic Conditions
- Political and Legal Environment
- Emotional security
- Poor social support

## **MODULE 10: Communication**

### **Objectives:**

1. To create awareness that good communication skills are necessary for delivering optimal care
2. To identify ways in which verbal and non-verbal communication act as barriers to individuals access to health care
3. To reduce the bias in language in communicating with LGBT persons
4. To increase knowledge and skills to conduct interviews with MSM/LGBT clients.
5. To identify the role of listening in effective communication.
6. To describe different levels of listening
7. To enable participants to assess their listening styles

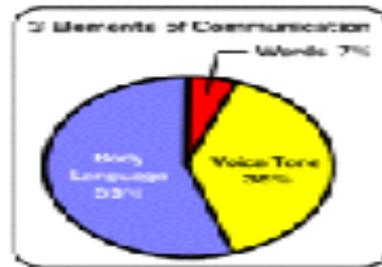
### **Exercise 10.1: Communication Basics**

*Facilitator' notes; Participants will be asked to give the basic components features of communication, facilitator writes the responses on flip chart. The facilitator then provides the definition for communication:*

Communication is the art and technique of using words effectively to impart information or ideas. (answers.com) Communication is a dynamic process...through this process we convey a thought or feeling to someone else. Communication can be verbal and non-verbal.

### Elements of Communication

- Verbal
- Non-verbal
- Listening
- Giving Clear Instructions
- Feedback



### Exercise 10.2 Verbal and Non-verbal communication

*Facilitator's notes: participants are placed in four groups and instructed to list on flip chart paper two examples each of verbal and nonverbal communication. They will be required to role play one example each to the larger group. The group will be asked to interpret the message being sent by the example presented.*

This is a useful acronym for controlling body language. Remember you are dealing with PEOPLE:

#### (P)OSTURES & GESTURES

How do you use hand gestures? Stance?

#### (E)YE CONTACT

How's your "Lighthouse"?

#### (O)RIENTATION

How do you position yourself?

#### (P)RESENTATION

How do you deliver your message?

#### (L)OOKS

Are your looks, appearance, dress important?

#### (E)XPRESSIONS OF EMOTION

Are you using facial expressions to express emotion?

### Exercise 10.3 Use of Language

*Facilitator's notes: share these alternate wordings that can be useful for handling challenging situations or delivering bad news.*

<b>Don't</b>	<b>Do</b>
<b>I can't do this... I can't help you... I don't know...</b>	<b>I'll check it for you...</b>
<b>You don't understand... You are wrong...</b>	<b>Let me explain...</b>
<b>I think...</b>	<b>I suggest...</b>
<b>Please listen to me..</b>	<b>I recommend...</b>
<b>You will have to...</b>	<b>In order to complete the process we will need to...</b>
<b>Just a second... Hold on...</b>	<b>May I place you on hold...</b>
<b>"No" in the beginning of the sentence</b>	<b>I am afraid... I would love to do it however...</b>
<b>What? What did u say?</b>	<b>Pardon Me... Could you please repeat...</b>
<b>But</b>	<b>However</b>
<b>We can't do...</b>	<b>What we can do is...</b>

### Exercise 10.4 Communication Barriers

*Facilitator's Notes: Ask participants to share some barriers they have experienced in communicating with clients and how they overcame them.*

Some points to be highlighted by the facilitator

- ✦ Say things differently
- ✦ Move the conversation to a quieter place
- ✦ Use appropriate language.
- ✦ Learn new approaches or new media
- ✦ Improve your Self-Confidence
- ✦ Speak clearly
- ✦ Give and Seek feedback
- ✦ Be Mindful of your own Prejudices & Belief System

### Exercise 10.5 Listening Styles

*Facilitator's notes: Participants will be asked to find a partner and tell that person about a frightening or very happy experience that you have had. Talk to the person for 1.5 minutes. Your partner should listen. When the time expires, you should reverse the roles.*

Facilitator will then process the activity using these questions: How did you feel when you had to play the role of the listener? What have you learned about yourself as a listener? What did you learn about listening?

Facilitator shares information on the levels of listening:

- ▶ **Inactive listener**
  - you hear the words, but your mind is wandering and no communication is taking place.
- ▶ **Selective listener**
  - you hear only what you want to hear.
  - You hear some of the message and immediately begin to formulate your reply or second guess the speaker without waiting for the speaker to finish.
- ▶ **Active listener**
  - you listen closely to the content and intent.
  - What emotional meaning might the speaker be giving you?
  - You try to block out barriers to listening.
  - Most importantly you are not judgmental and empathise.
- ▶ **Reflective listener**
  - This is active listening when you also work to clarify what the speaker is saying and make sure there is mutual understanding.
- ▶ **Therapeutic listener**
  - The listener not only empathises but also has a deep connection in order to help the speaker understand, change or develop in some way.



Participants will be asked to assess their listening skills to determine which of the levels of listening they are currently practicing especially when relating to clients.

### **Exercise 10.6 Practical Application**

*Facilitator notes: Participants will be split into four groups and asked to role play the scenarios below. Medical workers should use communication skills to manage the situation.*

#### **Scenario 1**

A middle aged lesbian has visited the facility, she is obviously uncomfortable when seated and is very boisterous and is demanding care. She is now in your office, calm her down and get her sexual history.

#### **Scenario 2**

Two MSM one of whom is 35 years old have visited the treatment site. They are now in a counselling session, the younger male aged 18 years has signalled to you that he wants to consult with you privately. You have asked the older male to leave. He refuses to leave and starts weeping. Handle the situation.

#### **Scenario 3**

An effeminate 17 year old transman is visiting the facility for the first time he is being accompanied by two friends. They have been quietly sitting and waiting to see the clinician. A member of the staff makes a loud disparaging remark about his sexual

orientation. When he comes in to see you he informs you of your colleague's behaviour and is asking you what action can be taken to address the situation. Respond to his request.

#### **Scenario 4**

A transwoman visits your facility and asks about the availability of hormone replacement therapy. She says she has heard that older women are able to access oestrogen at the facility and wonders if she could also receive the same treatment. Respond to her request.

## **MODULE 11: Stigma and Discrimination**

### **Objectives:**

1. To increase the participants appreciation of the stigma and discrimination process.
2. To help participants explore cultural factors that fuel stigma and examine consequences of stigma
3. To identify language and practices used at the workplace home, school and church that contribute to the stigmatisation of and discrimination against LGBT community
4. To identify strategies to prevent and deal with stigma and discrimination in your community & workplace.

### **Exercise 11.1 - Understanding Stigma**

*Facilitators' notes: Participants are asked to think about the meaning of the term stigma and discrimination and if they have ever experienced it.*

- Stigma is defined as a social process that marginalises and labels those who are different.
- Stigma is the attitude while discrimination is the action.
- There are several types of stigma: real, perceived, and self stigmatisation.

Explain that both stigma and discrimination occur in the health care facilities and are obstacles to providing quality care, treatment and prevention services. It is important that HCP contribute to establishing an environment in which all patients are treated with kindness and compassion.

*Facilitators' notes: Provide participants with flip chart paper. Participants are asked to list the ways that Lesbians, Gay, Bisexual and Transgender persons and persons living with HIV are stigmatized and in what situations.*

Facilitate a discussion about stigma and instances where it may have become commonplace in facilities.

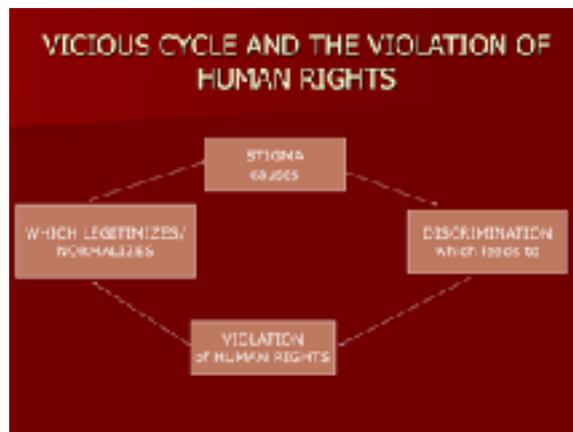
Some Examples of stigma;

Avoidance, Rejection, Abuse, Gossip, Abuse of Human rights, Stigma by association

### **Exercise 11.2 - Understanding Discrimination**

*Facilitator's Note: Ask participants to think about the meaning of the term discrimination and any instance where they had discriminated against someone.*

- Discrimination is defined as the negative practices that stem from stigma.
- Discrimination consists of actions or omissions that are derived from stigma and directed towards the individual that is deemed different.



Freedom from discrimination is a fundamental human right founded on the principles of natural justice that are universal and perpetual. Stigma and discrimination can lead to Human Rights Violations

Facilitate a discussion about how stigma and discrimination may feel useful or even protective for people who engage in them.

S& D attitudes and behaviours are being passed from one generation to another because the forces which prepare the young (family, school, faith-based organizations, community) are themselves perpetuating S & D as a means of protecting the self from HIV.

## MODULE 12: Mental Health Anxiety and Depression

### Objectives:

1. To define anxiety and depression
2. To list symptoms of anxiety and depression
3. To explain why LGBT persons might be more prone to anxiety and depression
4. To describe what to do when the client is depressed or anxious

### **Exercise 12.1 - Situating LGBT Mental Health**

*Facilitators' notes: Introduce participants to some popular statements about the LGBT community and ask them to indicate whether they agree or disagree.*

Potential statements:

- ✦ LGBT People are more likely to be pedophiles than straight and cisgender people.
- ✦ Most LGBT people have experienced sexual assault.
- ✦ If I treat LGBT people fairly I will be promoting homosexuality
- ✦ LGBT persons are mentally ill

**\*\*Later in the presentation draw links between these popular misconceptions and mental health issues such depression and anxiety in LGBT people.**

Make note of the fact that Jamaicans often discuss mental health in disparaging terms which can make it difficult for persons to be honest about their experiences. LGBT people are three times more likely to live with mental health issues than non-LGBT people.

### Exercise 12.2 -Understanding Anxiety

Ask the participants to brainstorm a definition of anxiety. Responses are noted on flip chart. The definition is then presented.

Anxiety is a normal emotion that we experience every day. It prepares the body to protect itself or run away. In everyday life a small amount of anxiety can help us perform better for example; when sitting a test.

However anxiety can become excessive and influence the way we function daily, then it is regarded as a disorder. Anxiety can influence our minds (mental state) and our body (physiological state)

Signs and symptoms of anxiety

Mental signs:

- fear
- uneasiness
- worry

Physiological aspect:

- sweating
- shaking
- heart racing
- Nausea
- shortness of breath
- Dizziness
- chills or hot flushes
- feeling of choking

Persons who are anxious may experience some or all these signs depending on the severity of the disorder.

People may also experience:

**Panic disorder** refers to a period of overwhelming fear when people feel as if they are going to die. This feeling usually happens suddenly. The signs are mainly evident in the body (physiological). This is called a panic attack however when it occurs frequently it is considered a panic disorder.



**Generalized anxiety** disorder causes people to be in a constant state of worry and anxiety about many things in their lives. They are often tense, shaky and complain of upset stomach

**Phobia** people have a severe fear for an object for example, lizards or for a situation for example fear of heights. The fear causes them to avoid these things or situations.

Facilitators' notes: Brainstorms with participants why LGBT persons may have feelings of anxiety. Some possible reasons:

- Effects of social stigma
- Differences in how LGBT persons live their lives in comparison to heterosexuals
- Experiences or threats of violence
- Abuse of alcohol and drugs
- Issues related to lower self esteem increases concern about what people may think about them in social situations

When the Medical Worker encounters a client that is suspected of suffering from anxiety or depression the following questions can be asked to assist in identifying an anxious client.

1. Do you feel worried or anxious most of the time
2. Do you have times when suddenly you feel frightened, anxious or very uneasy in situations when most people would not be nervous?
3. Have you ever witnessed or experienced a traumatic event that involves you or someone else getting hurt? If you have, do you have flashbacks, night mares or thoughts of the trauma?

**If the LGBT person answers yes to any of these questions, please make a referral to a mental health professional.**

### **Case study**

Facilitators' notes: In groups review the case below and identify the symptoms of anxiety state the appropriate action

Antoine is 21 years old he works in a clerical department of a corporate organization. Two weeks ago he was in the male bathroom late one evening. The door was thrust opened and then forcibly locked behind a male who Antoine recognized as one who has made frequent derogatory remarks about his sexual orientation. The male punched him in the face. He attempted to defend himself and ended up being beaten. The fight lasted for approximately 3 minutes. The attacker exited the bathroom and left him with his cuts and bruises.

He went back to work two days after but has not been able to use the male bathroom. He feels nervous while at work and feels his heart racing all the time. He sweats whenever he goes near the male bathroom and has been having difficulty talking about it. He sleeps poorly and often has flashback to the incident.

### **Exercise 12.3 - Understanding Depression**

*Facilitator's Note: Let the participants share experiences of their own or people they know who live with depression.*

Definition of Depression:

A person is said to be suffering from depression if three or more of these symptoms are present:

- feeling sad
- feeling apathetic and lacking motivation to act
- feeling hopeless
- feeling lonely and separated from other people
- having no pleasure in life or everyday activities
- feeling tired, having no energy
- feeling bad about yourself
- sleeping badly
- change in eating habits
- thoughts of suicide
- difficulty concentrating

Why are MSM/LGBT more prone to depression, some possible reasons are;

- Conflicted feelings about sexual orientation
- Being part of a stigmatised social minority group
- Being HIV positive, the MSM who is HIV positive could be doubly stigmatized

Facilitators' notes: **If the MSM/LGBT shows three or more signs of depression he should be referred to a mental health professional**

### Case study

Facilitators' notes: Individuals are asked to review the following cases to determine the signs of depression and state the appropriate action to be taken

#### Case Study 1

Mario is 18 years old transman. He is HIV positive and he lost his job three weeks ago. He comes into the office and starts crying. He has not been sleeping well and has lost weight. He has been facing increased pressure from his family at home and would like to escape.

#### Case Study 2

Nicholas is bisexual two weeks ago his female partner found out that he is a MSM. She is planning to tell his family members and have already told persons in his community. He no longer lives with her. He is staying with a friend but has not been sleeping or eating properly. Nicholas feels as if he has nothing to live for. He says he feels like killing himself

#### Case Study 3

Carla is a regular client at the treatment site. She is 24 years old lesbian. She is unemployed and engages in transactional sex with males from time to time. She came to see you for the second time this week and appears very quiet. Once without explanation she lashed out at a medical worker trying to help her. You noticed that she has put on weight since the last time you saw her some 3 months ago and she also seem better dressed than usual.

## MODULE 13: Motivational Interviewing

### Objectives:

1. To increase the participants awareness of the concepts and principles of Motivational Interviewing
2. To improve participants understanding and ability to apply Motivational Interviewing approaches

### 13.1 Personalising Health

*Facilitator's notes: Engage participants about their health seeking behaviours and what influences their health choices. Do you care about your health?*

Working in Groups of 5

Each group write down 5 reasons people don't act in the best interest of their health.

People make poor health choices for a number of reasons

- social factors
- shame about being unhealthy
- fear of bad news

### 13.2 Understanding Motivational Interviewing (MI)

*Facilitators's note: Allow participants to brainstorm the meaning of motivational interviewing*

Motivational Interviewing is a collaborative, person-centred form of communication, guiding to elicit and strengthen motivation for change.(Miller & Rollnick), 2012

MI Is a style of communication that is -

- ✦ client centred in design
- ✦ aimed at resolving differences
- ✦ builds motivation
- ✦ promotes behaviour change
- ✦ (MI helps resolve ambivalence about behaviour change).

Motivational Interviewing:

- MI is about partnerships: It is a collaborative partnership that respects the autonomy of the client, not the 'expert' / counsellor.
- MI is about acceptance: honours the client's strengths and perspectives and builds on them.
- MI is about compassion for the client. It is about inviting them to resolve ambivalence rather than lecturing them.
- It is evocative and seeks to call forth the person's own motivation and commitment.

The Core Skills of MI:

- ✦ Open Ended Questions
- ✦ Affirmations
- ✦ Reflective Listening
- ✦ Summarizing

*Faciliator's Note: Lead the group through some exercises around designing open ended questions and devising affirmations.*

### 13.3 Applying Motivational Interviewing

*Facilitator's Notes: Allow participants to work in groups and use MI techniques to improve outcomes.*

25 year old Dan says he has one steady girlfriend but several casual male partners. He is well connected in the community and is able to attract many younger unemployed boys. He has made two visits to the clinic with STI infection within 6 months. As an health care provider use Motivational Interviewing principles and skills to speak with him about his risk and protection from future infection.

Ricky is a 24 year old gay man who is HIV positive. This is his third visit to the clinic in 6 months. At each visit he presents with an STI. He always complains of the condom bursting. Using Motivational Interviewing Approach, identify the challenges and plans to cope.

Marcus is 16 years old and is attracted to boys. He has been having sex with Thomas who is 24 years old. He tells you that he also has a girlfriend but no sex is involved. He says he wants to stop having sex with Marcus but its really difficult as he gives him lunch money daily. Thomas does not use condoms and has other partners. Using Motivational Interviewing Approach, identify the challenges and plans to cope.

Dwayne is a 17 year old homeless sofa-surfer. He is very popular in the gay community and is known to have several casual partners. He sometimes engages with older female casual partners. He says he uses condoms mostly with the females but not with the males since he is a top. He presents with an STI and is not sure who infected him. Using Motivational Interviewing principles and skills speak with him about his risk and protection from future infection.

Following each presentation facilitate participants processing the outcomes of each scenario and offering feedback.