Exploring how HIV/AIDS Organizations Combat
Stigma and Discrimination Faced by Gay men, Other men who have sex with men, and Transgender women (GMT) in the Dominican Republic

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Abstract

Stigma and discrimination (S&D) are manifested on self, social, and structural levels that hinder the gay, other men who have sex with men, and transgender (GMT) community from accessing employment, health services, treatment, and support on a global scale. In the Dominican Republic, Human Immunodeficiency Virus (HIV) is a concentrated epidemic disproportionately affecting this community. This paper explores how two HIV and Acquired Immune Deficiency Syndrome (AIDS) organizations located in contrasting regions address stigma and discrimination faced by GMT through their outreach and programming. I conducted qualitative research via participant observation and 14 in-depth interviews with key actors, some of whom were members of the GMT community. Narrative analysis and systematic coding were used to identify major themes related to stigma reduction intervention methods and access to health services. I conclude that S&D are reduced through stigma approaches that are multilayered. This is related to both HIV/AIDS, gender and sexual identity combined with self, social, and structural level responses lead by members of the marginalized community.

Introduction

This study explores the multi-level intervention methods used by two HIV/AIDS organizations to challenge stigma and discrimination (S&D) faced by gay, transgender, other men who have sex with men (GMT) in the Dominican Republic (DR). Grupo de Apoyo Este Amor, which translates to This Love Support (Este Amor) and Union Gay, Trans y Otros hombres que tiene sexo con hombres, which translates to the Gay, Trans, and Men who have sex with men Union of La Vega (UGTH Vegana) are outreach organizations that distribute condoms and provide information about the virus to GMT. Before exploring the aforementioned themes, a definition of key concepts then an overview of stigma is necessary.

Definitions

A distinction between the terms gender identity, gender expression, sex, gay, transgender, transvestite, transsexual, cisgender, and men who have have sex with men (MSM) is also necessary to discuss these themes. Gender can be defined as cultural aspects of being male or female. Gender identity refers to how one chooses to identify along a continuum of femininities and masculinities. Gender expression is how a person dresses, looks, and acts. It also refers to whether our presentation, behaviors, interests, are considered feminine, masculine, or a mix of both. Sex refers to the biological characteristics assigned at birth that vary from genitalia, hormones, and chromosomes between men and women. The term gay or homosexual refers to an individual that is sexually and romantically attracted to people of the same sex.

In *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity* transsexual theorist, biologist, and writer Julia Serano defines transgender as a vague term that includes all who transgress or defy society's dominant ideology/expectations about what it means to be male or female (Serano, 2007). Serrano defines transsexual as an individual who changes their sex from the one they were originally assigned at birth (Serano, 2007). A transvestite is a male-identified person that has no interest in transitioning into the opposite sex, but enjoys wearing clothes socially assigned to females. Transvestites are also sometimes categorized as crossdressers or drag queens. Cisgender is a person who identifies as the sex they were assigned at birth. In this study, when I refer to trans* I am discussing transvestites and trans women, people who were assigned a 'male' sex at birth and have a female gender identity and/or expression. The Joint United Nations Programme on HIV/AIDS (UNAIDS) describe men who have sex with men (MSM) as " males who have sex with other males, regardless of whether or not they have sex with women or have a personal or social identity associated with that behaviour, such as being 'gay' or 'bisexual' (UNAIDS Action Framework). The term was coined in 1994 to reduce stigma against homosexual, bisexual, gay-identified, and non-gay-identified MSM by describing behavior rather than using potentially stigmatizing labels (Young and Meyer, 2005).

General Overview of Stigma

In 1963, Sociologist Erving Goffman wrote *Stigma: Notes on the Management of Spoiled Identity* which describes stigma as a social or individual attribute that is devalued and discredited in a particular social context. Decades later, Link and Phelan (2001) add that stigma is based on society's power relations and includes four processes: (1) a difference is labelled and distinguished, (2) then is linked to negative attributes or stereotypes, (3) which leads to a separation of ''us'' from ''them,'' and (4) finally to status loss and discrimination for those carrying the trait. Soon, Parker et al., (2002) find stigma and discrimination to be social processes "used to create and maintain social control and to produce and reproduce structural inequalities," rather than actions that take place individually.

HIV/AIDS stigma and Sexual stigma

Gregory M. Herek, Ph.D. is a leading scholar of both HIV/AIDS-related stigma and stigma faced by gender and sexual minorities predominantly in the United States. In 1999, he defined HIV/AIDS-related stigma as "prejudice, discounting, discrediting, and discrimination directed at people perceived to have AIDS or HIV, and the individuals, groups, and communities with which they are associated" (Herek, 1999). The current literature on HIV/AIDS-related stigma details that S&D further drives the disease and hinders affected individuals from accessing crucial health services (Mawar et al., 2005; Fife and Wright, 2000). Herek (2009) defines sexual orientation stigma as negative attitudes, which can include hatred or hostility, toward individuals who display any nonheterosexual identity, realtionship or behavior (Herek, 2009). Stigmas are layered when new stigmas are compounded on top of pre-existing ones (Nyblade, 2006). Sexual stigma is also most often coupled with HIV/AIDS stigma due to the initial outbreak of the disease spawning from the gay community, a population historically stereotyped as sexually deviant (Parker et al., 2002). In such manner, historical stereotypes around sexual stigma have become "associated with sexually transmitted diseases, homosexuality, promiscuity, prostitution, and sexual 'deviance'" (Parker et al., 2002).

Herek et al. (2007) reaffirms Link and Phelan's (2001) literature on the relationship between stigma and power by emphasizing that heterosexism is a social system that reinforces sexual stigma and negates any contrasting behavior or identity as unusual, weird, and immoral. This system is manifested on every level in our society and reminds gender and sexual minorities that they have less power than heterosexuals. Herek (2009) then depicts how heterosexism and

sexual stigma works on two levels (1) There is an assumption that everyone in society is heterosexual which erases gender and sexual minorities in various social situations. (2) When a sexual difference is present, heterosexism assumes that it is abnormal or unnatural.

Levels of Stigma

This paper defines the levels of stigma in three S's: self, social, and structural. Livingston and Boyd (2010) note that self—also known as internal—stigma occurs when an individual has personal shame. Self stigma originates from an individual's experiences or perceptions of social exclusion based on their stigmatized trait, which can vary from their sexual orientation, gender identity, or HIV status. It hinders individuals from a stigmatized group from talking about their lived experiences and accessing employment and health services (Gray, 2002). For MSM and some gay men, they are able to conceal their sexual identities and have the opportunity to "pass [as heterosexual], disclose their identity, or avoid the situation" (Nettles and Balter, 2012). In contrast, trans women are unable to afford this privilege because of their gender identity and presentation. Corrigan et al. (2015) define social stigma as "The process in which individuals in the general population first endorse the stereotypes of mental illness and then act in a discriminatory manner." For example, a person can be stigmatized by their family members. Lastly, structural stigma reflects the laws, policies, and procedures set by social institutions that hinder the rights and freedoms of members of stigmatized groups. Structural stigma can be manifested through the absence of laws that protect the GMT or HIV/AIDS community from discrimination, such as losing employment due to their identity or being denied health services. Discrimination can occur at the social level (i.e., the church you attend excludes you from e-mails after they find out your sexuality) and at the structural level (i.e., an individual is not hired because they are HIV+). It is is a constitutive feature of stigma.

Figure 1 illustrates the three levels of stigma:

Figure 1: Levels of Stigma

Stigma, Discrimination, and Access to Health Services

Stangl, Brady, and Fritz (2012) detail how stigma increases vulnerability to HIV infection and hampers prevention efforts. A case study in India that aimed to reduce stigma to improve engagement in HIV care among MSM found that this group is particularly vulnerable to HIV as well as to other physical and psychological health concerns. These findings were due to

internalized stigma experienced by MSM which influenced their mental health and their perceived stigma in the face of health worker providers, etc. (Anon, 2013). In Tanzania, MSM discussed their experiences of shame when speaking with doctors who denied them care after finding out that the patient was either HIV positive, MSM, or their gender expression was more feminine (Magesa et al., 2014). A multi-country qualitative study in Tanzania, South Africa, Lesotho, Swaziland, and Malawi documented that patients experience an abundant amount of verbal and physical abuse and neglect as manifestations of HIV/AIDS stigma in health services (Dlamini et al., 2007). Studies have also found that health workers hold very high stigmatizing views (Mahendra et al,. 2006; Sadoh et al., 2006; Webber 2007). These studies reiterate that health access and workplace S&D are common on a global scale. This is evident in the Dominican Republic.

Methods

Study setting

The Dominican Republic (DR) is a Caribbean country that shares an island with Haiti. As a lower-middle-income country of 10.53 million people, many HIV/AIDS organizations outside of the capital city Santo Domingo have fewer resources and work in rural areas. The DR is one of five countries that account for 96% of all people living with HIV in the Caribbean region (HIV and AIDS in the Caribbean). HIV prevalence at the national-level is 0.8%, while prevalence estimates from HIV surveillance conducted in five cities is 5.3% among the GMT community (CONAVIHSIDA, 2013). The literature on sexual health, stigma and discrimination is very recent and describes how GMT that are living with HIV face major barriers to economic gains because of illegal hiring and firing practices by employers (Barrington et al., 2016; Kennedy et al., 2013). This particular study aims to add to the aforementioned literature that fills the gap in the intersection of gender and sexual minority research and stigma in the Dominican Republic. Other studies in the Dominican Republic have focused primarily on the relationship between HIV risk factors, sex tourism, and MSM (Kempadoo, 1999; Padilla, 2007; Padilla, 2010), psycho-social and care delivery challenges of HIV/AIDS (Castro, et al. 2014), and the policy climate for HIV prevention in the Caribbean tourism sector (Padilla, 2011).

Gender and sexuality are also complex in the DR. For example, Padilla (2007) details how MSM can be characterized under three categories: bugarrones, sanky pankys, and trabajadores sexuales (sex workers), though bugarrones are the most common. These categories are sometimes self-defined by the MSM themselves or by society. He defines a bugarrón as "a man who engages in insertive anal sex with other men, often for money or other instrumental benefits, but who in other domains of life may not be noticeably different from 'normal' men." In contrast, a sanky panky is a man that has sex with men and women, usually for money, and

surrounds beaches and tourist-populated areas (Padilla 2007). Several social and cultural aspects, are attributed to why this population is twenty times more likely to be living with HIV in the Caribbean than people in the general population (HIV and AIDS in the Caribbean). While it may seem that MSM is a population that transgresses from "deep-rooted social norms of heterosexism and heteronormativity," (Melles, 2010), some continue to hide their behaviors by engaging in heterosexual relations to avoid punitive laws, policies, practices, stigma and discrimination. By concealing their sexual behaviors and identities, MSM face serious barriers that play a major role in whether this community chooses to access various sexual health services.

Theoretical Framework and Literature on Intervention Methods

Studies have recently shown that effective anti-stigma interventions are two-fold and focus on behavior change through a combination of educational programming and workshops, and legal reforms that criminalize discrimination (Boesten and Poku, 2013). The theoretical framework that I use recognizes that successful intervention methods take a multi-level approach that "(1) Address key underlying drivers; (2) Understand that stigma operates at multiple levels; and (3) Engage multiple target groups and potential change agents" (Nyblade and Carr, 2004). The key underlying drivers of stigma include fear, lack of knowledge around HIV/AIDS and GMT issues, misconceptions around HIV transmission (Ogden and Nyblade, 2005), and attitudes that stereotype people living with HIV (PLWHIV) and the GMT community and their behaviors as immoral, deviant, and improper (Parker et al., 2002).

Sample and data collection

I conducted fourteen in-depth semi-structured interviews with key actors at both Este Amor and UGTH Vegana. They were recruited through referrals from a community organization in Santo Domingo. The interview questions were open-ended and surrounded (1) the differences in addressing HIV/AIDS prevention for gays, trans, and men who have sex with men; (2) experiences of stigma and social inequality related to health services access and homosexual behavior; (3) key stigma reduction interventions; (4) barriers, if any exist, in achieving the organization's mission. The interviews lasted for approximately thirty minutes each and were conducted in Spanish, with permission some were recorded on digital recorders, transcribed and translated into English. All participants provided informed consent prior to the interview. In addition to interviews, other qualitative measures included participant observation at the organization and during *talleres* (workshops) and collecting texts and artifacts about programs and services offered by Este Amor and UGTH Vegana.

Data analysis

The recorded files were transcribed, translated into English, typed, and stored on the computer. Each recording was named using the number randomly assigned to the participant. While some of the participants did not want to be audio recorded, they were given the opportunity to verbally answer the interview questions as I wrote down their responses. They were also given the opportunity to fill out the interview questions on the sheet that I provided. These notes and files were added to the transcribed file of the respective participant. After translating and typing the transcribed audio recordings to English, I wrote narrative summaries of each participant's opinion of how the organization reduces stigma and discrimination through their approaches. Soon, I entered and coded this information based on the interview guide topic areas—challenges faced by GMT, organization goals in relation to S&D, and challenges to combating stigma and discrimination. I was then able to identify and analyze key themes within the topic areas and interpret them. The themes were analyzed by looking for consistent comments from the interview questions that overlapped or were in common. After coding the data and listing the themes, I was able to compile a set of findings to illustrate how the approaches used by the organizations aligned with the literature on effective stigma-reduction interventions.

Ethics review

This study was approved by the Institutional Review Board at Sewanee: The University of the South in the United States.

Results

Este Amor is located on the coast while UGTH Vegana is located in a more mountainous region. Similar findings between both organizations included (1) Confidentiality in health workers plays a large role in whether or not GMT will access health services; (2) Trans women are most affected by stigma and discrimination on all three levels; (3) Funding poses as a problem to fully achieve objectives; and (4) Internal stigma exists within the GMT community, especially amongst more feminine presenting individuals (5) Mental health issues are challenged through empowerment. The president of Este Amor noted, "We recognize an internal discrimination in the GLBT community that prevents the growth, and we advocate the unity that makes us stronger."

Confidentiality

When the GMT population accesses health services they also fear that their confidentiality is at risk. This fear originates from the fact that someone in their community

might discover their sexuality or HIV status. Concerns about confidentiality are even worse for people with more stigmatizing identities, such as being HIV positive, an injection drug user, or a sex worker. When this community lacks confidence that they will receive appropriate treatment wherever they access health services, they are more at risk of severe illnesses. As a solution, I learned that they need to feel assured that their personal information is being handled appropriately. Since medical information is sensitive, it is imperative for health workers to not share this information.

The Trans Community

        The trans community experiences a unique set of barriers due to their gender identity, and even more if they are HIV positive. Due to these layers of stigma and discrimination, this community has a lack of knowledge around health services available, in addition to participating in sex work as labor. A trans representative of the Este Amor detailed "The quality of life for a trans person, especially a trans woman, is very low because they become involved in sex work and drugs typically due to being shut out of institutions that are supposed to support and hire them. When they are pushed into sex work, it is often for them to have sex without condoms because they are paid more." Furthermore, trans women who are sex workers and HIV+ face even more discrimination. I learned that the start of stigma and discrimination experienced by trans women depends on when they "come out." "If you're in highschool and you begin transitioning, you can be stigmatized and bullied which can lead to dropping out, then one lacks a diploma or education qualification to find employment, and then often goes into sex work" said the representative.

Mental Health and Development

        Stigma and discrimination have often been cited for creating stressful social environments that causes mental health problems for gender and sexual minorities (Meyer 2003; Hetrick and Martin 1987). As a solution, the organization offers free and confidential psychological services to help GMT deal with shame, depression, social exclusion, and dealing with HIV if their status is positive. In contrast, the gay population can use mental health services for coping methods after feeling socially devalued. On the other hand, the MSM community faces stress because many conceal their non-normative sexual behaviors. Este Amor also assists the GMT community via home visits or accompanying to health services.

Organization: Union GTH Vegana, Inc.
Provinces of Work: La Vega, Santiago, El Cibao

Background

Founded in February of 2010, Union GTH Vegana, Inc. is an organization based in rural zones in the Northwestern region of the Dominican Republic. It is about three hours from Santo Domingo and aims to improve the quality of life for GMT.

Problems for GMT Community

Problems that exist for gay men in La Vega includes gossip against their identity, and their behavior is seen as immoral. Transwomen are the most discriminated and face anger in many forms when an individual finds that they were not sexually assigned female at birth. When a person finds out that a man has explored his sexual identity with another man, he is bullied via social exclusion and harsh words.

A promoter claimed, "Many stereotypes still exist for the GTH community here in La Vega and Santiago. For example, people believe that gays will influence their child to become gay. They disregard individuals that are trans, including transvestites, as mentally ill. They are most often discriminated in the streets. MSM are usually discreet so they receive no backlash."

An advisor of the organization noted, "There is a lack of cohesion between organizations of the LGBTI community in terms of challenging problems on a local and national level."
In La Vega, I understood that it is not often that gay men are discriminated against in healthcare settings, it really depends on how feminine presenting they are. In addition, trans women face unique barriers which include hearing about religion during checkups and appointments. MSM are not likely to face discrimination because the majority do not discuss their sexual history with men.

Challenges faced by UGTH Vegana

When questioned about principal challenges that the organization faces, funding and religious prejudice were identified.

Funding

UGTH Vegana is funded mainly under the APC via COIN. Major funding challenges that still exist include paying for the office and travelling to do outreach work. During participant observations, I was able to travel across town with the promoters via *guaguas* or buses which sometimes took long to arrive. A promoter said, "We need more money for a car and resources, such as a library."

Religious Factors

One of the major challenges found in both UGTH Vegana and Este Amor was the influence of the Evangelical and Catholic churches. A promoter noted, "The Church is one of the major influences of discrimination."

Intervention Methods

Theoretical Framework

UGTH Vegana utilizes a human rights framework (HRF) to promote the idea that the GTH community should not be discriminated against in work, health services, or in the streets with a focus on freedom from discrimination as a key component in the HRF. By doing so, community members, government organizations, health centers, employers, are then held accountable in a manner that aims to ensure that GTH are able to make free and informed decisions about their health, genders, and sexualities. The HRF recognizes the full spectrum of rights via social, cultural, political, and economic are treated with dignity and respect. In addition, this framework allows the organization to push for policy changes that humanize this marginalized population. Using behavior change as an approach, the organization focuses on love, human rights, and respect.

By focusing on behavior change, UGTH Vegana has participated in a range of interventions aimed at tackling both GMT and HIV stigma and discrimination at all three levels. These efforts can be coupled into three major approaches, borrowed from Carr and Nyblade (2007) and outlined in the table:

Table 1: Major Approaches to Combatting Stigma & Discrimination

Approach	Level of Stigma		
	Self	**Social**	**Structural**

Prevent & reduce stigma	- Interactive Programming
	- Ex: Film screening
	  - Gaining trust and support from promoters
	  - Pride Parade
	  - Psychologist
		- Training promoters to work in their communities
		- Community Education Workshops
		  - Behavior Change Communication
		    - Media Campaign
			- Education Workshops for Health workers
			- Creation of anti S&D policies

Challenge discrimination, esp. in institutional settings	- Informing individuals about their rights via workshops in collaboration with an NGO *Casa Comunitaria*	- Education workshops - Creation of anti S&D policies	- Policy dialogue - Relationship with Neighborhood Association - APC
Promote safe sex & high-risk behaviors	- Human Rights Focus - Safe Sex Workshops	- Safe Sex Workshops - Street Lectures about sexual health	- Sexual Health Workshops about GMT

Self-Stigma

Empowerment Program

The ED illustrated that internalized homophobia, or internal shame because of one's sexual identity, is very visible in the GTH community. In efforts of empowering them, UGTH Vegana offers a series of programming that aim to normalize gender and sexual minorities. For example, the Coordinator of Programs informed me that there are workshops that specifically allow GMT to bond and collaborate. A challenge to this programming is that some members of the GMT community are stigmatized by this same population and feel ashamed. It was found that the members most marginalized are trans women or gay men that are feminine presenting or effeminate. When empowering the GMT community about sexual health, S&D, etc. UGTH Vegana informs them that health is a basic human right, as well as equality.

UGTH Vegana recently received funding from an international funder that allowed them to host events that focused on LGBT+ issues. This series worked on an internal and social stigma level. In May they hosted a series of "Movies and Dialogue" open to the the GTH and non-GTH community to watch LGBT themed movies and later discuss discrimination and how they related to their personal lives. The aim of the movie series was to create awareness around discrimination and stigma based on sexual orientation and gender identity.

In contrast to Este Amor, UGTH Vegana hosts a Pride Parade every year to empower the GTH community to feel free to express themselves. As a tool of empowerment the GTH community celebrates in *caravans* or in multiple cars with loud music and extravagant clothes. While shedding light on the visibility of the GTH community in La Vega, a promoter informed

me that this actually increases stigma and discrimination. He noted, "When we are dressed up strangely and extravagantly we are not taken seriously, we do not illustrate that we are fighting for the same rights. We are reinforcing how we are different and how we are *pajaros* (faggots/fairies)."

Another promoter declared, "The purpose of the parade is to illustrate to the community, mainly the religious people, that we are their friends, family members, and neighbors. We are also educators, co-workers, and people that hear their hateful discourse via the radio."

<u>Mental Health and Development</u>
UGTH Vegana has support groups and counselors for members of the GMT community that are living with HIV or AIDS and other STIs. In addition, there is a support group for family members and friends who want to better understand the needs and concerns of the GTH community.

<u>Outreach</u>
UGTH Vegana informs it audience about the proper way to use condoms, covers HIV+ testing fees, and educates them about common STIs and STDS, and where to get tested for them.

Social Stigma

<u>Outreach</u>
Similar to Este Amor, outreach to the MSM community is difficult in this region as well to self-stigma. UGTH Vegana facilitates sexual education workshops with communities with goals to 1) reach this population and 2) normalize conversations around sexual relations that are outside of heteronormativity. Stigma and discrimination is recognized in this approach because not all men that have sex with men identify as gay. During workshops they inform communities that the GMT community should not be discriminated against because they are humans too. The stigma workshops are known as "Less Stigma, More Inclusion."

To combat social stigma, UGTH Vegana hosts *Escuelas de Promotores* or promoter Schools which train members of the GTH community on how to mobilize and educate their communities. Through community mobilization UGTH Vegana has seen an impact in offering their skills on sexual education to others that have an interest in taking what they have learned back to their communities.

Structural Stigma

<u>Workshops</u>

Similar to Este Amor, the *talleres* (workshops) are usually two hours and very practical. Participants are able to give their opinions, ask what isn't clear, and learn about S&D, gender, sexuality, and other issues. A major way that stigma and discrimination is challenged on a structural level during the workshops is when anti-discrimination policies are created by the hospital workers.

Organization: Grupo de Apoyo Este Amor (Este Amor/EA)
Provinces of Work: La Romana, El Seibo, Higuey, Altagracia, Hato Mayor, San Pedro de Macoris

Background

Located in the east region of the country, La Romana is a tourist area nearly two hours from Santo Domingo. Este Amor is composed of a team of professionals in the area of HIV/AIDS and works for the promotion of HIV/AIDS prevention and other sexually transmitted infections (STIs); in addition to the access to health services and medicines for people that live with HIV/AIDS (PLWHA). In 2005, Este Amor was born with the goal to empower and support the GMT community and other individuals affected or infected with HIV no matter their social class or sexual orientation.

The main key actors that work to address S&D include the S&D Coordinator and promoters. Promoters are younger staff members that participate in outreach work. As members of the GMT community, usually self-identifying as gay, they are able to better gain the trust and confidence of the population they are reaching. One promoter explained "…my main goal is to identify if a person is using a condom correctly."

Problems for GMT Community

Problems that exist for the gay and trans community in this province include 1) a lack of employment opportunities; and 2) access to non-discriminatory health services for gay and trans individuals. Problems that exist for the GMT community as a whole include 1) internal stigma and 2) a lack of health workers knowledge of their needs (support, treatment, sexual health resources, etc.). A stakeholder explained "You have to perform your gender role and identity, if your appearance transgresses from any norms, you are discriminated in health settings in addition to costing yourself a job and income." The fact that health workers are unaware of the health needs of both the GMT community and people living with HIV (PLWHIV) posed a serious barrier before Este Amor was founded.

Challenges faced by EA

When questioned about principal challenges that the organization faces, funding and religious prejudice were identified. A stakeholder in charge of trans programming noted "Religious fanatics are always in the media, especially radio stations, preaching hate which further marginalizes and devalues our community." In addition, there is still a large conservative

population that believes the GMT community is mentally ill. The President of the organization also added, "We need education training for fundraisers to help us with the sustainability of the NGO."

Funding

I learned that when EA receives funding from international organizations, it is usually easy to complete the goals and objectives though they feel like they have no freedom in terms of the implementation of projects. For example, the organization's president said "Sometimes we are given funding to complete certain projects, but we wish we could manage the money how we wanted to. This was reflected during one interview where I noticed that there were over twenty boxes, which came from funding from international organization, lying around and full of literature on safe sex. The president said, "We work with organizations projects international who value our work we do with neatness and discipline. Plus small donations from members allows us to maintain a petty cash fund."

Intervention Methods

Theoretical Framework

Este Amor works through a Transtheoretical Model of Behavior Change (TTM) originally developed in 1992 by Prochaska, Di Clemente and Norcoss. TTM recognizes that health behavior change is achieved through six stages: (1) precontemplation, (2) contemplation, (3) preparation, (4) action, (5) maintenance, and (6) termination.

This theoretical framework is introduced by Este Amor during their workshops for educators and key stakeholders who work on prevention of HIV in vulnerable groups, which includes the GMT population. In addition, the organization uses it as a major strategy to reduce internal stigma faced by GMT. For example, before consulting with the GTH population about behavior change and risks, Este Amor invites them to participate in what is known as a Motivational Interview (MI).

The MI is a guided method, focusing on the client that aims to understand motivation for behavior change. The principle objectives include: 1) minimize resistance; 2) start a conversation about behavior change; 3) explore and resolve doubts; 4) create and amplify, from the perspective of the client, a discrepancy between actual behavior change and their objectives and values; and 5) establish a trusting relationship. The MI consists of open-ended questions, reflections, validation, and a summary.

By focusing on behavior change, Este Amor has participated in a range of interventions aimed at tackling both GMT and HIV stigma and discrimination at all three levels. These efforts can be

coupled into three major approaches, borrowed from Carr and Nyblade (2007) and outlined in the table:

Table 2: Major Approaches to Combatting Stigma & Discrimination

Approach	Level of Stigma		
	Self	Social	Structural

Prevent & reduce stigma	- Empowerment Program
	   - Gaining trust and support from promoters
	   - Psychologist
		- Community Education Workshops
		  - Behavior Change Communication
		    - Media Campaign
			- Education Workshops for Health workers
			- Creation of anti S&D policies

Challenge discrimination, esp. in institutional settings	- Informing individuals about their rights via workshops	- Education workshops - Creation of anti S&D policies	- MESA - Policy dialogue - COIN & APC
Promote safe sex & high-risk behaviors	- Trans theoretical Model - Safe Sex Workshops - Home visits	- Safe Sex Workshops	- Sexual Health Workshops about GMT

Self-Stigma

Empowerment Program

  Este Amor has an empowerment program that reaffirms the trans community about their gender identity while the gay and MSM community is able to cope with being sexually attracted to men.

Outreach

  EA informs its audience about the proper way to use condoms, covers HIV+ testing fees, and educates them about common STIs and STDS, and where to get tested for them. The Family Clinic is open Mondays, Thursdays and Friday from 2:00 PM – 4:00 PM to provide medical checkups, complimentary STD and STI tests, and mental health evaluations. They also provide

medicines for patients that face mental health obstacles. A youth promoter informed me that "…because we are young we do not see this as a parent talking to their child, but amigos educando amigos." In this sense, when the promoters are engaging with other GMT they illustrate how representation matters via access to health services and self-empowerment.

Social Stigma

Outreach

While outreach to the MSM community has been seen as difficult due to self-stigma, EA facilitates sexual education workshops with communities with goals to 1) reach this population and 2) normalize conversations around sexual relations that are outside of heteronormativity. Stigma and discrimination is recognized in this approach because not all men that have sex with men identify as gay.

Structural Stigma

EA has multiple approaches to challenging structural stigma which include a Stigma and Discrimination Coordinator that works to eradicate S&D in hospitals and a regional working group that meets to discuss policy reform. A major way that S&D is reduced in the region is through their continued relationships created with local health centers. For example, EA has strong partnerships with a 1) Social Security Health Center; 2) a Family Clinic across the street from the organization; 3) and a Public Hospital.

MESA

The S&D Coordinator is a member of an alliance known as the Regional Health Services of the East (RIE). The RIE recently developed a series of strategic actions, one included the Stigma and Discrimination Working Group (MESA). MESA is a group of non-governmental organizations (NGOs), along with the Ministry of Public Health, that strategize regional efforts to reduce stigma and discrimination faced by GMT. The group works to document cases of S&D in health centers which include both private clinics and public hospitals in the Eastern region and reports them to Human Rights Observatory under COIN. Other vulnerable populations such as injection drug users (IDU) sex workers are also included in this report. While the MESA is only a pilot project, the group is currently working on the second report of cases of S&D. The MESA is funded by the Advancing with Partners and Communities (APC) working group that collaborates to ensure that organizations such as EA have resources necessary for stigma and discrimination workshops, etc.

Other strategic actions outlined by the RIE translate into new activities that have positively impacted the provider and service relationship with several hospitals in the region. In

doing so this has raised the quality of services offered and has increased the number of people of key populations who access health services in general.

Workshops

The *talleres* (workshops) are usually two hours and very practical. Participants are able to give their opinions, ask what isn't clear, and learn about S&D, gender, sexuality, etc. A major way that stigma and discrimination is challenged on a structural level during the workshops is when anti-discrimination policies are created by the hospital workers. Workshops to challenge structural stigma are usually lead by the S&D Coordinator, who is also a transwoman. The main objective of the *talleres* are to ensure that health workers are culturally competent to the needs of the GMT community and that they are not discriminatory towards them. The S&D Coordinator said "The process of sensitization and training of providers of health services on various issues associated stigma and discrimination against key populations is very innovative. The methodologies focus on participatory learning and aim to break prejudices and stereotypes about key populations that exist in hospital environments."

The S&D Coordinator noted, "The in-hospital committees for addressing stigma and discrimination perform work to identify, analyze and solve cases of stigma and discrimination that may occur in health centers. These committees are composed of people of key populations and staff health center." In addition she added, "Such policies are created by an in-hospital team with a background on cases of stigma and discrimination in services and from this same group identifies the principles that should be embodied in a code of conduct for non-discrimination."

Conclusion

The qualitative findings are based on interview questions through coding, observation and interactive methods by keeping a daily field-notes journal, and audio recordings of accounts from key stakeholders. Interview data and common themes were coded to depict the relationship between multiple stigma, access to health services, and intervention methods. Though not necessarily representative of the HIV/AIDS organizations in the DR as a whole, the assessment at both Este Amor and UGTH Vegana revealed a number of important findings.

By having members of the GMT community educating heterosexual individuals and members of their community, the results in reducing stigma and discrimination on various levels is two-fold: 1) The GMT community is less stigmatized against and see leaders that look like them in their communities having these important conversations. In this sense, representation matters. 2) The GMT community is illustrating to heterosexuals, including religious people, that they are experts in this field of health and sexuality. The message is that not only are GMT in

control of their health and HIV-reduction strategies, but they are making sure that the heterosexual population is informed about their sexual health decisions as well. Effectively, this challenges prejudices that GMT are hypersexual and spreading diseases. With an objective to understand whether or not the geographic location of the organization plays a role in intervention methods and challenges, I learned that the results are nuanced. This means that while La Romana is located on the coast and more tourist oriented, they talk to the GTM community about the dangers of unprotected sex with tourists only a little.

The value of the stigma intervention approaches are important for us to understand how complex and deeply manifested S&D and heterosexism are in our society. Such interventions mainly seek to support and empower the GMT community, educate heterosexuals, and advocate for policy change that better impacts GMT in the workforce and health services. The impression derived from the analysis of the narratives of the participants in my study is that for an anti-stigma intervention to be successful in this population, it should recognize multiple discriminations faced by trans women, gay men, and men who have sex with men.

Major challenges that continue to exist for both organizations include their lack of direct work with faith-based organizations and religious individuals, a more robust approach to challenging heterosexism, and empowerment programs that continue to validate feminine presenting gay men and trans women. For example, internal stigma towards more feminine presenting individuals is a belief rooted in the fact that society would like us to view women as the weaker gender. Serano details that transgender people, especially women, are different from the rest of the group LGB because "they are uniquely positioned at the intersection of multiple binary forms based on gender prejudice: transphobia, cis-sexism and misogyny" (Serano 34). While cis-sexism is "the belief that gender identified transsexuals are lower than the cis-sexual" (Serano 35), misogyny is the tendency to dismiss and mock femininity" (Serano 38). The notions around more effeminate gay men and trans women are rooted in our society's belief that it is degrading to be feminine.

My results are parallel with those reported in other papers. Brown, Macintyre, and Trujillo (2003) conducted the first global review of interventions to reduce HIV-related stigma. The twenty one studies were grouped into four different categories: 1) information-based approaches (e.g., written information in a brochure), 2) skill building (e.g., participatory learning sessions to reduce negative attitudes), 3) counseling/support (e.g., support groups for PLHIV),

and 4) contact with affected groups (e.g., interactions between PLHIV and the general public). The review found that information, skills-building, counselling and testimonials from people PLWHIV were associated with less stigmatizing attitudes among participants. Aggleton, Parker, and Muluwa (2003) stress that there is a need for greater support for community legal aid centers, like the MESA that works in partnership with COIN, to address instances of discrimination and the abuse of human rights. Padilla et al. (2008) depicts that stigma reduction interventions "should be comprehensive and multi-level, ... involving broad-based stigma-reduction initiatives, policy changes to protect [GMT] from discrimination, and the creation of community interventions to improve skills for risk communication, social support, and a sense of collective responsibility." Este Amor and UGTH Vegana reaffirm the guiding principles of "Proyecto Orgullo" (Project Pride), an HIV prevention, empowerment and community mobilization intervention for the GMT community in Lima, Peru (Maiorana et al., 2016). This is evident in the table below:

(1) Multilevel approach to HIV prevention: addressing issues at the individual/social/community/structural levels
(2) Social focus: relating HIV risk reduction to the development of self-esteem, life skills, and supportive social interactions
(3) Community-building: creating healthy social support networks and health-promoting settings (Kretzmann & McKnight, 1993; Minkler, 1990)
(4) Peer-based: peers as change agents (Cialdini, 1993; Rosen & Solomon, 1985)
(5) Empowerment philosophy: building a sense of agency and the community's ability to address their own issues (Freire, 1974; Freire & Faundez, 1989; Rappaport, 1981)
(6) Diffusion of messages: informal communication and modeling by peers promote community change and social norms encouraging HIV prevention (Rogers, 2003)
(7) Positive focus on sexuality and self-acceptance: building pride in sexual and gender expression

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A main limitation to this assessment was that the HIV/AIDS organizations were chosen on the basis of particular criteria, rather than by random selection, and findings were therefore susceptible to sampling bias. For example, the sampling favored organizations that were well known and more easily accessible by road. Thus, the impact of stigma and discrimination faced by GMT in other organizations not included in the survey may be different than what is reported here. Another limitation is that the assessment relied on self-reports from key actors at the organization. Very limited attempts were made to verify the accuracy of data.

Despite these limitations, this is the first cross-comparison assessment of the impact of organizations and their approach to eradicating sexual stigma in the Dominican Republic. A large number of stigma-reduction intervention methods were assessed from different sources in order to provide a detailed illustration of the situation in La Vega and La Romana. The

information is therefore an important and timely contribution to on-going efforts to understand and respond to the stigma and discrimination in the Dominican Republic.

Acknowledgements

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