

**EDUCATIVE DIALOGUE WITH LGBTI PERSONS
AND SEX WORKERS ON GENDER AND SEXUAL
DIVERSITY.**

BY

**UGANDA NETWORK FOR TRANSGENDER AND GENDER
NON-CONFORMING PERSONS (UNTGNC)**

FACILITATED BY

TGNCs and Dr-Judith A gynecologist with Mulago

15TH- JUNE 2016,

GRAND GLOBAL HOTEL.

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Introduction:

The Gender and Sexual Diversity educative dialogue for the LGBTI and Sex Work leaders is to increase on our knowledge and challenge our understanding on Concept and Terminology about Sexual Orientation and Gender Identity, listen and learn from ourselves and to specifically understand the unique health care challenges faced by trans persons in Uganda. This educative dialogue is to create more awareness and sensitization within the LGBTI and Sex Work Community as stakeholders and partners on how Gender Identity, Sexual Orientation and Gender Expression influence each other but they are not entirely dependent on each other. The dialogue attracted 25 participants, 3 moderators from TGNC and one facilitator a gynecologist with Mulago National Referral Hospital

Objective:

- Explore our own experience of gender
- Gain a better understanding of sexual Diversity
- Understanding the trans unique health challenges
- Collectively develop a common idea about our needs
- Develop our own advocacy strategy

Concepts and terminologies:

Terminologies about gender and sexual orientation is of vital importance for sexual minorities and hence especially for transgendered persons.

Biological sex is a medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male or intersex. Gender is understood as a social construction.

Gender is how society perceives what characteristics are identified as being male or female, feminine and masculine. A person`s gender identity can conform or derive from a person`s biological sex and is a deeply felt internal and individual experience of gender. The expression of gender is then the external display of one`s gender, through a combination of

appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.

Sexual orientation on the other side is an enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.

With these terminologies in mind there is important to remember they are not the same, though they are intertwined by each other. Sexual orientation is fluid, and does not necessarily correspond with your gender identity or gender expression. Or your gender expression might not correspond with your gender identity and your sexual orientation might not be the same at all times and so on.

SRH Presentation: Dr. Judith gynecologist with Mulago National Referral Hospital

Dr. Judith from Mulago national referral hospital, a gynecologist talked about sexual reproductive health in general and the consequences of not seeking medical help. She stressed the need of using repercussions measures during intercourse for not getting STDs. STDs like HIV which is deadly if not on proper medication. HIV is not the only threat to be worried about, deceases like anal warts in msm, Chlamydia can have severe consequences like infertility (for biological women). This is why repercussions like condoms, dental dams and female condoms should be used during intercourse. There are a lot of people that do not use condoms due to friction during use. This is no excuse, if needed apply lubricants she notes. Here a problem can emerge for the women, because the accessibility of dental dams and the female condoms are scarce and is an issue that needs to be worked upon.

The contributions from the participants were mostly interested in hearing more about hormones and sex – reassignment surgery. This was something Dr Judith admitted to have little knowledge about and she said this is something the health care providers need to be informed about, and acquire knowledge about the need for this treatment and look into how to proceed accordingly. She clearly noted the fact that the medical study there is not topic that widely talks about Gender and Sexual minorities and most of these topics are heard on the field when attending to individual clients. She encouraged Gender and Sexual Diversity

training to be prioritized and passed on to as many people as possible to raise awareness but also to give one a challenge to go and read to understand clearly who are GSMs and how can we better address their unique challenges especially transgendered persons.

Advocacy strategy:

- Continuous engagement of friendly health care providers, who are properly informed about LGBTI and especially transgendered persons and their needs.
- Access and spread of knowledge about personal health care in the community.
- Knowledge about and access to hormones and gender re –assignment surgery.
- Access to a support system of both physical and psychological help, especially connected to transgendered persons. To be able to live healthy lives and gain a better understanding and acceptance of ourselves.

SUBMISSIONS- Extracted from Evaluation forms

- Advocate for more trans health services
- Love and care has to be extended to Gender and Sexual minorities
- Continuous sensitization on Gender and Sexual Diversity
- More knowledge on how to engage SRH providers and policy makers
- Engaging more with healthcare providers
- To advocate for availability of hormones in Uganda
- Increased meaningful engagements
- Engaging more trans persons
- Appreciation went to MARPI for the great work they are doing in reaching Gender and Sexual Minorities with HIV/AIDS related services not forgetting Tranz Network Uganda for advancing trans education and Rights

- Advise to continue with Gender and Sexual Diversity training to increase knowledge on terminology and understanding of who clearly GSDs are? In what category? Among others.
- Facilitation skills and more SRH educative meetings
- Engage even MSM and male sex workers on SRH
- Provide knowledge on Hormones and counseling
- More time for trans healthcare discussion
- Prioritize meaningful engagement with Healthcare providers, Public institutions among others.

RECOMMENDATIONS

- Assess risk behaviors among transgender persons
- More time needed for discussions on trans healthcare
- Provide more health consumables
- Discuss issues related to arrests and detention
- More days for a training on Sexual and Reproductive Health Rights
- Drug abuse among Gender and Sexual Minorities
- Utilize the local language-Luganda because not all persons could clearly understand the terminologies in English
- Hormonal therapy vis-à-vis HIV/AIDS adherence
- More discussion about HPV and Intersex
- Extend the training to other parts of Uganda for example Mbale where participants from there felt ignored.
- More emphasis should be put on HIV/AIDS treatment, cure and prevention. Members expressed limited care shown to those currently on treatment in respect to the specific challenges they are faced with.

CONCLUSION.

The dialogue attracted up to 25 participants from LGBTI and Sex work leaders. Majority of the participants had not taken part in any Sexual and Gender Diversity Training and most terminologies used were new. The training took a participatory approach where members were allowed to freely interact with the participants and moderators. At the end of the training, most members became familiar with most terminologies, participants had almost the same challenges and there was a general acceptance for need for more training. In conclusion, we note that;

1. There is need for more dialogue on gender and sexual diversity. It's important to note that this particular dialogue was attended by only LGBTI persons and Sex Work leaders however so many stakeholders need to be reached out to. During the Sexual and Reproductive Health Rights (SHR) presentation, it was noted that all stake holders especially Public Health Workers and HIV professionals should be brought on board so that they get a better understanding of Gender and Sexual diversity. This will greatly help them as they as they provide healthcare services to Gender and Sexual Minorities. This was adopted in the advocacy strategies that are to be undertaken.
2. We noted that there are very high rates of HIV/AIDS occurrence among the gender and sexual minorities especially the sex workers. As previously noted, the Public Health and HIV professionals are not yet fully equipped with Gender and Sexual Diversity knowledge. This in turn has affected their response to helping sexual minorities' access HIV care services. More emphasis should be put on ensuring that sexual minorities get post HIV care services given their unique nature that has limited their access to these services.

AGENDA

ACTIVITY	TIME	FACILITATOR
Arrival	8:30am – 9:00am	Mac
Introduction And Check - In	9:00am – 9:15am	Mac/Williams
Opening Remarks	9:15am – 9:45am	Williams
Concept And Terminologies	9:45am – 10:45am	Juliet/Williams
Break Tea	10:45am – 11:15am	Mac
Trans Health	11:15am – 11:30am	Mac/Bad Black
SRH Presentation	11:30am – 12:30pm	Dr.Judith
Develop Advocacy Strategy	12:30pm – 1:00pm	Camilla
Lunch	1:00pm – 2:00pm	Mac/Williams
Filling of Evaluation forms	2:00pm – 2:30pm	Mac
Question and Answer Session	2:30pm – 3:30pm	Mac/Williams/Juliet
Tea Break/Refreshment	3:30pm – 4:30pm	Mac
Closing Remarks and Closure	4:30pm -5:00pm	Williams

Engaging with LGBTI Leaders on SOGI



**Dr. Judith a Gynecologist with Mulago National Referral Hospital
presenting on Sexual and Reproductive Health Rights**



EVALUATION FORM.

**THE GENDER AND SEXUAL DIVERSITY EDUCATIVE DIALOGUE FOR THE LGBTI
AND SEX WORK LEADERS 15th June 2016**

EVALUATION FORM

We would like your impressions of the dialogue to enable us to plan better for future events and activities of similar nature. Kindly complete them candidly so we may realize the objectives of this tool maximally. Thank you!

What have you learnt from the dialogue?

What aspects of the dialogue would you say have worked best? Please provide reason(s) why.

What do you think could have been done differently to make your experience of the dialogue better?

Did we meet your expectations?

Are there aspects you would have liked the dialogue to tackle which it did not? Which ones are these?

Do you have any issues that this dialogue could have touched on but you would like a deeper understanding of? If yes, mention them.

Have you learnt anything new in this dialogue? Please mention.

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We would like to understand how you hope to use the knowledge gained from this dialogue in your work. (Brief statement of about three sentences)

Kindly give us a comment on the venue for this dialogue both in terms of convenience and service delivery.

Please write any other comments you have for us on the dialogue.

Thank you!