In this context, the UNDP MSA DNA programme supported a regional study on gender-based violence in 2015-16.

- Focused on MSM and trans women in 7 countries: Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka.
- Explored different forms, causes, perpetrators, impact and the pathway of violence leading to HIV vulnerability.

Findings:
- ‘Comprised sexual consent’ and ‘sexual violence’ to be in key factors of vulnerability.
- Pointed at the need to build individual capacities for providing informed consent to prevent violence and HIV.

2. Methods

Qualitative study design:
- Literature review
- Focus group discussions (FGDs) using case vignettes with MSM and trans women (irrespective of sexual orientation status)
- Key informant interviews (KIs) with counselors, doctors, lawyers, police officials, community leaders, PLHIV government officials.

Purposive sampling:
- FGDs: Self-identified MSM, trans women at least 18 years old.
- Across country and culture-specific gender and sexual identities.
- Approached by outreach workers of country sub-recipients of UNDP’s MSA DNA Programme.
- All sites where country sub-recipients had outreach/services for MSM and trans women.
- KIs: People with rich experience in working among MSM/transwomen.
- Selected in consultation with UNDP’s LGBT activist and MSA DNA sub-recipients.

Data analysis:
- Data analyzed using coding tree emerging from reading of FGDs and KIs, categorization, and application of Atlas. software.
- Codes used to glean data from transcripts and compile in an MS Excel framework for content analysis.
- Analyses were inter-linked or cross-cutting in nature.

Ethical issues:
- Individual verbal consent sought from FGD and KI respondents.
- No names used in FGDs/KIs, no contact information collected.
- All FGDs and KIs conducted in private spaces, no gift item by non-recruitment authorities.
- FGD respondents were involved in setting ground rules, including bearings discussions confidential.
- FGD and KI quiet rules, audio recordings and transcripts stored in password-protected or other secure places.
- Study protocols were reviewed by country-specific institutional review boards.

Training for research team on qualitative research, gender and sexuality concepts; mock sessions for FGD respondents.

3. Results

Analytical study of sexual violence against MSM and more likely to minors by their male partners is more ‘than absence of sexual consent’

- Thus sexual violence is not just forced sex (rape) where violence is physically overpowering.
- Sexual violence is also the ‘presence of compromised sexual consent’, which:
  - is a violation of rights.
  - May contribute to mental health vulnerabilities.
  - May enhance HIV exposure through unprotected sex with one or multiple partners, leading to commercial sexual services.

Why compromised consent happens:
- Fear of violence by intimate partner and/or break-up with him.
- Lack of sexual or economic dependence of intimate partner.
- Fear of loneliness and uncertain availability of reliable partners.
- Pressure to live up to norms of femininity or masculinity.
- Presence of barriers to report.
- Lack of awareness of right to not give or withdraw consent.

In the context of sexual or romantic relationships:
- Fear of violence by intimate partner and/or break-up with him.
- Fear of loneliness and uncertain availability of reliable partners.
- Presence of barriers to report.

In the context of other reasons:
- Fear of harm or arrest or other violence by man in uniform.
- Fear of violence by sex worker client.
- Fear of disappointment or rejection by partner.
- Fear of commitment.

4. Conclusions

Capacity to negotiate and give informed sexual consent or withhold.

- Give only informed sexual consent to their partners.
- Otherwise withhold it fear of loss or violence.

Capacitating people for informed sexual consent requires constitutional, legal and programmatic changes.

Advocacy for constitutional, legal and policy changes:
- Constitutional recognition of LGBT people (transgender, intersex).
- Decriminalization of (HIV) and LGBT people.
- (HIV) and LGBT people.
- Policies sensitive to gender and sexual diversity.
- Police sensitization and trust building.

Individual, family, community and programmatic actions:
- Inter-personal and mass communication to reduce stigma against MSM and trans women and enhance their self-esteem.
- Inter-personal mass communication to change perceptions around sexual consent.
- Support social systems for ageing or aged individuals.

References
- 'Access to mental health, social welfare, feminization and legal aid services for MSM and transgender women in Asia'
- ‘PLOS One’, March 20, 2012

Images:
Below: Community dialogue on sexual violence against LGBT community, Kolkata, India.

In the context of gender and sexual identities:
- Legislation, policies, systems (constitutions, laws, policies, systems) with . . .

Vulnerability among MSM and Transgender Women in South Asia

- ‘PLOS One’, March 20, 2012
- ‘PLOS One’, March 20, 2012

Role of Building Capacities for Sexual Consent in Reducing HIV Vulnerability among MSM and Transgender Women in South Asia

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1Background

Sexual violence against MSM and trans women in South Asia (by their male partners) is in an under-researched area.

Recent studies in the region indicate links between sexual violence and HIV prevalence among MSM and trans women.

Regional level advocacy forums on key populations emphasise integrated interventions against sexual violence and HIV.

LGBT community dialogue on same-sex violence is also gaining ground.

This study sought to build capacities for providing informed consent to prevent violence and HIV.

Social support systems for ageing or aged individuals.

Access to mental health, social welfare, feminization and legal aid services for MSM and transgender women in Asia.

Interactive exercises to build skills to negotiate sexual consent

Police sensitization and trust building.

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