Digital Media and Sexual Health Promotion among MSM and Transgender Women in India: Exploring the Contours of Online Interventions

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Background

- Digital sphere now plays major role in sexual norms and practices among MSM and trans women in India
- Digital media have become crucial for information dissemination and community mobilization around queer health and rights concerns in last 20 years

Description

- In 2016-18, Varta Trust, a gender-queer advocacy nonprofit in Kolkata (eastern India) undertook:
  - Formative qualitative research
  - Pilot digital media interventions
- Objective: To assess possibilities for design of digital sexual health interventions for MSM and trans women
- First step: Qualitative study in 2016 in Greater Kolkata with support from Wellcome Trust, UK
- Study methodology:
  - Study guided by digital ethnography and HIV intervention experiences; learning from community interface through Varta website (vartagensex.org) and offline awareness generation activities
  - Desk review; participant observations; 4 FGDs (n = 10); 10 semi-structured interviews; purposive sample of outreach workers, counsellors, activists, media persons
- Findings fine-tuned through a symposium on digital media health and at Jadavpur University, Kolkata

Lessons Learned

- Study published: Social Media, Sexuality and Sexual Health Advocacy in Kolkata, India – A Working Report (Rohit K. Dasgupta, Pawan Dhali, 2017, Bloomsbury)
- It explained digital media’s role in:
  - Transforming and speeding up sexual networking, sexual work operations among MSM/trans women in Kolkata
  - Often eliminating need for physical cruising/soliciting

- Respondents emphasized digital media interventions that address:
  - Sexual health beyond just STI/HIV testing/treatment
  - Hitherto neglected mental health, social exclusion and violence related drivers of HIV vulnerability
  - Gender transition needs of trans communities
  - Issues of family support and relationship counselling
  - Needs of hidden sections of MSM and trans women who may not self-identify as part of these communities
  - Issues of client confidentiality and service provider sensitivity and trustworthiness

Conclusions

- Digital media interventions needed to match changes in sexual networking among MSM and trans women
- Who should play what role in such interventions?
  - Technical and ethical protocols: Civil society groups and government jointly
    - Implementation: Civil society (community groups)
    - Technical and funding support: Government, donors
  - Such interventions may also help reach sub-groups inaccessible through physical sexual health outreach
  - But these interventions can have their own set of challenges around:
    - Lack of digital literacy among beneficiaries
    - Lack of technological affordance and expertise
    - Trust in online information sources
    - Lack of government institutionalization of digital media interventions in national HIV programme
  - Obscenity and information technology laws that may bar audio-visual depiction of sexual health aspects
  - Continued criminalization of queer people may make such interventions open to criminal abatement charges
  - Lack of implementation of progressive judicial verdicts on transgender rights (NALSA, 2014) or right to privacy (Puttaswamy, 2017)
- Civil society groups must advocate for legal and policy reforms to ensure friendly environment for digital media interventions to be effective.

Social exclusion

- Family violence, eviction from home, denial of inheritance
- Denial of shelter, including rented accommodation
- Property ownership barriers
- Exclusion from education, skills building, livelihood
- Barriers to healthcare, social welfare and sanitation access
- Barriers to freedom of access to public spaces

Discriminatory laws

- Criminalisation: Section 377 IPC, obscenity, sex work, anti-vagrancy
- Supreme Court recognised trans rights (NALSA, 2014) but State agencies still failing on inclusion in terms of desired gender identity
- Lack of legal recognition for non-normative marriages and families
- Poor protection from blackmail, same-sex rape, partner violence
- Government attempts at censoring digital spaces

Sexual and mental health impact:

- HIV prevalence in MSM 4.3% and trans women 8.28% which was 17 and 34 times overall adult prevalence of 0.26% (NALC, 2015)
- Mental Healthcare Act 2017 emphasizes non-discrimination against queer people but impact of exclusion and violence on mental health and HIV vulnerability yet to be measured
- Laws/protocols for legal/medical gender transition in grey zone
- Poor quality and expensive services
- Trans people face health complications (sometimes fatal) and other access barriers

References

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