

PRODUCING & INTEGRATING ANIMATIONS INTO ONLINE OUTREACH TO PROMOTE SOCIAL JUSTICE, EQUITY AND ACCESS TO HIV/AIDS PREVENTION

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ABSTRACT

While many transgenders, or 'lady-boys', have a high visibility and work in professions such as hairdressing, cabaret shows, and Thailand's sex industry, they still remain marginalised and stigmatised in Thailand. Drawing on data from a larger research study, we learned that transgenders face unique issues in regards to their legal rights and risk to HIV/AIDS. Transgenders are regularly victims of sex crimes and due to stigma and fear; often do not report these crimes to police. Most transgenders do not know their legal or human rights under Thai law, where to go for help when their rights are violated, or about the availability of Post-exposure prophylaxis (PEP) after a sexual assault. We describe working with transgenders, through a unique international collaboration, to produce a context-specific animated film that supports their struggle for social justice and the protection of their human rights. The animation is a new, strategic screen-based resource that aims to empower transgenders in overcoming barriers that deny them equitable access to participation in social, economic, political and cultural relations in their local community. The animation is currently being distributed through peer outreach on mobile phones and MP3 players among the different transgender communities in Chiang Mai. Looking forward, we describe our plans to integrate the animations into a chatroom-based peer-education programme to promote equity, social justice and how to negotiate condom use to minimise the transmission of HIV among the target population.

KEYWORDS

Animations, legal rights, social justice, transgenders, chatroom-based peer education

1. INTRODUCTION

This project was designed to address the fact that transgender individuals, face increased sexual violence in addition to amplified risk to HIV/AIDS in Chiang Mai, Thailand. In most research literature, transgenders are referred to as a subgroup of men that have sex with (MSM). The term MSM describes a broad diversity of individuals where male-to-male sex is not constructed so much in terms of homosexuality versus heterosexuality, or "gay" versus "straight", but along a spectrum of masculinities and gender variance that incorporate ideas of feminisation, gender orientation, penetrative masculinity, desire, and sexual orientation. Most transgenders identify as women, yet they are still referred to as MSM even if they have had a male to female sex change. We question whether MSM is an appropriate term to classify transgendered individuals because they identify as women, and in many parts of the world, face similar—but more severe forms of—violence, sexism and gender discrimination. From our research and collaborative work with transgenders, we see this as a lack of sensitivity and respect towards their self-defined gender identity. Because we stand in solidarity with transgender individuals, we have come to understand their legal, human and sexual rights as separate from those of other non-transgender MSM, and closer to those of women. This is because they have collectively experienced a lack of sensitivity from the police and health care professionals, as well other individuals within Thai society when they search for legitimate work outside the hairdressing, cabaret and/or sex industries. Throughout this paper we have intentionally used the two terms, MSM and transgender, together to acknowledge that transgenders are a separate group.

1.1 Gender-based violence (gbv)

Drawing on data from a larger study (Thepsai & Walsh, 2008) that researched the sexual practices of MSM, including a subgroup of transgenders, in Chiang Mai, we learned that transgenders regularly experience rape and other forms of sexual violence and discrimination. Through focus group discussions, we came to understand the seriousness of gender-based violence (GBV) against transgenders in the local community as well as the country. GBV is not only an issue for women, but also a serious issue for transgenders across Thailand (USAID, 2009). Emotional, physical, and sexual violence is often perpetrated against transgenders as a form of discrimination and bigotry against their gender identities. This overt, often unchallenged and under reported sexual violence leaves transgenders intimidated and fearful. Because transgenders are already exceedingly marginalized and stigmatized within Thai society, healthcare providers and human rights groups have been slow to address the issue of GBV among their communities—either being unaware of their vulnerability to sexual assault or disinclined to publically acknowledge these sensitive issues. A recent USAID Health Policy Initiative designed a GBV screening tool in collaboration with the health sector and community-based partners in Thailand. Over a six-week period in 2008, the project pilot tested the tool in two government-run clinics and two community drop-in centers that offer outreach to transgenders in Pattaya City. The GBV screening tool revealed 89% of transgenders experienced some form of violence (USAID, 2009). This high level of GBV alongside a fear of reporting crimes to the police, a lack of access to health care and HIV testing, as well as transgenders' economic pressure to survive, leaves them at greater risk not only for GBV, but also for HIV and other sexually transmitted infections (STI).

2. PROBLEM URGENCY

Transgenders are a diverse group in Chiang Mai and this makes them hard to access for GBV and HIV/AIDS outreach and prevention efforts. Many are university students, some are everyday workers and others are sex workers. Like many young MSM, transgenders missed out on the successful HIV educational campaigns of the 1990s and often have low perceptions about personal HIV risk. In addition to GBV, HIV incidence among all MSM in Thailand is rising quickly to very high levels. We are drawing on data about MSM in Thailand, because this data sample includes transgenders, as no separate studies of HIV prevalence among transgenders (as separate from MSM studies) exist to date. Somchai Chakrabhand the director general of Thailand's Department of Disease Control (DDC) quoted a recent survey assessing the HIV situation across the country. He noted the survey found that MSM, including transgenders, are at a higher risk of contracting HIV in concentrated tourism areas such as Bangkok, Chiang Mai and Phuket. The demographic survey also found that HIV incidence among MSM in Bangkok increased from 17% in 2003 to 28% in 2005 and to 31% in 2007. The rate of new HIV cases in Chiang Mai rose from 15.3% in 2005 to 16.9% in 2007, while rates in Phuket increased from 5.5% to 20% in the same time period (Wimonsate W., et al.; 2008).

The survey also found that half of MSM do not use condoms and that male commercial sex workers (MSW) are at high risk of contracting HIV because they engage in unsafe sexual behavior and lack understandings of safe sex practices to address low perceptions of personal risk to HIV/AIDS infection. The problem with the above data is that the transgender community is not even listed as a separate category in the reporting systems. Where transgenders are listed as separate, in Jakarta for example, HIV prevalence is 34% (UNDP, 2009). A recent study (Nemoto, et. al., 2008) of 112 male to female (MTF) sex workers in Bangkok found each sex worker engaged in unsafe sex with customers for oral (87%), anal (27%), and vaginal sex (23% among post-operative transgenders). One-third of the respondents also reported their willingness to have unprotected sex with customers to earn extra money, even though they had a reasonably high level of AIDS knowledge (Nemoto, et.al., 2008). Although, no similar studies exist for Chiang Mai, it is reasonable to infer there are high rates of unsafe sex practices among transgender sex workers in the city as well. Manoon Jaikueankaew of Thailand's DDC's Unit 10 in Chiang Mai reports, that as a result of a discontinued MSM sexual health clinic at Unit 10, the city's MSM do not have as much access to public health services or medication for HIV/AIDS and other sexually transmitted infections.

These increases in unsafe sex practices, HIV prevalence and recent discrimination and violence towards MSM and transgenders in Chiang Mai, highlight the fact that their communities do not know or understand their legal and human rights and also are not adequately reached through existing HIV prevention programs.

Denial, stigma, discrimination, the want of more effective prevention coverage, and the inherent difficulties in reaching transgenders are obstacles to developing and sustaining effective HIV prevention work in the city. In Chiang Mai, the problem was further exasperated by recent public discrimination and violence towards the city's diverse gay, bisexual, lesbian and transgender population, which resulted in the cancellation of the 2nd Annual Gay Pride Parade on January 21, 2009. Before the parade started, Mplus (the primary organizers) and parade participants were locked in a compound and subjected to public harassment and violence by the Rak Chiang Mai 51 political group. Parade participants suffered extreme discrimination, some were injured, and all were prevented from leaving or entering the compound for over 4 hours while 150 police officers idly stood by—fundamentally consenting—to the apparent discrimination and forfeiture of Mplus' and the parade participants' legal and human rights. Shivananda Khan, Chairperson of the Asia Pacific Coalition on Male Sexual Health (APCOM) sums up the situation:

MSM are beaten, criminalized, harassed, imprisoned, and denied services. No wonder HIV is increasing so rapidly. We need to put faces to the figures thrown at us. It is not only about condoms. We cannot get medicine. We are not accepted as human beings. It is this discrimination that leads to high rates of HIV (UNDP, 2009, ¶ 7).]

Internationally, human rights groups have demanded that sexual orientation, gender identity and gender expression be listed as human rights on which people should expect equal treatment from nations and not be discriminated against (Linville, Walsh, & Carson, 2009).

2.1 Mplus Thailand

Mplus, the organizers of the Chiang Mai gay parade, is Thailand's 2nd officially recognized organization addressing the needs of MSM and transgenders, after Rainbow Sky Association of Thailand (RSAT). Mplus was formed in 2006 to improve MSM and transgender sexual health. No other group in Chiang Mai carries out this kind of work. Through their outreach, Mplus takes condoms and safe-sex information to places where MSM and transgenders meet for sex to make their usage more acceptable and less stigmatized. Mplus' groundbreaking HIV prevention outreach targets MSM in their 'hide-outs', that is, parks, clubs and public toilets and male sex workers (MSW) and transgender sex workers in sex venues such as brothels, go-go bars and beats.

After the cancellation of the 2nd annual gay pride parade, Mplus was vexed by the rampant public display of inequity, stigma, discrimination and violence towards Chiang Mai's MSM community. Mplus also worries it could be a factor that leads to the acceleration of violence against MSM and transgenders due to the wide coverage in the local news. When violence and discrimination against a group occurs, they become more marginalised and harder to reach with HIV/AIDS prevention. Mplus fears a concurrent rise in HIV incidence is possible because they understand the individual vulnerability of MSM and transgenders is closely linked to the social environment where they live, and reflects a level of self-awareness and the potential power or sense of powerlessness to change one's personal behavior (Pathfinder International, 2008). Upon self-reflection—in light of the parade cancellation and renewed stigma and discrimination against MSM and transgenders—Mplus brainstormed ways to combat some of its own programmatic vulnerability to fight HIV/AIDS. As a result, Mplus decided to increase the quality of information, particularly legal and sexual rights, it provides to MSM and transgenders while simultaneously increasing its HIV/AIDS outreach through implementing real-time and online peer prevention programmes by using animations on mobile phones and MP3 players.

2.2 A Collaborative Response

Drawing on the success of an earlier international partnership that produced a series of context specific safe-sex animations for MSM and transgenders (Walsh, Thepsai, & Chaiyajit, 2010), Mplus formed a new collaboration with The Open University and Bridges Across Borders South East Asia Community Legal Education Initiative (BABSEA CLE) to research and produce an animation specifically to meet the needs of transgenders. is an international NGO working throughout Southeast Asia to support struggles for social justice and the protection of human rights. Working with Mplus outreach and prevention workers, BABSEA CLE lawyers, international legal interns and students from the Chiang Mai University (CMU) Legal Clinic, and a senior lecturer in educational ICT and professional development from the Open University, the project

produced an animated film that presents narratives collected from local transgenders about their experiences of rape and the injustices they experienced at the hands of police.

Mplus and the Open University teamed up with BABSEA CLE to both learn more about the rights of the transgender population Mplus works with, and how to protect those rights through legal mechanisms. Collaborating with BABSEA CLE was pivotal because few—to none—of the outreach and prevention workers at Mplus understood what their rights were under Thai law, or the fact that there was a university-based legal clinic they could visit to seek assistance and advice. Because BABSEA CLE understands that many of the issues faced by the transgender population were not limited to their diverse community, they viewed these legal and societal problems as a type of break down in the rule of law system in Thailand. Helping to more firmly establish rule of law systems through legal education and legal outreach is one of the core missions of BABSEA CLE. Having developed an avid supportive partnership with the CMU Legal Clinic, BABSEA CLE viewed the collaboration as a positive opportunity to bridge all parties together in a mutually supportive way. BABSEA CLE also saw an opportunity to provide greater outreach information about the CMU Legal Clinic and reach a group of persons that normally would not be aware of the existence of this partner clinic.

The project collaborated to produce the animation as a vehicle to educate transgenders specifically, but also anyone else, who found their rights violated or suffered GBV. The project also exposed and sensitized international interns to a group of marginalized persons often rejected by Thai society. The collaboration offered these international interns a means to assist in providing some access to justice for the local transgender and MSM communities. The project believed that the research for, and production of, the animation with transgenders was squarely within the confines of why the internship program was established. Simultaneously it also reflected the standards proposed by the Yogyakarta Principles on the Application of International Law in Relation to Issues of Sexual Orientation and Gender Identity that make it explicit that access to human, civil and legal rights should be extended to lesbian, gay, bisexual, transgender and questioning (LGBTQ) persons, as it is to non-LGBTQ persons (Yogyakarta Principles, 2007).

3. PROJECT OBJECTIVES

The project's primary objective was to collaborate to produce an animation that teaches transgenders their rights under the Thai constitution, how to access legal advice at a university clinic, the necessity of reporting sex crimes and the availability of PEP after a sexual assault. We felt by producing the animation, we would have a screen-based educational resource that has the potential to not only teach transgenders' their rights but also reduce stigma and discrimination around gender identity, sexuality, sex work, and sexual orientation. The animation also has the potential to reduce transgenders' vulnerability to HIV/AIDS through real life portrayals and messages about safe sexual practices and negotiating condom use.

The project understands that collaborative, community-determined and led actions through peer-education based outreach and prevention, have the potential to change individual and social behaviors that reduce vulnerability to sexual violence and HIV/AIDS infection. An additional project objective is to expand outreach and prevention by integrating the animation into an online peer-based HIV/AIDS and sexual violence prevention programs. This is because we believe screen-based digital resources, like animations, resonate with the target populations' experiences across social networking sites and in downloading and sharing music videos. Mplus is already using animations in their existing HIV/AIDS outreach, but did not, before this collaboration, have one that dealt specifically with GBV towards transgenders, the availability of PEP and what to do if your rights are violated. What makes this project unique, is the fact that continuous stakeholder involvement was an integral part of our undertaking for producing and integrating the animation into locally-adapted, community-based peer outreach and prevention programs to promote sexual health, legal/human rights and access to quality HIV prevention. Holding steadfast to these principles, the project recruited transgender volunteers, reflective of the diversity of Chiang Mai's transgender population, to participate in all aspects of the production of the animation.

4. PRODUCING THE ANIMATION

The project produced a legal rights and safe sex animation specifically for transgenders, but useful for any individual who experiences a sexual assault in Chiang Mai or does not understand the importance of consistent condom use. The animation is a powerful, context-specific narrative that represents the complex ecologies of transgenders' individual lives. It presents three separate sexual violence scenarios reflective of transgenders' experiences within and across multiple settings that were negotiated with transgender participants in focus group discussions. The animation, through familiar visuals, sounds and real-life stories, has the power to evoke emotional responses from viewers and is used as a catalyst for conversation in peer outreach.

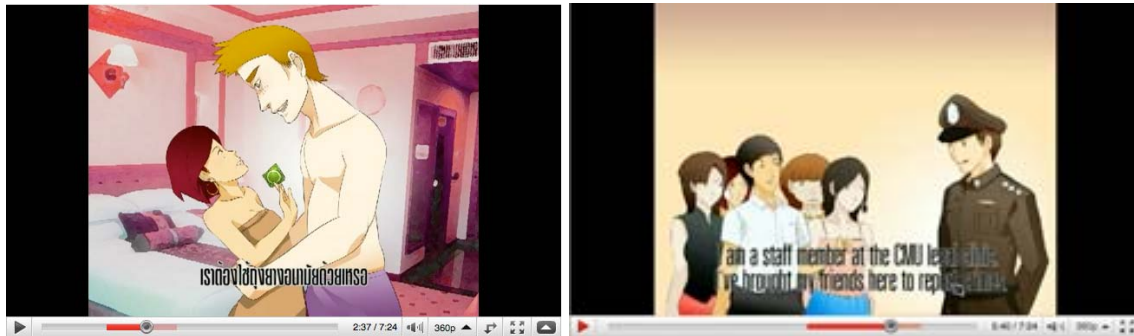


Figure 1. Screen captures from the animation

The project team first discussed the idea for the animation with a law professor in charge of the CMU Legal Clinic and the BABSEA CLE. Then, the BABSEA CLE agreed to fund the animation with its focus on sexual violence among the transgender population and the CMU Legal Clinic provided advisory support through its students and professors. Transgender volunteers from the local community worked with the BABSEA CLE Interns to help them understand their widespread experiences of sexual assault. The project decided to include three scenarios that were representative of the narratives collected. One was about the danger of a date rape drug; another was about rape within a relationship and the refusal of the boyfriend to use a condom. The final scenario included a transgender sex worker. The project came to the decision that although sex work is illegal in Thailand, many transgenders work in the industry because they often find it hard to secure more legitimate work. This, as a result puts them at high risk for GBV and HIV infection.

After the project developed the concept, they scripted and storyboarded the animation. The diverse participants, including the transgender volunteers from the local community, debated how to visually represent the potentially graphic nature of the rape scenes. Local cultural context and awareness raising were guiding principles. For example, while they agreed not show any nudity, they did not downplay the brutality of rape and its physical and psychological consequences. For pragmatic and long term partnership building reasons there was also universal consensus to present the police in a positive light, even though not all of the transgenders believed this was an honest portrayal. There was also heated debate about the visual renderings of the transgenders in the animation. It was decided not to describe them in overly feminine ways, because having both masculine and feminine victims would emphasize the universality of the crime of rape and other forms of sexual assault and GBV.

The animation specifically teaches transgenders (and anyone else who has suffered sexual violence in Chiang Mai) how to report a sexual assault and access free legal counsel at the local university law clinic. It also teaches sexual assault victims about Post Exposure Preventative (PEP) treatment or Post Exposure Prophylaxis (PEP). PEP is an emergency medical response to reduce the chance of HIV infection following sexual assault or rape. PEP is widely available in Thailand. This is a vital source of information for any individual who has been raped. The PEP drugs, if correctly taken, have a very high rate (95%) of preventing HIV infection in the body. Interestingly, no one on the project from Mplus, BABSEA CLE or any of the transgenders was aware of PEP or its availability at local health clinics in the city. The animation is currently being used by Mplus outreach workers and peer educators on mobile phones and MP3 players. The outreach and peer educators are not only able to show the animation, but they use it as a discussion and teaching tool. The outreach and peer workers are also able to transfer the animation, via Bluetooth technology, to

transgenders' mobile phones and encourage them to share and discuss the animation among their social networks. Importantly, transgender sexworkers can share the animation with other sexworkers *before* an individual engages in sex work.

5. INTEGRATING THE ANIMATION INTO REAL TIME AND ONLINE PEER OUTREACH

Unsure of how to launch an online peer outreach and prevention programme, the project also collaborated with the Swedish Federation for Gay, Bisexual and Transgender Rights (RFSL) to learn how to implement their successful chatroom-based peer education program to promote sexual health and consistent condom use entitled, 'We are the sexperts!' Mplus is currently working with RFSL and the Open University to adapt the program to the Chiang Mai context and are planning to incorporate the animations into online peer outreach. We know the diverse population of MSM in Chiang Mai, particularly transgenders, is using the Internet to arrange meetings for sex or to engage in sex work. The anonymity and widespread contacts available on the Internet create new opportunities for transgenders to fall victim to sexual assault as well as new vectors of transmission for HIV/AIDS. Through regular outreach, focus groups and social activities, we want to implement online peer outreach programmes because the Internet has proven crucial in reaching MSM, as a channel for education, a social outlet, and an HIV outreach opportunity. An online peer outreach programme, scheduled to be launched in June of 2010, will introduce a 'safe space' online where Chiang Mai's transgenders can meet, talk openly and receive important information on their rights, as well as sexual health and HIV/AIDS prevention services, including information about free testing facilities and treatment.

We understand transgenders have specific health related needs, but often feel uncomfortable going to conventional public sector health services with their problems. It is anticipated the online peer outreach programme will provide a new viable network to link transgenders to friendly health services in their community while also mobilizing them as a group by creating an online community of practice. Wenger et al. (2002) define communities of practice as groups of people that share a concern, a set of problems or a passion about a topic and who deepen their knowledge and expertise in this area by interacting on an ongoing basis. We are hoping, through an online peer outreach and prevention programme, to promote a transgender community of practice—or alliance—where individuals are encouraged to share not only their struggles, but also interact regularly and share common beliefs about safe sex practices and negotiating condom use.

After an initial workshop with RFSL in late 2009, we have identified the communities of transgenders we want to provide outreach to. They include any transgendered females residing in upper northern Thailand (aged 12-35) who use online communities, chatrooms and forums, as well as sex workers. We have also identified the areas of problems which could be solved/helped through an on-line intervention in terms of legal issues, access to health services and sexual health. We have also identified the different commercial on-line arenas which we think might be a good place to launch an intervention. Working with diverse transgenders from across Thailand who attended the workshop, we also came up with a plan on how to recruit and train online peer outreach workers. In consultation, we considered what training skills will be necessary to address the problems/issues that might arise within an Internet context. Finally, we also brainstormed what would count as quality assurance and produced a referral list of possible services we might need to direct users to. This is an example of the project working in partnership with the transgender community in Chiang Mai, instead of working with the population being studied as 'research subjects.'

6. LOOKING FORWARD

The project understands organized responses to combat sexual violence and HIV/AIDS must begin at the community level and that community engagement is an essential part of prevention. As the project moves to further develop and implement the peer-education program, we view the sexual and legal rights animation as a fundamental resource that will provide transgenders with scenarios, context specific to their location. The animation will provide the catalyst for transgenders and other MSM to ask questions about sexual violence, safe sex, testing, and PEP. The animation also provides peer-educators with screen-based multimodal

resource to help transgenders negotiate consistent condom use, establish norms of use across social contexts—including sex work—and provide access to information and services for managing sexually transmitted infections (STI). The opportunities in Thailand for using ubiquitous mobile technologies to support initiatives to reduce sexual violence, teach about sexual and legal rights and reduce HIV/AIDS are enormous. A significant proportion of the population have mobile phone access and there are a range of innovative and low cost ways in which mobile phones can be used to disseminate information and link individuals to a wide range of services.

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