Background

- Timor-Leste: young southeast Asian nation (formal independence in 2002)
- Low income classification but rapidly growing economy - predominately oil and gas revenue
- 60% of population under 25 years of age
- Significant developmental challenges but some progress against key development indicators

Background (cont…)

- Low-level HIV epidemic (<1% general prevalence), but evidence of concentrated epidemics forming in some sub-populations
  - FSW: 1.5% (2011)
  - MSM: 1.3% (2011)
- Significant Hepatitis B burden:
  - FSW: 8.3% (2011)
  - MSM: 10.2% (2011)
- Insufficient data for Syphilis/Chlamydia to generate population estimates

Project description

- Undertaken as part of national size estimation of key populations (FSW, MSM, PWUD)
- Data collection August to December 2014

Methods

- Qualitative methodology drawing on ethnographic approaches
- Key informants (i.e. MSM&TG) and relevant secondary informants (police, community leaders) recruited through purposive sampling
- Semi-structured interviews undertaken using hand-subscribed field notes with key quotations recorded verbatim
- Notes and transcripts were translated reflexively by interviewer from source language
Methods (cont…)
• Data were analysed by co-investigator with involvement of the interviewer (a local researcher well-connected to the population) using an inductive thematic analysis approach
• Common themes and discrepant cases were coded with attention to the participants’ reported experiences and key events

Results
• 27 participants, comprising:
  • 16 MSM&TG in 8 districts
  • 11 secondary informants in six districts (inc. community leaders, NGO reps.)

Results
Three identities
In most districts with established services for MSM&TG, three distinct sub-groups identified:
• Gay, or ‘MSM’
• Transgender
• Mane forte (lit. ‘strong man’): straight-identifying MSM
In other districts where services did not exist for MSM&TG, there was less or no distinction between MSM and transgender identities
Also little distinction between the two sub-groups in the general community, with one sometimes-detractive word used to describe both MSM and transgender: panleiru

Results
Sexual behaviour
• MSM and transgender-identifying people were found to typically engage only in sexual activity with straight-identifying MSM; rarely or never with other MSM/transgender-identifying people
• Reflective of the perspectives of most MSM/transgender, one MSM said, ‘[Mane forte] are strong and gentlemen. Their touch satisfies us. I don’t have sexual desire for other MSM/TG’ (MSM, Covalima)

Results
Transactional elements
• Sex between MSM/transgender and straight-identifying MSM was often reported to have a transactional element
• Most commonly, MSM or transgender people would pay their straight-identifying male sexual partner money and/or gifts

Results
Straight-identifying MSM the insertive partner
• MSM and transgender were typically the receptive partner in oral or anal sex while straight-identifying MSM were the insertive partner.
• One (self-identifying) MSM said that for anal sex MSM and TG ‘never’ insert, because ‘our credibility is as a woman; mane forte don’t like to receive. Mane forte are considered the male and they are the ones who must insert’ (MSM, Covalima)
Results

To some, the gifts were not considered payment: they are ‘just something to offer’ (MSM, Covalima)

To others, the payments were more transactional: ‘They have sex with us so we can [financially] sustain them’ (TG, Viqueque)

‘Mane forte […] really love us, but […] love always comes second, money is always first. [When we are in a relationship] we take care of each other, but they [mane forte] take care of us because of money. Only a very small number are passionate and show that they love us’ (MSM, Dili).

One straight-identifying informant:

‘Some of it [the reason I have sex with men] is because of lust, some because of money; they pay us money so that we have sex with them […] I like [my MSM partner] because he gives me money. If he didn’t give me money I wouldn’t have sex with him’ (mane forte, Covalima).

Results

Respect between MSM/TG and their straight-identifying male partners

• All informants stated that there was a high degree of respect from straight-identifying MSM to their MSM/transgender partners.
• According to an MSM-identifying man, ‘they treat us with respect. They love us just the way they love a woman’ (Covalima).
• A straight-identifying MSM in Covalima said, ‘I respect MSM that have sex with me and I treat them like a woman’ (Covalima).

Results

Straight-identifying MSM decisionmakers in condom use

• Evidence that straight-identifying male sexual partners of MSM and transgender are the primary decision-makers in the use of condoms during sex
• One transgender informant said that if clients don’t want to use condoms, they won’t: ‘we just accept it’ (TG, Baucau). The informant reported placing a condom on their partner prior to sex, and, ‘by the time I turned around [to have sex], the condom was already off (TG, Baucau).

Results

Straight-identifying MSM less likely to access MSM-centric services

• HIV prevention/testing services for MSM typically oriented to those identifying as MSM/TG
• Straight-identifying MSM reportedly less likely to access such services

Conclusions

• The degree to which financial/other incentives play a role in MSM/TG sexual practice is greater than previously reported, with transactional elements reported for most sexual relations between MSM/TG and their straight-identifying partners
• The reported power of straight-identifying MSM in sexual decision-making has implications for HIV/STI prevention initiatives, particularly given existing MSM/TG HIV education services do not cater to straight-identifying MSM.
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