Mental Health & Psychosocial Needs Assessment of Myanmar’s LGBTQI Community

Presented by UNFPA Myanmar and &PROUD at SVRI Conference 2022
### Objective of MHPSS Needs Assessment

| 1. | To understand the mental health and psychosocial needs of the LGBTQI community |
| 2. | To explore the extent to which COVID-19 has impacted the mental health and psychosocial condition of LGBTQI individuals |
| 3. | To inform a best-practice guidelines for LGBTQI mental health and psychosocial sensitivity for inclusive programming |
| 4. | To identify potential innovations for new services and referral networks |

**Methodology**

All fieldwork was undertaken online, except for FGDs in Yangon.

- An **online survey** assessing the mental health and psychosocial situation of LGBTQI individuals
- **FGDs** with LGBTQI youth (goal of 4 in each location; total 30-40)
- **Key informant interviews** with LGBTQI network leaders and other stakeholders
- **Ad hoc interviews** as appropriate for underrepresented key populations

- **Survey of 1,524 people**
- **31 FGDs**
- 40 key informant interviews
Survey Sample (n=1.524)

**Gender Identity**
- Male: 32%
- Female: 25%
- Transman/Tomboy: 26%
- Transwomen: 3%
- Other: 14%

**Sexual Orientation**
- Homosexual (Gay): 37%
- Lesbian: 33%
- Bisexual: 18%
- Pansexual: 2%
- Asexual: 1%
- Heterosexual (Straight): 3%
- Others: 1%
- Curious: 5%
- Asexual: 1%
- Pansexual: 2%
- Heterosexual (Straight): 3%
- Others: 1%

**Age Distribution**
- Under 18
- 18-14
- 25-30
- 30+
The community displays high rates of depressive symptoms, anxiety, self-harm and suicidal ideation.

Using WHO Patient Health Questionnaire:
• 17% moderate depressive symptoms
• 8% moderately severe depressive symptoms
• 4% severe depressive symptoms

Using WHO General Anxiety Disorder Questionnaire:
• 33% mild anxiety symptoms
• 15% moderate anxiety symptoms
• 4% severe anxiety symptoms
The poor mental health and psychosocial outcomes for LGBTQI people are directly attributable to deeply-embedded socially constructed stigmas towards LGBTQI+ people.

**Sociocultural challenges:**
- Understanding of gender and gender expression as a binary construct
- Upholding of traditional roles of man and woman in family and society
- Belief that being LGBTQI+ is karmic punishment for doing wrong in past life (Buddhist)
- Negative representation in media and popular culture

**Outcomes:**
- Only 12% of the sample were ‘out’ to their parents, and 21% to their siblings
- “Sin-chin” – self-policing in everyday life
- Those who are not “sin-chin” are believed to be at fault when they are mistreated or abuse
- Marginalisation from all aspects of society leaves them with low self-worth and fundamentally challenged from accessing livelihoods and services
Stigma and discrimination manifests across multiple settings, resulting in worse outcomes and opportunities for LGBTQI+ people.

<table>
<thead>
<tr>
<th>Family household</th>
<th>Livelihoods and education</th>
<th>Healthcare system</th>
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<tr>
<td>• Abuse, violence and rejection is common in family households</td>
<td>• LGBTQI+ people experience bullying, abuse and harassment at school from classmates and teachers alike</td>
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<td>• Perception that LGBTQI+ people are ‘useless’ i.e. cannot support the family</td>
<td>• Extremely restricted work opportunities (unless they are prepared to hide their identities)</td>
<td>• Experience abuse, dismissive attitudes, ridicule and denial of service</td>
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<td>“I was the only son of the family. My father would tie me to a tree in the garden, stripped my clothes off and beat me... I ran away from home because of all the harassment and abuse. I lived on the street like a stray dog...” <em>R1, TG woman, Taunggyi.</em></td>
<td>• “When ‘closeted gays’ reach management levels, they don’t approve of opportunities for ‘open gays’ and try to sabotage them because they know that those gays will try to bring shame to them... the obvious gays are so bad, management don’t want to give them any chance.” R2, GB, Yangon</td>
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“I’m afraid to go to hospitals and clinics because I can’t bear people’s assumptions and judgements. They assume I’ve got HIV just because of who I am.” *R1, TG woman, Yangon*
Romance and intimacy are a major source of distress for LGBTQI+ people. Their relationships often happen in secret and are characterised by toxic behaviours.

Widespread rejection and invalidation of their relationships, means LGBTQI+ people have fatalistic views about their capacity and entitlement to engage in healthy and loving relationships.

LGBTQI people also often place great emotional weight upon their significant others, given the lack of other social or professional outlets through which personal problems or challenges might be discussed.

While lovers can be a solace from a hostile society, this dynamic can also instigate unrealistic pressures within relationships that can undermine mental and psychosocial well-being in individuals.

“My ex-husband knew I was bisexual. He accepted it for a while, but then started to mock me. I couldn’t bare the sarcasm anymore or his stereotypes that LGBT people have uncontrollable sexual desires.”

R2, LB woman, Mandalay

“He [former lover and transman] would cut his wrists and thighs and told me he had tried to commit suicide. He said there was no other escape, and when he cuts himself, he feels better... I was scared of dying so I asked if he would do it to me”

R1, LB Women, Mawlamyaing.

“I know my partner can’t be with me the whole life because I’m not a fully man, and I can’t compete with a REAL man.”

R1, TG man, Pathein
COVID-19 has severely exacerbated the pre-existing problems for LGBTQI people across all facets of their life.

1. **Social Isolation**
   
   “New normal” restricts socializing options and forces to stay at homes resulting in increasing loneliness and feeling depressed.

2. **Livelihoods Loss**
   
   Given the difficulties LGBT people faced in getting employment even in normal circumstances, loss of jobs and lack of opportunities amplify their troubles in all aspects.

3. **Health Concerns**
   
   Concerns of being misgendered has already deters LGBT people from accessing healthcare services - which is deeply worrying situation in normal times but especially so during pandemic.

**Note:** This study was conducted prior to the 2021 military takeover. This has amplified the negative outcomes for LGBTQI+ people.
There is overwhelming agreement amongst LGBTQI+ people that dedicated MHPSS services are critical. A mixed-channel approach will be necessary.

Preferred communication channels for seeking support:

- Strongly agree: 37.6%
- Agree: 43.4%
- Neutral: 15.2%
- Disagree: 4.0%
- Other: 5.2%
Recommendations

- LGBTQI-specific MHPSS services (including awareness-raising and sensitisation) need to be rapidly upscaled and rolled out across Myanmar and LGBTQI sensitivity needs to be mainstreamed in existing services.
- MHPSS services should be provided across a range of platforms – but should prioritise online and face-to-face options.
- MHPSS service providers need to acknowledge diverse experiences and identities within the LGBTQI community.
- Be conscious of the needs of rural LGBTQI people, as well as ethnic and religious diversity.
- MHPSS programming should be prepared to take an adaptative trial-and-error approach that allows for lesson learning, adjustment and growth.
Ongoing Actions/Follow-ups

- Hired National and International LGBTQI consultants to upscale integration of LGBTQI sensitivity in existing UNFPA programmes.
- Developed a practical guide for integrating LGBTQIA+ sensitivity into UNFPA programming.
- Contract a professional service provider to provide integrated MHPSS interventions to enhance LGBTQIA+ mental health and psychosocial wellbeing in Myanmar. Activity will focus on capacity building of LGBTQI organization in MHPSS and provide direct MHPSS service (individual & group support, both online & in-person) for LGBTQI community.
- Developing some videos/movies to promote psychosocial and mental wellbeing focusing on LGBTQI community.