

# Mental Health & Psychosocial Needs Assessment of Myanmar's LGBTQI Community

Wellbeing, everyday realities and service provision

May 2021



This report was commissioned and generously supported by UNFPA Myanmar.

The study was designed and conducted by &PROUD. The research team was comprised of Michael McGrath, Tout Tun Lin, Lilly Tin Tin Aung and Marlo Tin Zar Htay.

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# Executive Summary

This report presents findings, analysis, and recommendations concerning the mental health and psychosocial status of LGBTQI people in Myanmar and opportunities for mental health and psychosocial (MHPSS) service provision. The study was designed and undertaken by &PROUD and commissioned by UNFPA Myanmar to determine how their programming can better meet the mental health and psychosocial needs of LGBTQI people across the country.

The study comprised of a self-completed online survey of LGBTQI people, a series of focus group discussions with youths of different sexual orientation and gender identities, and key informant interviews with community workers, service providers and underrepresented populations. The bulk of the fieldwork took place throughout January 2021 before being disrupted by the political turbulence beginning 1 February 2021. Several interviews were conducted in April 2021 when it was deemed safe to do so, although the original research plan had to be altered.

The findings herein describe a population in dire need of mental health and psychosocial support. Myanmar's LGBTQI community endures violence, abuse, harassment and social marginalisation across a wide-range of social settings – which have impacts on their relationships and outcomes pertaining to education, health and livelihoods. This has grave impacts on their mental and psychosocial wellbeing, as is evidenced by high levels of self-harm and suicidal ideation and action, and the manner in which LGBTQI people describe their everyday navigation of a hostile society.

The following pages outline key findings from the report, followed by a robust set of recommendations and considerations on how interventions and services can better meet the needs of LGBTQI people in Myanmar.

## Key findings

1

### **Myanmar's LGBTQI community displays high rates of depressive symptoms and signs of anxiety.**

51% of surveyed individuals had thought about self-harm and nearly 1-in-4 reported having self-harmed in the past, while nearly half of survey respondents had thought about suicide, with 15% having made an attempt to take their life. Anecdotes of self-harm and suicide abound, involving people as young as school-age students.

2

### **The poor mental health and psychosocial outcomes for LGBTQI people are directly attributable to widespread stigma and discrimination against LGBTQI that is embedded into Myanmar society.**

Stigma and discrimination manifests in all manners of abuse (violent, sexual and verbal), discrimination within education, workplace and healthcare settings, and marginalisation from families, friends and other acquaintances. For many individuals, the family household is the setting for much of this abuse, while outside the household, perpetrators include well-respected community members such as teachers, doctors and police.

3

**LGBTQI people internalise stigma and discrimination, resulting in the self-policing of their own behaviours and identities as a means of self-protection.**

The internalisation of stigma results in the reinforcement of the negative stereotypes attributed to LGBTQI people, and manifests in homophobia and transphobia within the LGBTQI community itself. LGBTQI lives or often lived shrouded in secrecy and shame that is deeply damaging to their mental and psychosocial wellbeing.

4

**Transgender women are particularly vulnerable to violence.**

All identity groups could attest to a wide range of traumatic incidences and treatment, but transgender women appear to cop the brunt of deeply-entrenched patriarchal values that deny them of self-worth and dignity. Of all groups, their family relations were the most toxic and abusive, their livelihood opportunities the most limited and the everyday abuse encountered the most prolific and severe.

5

**A widespread belief that LGBTQI people are ‘useless’ and unable to amount to anything plagues the community and instils a strong need to prove financial independence in order to gain trust and respect.**

This stereotype evidently fails to take into account the structural discrimination and systemic disadvantages faced by LGBTQI people that drastically limits their education and livelihood options. Being able to provide financial support to families is often seen as a means through which acceptance and trust can be built with families, but this acceptance is usually fragile. Furthermore, employment for LGBTQI people is often precarious and the workplace a common site for discrimination, abuse and marginalisation.

6

**Myanmar’s healthcare system fails to meet the needs of LGBTQI people – particularly transwomen and transmen.**

Denial of service and mistreatment during service puts the physical health of LGBTQI people at significant risk, which in turn impacts their mental health outcomes. Lack of access and information around gender affirmation services denies transgender people of their bodily autonomy and drives many to seek services and products from medically-unsafe sources.

7

**Romance and intimacy prove a major source of distress for LGBTQI people – with their relationships and desires facing scrutiny and rejection.**

Relationships are often the cause of tension between LGBTQI people and their families, and as such, many are driven to keep their relationships secret. Due to the widespread rejection and invalidation of their relationships, they develop 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 burdens the mental and psychosocial well-being of LGBTQI people.

8

**Covid-19 has severely exacerbated the pre-existing problems for LGBTQI people across all facets of their life.**

Livelihood loss takes away not only critical financial lifelines but also the means through which LGBTQI people secured acceptance and trust from their families. Job loss and widespread restrictions on socialising means that many LGBTQI people have been trapped at home living in abusive or unsupportive household dynamics with limited social outlets for escape. Covid-19 has also caused challenges for transgender people using hormone replacement therapy or HIV-positive people using antiretroviral medication.

9

**There is an overwhelming agreement that LGBTQI people are in desperate need of robust and sensitive MHPSS services.**

Overall knowledge, exposure to and engagement with MHPSS services, however, is very low. There was demonstrable willingness amongst research participants to seek out MHPSS services should they be readily available, but three barriers emerged: i.) fear of association with LGBTQI and/or MHPSS services; ii.) scepticism about and general lack of exposure to MHPSS services and iii.) concerns around confidentiality and privacy.

10

**There were mixed opinions on the most preferred platform through which to access MHPSS services – but Facebook Messenger was the most widely identified option.**

Face-to-face was also an attractive option for many, but accessibility issues and fear loom as considerable impediments as compared to the relative anonymity of online options. Merits and drawbacks of different platforms should take into account the five following considerations: i.) privacy and confidentiality, ii.) accessibility and relevance (technology and language), iii.) level of human connection, iv.) locational exclusivity and v.) 1-on-1 VS group dynamics.

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# 1.

## Introduction

# 1. Introduction

## 1.1 Study background

In Myanmar, LGBTQI people face human rights abuses and violence for the fact that they do not conform to expectations of gender norms and behaviours. They frequently suffer physical, sexual and emotional abuse at the hands of family and household members, and other community members such as police, neighbours, teachers and classmates. Such cases are rarely taken seriously by Myanmar's authorities or broader society, with the community's suffering typically attributed to their own inherent weakness or poor decisions.

Unsurprisingly, LGBTQI individuals face poorer outcomes in their physical and mental health, and often face economic marginalisation, disparaging representation in the media and are all but invisible in political spheres. With a vision to bolster the mental health and psychosocial of Myanmar's long-marginalized LGBTQI community, *Yin Phwint Yar* (YPY) was launched by &PROUD in mid-2018. Our first-of-a-kind programme in Myanmar provides isolated and vulnerable individuals with free, anonymous and non-judgmental counselling services to 'open their hearts'.

The ongoing socio-economic problems attributable to Covid-19 warrants even greater urgency to understand the mental health and psychosocial situation of Myanmar's LGBTQI population. Covid-19 has had profound impacts upon mental health worldwide, and has no doubt exacerbated the feelings of isolation and vulnerability of the country's already marginalized LGBTQI individuals. The shutting down of social spaces, job loss, limited access to sensitive medical care and the likelihood of being restricted in houses with potentially unsupportive family members are problems that can be expected to compound the minority stress experienced by young LGBTQI people.

## 1.2 Objectives

The objectives for this study were as follows:

1. To understand the mental health and psychosocial needs of the LGBTIQ community
2. To understand the extent to which Covid-19 has impacted the mental health and psychosocial condition of LGBTIQ individuals
3. To inform a best-practice guidelines for LGBTIQ mental health sensitivity for inclusive, youth-related programming (including referral pathways, M&E considerations etc)
4. To identify potential innovations for new services and referral networks

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