

Rights in Action: Transgender Health and HIV

“Trans people are not sick; we are not confused. We are poorly understood, negatively portrayed, and even invisible in some settings. We experience discrimination and violence, and suffer from a lack of access to justice, housing, education, employment and health care. HIV-related deaths among trans people, as a result of failure to seek medical services due to provider discrimination and stigma, require urgent intervention. We need gender-affirming HIV services that respect us, that acknowledge trans people as a unique population, and that treat us as partners.”

—Lexy Ogeta, trans activist from Kenya

Every day, transgender (trans) people face human rights violations that harm their health and well-being, limit their opportunities, and increase their vulnerability to HIV. In order to meet the ambitious UNAIDS 90-90-90 targets, greater understanding of and attention to the rights and needs of trans people is needed. This brief seeks to strengthen the ability of programmers and policymakers to understand and respond to HIV risks faced by transgender people around the world in order to reduce the burden of HIV in and protect the rights of trans communities. It is based on the AIDSTAR 2 *Technical Report: The Global Health Needs of Transgender Populations*.¹

The health and well-being of transgender people is an important emerging issue around the globe. Data on trans people are limited, however the data that are available show considerable burden of disease. Approximately 19 percent of trans women are living with HIV and, compared with the general population, trans women are 49 times more likely to be living with HIV.² To put this into perspective, men who have sex with men (MSM) are 19 times more likely to be living with HIV than the general population³ and HIV prevalence among sex workers is 12 times higher than that of the general population.⁴ Connected to their HIV risk, trans individuals are also at a heightened risk for gender-based violence



Transgender people face extreme stigma and discrimination, including violence, because many people see their behavior as not conforming to gender norms and expectations.



Human rights violations experienced by transgender people result in higher rates of HIV acquisition and less likelihood of being retained in care.



Trans women are 49 times more likely to be living with HIV than the general population. Yet the trans community is poorly understood and underserved.



Immediate action to better understand and serve trans people is necessary to protect their human rights and effectively respond to the HIV epidemic.

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DEFINITIONS

GENDER IDENTITY: A person's internal, deeply felt sense of being a man or woman, or something other, or in between, which may or may not correspond with the sex assigned at birth.⁵

GENDER AFFIRMATION: The process by which individuals are affirmed in their gender identity. Gender affirmation typically involves three dimensions: social (being called by a name and pronouns that are aligned with a person's gender identity); medical (hormone therapy, surgical procedures); and legal (changing a person's legal name or sex designation).¹

GENDER-BASED VIOLENCE: Any form of violence that is directed at an individual based on biological sex, gender identity (e.g., transgender), or behaviors that are not in line with social expectations of what it means to be a man or woman, boy or girl (e.g., MSM and female sex workers). It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life.⁵

TRANSGENDER: An adjective to describe a diverse group of individuals whose gender identity differs to varying degrees from the sex they were assigned at birth. In this document we will use **TRANSGENDER** and the shortened form "**TRANS**" as umbrella terms to refer to people whose gender identity and/or gender expression does not correspond with the social norms and expectations traditionally associated with their sex assigned at birth. It includes identities that fit within a female/male classification and those who are **NONBINARY** (meaning their gender identity and/or gender expression does not conform to a binary, mutually exclusive understanding of gender in terms of male or female). **TRANS WOMEN** are people who were assigned male at birth and identify as female. **TRANS MEN** were assigned female at birth and identify as male. Medical professionals may be most familiar with the term **TRANSSEXUAL** which is often used by health care providers and/or members of the trans community to refer to individuals who intend to, have changed, or are changing their primary and/or secondary sex characteristics.⁶

(GBV) because others see their behavior as not conforming to gender norms and expectations (e.g., that someone assigned male at birth must grow up to identify and live as a man).

While advocacy from the transgender community is galvanizing an increase in much-needed attention, historically trans people have been neglected in HIV-related research and programming and continue to be understudied and underserved. When trans women are included in studies or HIV surveillance, they are often treated as a subpopulation of MSM. Trans men — although seemingly at lower risk for HIV based on the information available — have been largely ignored. Trans individuals who are nonbinary, that is identifying as neither men nor women, are even less understood or studied. The lack of information is, in part, responsible for limited HIV and sexual and reproductive health and rights programming; in 2014 only 39 percent of countries reported that their national AIDS strategies include transgender people.⁷ Yet **research, programs, and advocacy to benefit trans individuals must be priorities in an effective effort to curb the HIV epidemic** — an acknowledgment made by large funders such as the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund.^{5,8}

It is important to note that while attention to the trans community is relatively new, transgender identity is not. Trans people live all over the world and have for millennia. They are found in religious texts from thousands of years ago, such as the eunuchs referenced in the Bible. Across the Americas and in Asia, present-day trans communities have deep historical roots. *Hijras* in India and South Asia, *Kathoey*s in Thailand, *Travestis* in Latin America, and *Muxe* in Mexico are just a few examples. In present-day Africa, local terms used to refer to trans people include *Shost* in Tanzania, *Baboi* in Zambia, and *Stabane* in South Africa. A lack of information on trans people in other regions or countries does not mean they do not exist. For example, Baral et al.⁹ found that among their sample of MSM in Swaziland, over one-quarter identified as women, and it is estimated that globally up to one percent of adults of reproductive age are transgender.⁷

TRANSGENDER COMMUNITY MEMBERS HAVE MULTIPLE AND OVERLAPPING HIV RISKS

Trans women and trans men face distinct health risks but share many key issues. As outlined in the framework below, at their most basic, these risks can be traced back to stigma (also called transphobia) against trans people. The stigma manifests in human rights violations that affect trans individuals' opportunities for happy, healthy lives and ultimately their behaviors. Many of the issues described in the framework are true for all trans people, but available evidence suggests that trans women often suffer disproportionately from the risks presented, particularly those amplified by participation in sex work. The end result is high rates of HIV infection and consequent disease burden for trans women in particular. However, trans men who have sex with men are also likely to be at increased risk, and it is not known how the adoption of masculine norms and behaviors may affect all trans men's HIV vulnerability (for example, the desire to prove one's masculinity through aggression or risky sex). The framework can be summarized by a common refrain among trans women activists, "I am not a high-risk person; I am a member of a community that is put at high risk."

A story compiled from common experiences in the trans community demonstrates how the framework operates; it also makes clear that while the framework presents these factors as influencing one another in a linear manner, the relationships among factors are often much more complex.

A young trans woman leaves school because she suffers intense bullying, including violence, from students and teachers. Her parents force her out of their home because she does not meet their expectations of a son. Now homeless and on her own, she begins to exchange sex for basic necessities such as housing and food. Without other job opportunities — due to her lack of education, absence of legal identification that matches her gender identity, and discrimination from potential employers — she transitions to selling sex to support

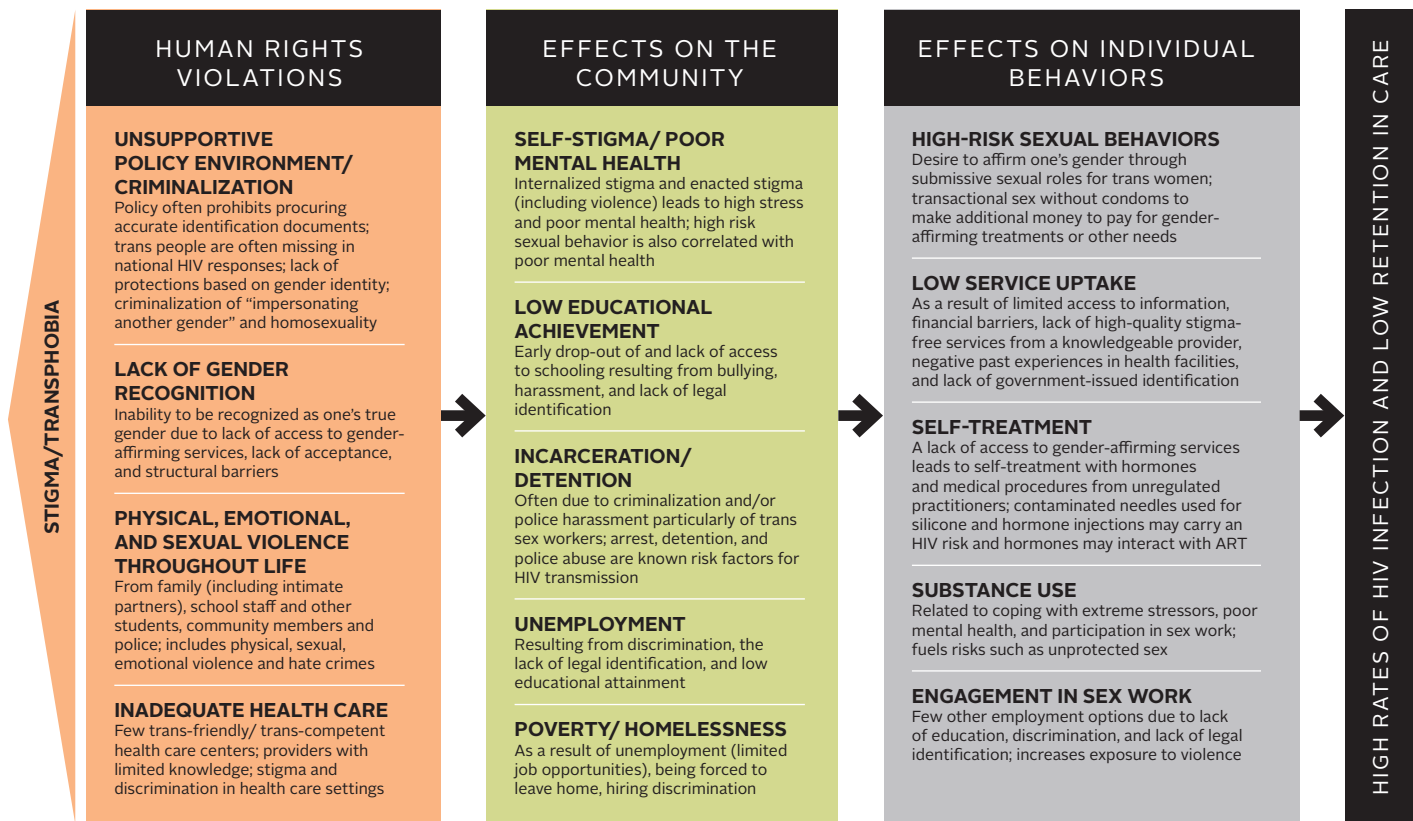


Figure 1. Pathways to HIV infection and poor health outcomes, focus on trans women

herself. While selling sex, she often experiences violence, including arrest and sexual assault by police. As a result, she is in and out of detention. When in detention, she is placed with men, resulting in further physical, sexual, and emotional abuse. In order to be recognized as her true self, she seeks gender-affirming procedures, such as hormone therapy and silicone injections. Because there are no trans-competent health services, she relies on the underground market for medication and shares needles with her friends for hormone and silicone injections. When a toxic silicone injection leaves her with severe pain, she visits a clinic. There, she agrees to be tested for HIV. The provider who delivers her positive result calls her by the masculine name on her identification card, even after she corrects him, and refers her to a support group for MSM living with HIV. The doctor cannot answer her questions about interactions between the gender-affirming hormones she takes and antiretroviral therapy (ART).

This story underscores the diversity and extent of stressors experienced by trans people, and trans women in particular, and the way that each ultimately increases an individual’s HIV risk and poor health outcomes. What the character in the story will do next is an open question. While many trans people living with HIV are highly resilient and will overcome the myriad barriers to trans-competent HIV care, others do not. The story also highlights that HIV is not the only, and often not the most pressing, concern for the trans community. Beyond the economic and social marginalization and lack of access to respectful and competent care that trans people face, violence is an ever-present issue. Homicide is a very real threat, particularly for trans women. The Trans Murder Monitoring report documented 1,731 cases of reported killings in 63 countries between 2008 and 2014 — a number that is likely much higher in reality.¹⁰ Furthermore, the stress and trauma from many experiences of discrimination and violence also result in high rates of suicide (for example,

46% of trans men and 41% of trans women living in the United States have attempted suicide), particularly among young trans people.⁷

THE TIME TO ACT IS NOW

Many actions can be taken to improve trans individuals’ health and well-being, both to prevent the human rights violations they experience and to lessen their impact.

1. Encourage meaningful participation of trans community members: In any effort to better understand and meet the needs of transgender community members, strong transgender voices must be included. Meaningful participation of and partnership with trans people is essential to advance transgender health and human rights agendas and to promote gender equality. In areas where progress has been made in meeting trans people’s needs, community organizing has been key to developing a response designed to specifically address what transgender people want and require.

2. Collect accurate information:

Accurate data are needed to better understand and serve the trans community. To correctly identify trans women and men, researchers, programmers, and clinic staff should ask about both gender identity and sex assigned at birth.¹¹ The understanding of gender and transgender differs around the world, so it is necessary to assess gender identity in different languages, contexts, and geographic areas.

3. Conduct rigorous research:

Evidence is also needed on HIV incidence, sexual behaviors, and the efficacy of multicomponent interventions to reduce HIV risk behaviors and violence against both trans women and trans men.

4. Change laws and policies to protect and respect human rights:

To improve transgender people's access to health, education, and social welfare services, governments must enact laws that recognize the gender identity of trans people. Governments should also enact legal and nondiscrimination protections on the grounds of gender identity to reduce employment discrimination and increase access to services. Two important first steps are decriminalization — of gender impersonation and homosexuality, a charge often used against trans people in contexts where homosexuality and transgender identity are conflated — and the provision of legal identification that matches transgender people's gender identity.

5. Prevent violence: Violence is a common human rights violation for trans people. In order to support the improvement of law enforcement practices, countries should work

cooperatively with civil society, including trans people, to design and implement locally adapted awareness campaigns and training curricula on the relationship between HIV and human rights.

6. Hold perpetrators accountable:

Countries should also take steps to improve systems to monitor, report, and investigate incidents of harassment, mistreatment, discrimination, and violence, and to hold perpetrators accountable — including those, such as the police, who are state actors.

7. Offer support to survivors of violence:

Health and other support services should be provided to transgender people who experience violence. Trans people who experience sexual violence should receive timely access to post-rape care, including emergency contraception (for trans men), post-exposure prophylaxis, and psychological care and support, as well as referrals to police and legal services.

8. Train pre- and in-service providers to offer trans-competent care:

To provide optimal health care services to trans people, health care providers should be aware of historic and current stigmatization, barriers to health care, and specific health issues and health risks experienced by transgender men and women. Trainings are needed to improve and address provider knowledge, attitudes, and biases.

9. Offer gender-affirming services in conjunction with HIV services:

To meet trans clients' needs, it is important to integrate primary care, including hormone treatment and other trans-specific gender affirmation services,

with HIV prevention, treatment, and care and sexual health services. Addressing these needs may offer opportunities for trans people to develop a trusting relationship with the health care system, and therefore strengthen the impact of public health interventions on HIV prevention, care, and treatment.

10. Address co-occurring risks through trans-specific programming:

Often, transgender people are served only when they are reached through programs targeting sex workers or MSM. Specific programming for transgender women and men should be developed that integrates evidence-based biomedical, behavioral, and structural interventions to address the risks that are common within transgender communities (e.g., substance use, violence, and economic marginalization).

ADDITIONAL RESOURCES

- Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations¹²
- Implementing Comprehensive HIV/STI Programmes with Trans People (TRANSIT)¹³
- Blueprints for meeting the comprehensive needs of trans people in Latin America,¹⁴ the Caribbean,⁵ and Asia¹⁵
- TransForming Data for Decision Making, The LINK Newsletter¹⁶
- Center of Excellence for Transgender Health Website¹⁷

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