

## HIV AND TRANSGENDERED/TRANSEXUAL COMMUNITIES

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### Introduction

There is relatively little reliable information on prevalence rates of HIV within trans communities. This being said, more and more research is attempting to fill this gap. These studies are uncovering new facets of a startling reality that trans communities from around the world have been facing for some time. They have revealed that trans populations have higher prevalence rates than sexual minorities such as gay men.<sup>1</sup> The few epidemiological studies indicate global prevalence rates of 8% to 68%.<sup>2</sup> An estimated 27,7% percent of trans women in Canada are living with HIV.<sup>3</sup> Estimates for trans populations in Asia point to a prevalence of between 3-31%.<sup>4</sup> In Latin America, we find rates of 25%.<sup>5</sup> Trans women are particularly affected, especially if they have been involved in sex work or have been incarcerated. For example, 32-45% of trans sex workers in Lima<sup>6</sup> and 74% of trans people incarcerated in São Paulo are living with HIV.<sup>7</sup> Faced with such alarming numbers, it is crucial that those involved in the fight against HIV/AIDS get to know the issues facing trans communities.

To a certain extent, this work is already under way. The UNAIDS 2011-2015 strategy document *Getting to Zero* attempts to take trans issues into consideration.<sup>8</sup> The document specifies that addressing hate crimes as well as promoting human rights and gender equality are part of the solution. Furthermore, it points to the need to work with marginalized populations such as trans communities in order to better incorporate their experience and knowledge into our responses. In June 2011, WHO released guidelines on the prevention and treatment of HIV and other STIs among MSM and transgender people. The overarching principle of the guidelines is respect for and protection of human rights.<sup>9</sup> But there remains a great deal of work to be done if we want to be able to address the specific HIV issues that affect trans communities around the world. This document will provide some of the basic information needed to do this work.

### Who are trans people?

Some may feel overwhelmed when first attempting to navigate their way through the changing vocabulary of trans realities. Although an effective HIV response must consider the nuances operating in cultural contexts, we can enter the subject matter through more generalized vocabulary. Trans people live partly or entirely in a sex or gender that was not assigned to them at birth (see 'Some terms defined' on page 2 for an explanation of key vocabulary). For example, someone assigned the male sex at birth may identify as a female and live her life accordingly. In order to feminize her body, she might have recourse to hormones as well as different surgeries and procedures (see 'Hormones, surgeries and other procedures' on page 3). Depending on where she lives, she might identify as a transsexual woman (Anglophone communities in North America, Europe and Oceania), *une femme transsexuelle* (in Francophone communities in North America and Europe), *hijra* (in Asia) or *travesti* (in Latin America).

The differences between the terms above run deeper than translation; they refer to different realities. For instance, the feminizing techniques used by a trans woman are likely to differ depending on where she lives. *Travestis* in Brazil are more likely to inject silicone into their bodies to emphasize curves than their Canadian counterparts. We can also point out that the relationship between gender and sexuality differs from place to place. Whereas in North America trans communities have been adamant at separating sex and gender from sexuality (and homosexuality in particular), this is not case everywhere. We must pay attention to these differences, as they are HIV-relevant.

No list of identities could ever be complete and one can quickly get lost in detail. This document is thus purposely centred on North America, Latin America, and Asia in order to offer readers an accessible introduction to trans issues. With this in

### Some terms defined

**Trans person:** Someone who lives partially or fully in a sex or gender that was not assigned to them at birth.

**Transsexual:** Someone who identifies and lives in the sex opposite of that which they were assigned at birth. Often transsexuals will use feminizing or masculinizing body techniques. Not all transsexuals will seek genital reconstructive surgeries, although many do.

**Crossdresser or Transvestite:** Refers to someone who lives part-time in the opposite gender. Generally, they do not identify with the other sex and prefer to keep the sex-identity that they were assigned at birth. The term 'transvestite' has fallen out of fashion in many Anglophone communities as many people now prefer the term 'crossdresser,' but it is still used in some places. It is also used in Francophone contexts (*travestie*).

**Travesti:** It is important not to mix up transvestite and *travesti*. The latter refers to *travestis* women in Latin America. Unlike transvestites, they live full time as women and often use feminizing techniques. Importantly, they do not consider themselves to be transsexuals.<sup>10</sup>

**Hijra:** *Hijra* is a term found in some parts of Asia to describe people who were assigned to the male sex at birth but that have taken on feminine social roles. Often they identify as neither male nor female. They have a role in some religious ceremonies.<sup>11</sup>

**FTM or trans man:** Someone who was assigned the female sex at birth but who identifies and lives as a man.

**MTF or trans women:** Someone who was assigned the male sex at birth but who identifies and lives as a woman.

**Transgender:** A notion mostly common in Anglophone cultures in North America, Europe and Oceania. It can be used either as an umbrella term that brings together different trans people or it can operate as a separate identity. Transgender people sometimes live in-between sexes and genders claiming a space that is neither female nor male.

**Genderqueer:** In some North American Anglophone contexts, people who live outside of the man/women gender binary identify as genderqueer. They might identify as neither man nor women, or as both. They may also view their gender identity as being fluid.

mind, we should underline some of the more general terms that have been developed. "Transgender" has gained popularity in some Anglophone parts of the world as an umbrella term that brings together all trans persons. Many resist this terminology, in part because it focuses too narrowly on gender. In this document, "trans" will be used as an imperfect alternative. More specific vocabulary will be favoured when possible.

### Background/Presentation of Data

#### HIV & Trans People

As noted above, epidemiological studies have not yet captured the full extent of HIV prevalence in trans communities. This said, some trends have started to appear. Prevalence rates tend to be high (27% in the United States, 3-31% in Asia and 25% in

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Latin America)<sup>12</sup>. Still, these numbers hide a few omissions. Firstly, we have almost no data on prevalence rates within trans men communities.<sup>13</sup> Furthermore, most of the data collected has been of trans sex workers. It is important that such data be made available as often trans women from North America, Latin America and Asia are involved in the sex industry and they do have higher rates of HIV than the general trans population. It does mean, however, that less is known about HIV rates among trans people that are not sex workers. A last point to mention is that there is some data that suggests that HIV prevalence is higher in some racialized trans populations than in others,<sup>14</sup> an

example of how the impact of different kinds of discrimination can greatly increase vulnerability and risk of HIV infection.

Importantly, the way epidemiological data is collected often renders trans people invisible. For example, new HIV cases involving trans women are sometimes coded as 'male'. Beyond the fact that this coding is extremely disrespectful of trans women's personhood, it makes it difficult to find the data needed to ascertain levels of HIV in these communities. One might also note that because epidemiological surveillance is organized around the categories of 'male' and 'female,' that

### **Hormones, surgeries and other procedures<sup>15</sup>**

**Hormones:** Can be used to masculinize (testosterone) or feminize (progesterone and oestrogen) the body. Hormones redistribute body fat and cause secondary sex characteristics to develop. Results, however, vary from person to person. They can be taken orally, through a patch, or injected. It is not uncommon for people to access hormones illegally on the black market when they are not readily available through a prescription from a licensed physician.

**Surgeries:** Many trans people will use surgeries to modify their bodies. For some, their high cost of these surgeries can be prohibitive. One should also note that even in countries where surgeries are subsidized by the government or by health insurance plans, not all surgeries are covered. Further barriers to surgeries exist when excessively strict standards of care are used. It is not uncommon for trans people to be forced to "prove" their seriousness by socially transitioning before being allowed to access hormones or surgeries. In addition, there are districts where no protocol has been recognized by medical professionals, completely blocking trans people's access to surgeries.

**Feminizing surgeries:** Trans women can use surgeries to change facial features, to remove their Adam's apple or to enlarge breasts. There exists a variety of procedures to change the structure of their genital organs including vaginoplasty, the reconstruction of a vagina.

**Masculinizing surgeries:** Trans men can have chest reconstruction surgeries to remove breast tissue and to construct a male contoured chest. They can also use genital reconstructive surgeries including hysterectomies. Although phalloplasty (the construction of a penis) exists, it is less common than vaginoplasty. This is in part due to the fact that the procedure is less advanced and can lead to complications.

**Hair removal:** Trans women can remove unwanted hair with procedures such as laser removal and electrolysis.

**Silicone/oil injection:** In some parts of the world silicone injection is a popular way to feminize the body by adding curves (breasts, hips and buttocks). Often, women have recourse to industrial silicone, which has been known to cause serious side effects and to shift once in the body.

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transgender persons that identify as both male and female or that identify as neither male nor female are made invisible.

### **HIV as a social epidemic - exploring how social determinants of health shape HIV risk at an individual level**

It would be a mistake to think that HIV affects all trans persons equally. Different prevalence rates reflect in part the social determinants of health. Some general factors include:

*Lack of awareness of trans issues*<sup>16</sup>: People either don't know about trans issues or assume that no information is available. Although it is true that we need more research done with trans communities, particularly with regards to HIV, it is simply false that nothing is out there. Educating the public and service providers is thus a key step towards the integration of trans people into our responses to HIV. It is important to get relevant information out to policymakers to assist them in creating policy that is adapted to trans people's realities.

*Lack of policies and administrative guides*<sup>17</sup>: Because many people are unaware of trans realities, they often leave them out of policies and administrative procedures. In many districts there are policy vacuums for name and sex changes, health coverage, and discrimination laws for trans people. Many administrative procedures are not adapted to trans realities. These policy vacuums affect trans people's ability to interact with bureaucratic services (for example, to properly fill out administrative forms).

*Access to health care*<sup>18</sup>: It has been noted that trans persons have an uneasy relationship to health care services and professionals. Some are not able to access the hormones and surgical procedures they need as well as other trans-related health care services. In addition, trans persons report that stigma and discrimination are rampant in health care services, leading many to avoid them altogether.

*Employment and economic hardship*<sup>19</sup>: In addition, trans people face barriers to access employment. Average salaries for trans people tend to be below national averages even among the educated. *Criminalization*: Some trans people are sex workers, which is illegal or criminalized in many countries. There is also data that suggests that some trans women use injection drugs.<sup>20</sup> The criminalization of trans lives means that many will have encounters with law enforcement and that many have histories of incarceration. Furthermore, prison policies are not well adapted to trans people's needs. Incarcerated trans people can have trouble accessing health care (such as hormones and surgeries).<sup>21</sup>

*Race and racialization*: Aboriginal trans people, trans people of colour, as well as migrants face intersecting marginalizations.<sup>22</sup> In some cases, this has been linked to higher rates of HIV infection.<sup>23</sup>

*Violence*<sup>24</sup>: In connection with the other factors named above, trans people face increased rates of violence. Importantly, we must note that trans sex workers (and especially racialized sex workers) experience particularly high levels of violence. This violence can come from many sources such as clients, passersby, or even law enforcement agents.

### **Case studies**

In order to concretize some of these general factors, we can take a closer look at four case studies.<sup>25</sup> Each of these will describe a typical situation of a trans person from a different geographical region.<sup>26</sup>

#### **Trans women in Peru:**<sup>27</sup>

Luisa is a trans woman from Lima. Like many of her trans friends, Luisa is a sex worker.<sup>28</sup> Because the current legal framework surrounding sex work has

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been developed with non-trans women in mind, Luisa is left in an ambiguous legal position. This is amplified by the fact that she cannot legally change her name to 'Luisa' because the state does not recognize her female identity. The criminalization and stigma of sex work have left her vulnerable to violence, which she experiences on a regular basis and for which she has found no support from the state.

Luisa does not have access to proper health care and thus has not been able to undergo a medically supervised transition. Instead, she has been using silicone to enhance her curves, a practice that has been illegal in Peru since 1978. Having no way to get hormones through a health professional, Luisa uses hormones found on the black market. She takes these hormones, which are usually prescribed as contraceptives or are provided to menopausal women, without any medical supervision.

Luisa does not know her HIV status.

### **Trans Men in Canada:**<sup>29</sup>

Mike is a trans man in Toronto who started taking hormones about a year ago. He has never considered himself to be at risk of contracting HIV and his social transition has not really changed this. Recently, he has discovered Toronto's gay male community and has started to have sexual relationships with men. At first, he knew very little about HIV in this community and was reluctant to push for safer sex options because he was afraid that other men would reject him. As he started to feel more at ease with gay men and to inform himself about safer sexual practices, he was frustrated to find little information within HIV prevention guidelines that applied to his body. Luckily a friend told him that the hormones he takes could reduce the natural lubrication of his frontal hole<sup>30</sup>, thus increasing the chance of lesions that are caused during intercourse. This same friend helped him access hormones for the first time. Since then, they have regularly shared the

intramuscular needle they use to inject hormones, which they see as being a bonding experience.

When accessing health services, Mike has found it difficult to negotiate the vocabulary about his body with health care professionals. They insist on using terms that he is not comfortable with like 'vagina'. He would prefer they use the term 'frontal hole', which is gaining popularity in male trans communities in Toronto. Because his relationship with health professionals is strained, he is reluctant to get a pap smear. Besides, aren't pap smears for women?

### **Travestis sex workers in Brazil:**<sup>31</sup>

Letícia is a *travesti* living in Rio de Janeiro. She moved there from a rural area in hopes of living a better life. Despite this, she and other *travestis* like her are among the poorest and most marginalized populations in Brazil.<sup>32</sup> Like her Peruvian counterparts, Letícia injected industrial silicone illegally. She knows that the needles that were used had already been used by other *travestis* but to her it was well worth the risk. She loves her new curves!

Letícia works in the sex industry in order to provide for herself and her boyfriend Julio. She almost always uses a condom with clients. She does not use condoms with Julio. Recently, she has noticed that both she and Julio are showing signs of HIV-related health problems. She is worried that others will start to notice and tries to hide her symptoms as much as possible. For this reason, she has not gotten tested for HIV nor has she tried to get treatment.

### **Hijras in India:**<sup>33</sup>

Aditi is from Jaipur in North India. A few months ago, she was officially introduced into the *Hijra* community by Hema, her *guru*. The two are very close and Hema has become a mother figure for Aditi, helping her navigate her way in her new

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community. Once Aditi was accepted by the *Hijra* community, she moved into a household<sup>34</sup> with thirteen other *hijras*. At first the household leader accepted that Aditi's contribution be doing chores but after a few months she would need to start contributing financially as well. Aditi hopes to one day perform religious ceremonies, such as blessing marriages or newborn sons, in order to make money. She knows that this won't be easy as social rites in India are changing and these ceremonies are less frequent than before. In the meantime, Aditi has started to do sex work. Luckily Hema is familiar with a local HIV prevention unit and she has explained to Aditi that using condoms is important. Aditi has tried to follow this advice as often as possible.

### Living with HIV

Trans people living with HIV/AIDS may face particular challenges and issues. Again, the scarcity of information is problematic. Little is known about the interactions between the hormones used by trans people and antiretroviral treatments. Considering the importance of hormones for some trans people, this information is urgently needed. In addition, finding comprehensive health care is rendered more complicated for trans people living with HIV as it becomes harder to find doctors competent in both types of care.<sup>35</sup>

Furthermore, the side effects from HIV treatment can be lived differently by trans people than by non-trans persons. For example, lipodystrophy, the redistribution of body fats, can lead to a loss of fat in the cheeks. This masculinizes the facial feature, a compromise that many trans women cannot make.<sup>36</sup>

### Conclusions

HIV in trans communities is a multifaceted phenomenon. Addressing it on a world-stage will require an equally multifaceted response. In the first place, it is crucial that we continue to produce

HIV-related knowledge about different trans communities. As underlined by UNAIDS, this is best done in conjunction with the communities themselves.

Above all, it is important that frontline workers get to know the specific context and living situation of trans populations from the regions in which they are working. Beyond the general fact that trans people live partially or completely in a sex or gender that was not assigned to them at birth, they are extremely diverse. Their specific HIV-related issues and challenges depend on the particular social determinants of health that affect them in their region, but also on the way they see themselves and on the body modifications they seek out.

### Additional Resources

#### Canada

Queer Transmen

<http://queertransmen.org>

Egale Canada

<http://www.egale.ca>

PFLAG Canada

<http://www.pflagcanada.ca>

Canadian Rainbow Health Coalition

<http://www.rainbowhealth.ca>

#### International

Global Action for Trans Equality (GATE)

<http://transactivists.org>

The Center of Excellence for Transgender Health

<http://transhealth.ucsf.edu>

International Lesbian, Gay, Bisexual, Trans and Intersex Association

<http://ilga.org>



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Gender Dynamix – Africa

<http://www.genderdynamix.co.za>

Red Lationamerica y del Caribe Transgénero

(RedLACTrans)

<http://www.redlactrans.org.ar>

TransGender Europe

<http://www.tgeu.net>

The Global Forum on MSM & HIV (MSMGF)

<http://www.msmsgf.org>

### Works Cited

<sup>1</sup> Herbst J et al., “Estimating HIV Prevalence and Risk Behaviors of Transgender Persons in the United States: A Systematic Review”, *AIDS Behaviour*. 12:1, 2008; Salaza X, and J Villayzan, *Outline for Multisectorial Work with Transgender Populations, Human Rights, Sex Work and HIV/AIDS*, Instituto de Estudios en Salud, Sexualidad y Desarrollo Humano and Red Latinoamerica y del Caribe de Personas Trans, 2010.

<sup>2</sup> WHO, *Prevention and Treatment of HIV and Other Sexually Transmitted Infections Among Men Who Have Sex With Men and Transgender People: Recommendations for a Public Health Approach*, June 2011, Available at [http://www.who.int/hiv/pub/guidelines/msm\\_guidelines2011/en/index.html](http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/index.html), P.10.

<sup>3</sup> Beausoleil K, and Halverson J, Public Health Agency of Canada, Presentation at Towards the Development of a Coordinated National Research Agenda for Women, Transwomen, Girls and HIV/AIDS in Canada: A Multi-stakeholder Dialogue, April 2011.

<sup>4</sup> Asia Pacific Coalition on Male Sexual Health (APOCOM), *Mapping Transgender Groups, Organizations and Networks in South Asia*, 2008, Available at [www.msmsasia.org](http://www.msmsasia.org).

<sup>5</sup> The Global Fund, *The Global Fund, HIV and Sexual Orientation/ Gender Identities*, May 2010.

<sup>6</sup> Informe Nacional sobre los Progresos Realizados en la Aplicación del UNGRASS Perú – Periodo Enero 2008- Diciembre 2009, 2009, Available at [www.unaids.org/en/.../peru\\_2010\\_country\\_progress\\_report\\_es.pdf](http://www.unaids.org/en/.../peru_2010_country_progress_report_es.pdf).

<sup>7</sup> Gattari P et al., "Behavioural patterns and HIV infection among drug using transvestites practicing prostitution in Rome", *AIDS Care*, 4:1, 83-7. 1992.

<sup>8</sup> UNAIDS, *Getting to Zero: 2011-2015 Strategy*, December 2010.

<sup>9</sup> WHO, *Prevention and Treatment of HIV and Other Sexually Transmitted Infections Among Men Who Have Sex With Men and Transgender People: Recommendations for a Public Health Approach*, June 2011, Available at [http://www.who.int/hiv/pub/guidelines/msm\\_guidelines2011/en/index.html](http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/index.html).

<sup>10</sup> See the last case study for more details.

<sup>11</sup> APOCOM 2008.

<sup>12</sup> Herbst et al. 2008; APOCOM 2008; The Global Fund 2010.

<sup>13</sup> Ibid. Some exceptions include: Chen, S et al., “Transmen in San Francisco”, *AIDS Behavior*, December 2010; Stephens S et al. “MTF and FTM transgender persons have Different Sexual Risk”, *AIDS Behavior*, August 2010.

<sup>14</sup> For instance, a meta-analysis of available data in the United States has revealed that African American trans women have a higher prevalence rate than any other race or ethnicity category (Herbst et al. 2008)

<sup>15</sup> For further details, consult the Standard of Care published by the World Professional Association for Transgender Health available at: <http://www.wpath.org>

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<sup>16</sup> Bauer G. et al., “I Don’t Think this is Theoretical; This is our Lives”: How Erasure Impacts Health Care for Transgender People”, *Journal of the Association of Nurses in AIDS Care*, 20:5, 348-361. 2009.

<sup>17</sup> Ibid.; Salaza and Villayzan, 2010.

<sup>18</sup> See above note as well as: Herbst et al. 2008; Malendez, R. et al. “On Bodies and Research: Transgender Issues in Health and HIV Research Articles”, *Sexuality Research & Social Policy*, 3:4. 21-38, 2006.

<sup>19</sup> See note xiv

<sup>20</sup> Malendez et al. 2006.

<sup>21</sup> Herbst et al. 2008; Scott A and Lines R, *HIV/AIDS in the Male-to-Female Transsexual and Transgendered Prison Population: A Comprehensive Strategy*, Prisoner’s HIV/AIDS Support Action Framework (PASAN), 1999.

<sup>22</sup> See Bauer et al. 2009.

<sup>23</sup> See note xi

<sup>24</sup> Malendez, 2006; Salaza and Villayzan, 2010.

<sup>25</sup> Cases studies were selected according to available information but also in order to show some of the diversity of trans populations and needs.

<sup>26</sup> The people described are fictional.

<sup>27</sup> This case study has been constructed with information found in Salaza and Villayzan, 2010.

<sup>28</sup> Currently, trans women in Peru are limited in their employment options. Most work either in cosmetology (such as hairdressing) or sex work.

<sup>29</sup> Based on: Adams et al., *Getting Primed: Informing HIV Prevention with Gay/Bi/Queer Trans Men in Ontario*, 2008, Available at [www.queertransmen.org](http://www.queertransmen.org); Namaste V, “HIV/AIDS

and Female-to-Male Transsexuals and Transvestites: Results from a Needs Assessment in Québec” in W. Bockting and S. Kirk, *Transgender and HIV*. Pp.91-100, 2001.

<sup>30</sup> Many trans men prefer the term “frontal hole” to “vagina” when referring to their bodies.

<sup>31</sup> This case study is based on information found in: Inciardi J et al., “Sex Drugs, and the Culture of Travestismo in Rio de Janeiro” in W. Bockting and S. Kirk, *Transgender and HIV*. 11-12, 2001; Kulick D, *Travesti: Sex, Gender and Culture among Brazilian Transgendered Prostitutes*. Chicago; London: The University of Chicago Press. 1998.

<sup>32</sup> Inciardi et al. 2001.

<sup>33</sup> Nanda S, “Hijra and Sadhin: Neither Man nor Woman in India” in S LaFront, *Constructing Sexualities: Reading in sexuality, Gender and Culture*, Upper Saddle River, 2003.

<sup>34</sup> Not to be confused with a house of *hijras* which refers to a community of *hijras* that are linked to a particular ancestor.

<sup>35</sup> Schilder A et al., “ ‘They Don’t See our Feelings.’ The Health Care Experiences of HIV-Positive Transgender Persons”, *Journal of the Gay and Lesbian Medical Association*, 2:3,103-111, 1992.

<sup>36</sup> Namaste, V. 2010. “Dix Choses à Savoir sur les Trans’ et le VIH”, *Transcriptases: VIH et virus des Hépatites*. 143,11-13, 2010.

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