Many transgender people experience social exclusion and marginalization because of the way in which they express their gender identity. A transgender person does not identify with the gender assigned at birth (1). Estimates from countries indicate that the transgender population could be between 0.1% and 1.1% of reproductive age adults (2–9).
I am a transgender woman. I face these issues.

- I reuse syringes to inject hormones
- My identity papers do not reflect who I am
- People make fun of me
- I have been turned down for jobs
- My landlord threw me out
- I want respect
- My family has rejected me
- I was beaten up
- I have no health insurance
- My doctor ridiculed me
- There are no transgender clinics near me
- I am a sex worker and police and clients have raped me
- I have been rejected for jobs
WHY TRANSGENDER WOMEN AND MEN ARE BEING LEFT BEHIND

Many transgender people experience social exclusion and marginalization because of the way in which they express their gender identity. A transgender person does not identify with the gender assigned at birth (1). Estimates from countries indicate that the transgender population could be between 0.1% and 1.1% of reproductive age adults (2–9).

HIV burden

Transgender women are among the populations most heavily affected by HIV. Transgender women are 49 times more likely to acquire HIV than all adults of reproductive age. An estimated 19% of transgender women are living with HIV (10). The impact of HIV on transgender men has yet to be established.

Globally, an estimated 19% of transgender women are living with HIV.

Globally, the chance of acquiring HIV is 49 times higher for transgender women than all adults of reproductive age.

Estimates suggest that the transgender population could be between 0.1% and 1.1% of reproductive age adults.

Many transgender people lack legal recognition of their affirmed gender and therefore are without identity papers that reflect who they are. Without appropriate identity papers, transgender people are excluded from education and employment. Transgender people face discrimination, violence and lack of access to appropriate health care. All of these factors contribute to increasing the vulnerability of transgender people to HIV.

Evidence suggests that, in some settings, a significant proportion of young transgender women engage in selling sex. This is often a result of social exclusion, economic vulnerability and difficulty in finding employment (11). In El Salvador, close to 47% of transgender women reported that their main income comes from selling sex (12). Selling sex has been significantly associated with low levels of education, homelessness, drug use and a perceived lack of social support (13).

THE TOP 4 REASONS

01 Family rejection and violation of the right to education and employment
02 Violence, criminalization and transphobia
03 Lack of recognition of gender identity
04 Discrimination in health systems
Transgender women who engage in sex work are at increased risk of HIV infection. A systematic review and meta-analysis in 2008 reported an overall crude HIV prevalence of 27.3% among transgender women who engage in sex work. This is compared to 14.7% among transgender people who did not report participating in sex work (14). Country reports suggest that HIV prevalence for transgender sex workers is on average nine times higher than for female sex workers and three times higher than for male sex workers.
Family rejection and violation of the right to education and employment

From a young age, many transgender people experience social rejection and marginalization because of their expression of their gender identity. This social exclusion affects their self-perception and sense of worth. It may contribute to depression, anxiety, drug and alcohol use, self-harm and suicide. Young transgender people are particularly vulnerable to homelessness, unemployment and economic instability, as they often depend on family and education institutions for housing and other resources (15,16).

In Latin America, 44–70% of transgender women and girls have felt the need to leave home or were thrown out of their homes (17). In a small study of transgender youth in New York City, United States of America, 71% of female-to-male youth reported experiencing past verbal abuse and 17% had experienced past physical abuse. Of male-to-female youth, 87% reported experiencing past verbal abuse; 36% had experienced physical abuse and 16% sexual abuse (18).

A study from Thailand and the Philippines found that 40% of Filipino transgender women and 21% of Thai transgender women reported paternal rejection when transitioning (19).

In Mexico, the 2010 People Living with HIV Stigma Index showed that 11.4% of transgender people living with HIV responded that they were frequently excluded from family activities, compared to 1.7% of men living with HIV and 2.9% of women living with HIV.

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**Sex workers: HIV prevalence by gender, 2013**

![HIV prevalence by gender, 2013](chart)

- **Female** (n=39)
- **Male** (n=11)
- **Transgender** (n=14)

Family rejection towards transgender people

Family rejection towards transgender people: New York City

![Bar chart showing reported experiencing past verbal abuse, reported past physical abuse, and reported past sexual abuse for female-to-male and male-to-female youth.]

Family rejection towards transgender people: Thailand and the Philippines

![Bar chart showing reported paternal rejection when transitioning for transgender women in the Philippines and Thailand.]

Family rejection towards transgender people: Mexico

![Bar chart showing percentage of transgender people living with HIV, men living with HIV, and women living with HIV who were frequently excluded from family activities.]

Transgender people also experience bullying and harassment at school, which, apart from the physical and psychological effects, can undermine learning opportunities and educational achievement, thus affecting their future employment prospects (20). A national survey in the United States showed high unemployment rates for transgender people—twice the national unemployment rate. Ninety-seven per cent reported mistreatment, harassment and discrimination while working (21,22).

**Employment discrimination**

![Bar chart showing employment discrimination]

- **Unemployed**
- **Employed part time or full time**
- **Unemployed**
- **Problems at work due to being transgender**
- **General population lived below the poverty threshold**
- **Transgender people lived below the poverty threshold**
- **Lost their jobs due to their gender identity or expression**
- **Past experience of mistreatment, harassment, or discrimination on the job including invasion of privacy**

Violence, criminalization and transphobia

Around the world, transgender people experience physical and sexual violence and hate crimes. The full extent of the violence and hate crimes faced by transgender people is difficult to gauge because it is thought to be underreported. However, an international community-based project to monitor killings of transgender and gender variant people collected 1509 cases of reported killings in 61 countries from 1 January 2008 to 31 March 2014. Close to 80% of the reported killings took place in Latin America, a region with a well-organized transgender community that contributed to the monitoring. In other regions, potentially large numbers of cases go unreported, as there is less capacity for monitoring (23).

Killings of transgender and gender-variant people, 2008–2014

Exposure to transphobia is a mental health risk for transgender people and can result in increased levels of depression and suicidal thoughts (24). In the United States, 46% of transgender men and 41% of transgender women have attempted suicide. Prevalence of suicide attempts was highest among those who are younger (25–27). Among transgender women living with HIV in Mexico, 25.7% experienced suicidal thoughts, compared to 16.1% of men living with HIV and 16.7% of women living with HIV (28).
Lack of recognition of gender identity

Without official documents that recognize their gender identity, transgender people can be denied access to basic rights, including the right to health, education and social welfare, resulting in a detrimental effect on their health and well-being.

Transgender people are vulnerable to arrest in those countries that criminalize cross-dressing (30,31). Gender identity is not a protected status in binding international human rights instruments, so transgender people struggle to find a recognized platform upon which to base their advocacy efforts.

Several countries have a precondition for transgender people to be sterilized before undergoing sex reassignment surgery and/or the legal recognition of their gender identity. Sterilization should only be carried out with the full, free and informed consent of an individual (32). Sterilization has a profound impact on bodily autonomy. Any form of coercion is a violation of basic rights.

Stigma, discrimination and gender-based sexual violence and a lack of legal recognition of their affirmed gender, and social and economic exclusion, including from education and employment opportunities, represent the fundamental drivers of HIV vulnerability and risk among transgender women worldwide (33).

Transgender people remain severely underserved in the response to HIV, with only 39% of countries reporting in the National Commitment and Policy Instrument 2014 that their national AIDS strategies address transgender people (34).

Transphobia can affect the mental health of transgender people and can result in increased levels of depression and suicidal thoughts. In the United States, 46% of transgender men and 41% of transgender women have attempted suicide.

Countries reporting that their national AIDS strategies addressed transgender people (2014)

Discrimination in health systems

In health-care settings, transgender people often face stigma and ill treatment (25), including refusal of care, harassment, verbal abuse and violence (35).

Despite evidence of heightened HIV vulnerabilities and risks, resulting in high HIV prevalence among transgender people, the coverage of HIV prevention programmes among transgender people remains poor across all regions (36). A meta-analysis of 15 countries shows that transgender women are in urgent need of HIV prevention, treatment and care services (10).

At the same time, stigma and discrimination in the health system alongside lack of knowledge of transgender people’s health-related needs by health personnel deter transgender people from using services. A qualitative study in San Francisco, United States, showed that where transgender women had negative or transphobic experiences in the health-care system in the past, they were reluctant to get tested for fear that a diagnosis would require additional interaction with health-care providers (35).

Barriers to accessing antiretroviral therapy among HIV-positive transgender people are well documented (37). Transgender women and men are drastically underserved by current treatment efforts and report lower rates of treatment adherence than other groups (38).

CLOSING THE GAP

Meaningful participation of and partnership with community-led organizations and networks in the planning, implementation, monitoring and evaluation of activities is fundamental to improving HIV service provision for transgender people (39).

There is an urgent need to ensure that community engagement, policies and programming for transgender women and men are developed and implemented.

There must be investment in transgender community leadership. There has been a considerable mobilization and organization of transgender organizations in the past decade. Transgender communities have been active in delivering services and advocating for their rights. However, funding of their activities remains a challenge.

Given the central role that community engagement plays in ensuring access to HIV services, transgender-led organizations need support to develop a robust community voice within a safe environment. Countries should forge a respectful working partnership with transgender people and mobilize funding for community system strengthening.

HOW TO CLOSE THE GAP

01 Community leadership

02 Recognition of rights and freedom from violence

03 Quality health services and access to work

04 Better research
The rights of transgender people should be recognized, and transgender people should be free from the threat of violence. Countries must take steps to enact robust laws that recognize non-discrimination with respect to gender identity in access to education, work, housing and health services. Equally, steps should be put in place to remove those laws that criminalize aspects of transgender identity, including cross-dressing.

Some countries have passed progressive laws and policies. Argentina approved in 2012 the Gender Identity and Comprehensive Health Care for Transgender People Act, which gives transgender women and men the right—without a clinical diagnosis—to request that their recorded sex, first name and image be amended to match their self-perceived gender identity (40,41). In June 2014, Denmark became the first European country to allow legal change of gender without clinical diagnosis, removing previous requirements like compulsory surgical intervention and compulsory sterilization (42).

Transgender people are often subject to both physical and psychological violence and arbitrary arrest and detention, with such risks especially acute for transgender people who are sex workers. Countries should take steps to address the lack of a system or mechanism for monitoring, reporting and investigating such incidents and for holding perpetrators accountable.

Access to comprehensive, integrated quality health services, including HIV services that respond to transgender needs, must be improved. Services must respond to the particular health needs of transgender people, including integrated delivery of sound advice on safe gender-affirmation treatment and services, mental health and substance misuse (43–46). The specific needs transgender people have in terms of HIV prevention, treatment and care should be addressed and the transgender community engaged in service provision.

Effective HIV prevention outreach programmes are urgently needed. Programmes that engage with transgender sex workers show that the use of testing services can be extended within their peer communities—in Germany, Honduras, Mexico and Paraguay, two thirds of transgender people reported that they had accessed testing services (47).

### HIV testing among transgender sex workers

<table>
<thead>
<tr>
<th>High &gt;75%</th>
<th>Middle 40–75%</th>
<th>Low &lt;40%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>Bangladesh, Bolivia (Plurinational State of)</td>
<td>Colombia</td>
</tr>
<tr>
<td>Honduras</td>
<td>Ecuador</td>
<td>Pakistan</td>
</tr>
<tr>
<td>Uruguay</td>
<td>Mexico</td>
<td>Panama</td>
</tr>
<tr>
<td></td>
<td>Paraguay</td>
<td>Philippines (the)</td>
</tr>
</tbody>
</table>

Particular attention should be given to transgender women and men living with HIV, who continue to experience multiple layers of discrimination, resulting in them being drastically underserved by current treatment efforts. Furthermore, transgender women and men living with HIV report lower rates of treatment adherence than other groups (35).

A small survey of transgender women in San Francisco showed that antiretroviral therapy adherence was associated with satisfaction in their current gender expression and the extent to which society and their community recognized and affirmed their chosen gender identity. Adherence to hormone therapy and societal recognition of their gender identity was also associated with antiretroviral therapy adherence (35).

Quantitative and qualitative research on transgender women and men must be expanded. There is very limited research or data related to transgender people, particularly transgender men. A research agenda should be developed that includes the structural drivers of the vulnerabilities experienced by transgender people and that seeks to improve understanding of the best HIV prevention, treatment and care options. The research agenda should engage with and take into consideration the diversity within transgender communities. This agenda should be accompanied by improvements in the way gender variables are captured in health surveys and surveillance systems.

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**Countries should forge a respectful working partnership with transgender people and mobilize funding for community system strengthening.**