

TRANSGENDER PEOPLE



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).

{ TRANSGENDER PEOPLE

I am a transgender woman. I face these issues.



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 identify 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

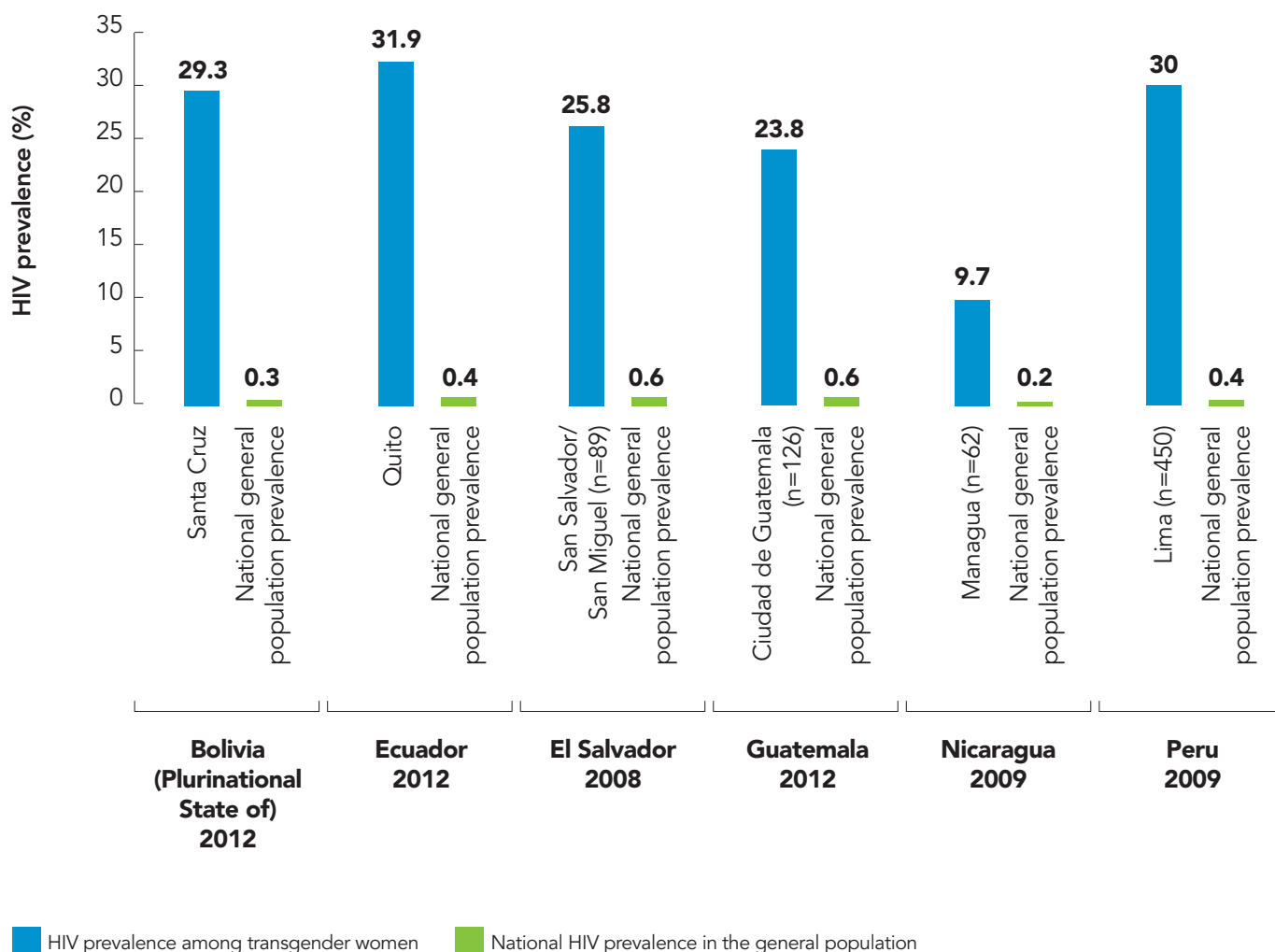
03

Lack of recognition of gender identity

04

Discrimination in health systems

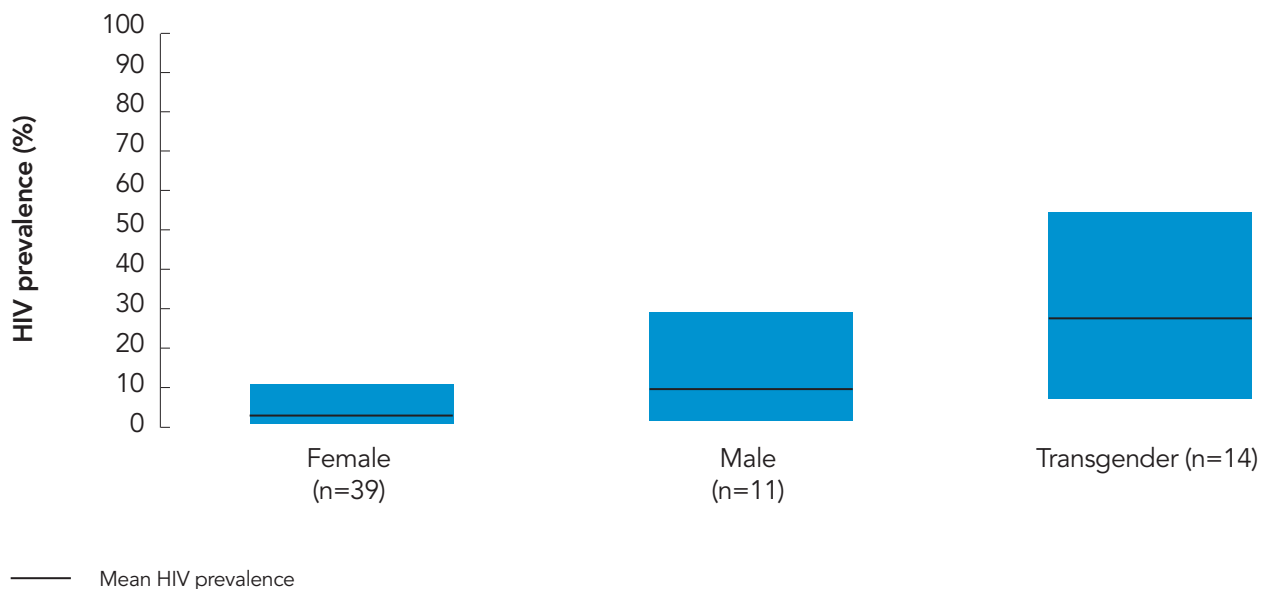
HIV prevalence among transgender women in Latin America



Source: Plurinational State of Bolivia: http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=19310&Itemid= (Slide 7)
 Ecuador: Manejo de la seritividad sexual en hombres homosexuales diagnosticados con VIH, que son usuarios de la unidad de atención intergral para personas viviendo con VIH y sida, del hospital Enrique Garces (Page 18).
 El Salvador: ECVC El Salvador_trans 2010 (Page 44) / Social network characteristics and HIV vulnerability among transgender persons in San Salvador: identifying opportunities for HIV prevention strategies (Table 2).
 Guatemala: ECVC Guatemala 2012–2013 (Page 44).
 Nicaragua: Nicaragua (2009): Encuesta Centroamericana de Vigilancia de Comportamiento Sexual y Prevalencia de VIH e ITS en poblaciones vulnerables ECVC. Resultados de HSH y Trans.
 Peru: Understanding the HIV/AIDS epidemic in transgender women of Lima, Peru: results from a sero-epidemiologic study using respondent driven sampling. (Abstract: AIDS and Behavior. May 2012; 16(4):872-81).
 UNAIDS 2013 estimates.

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.

Sex workers: HIV prevalence by gender, 2013



Source: Global AIDS Response Progress Reporting 2014.

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).

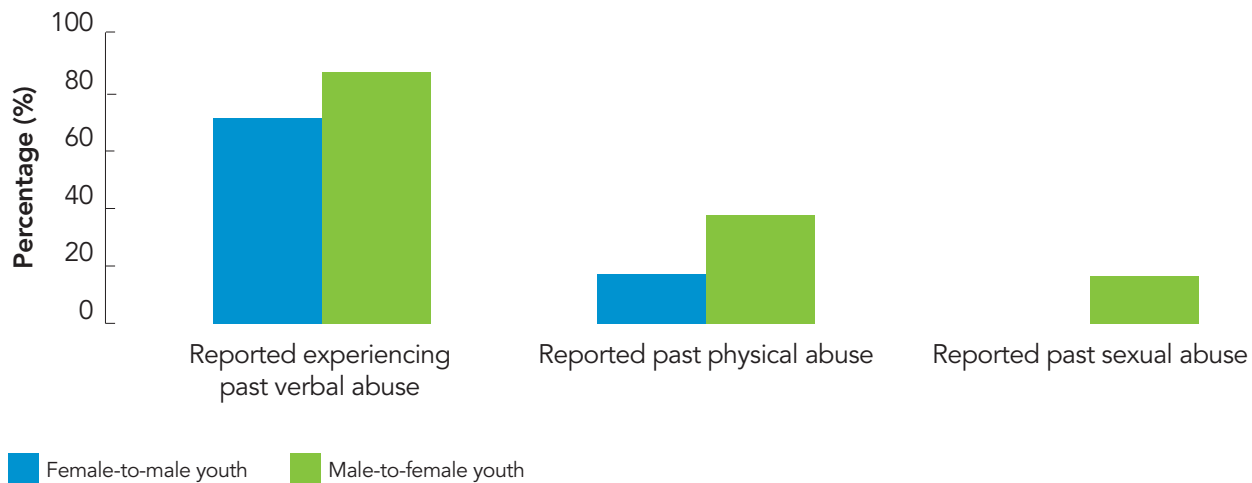
A study from Thailand and the Philippines found that 40% of Filipino transgender women and 21% of Thai transgender women reported paternal rejection when transitioning (19).

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.

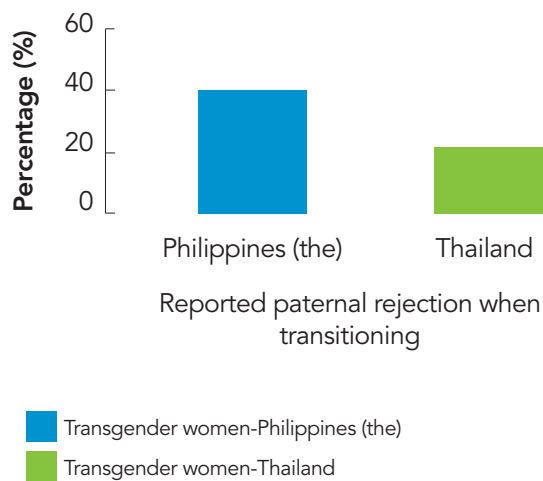
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Family rejection towards transgender people

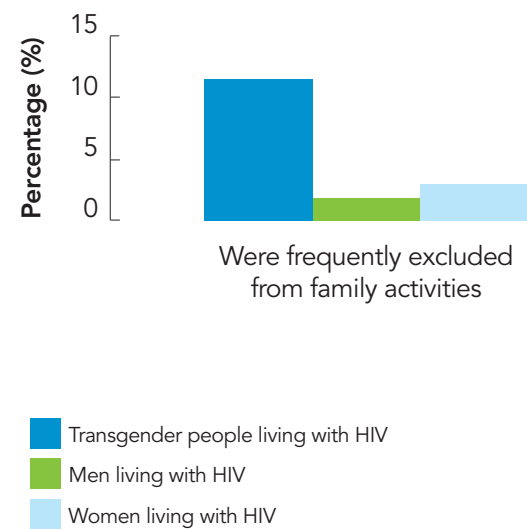
Family rejection towards transgender people: New York City



Family rejection towards transgender people: Thailand and the Philippines



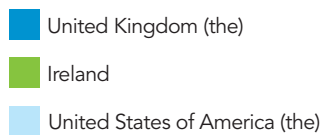
Family rejection towards transgender people: Mexico



Sources: Borgogno U, Gabriel I (2009), La Transfobia en América Latina y el Caribe: Un estudio en el marco de REDLACTRANS, Buenos Aires, Argentina: Grossman, Arnold H., Anthony R. D'augelli, and John a. Frank. 2011. "Aspects of Psychological Resilience among Transgender Youth." Journal of LGBT Youth 8 (2) (March 29): 103–115. doi:10.1080/19361653.2011.541347. <http://www.tandfonline.com/doi/abs/10.1080/19361653.2011.541347>. Winter, S. (2009) 'Lost in transition: transpeople, transprejudice and pathology in Asia' in The International Journal of Human Rights, (13), p. 375. Mexican People living with HIV Stigma and Discrimination Index 2012.

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

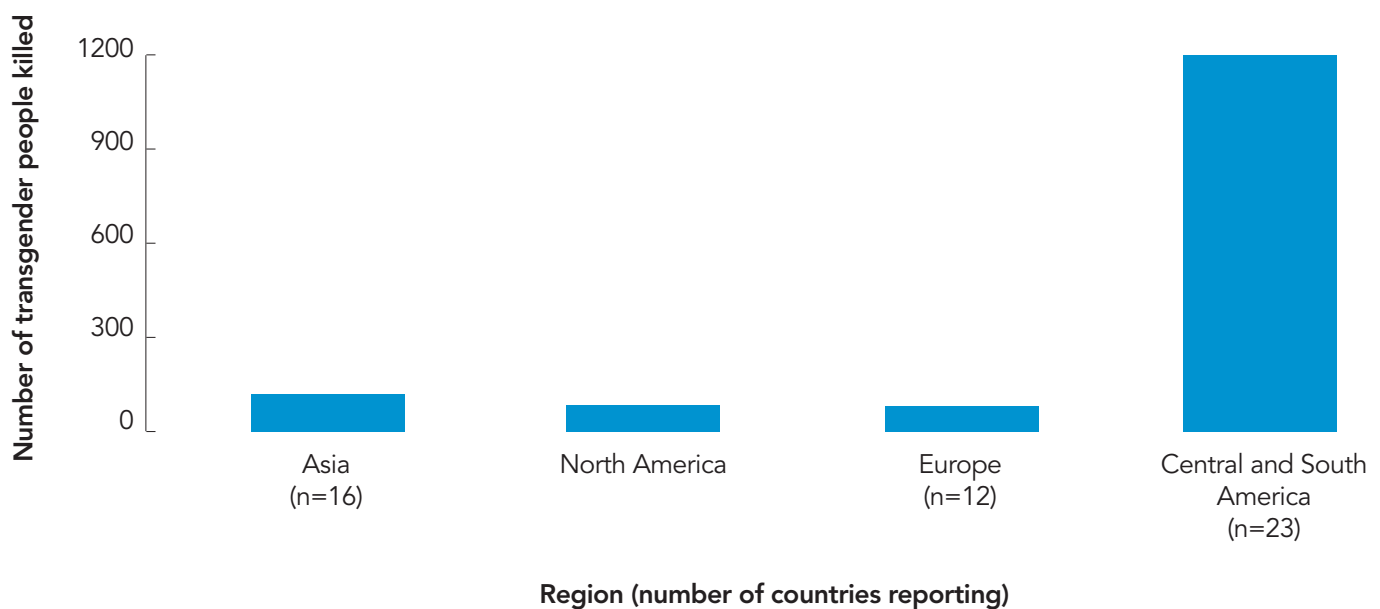


Sources: S. Baral, Beyrer, and Poteat 2011; The National Center for Transgender Equality and the National Gay and Lesbian Task Force 2009
 McNeil J, Baile L, Ellis E, Regan M. Transgender Equality Network Ireland (TENI). The Speaking from the Margins: Trans Mental Health and Wellbeing in Ireland. 2013.
 McNeil J, Bailey L, Ellis S, Morton J, Regan M. Trans mental health and emotional wellbeing study 2012. Edinburgh: Scottish Transgender Alliance; 2013.

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



Adapted from: Transgender Europe. IDAHOT Press Release, May 1, 2014. <http://www.transrespect-transphobia.org/uploads/downloads/2014/TvT-PR-IDAHOT2014-en.pdf>.

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.

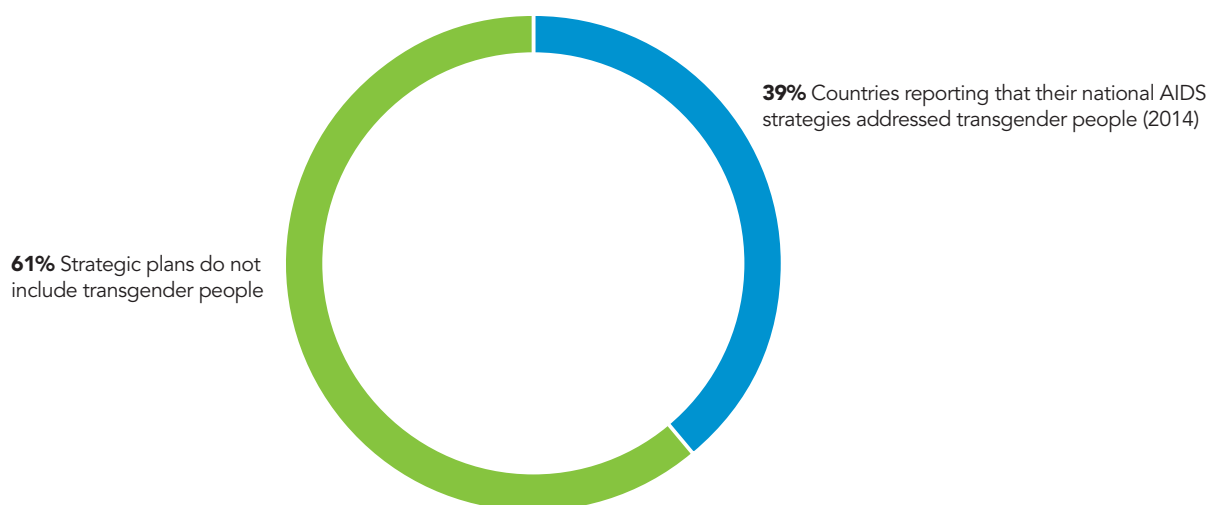
Several countries have a precondition for transgender people to be sterilized before undergoing sex reassignment surgery and/or the legal recognition of their gender identity. Sterilization should only be carried out with the full, free and informed consent of an individual (32). Sterilization has a 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)



Source: National Commitments and Policy Instrument (NCPI), global AIDS response and progress reporting, preliminary data as of 14 May 2014. Geneva: Joint United Nations Programme on HIV/AIDS, 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.

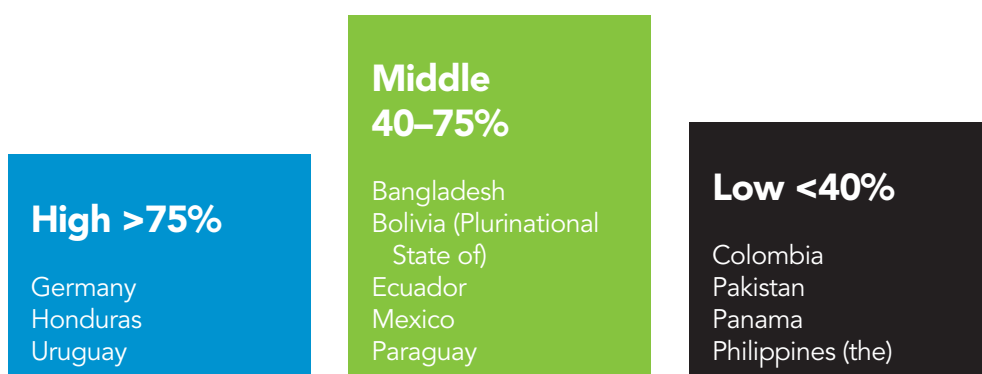
Some countries have passed progressive laws and policies. Argentina approved in 2012 the Gender Identity and Comprehensive Health Care for Transgender People Act, which gives transgender women and men the right—without a clinical diagnosis—to request that their recorded sex, first name and image be amended 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



Source: Global AIDS response and progress reporting. Geneva, UNAIDS, 2014. Denominators ranges from n=70 in Honduras to n=3813 in Pakistan.

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.

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

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