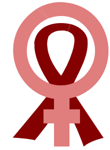


# *Transgendered People*

## How do we know that transgendered people are at risk?

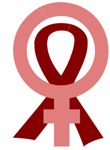
- HIV rates among transgendered (also referred to as transsexual) people are uniformly high when compared with the rest of the population. In a sample of 515 transgendered people in San Francisco, 27% were HIV positive; in a sample of 252 transgendered people in Washington, DC, 25% were HIV positive[1].
- High HIV prevalence was also found among male-to-female (MTF) sex workers in Atlanta, U.S.A. (68%), Tel Aviv, Israel (11%), and Rome, Italy (46%)[2].
- In 2002, the AIDS Committee of Toronto (ACT) began formally discussing trans issues, both internally and with local stakeholders. These discussions revealed a need for professional development training on trans issues[3].
- In 2003, The 519 Community Centre's Meal Trans Program facilitated a Trans 101 Workshop.
- In 2004, ACT and the 519 Church Street Community Centre completed a six-month community-based research project designed to assess the HIV/AIDS informational, programmatic, and service needs of trans community members in Toronto.

## What puts transgendered people at risk of HIV?

- The transgendered population has been largely ignored in terms of previous and existing HIV prevention initiatives and research.
- Some issues that were identified as putting transgendered persons at increased risk for HIV were: sexual identity conflict, shame, confidentiality, prostitution and needle sharing while injecting hormones.
- Social issues such as violence, sexual assault, social and economic inequalities, as well as the biological vulnerability of women to HIV, may increase a transgendered person's individual risk.
- Additional issues such as street involvement, homophobia and transphobia as experienced by lesbian/transgendered/bisexual individuals, are considered linked to increased HIV risk.

## HIV prevention efforts for transgendered people

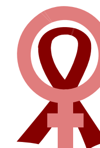
- The social and economic context within which individuals live must be recognized as having a strong influence on their individual risk behaviours.
- Trans people should be seen as experts in understanding their own gender identities and determining the appropriate steps for actualizing their gender identity.
- Training for primary care physicians to address the health needs of trans clients, including the provision of hormone therapy, should use an 'informed consent' model.



- Clinics, shelters and drug treatment centers should have non-discriminatory policies to protect the rights of trans clients.
- Sexual health materials are largely irrelevant to the bodies and lives of trans people. To address HIV in trans communities, it is important to develop sexual and health resources and training that are inclusive of the unique bodies and lives of trans people.
- The diversity within the trans community must be recognized in any HIV prevention program.
- Community-based, peer driven interventions are necessary components for HIV prevention with this highly stigmatized group.
- Trans HIV prevention programming should be integrated into large-scale prevention programs as well as provided through more targeted programs specific to trans communities and trans bodies.

## Research

- In a study conducted by the Coalition for Lesbian and Gay Rights in Ontario in 1995, 33 transgendered individuals were interviewed in regards to their experiences with traditional health care resources and social services. The research uncovered that participants felt they did not receive the same rights and access to health care and social services as the majority of Ontario residents[1].
- A study in Chicago found that female-to-male (FTM) transgendered persons had a significantly lower level of HIV knowledge than their male-to-female (MTF) counterparts and that very few were being tested for HIV even though they engaged in high risk behaviours. The study also reported a higher level of HIV infection among MTF transgendered people, particularly those involved in the sex trade[4].
- Among 515 transgendered people who participated in a needs assessment study in San Francisco, 68 % of MTFs and 55% of FTMs reported having been forced to have sex at some point in their lives[5].
- A qualitative study conducted in Minnesota asked transgendered persons about the impact of HIV on their lives, their risk factors, their service needs and recruitment strategies for future studies. Findings indicated that HIV-related stigma compounds existing stigma about 'coming out', sexual experimentation and sex reassignment[6].
- A Québec needs assessment identified five salient issues with respect to FTMs and HIV: 1) there is a lack of informational and educational materials about FTM bodies and sexualities; 2) many FTMs do not consider themselves to be at risk for HIV; 3) poor access to intramuscular needles, used to inject hormones, creates conditions which put FTMs at risk of HIV transmission; 4) low self esteem may prevent FTMs from adopting safe behaviors with



regards to drug use and sexual activity; and 5) the administrative practices of social service agencies exclude FTM transsexuals[7].

## Recommendations

1. Accessible, relevant, and non-discriminatory health care and social services for transgendered persons, including sensitive and knowledgeable primary care that includes hormone therapy.
2. Inclusion of appropriate injection equipment at needle exchanges in Ontario, particularly larger gauge needles for hormone injections.
3. The production and distribution of trans-specific 'safer injection and safer sex' resources.
4. Health service and social service provider training on transgender health issues, including HIV prevention needs, hormone therapy and the social determinants of trans health.
5. The development of sexual health literature and training programs that are relevant to trans lives, trans bodies and trans sexualities.
6. Partnerships and collaborations for non-discriminatory policies for ASOs and community organizations that provide HIV prevention services.

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