

HIV Prevention for Gender-Diverse Populations

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Key Takeaways

- For trans women, PrEP and HIV treatment are effective when adherent; less known about trans men and non-binary people
- Limited data on efficacious integrated bio-behavioral interventions
- Need for integrated status-neutral biobehavioral HIV interventions
- Need to address trans-specific multilevel drivers of HIV epidemic
- Need for structural interventions that promote resilience (e.g. name change, training HCWs to provide culturally competent care, economic (e.g. conditional cash transfer, skills building)
- Tailored interventions need to be developed in collaboration with TGD communities (“nothing about us without us”)

Sex and Gender are Different

- Sex ≠ gender; sexual orientation ≠ gender identity
- Sex – assigned at birth
 - Male, female
 - Based on biology: Anatomy, chromosomes, hormones
- Gender – social and cultural distinctions
 - Gender identity, one's sense of self as a gendered or nongendered person (man, woman, both, neither)
 - Multidimensional: identity, expression, roles
- Need to routinely ask assigned sex and gender identity

Transgender and Gender Diverse (TGD) People

- Everyone has a Sexual Orientation and Gender Identity
- Cisgender: sex assigned at birth is congruent with Gender Identity
- TGD people have a GI or expression different than assigned sex at birth
 - **Transgender woman:** Trans woman, trans female, transgender girl → Male assigned sex at birth
 - **Transgender man:** Trans man, trans male, transgender boy → Female assigned sex at birth
 - **Nonbinary:** outside the gender binary
 - Cultural specificity of gender identities
 - **>25 million TGD people globally**



travesti,
meti,
waria,
hijra, kothi,
fa'afafine,
kinnar,
genderqueer,
transpinoy,
aravani,
jagappa,
shiv-shakthis,
jogti,
two spirit,
third gender,
thirunangi,
twin spirit,
muxhe,
omeguid,
leiti mahu



Nonbinary People

- Gender identity or expression not exclusively male or female
 - Outside traditional male-female gender binary
 - Genderqueer, gender fluid, gender expansive, agender, pangender
 - Pronouns: They/ them/ their, Ze/ hir/ hers

'They' Is the Word of the Year, Merriam-Webster Says, Noting Its Singular Rise

A surge in searches for the definition of an old-school pronoun signals a new, nonbinary meaning.



Jenny Kate/Associated Press

By Amy Harmon

Published Dec. 10, 2019 Updated Nov. 3, 2021

Merriam-Webster announced the pronoun "they" as its word of the year on Tuesday, marking the rise of the use of the venerable plural pronoun to refer to a single person whose gender identity is nonbinary.

The word of the year, the dictionary publisher said, is based on data: Searches for the definition of "they" on the publisher's website and apps increased by 313 percent in 2019 over the



Transgender



Nonbinary



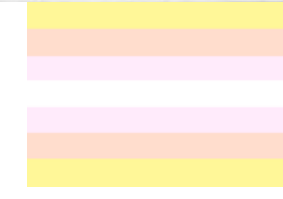
Genderqueer



Genderfluid



Agender



Pangender

Global HIV Prevalence and Burden for Trans Feminine Individuals: Meta-Analysis, 2000-2019

- 98 studies from Jan 1, 2000 – Jan 28, 2019, lab-confirmed HIV infection
- **N=48,604 trans feminine individuals from 34 countries (78 studies)**
- HIV prevalence: **19.9% (95% CI=14.7% - 25.1%)**
- Comparing Trans feminine vs adults age 15+ in each country

Region	# of countries	# of Samples	Sample size	TGW HIV Prevalence (95% CI)	Odds Ratio (95% CI)
Africa	9	9	1192	29.9 (22.5–37.3)	21.5 (6.3–73.7)
Asia	11	35	14798	13.5 (2.3–17.7)	68.0 (42.9–107.8)
Global North	5	35	24697	17.1 (13.1–21.1)	48.4 (28.2–83.9)
Latin America	9	23	7917	25.9 (20.0–31.8)	95.6 (73.7–122.7)

HIV Prevalence in TW in Sub-Saharan Africa

- “MSM” studies at 14 sites across 8 countries: Burkina Faso, Cote d’Ivoire, The Gambia, Lesotho, Malawi, Senegal, Swaziland, and Togo
 - RDS/PLACE ⇒ Survey ⇒ rapid HIV testing
 - Among 4,586 male SAB participants, **20% identified as TW** or female (remaining were cis MSM) ⇒ 937 TW
 - **HIV prevalence among TW: 25%** (vs. 14% among cis MSM)

Table 6. Multivariable logistic regression of odds of HIV infection.

Variable ¹	OR (95% CI)	p-Value
Gender (transgender women versus cis-MSM)	2.17 (1.65–2.87)	<0.001
Age (1-year intervals)	1.10 (1.08–1.12)	<0.001
Condomless receptive anal sex	2.12 (1.66–2.72)	<0.001
Depression screen	1.48 (1.21–1.81)	0.001
Interpersonal stigma	1.04 (0.93–1.16)	0.507
Law enforcement stigma	1.13 (1.02–1.24)	0.016
Violence	1.20 (1.07–1.35)	0.002
Gender × condomless receptive anal sex	2.14 (1.56–2.92)	<0.001

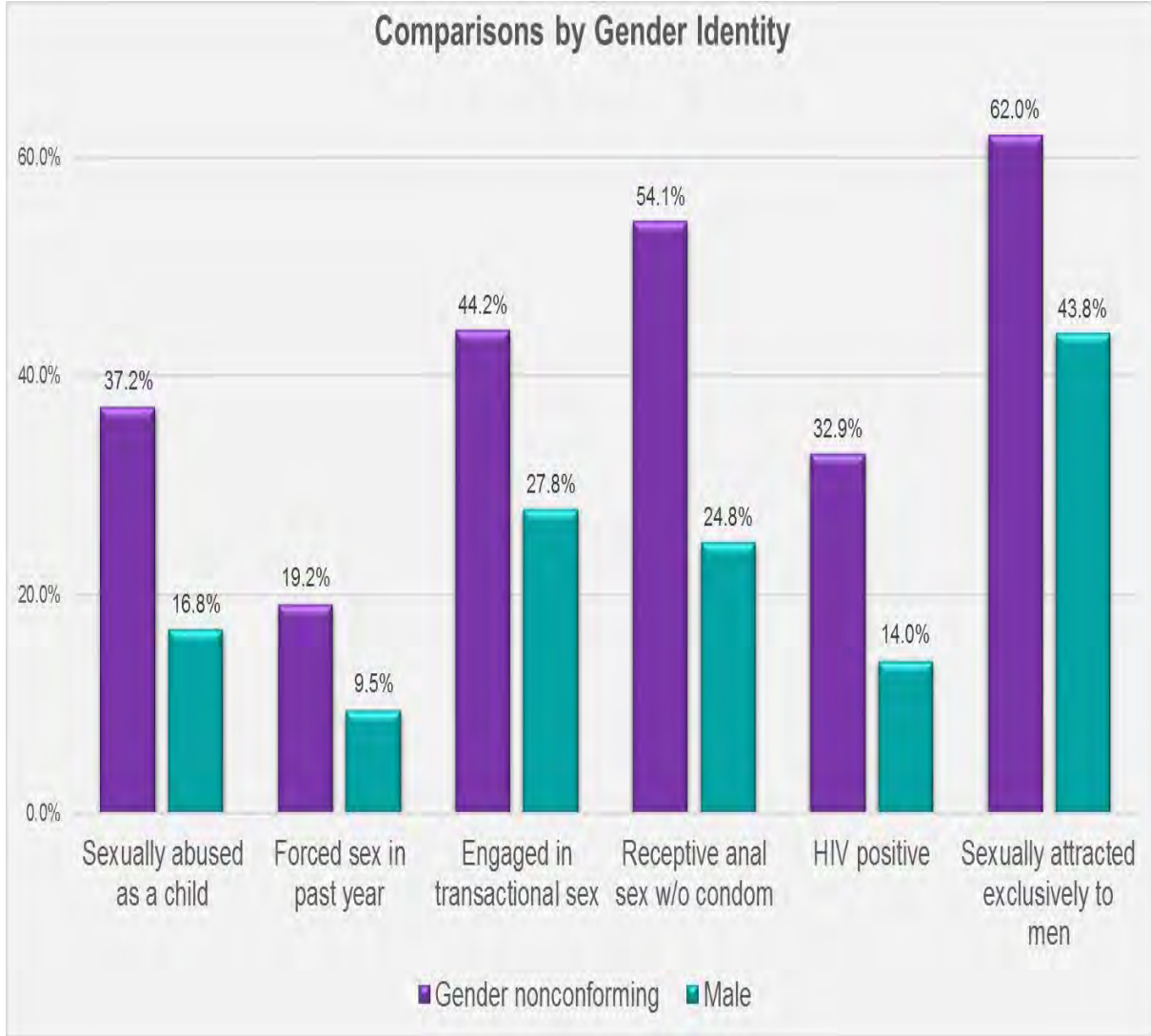


- Vanguard study of HIV risk in African MSM and TGW
- Enrolled 401 pts. In Blantyre, Cape Town, Kisumu, Soweto
- 20.1% pts. identified as TGW, transsexual, female, or male+ female
- Challenge: People's identities changed in the course of the study
- **HIV incidence 8.4% for TGW** (6.8% for cisgender MSM; NS)
- *27.5% engaged in transactional sex; 24.8% reported forced sex
- *50.5% reported sex while under the influence of drugs or alcohol
- *Rectal GC, CT prevalence: 16.1%
- *Only 28.4% virally suppressed
- Stigma and health care discrimination common

*Data from whole sample

Sandfort et al, 2021

HPTN 075: Disparities in TGD and MSM



Gender nonconforming more likely to report...

	OR	95% CI
Sexually abused as a child	2.93	(1.70, 5.05)
Forced sex in past year	2.26	(1.50, 4.45)
Engaged in transactional sex	2.05	(1.23, 3.43)
Receptive anal sex w/o condom	3.56	(2.10, 6.03)
HIV positive	3.02	(1.71, 5.33)
Sexually attracted exclusively to men	2.1	(1.27, 3.48)
Homophobic experiences	1.46	(1.18, 1.80)

Global Burden of HIV in Transgender Men

- 2021 meta-analysis:
 - 98 studies from Jan 1, 2000 – Jan 28, 2019
 - Lab-confirmed HIV infection
 - 30 studies, 5 countries
 - **N=6460 trans masculine individuals**
 - HIV prevalence: **2.56 (95% CI=0.0% - 5.9%)**
 - Trans masculine vs all adults age 15+: **OR=6.8 (95% CI=3.6 - 13.1)**
- No studies reporting HIV incidence
- Sexual risk behaviors
 - **7% - 69%** genital-genital sexual risk

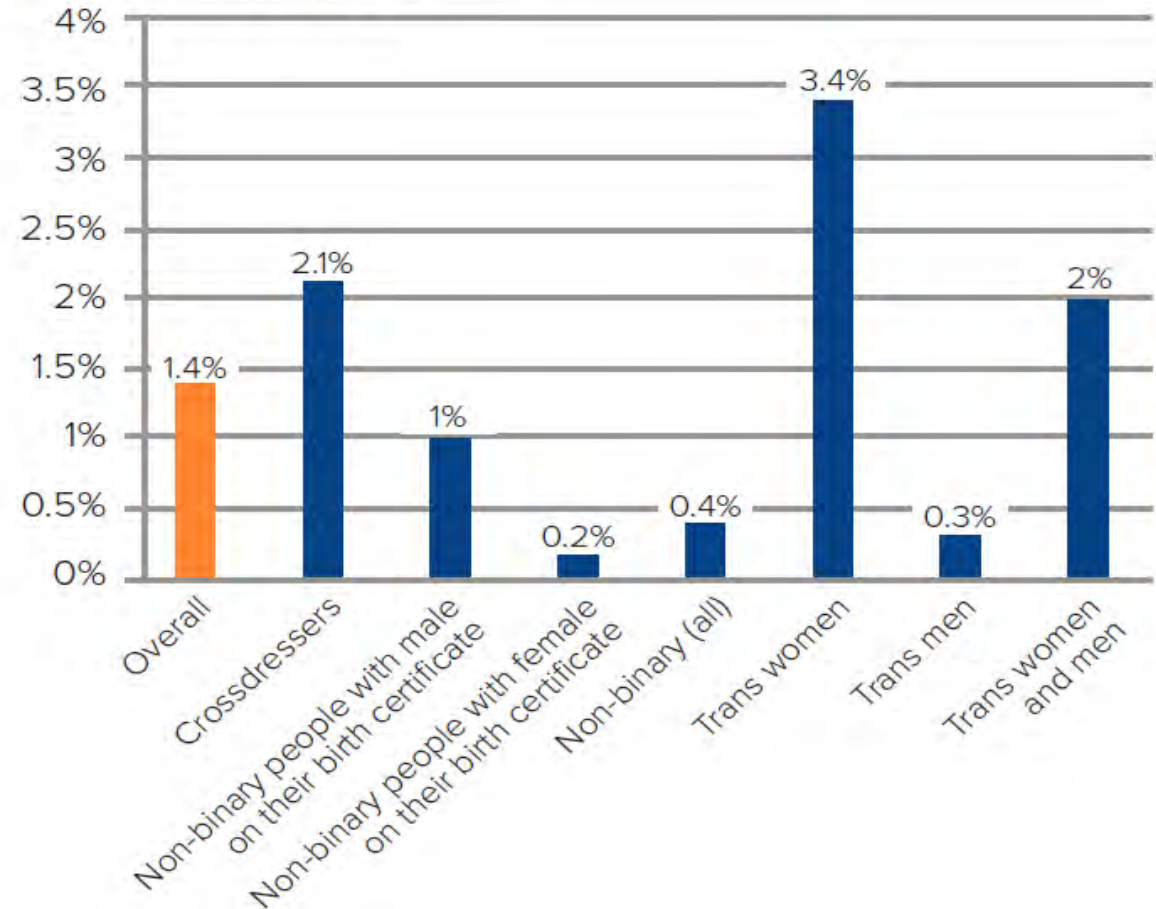
HIV/STI Burden: Non-binary (NB) People

US Transgender Survey (N=27,715):

- 35% of respondents were NB (n=9,700)
- Self-reported NB HIV prevalence (overall): **0.4%**
 - Among female SAB: **0.2%**
 - Among male SAB: **1.0%**

NO studies identified with STI data on NB individuals

Figure 7.41: Living with HIV
GENDER IDENTITY (%)



Transgender Health and Social Inequities

- **HIV infection and other STIs**
- Poor self-rated general health
- Mental health conditions
- Substance (ab)use
- Cancer-related risks (e.g., smoking)
- Cardiovascular disease risks
- Violence/ victimization
- Delays in preventive screening
- Lack of access to gender-affirming care
- Social and economic stigma and exclusion (e.g., poverty, homelessness, incarceration)



Stigma and Social Exclusion

35% bullied in schools

47% face family rejection

40% attempted suicide, 10% last year

29% live in poverty

14% homelessness

1 in 3 discrimination in healthcare

1 in 4 avoided medical care due to fear of mistreatment

46% publicly harassed in last year

47% sexually assaulted in lifetime



- **Trans murders have doubled from last year in the USA**
- **53 trans people murdered in 2021**
- **89% people of color**

Gender Non-Affirmation

- Gender non-affirmation and stigma
- Nov-Dec 2017
- 843 trans masculine adults who report sex with a cis male in last 6 mo
- **77.7%** non-affirmation
 - 33.2% low, 30.6% moderate, 13.9% high
- Higher frequency of non-affirmation associated with increased odds of ...
 - Depressive distress ($p < 0.05$)
 - Symptoms of anxiety ($p < 0.05$)
 - Condomless sex ($p < 0.05$)
 - No HIV test in last 6 mo ($p < 0.05$)

4-item scale:

- (1) being referred to with the incorrect pronouns/ mis-gendered during sex;
- (2) feeling disrespected by words/terms used to describe their body;
- (3) crossing boundaries sexually which they later felt uncomfortable with or were ashamed about in order to validate their gender identity or expression;
- (4) dealing with a sex partner questioning his sexual orientation after having sex with them.

PrEP in Transgender Women: iPrEx

- iPrEX RCT of once daily oral FTC/TDF for PrEP
- Transgender women: 339/2499 (14%)
- Lack of efficacy in trans women
 - 11 TW seroconverted in intervention vs 10 in placebo; HR 1.1, 95% CI 0.5 to 2.7; p=0.77
 - TDF detected in no trans women at seroconversion
- No HIV seroconversions in trans women with TDF levels consistent with taking >4 pills/week
 - PrEP use protective in the setting of drug adherence
- TDF levels not linked to behavioral risk factors
- TW vs MSM: less consistent PrEP use (OR=0.39, 95% CI 0.16 to 0.96, p=0.04)



1. Deutsch MB, et al. *Lancet HIV*. 2015;2:e512-519.
2. Van Damme L, et al. *N Engl J Med*. 2012;367:411-422.
3. Marrazzo JM, et al. *N Engl J Med*. 2015;372:509-518.

PrEP and Gender-Affirming Hormones

Shieh E et al. *Journal of the International AIDS Society* 2019; **22**:e25405
<http://onlinelibrary.wiley.com/doi/10.1002/jia2.25405/full> | <https://doi.org/10.1002/jia2.25405>



RESEARCH ARTICLE




Transgender women on oral HIV pre-exposure prophylaxis have significantly lower tenofovir and emtricitabine concentrations when also taking oestrogen when compared to cisgender men

Eugenie Shieh¹, Mark A Marzinke^{1,2}, Edward J Fuchs¹, Allyson Hamlin¹, Rahul Bakshi¹, Wutyi Aung¹, Jennifer Breakey¹, Tonia Poteat³, Todd Brown⁴, Namandjé N Bumpus¹ and Craig W Hendrix^{1,5} 

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 Shieh, Marzinke, and Fuchs should be considered joint first author.
 ClinicalTrials.gov identification number: NCT 03060785.

Clinical Infectious Diseases

BRIEF REPORT

Decreased Tenofovir Diphosphate Concentrations in a Transgender Female Cohort: Implications for Human Immunodeficiency Virus Preexposure Prophylaxis

Mackenzie L Cottrell,¹ Heather M. A. Prince,² Amanda P. Schauer,¹ Craig Sykes,¹ Kaitlyn Maffioli,¹ Amanda Poliseno,¹ Tae-Wook Chun,² Erin Huiling,² Frank Z. Stanczyk,⁴ Anne F. Peery,⁵ Evan S. Dellon,⁶ Jessica L. Adams,^{4,7} Cindy Gay,⁷ and Angela D. M. Kashuba^{1,2}

concentrations commensurate with 4 doses/week [2]. However, this interpretation was predicated on pharmacokinetics in healthy, cisgender individuals and assumed the populations were matched, which is likely inaccurate. TGW are more likely to have a sexually transmitted infection (STI), use cocaine or methamphetamines, and take high doses of female sex hormones and antiandrogens as feminizing hormone therapy (FHT) [2], all of which may impact pharmacokinetic-pharmacodynamic relationships. In TGW who use FHT, the median estradiol concentrations (258 pg/mL) [3] fall within the clinical reference range of peak estradiol concentrations observed in cisgender women (96–436 pg/mL).

Hiransuthikul A et al. *Journal of the International AIDS Society* 2019; **22**:e25338
<http://onlinelibrary.wiley.com/doi/10.1002/jia2.25338/full> | <https://doi.org/10.1002/jia2.25338>



RESEARCH ARTICLE


Drug-drug interactions between feminizing hormone therapy and pre-exposure prophylaxis among transgender women: the iFACT study

Akarin Hiransuthikul^{1,5} , Rena Janamnuaysook¹, Kanittha Himmad¹, Stephen J Kerr^{2,3}, Narukjaporn Thammajaruk¹, Tippawan Pankam¹, Kannapat Phanjaroen¹, Stephen Mills⁴ , Ravipa Vannakit⁵, Praphan Phanuphak¹ , and on behalf of the iFACT Study Team




⁵Corresponding author: Akarin Hiransuthikul, PREVENTION, Thai Red Cross AIDS Research Centre, 104 Tel: +66 (2) 251 6711. (ahiransuthikul@gmail.com)

Abstract
Introduction: Concerns over potential drug-drug interactions (DDI) between feminizing hormone therapy (FHT) and pre-exposure prophylaxis (PrEP) among transgender women (TGW) are increasing. We conducted a study to evaluate the impact of FHT on PrEP concentrations in TGW. The iFACT study is a prospective, observational study of TGW on PrEP who were also receiving FHT. We measured tenofovir diphosphate (TDF) and emtricitabine (FTC) concentrations in TGW on PrEP who were also receiving FHT. We found that TGW on PrEP who were also receiving FHT had significantly lower TDF and FTC concentrations compared to TGW on PrEP who were not receiving FHT. This suggests that FHT may interfere with the effectiveness of PrEP in TGW. Further research is needed to understand the mechanisms of this interaction and to develop strategies to optimize PrEP effectiveness in TGW on FHT.

J Antimicrob Chemother 2020; **75**: 1242–1249
 doi:10.1093/jac/dkaa016 Advance Access publication 17 February 2020






Plasma and intracellular pharmacokinetics of tenofovir disoproxil fumarate and emtricitabine in transgender women receiving feminizing hormone therapy

Lauren R. Cirrincione ^{1,†}, Anthony T. Podany¹, Joshua P. Havens^{1,2}, Sara H. Bares², Shetty Ravi Dyavar¹, Yeongjin Gwon ³, Tanner M. Johnson^{1,†}, N. Jean Amoura⁴, Courtney V. Fletcher^{1,2} and Kimberly K. Scarsi^{1,2,*} 

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Clinical Infectious Diseases

MAJOR ARTICLE

Sex Hormone Therapy and Tenofovir Diphosphate Concentration in Dried Blood Spots: Primary Results of the Interactions Between Antiretrovirals And Transgender Hormones Study

Robert M. Grant,¹ Marion Pellegrini,² Patricia A. Defechereux,¹ Peter L. Anderson,² Michelle Yu,¹ David V. Glidden,³ Joshua O'Neal,² Jenna Yager,¹ Shalender Bhasin,⁴ Jae Sevelius,⁵ and Madeline B. Deutsch¹

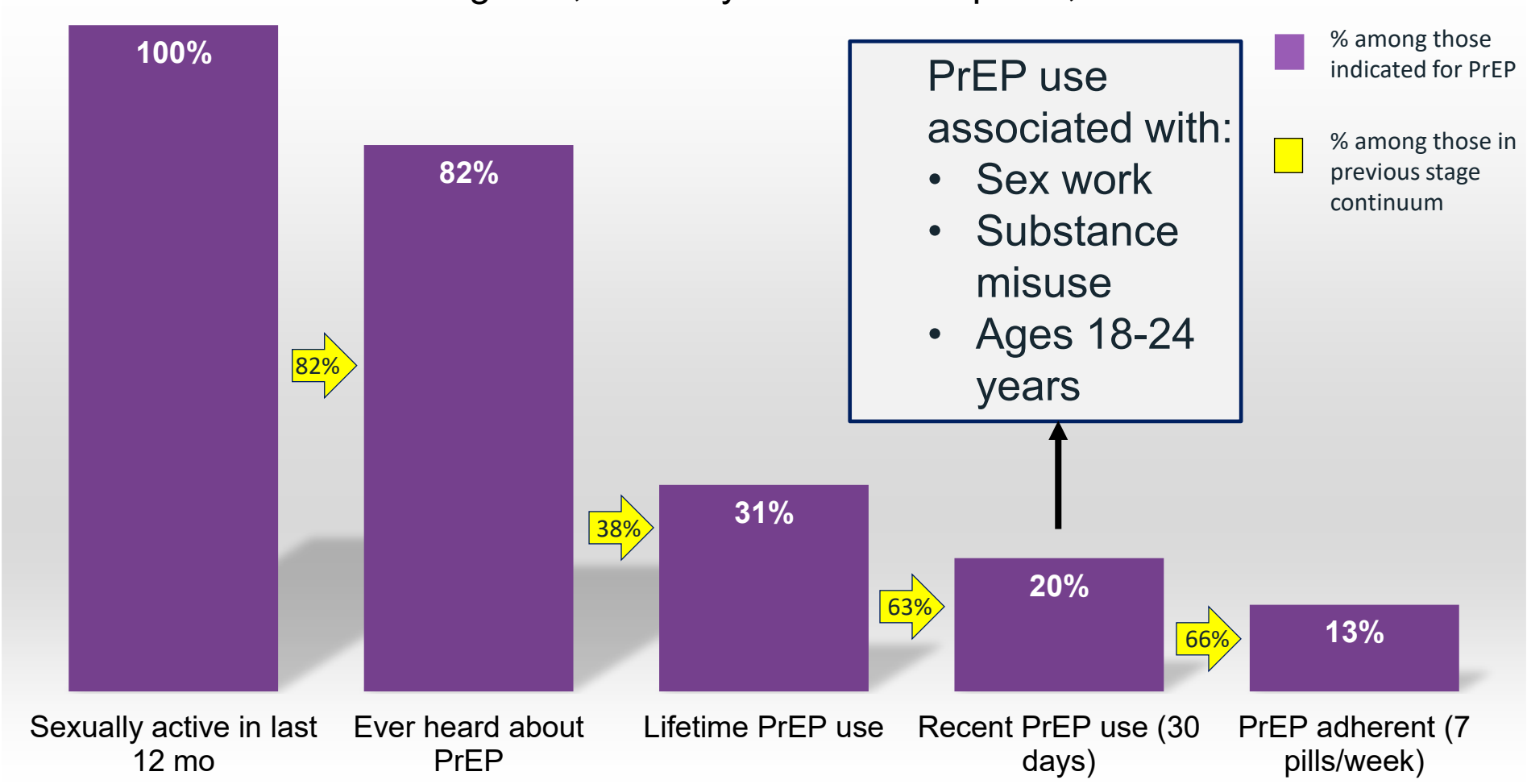
¹Department of Medicine, University of California-San Francisco, San Francisco, California, USA; ²San Francisco AIDS Foundation, San Francisco, California, USA; ³Department of Pharmaceutical Sciences, Shogun School of Pharmacy and Pharmaceutical Sciences, University of Colorado-Anschutz Medical Campus, Aurora, Colorado, USA; ⁴Department of Epidemiology and Biostatistics, University of California - San Francisco, San Francisco, California, USA; and ⁵Department of Medicine, Brigham and Women's Hospital, Boston, Massachusetts, USA

(See the Editorial Commentary by Krakauer on pages e2124–6.)

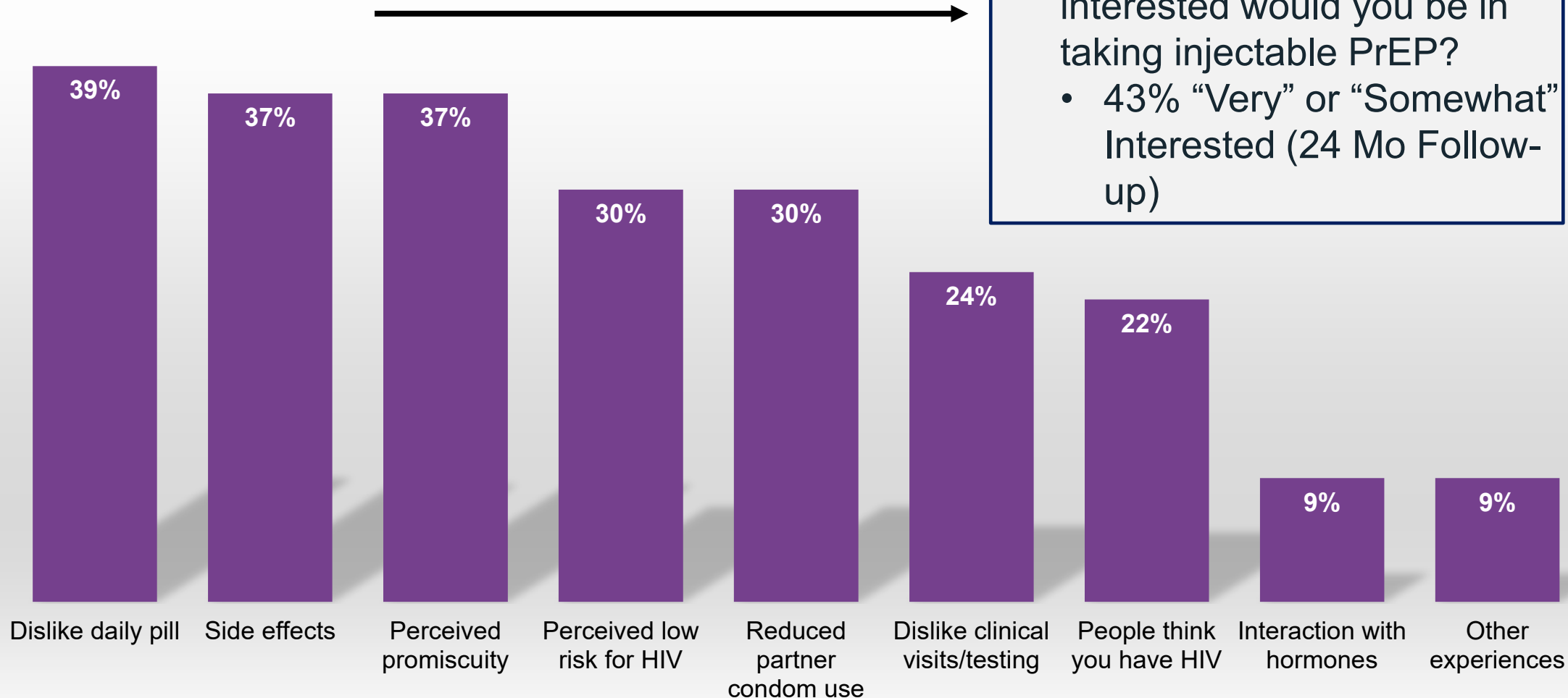
PrEP Continuum in Trans Women: LITE Baseline Data, USA (n=1293)



HIV-Negative, Sexually Active Participants, PrEP Indicated



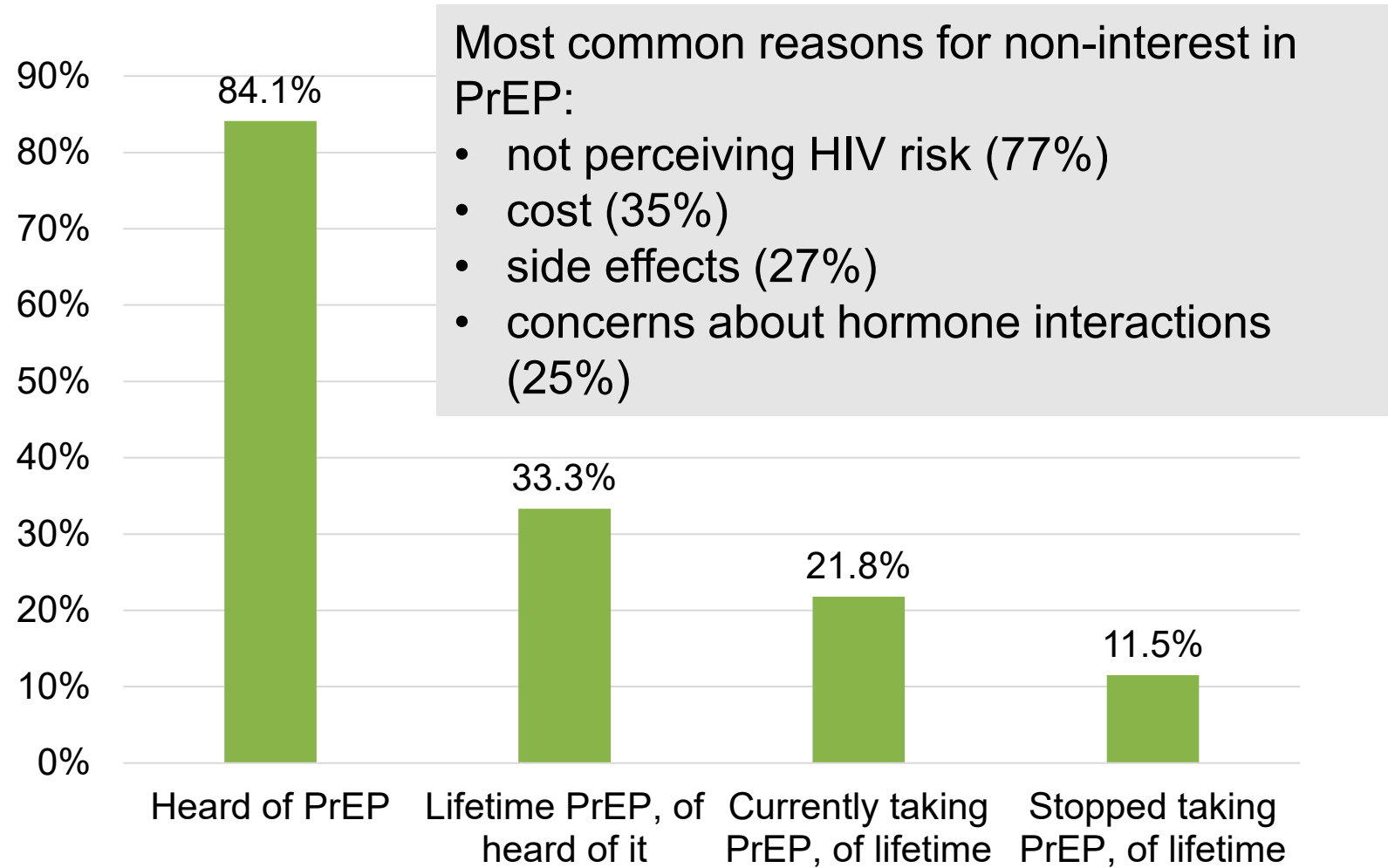
PrEP Experiences in Trans Women: LITE Baseline Data, USA



If found to be effective, how interested would you be in taking injectable PrEP?

- 43% “Very” or “Somewhat” Interested (24 Mo Follow-up)

PrEP in Trans MSM in US



Medical Gender Affirmation Improves Mental Health and Quality of Life

Clinical Endocrinology (2010) 72, 214–231

doi: 10.1111/j.1365-2265.2009.03625.x

ORIGINAL ARTICLE

1

Hormonal therapy and sex reassignment: a systematic review and meta-analysis of quality of life and psychosocial outcomes

Mohammad Hassan Murad*†, Mohamed B. Elamin*, Magaly Zumaeta Garcia*, Rebecca J. Mullan*, Ayman Murad‡, Patricia J. Erwin*§ and Victor M. Montori*¶

Knowledge and Encounter Research Unit*, †*Division of Preventive Medicine, Mayo Clinic, Rochester, MN, USA*, ‡*Department of Psychiatry, Centre Hospitalier de Rouffach, France*, §*Mayo Clinic Libraries and ¶Division of Endocrinology, Diabetes, Metabolism, Nutrition, Mayo Clinic, Rochester, MN, USA*

Transgender Health
Volume 1.1, 2016
DOI: 10.1089/trgh.2015.0008

Transgender Health 

Mary Ann Liebert, Inc.  publishers

2

REVIEW ARTICLE

Open Access

A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals

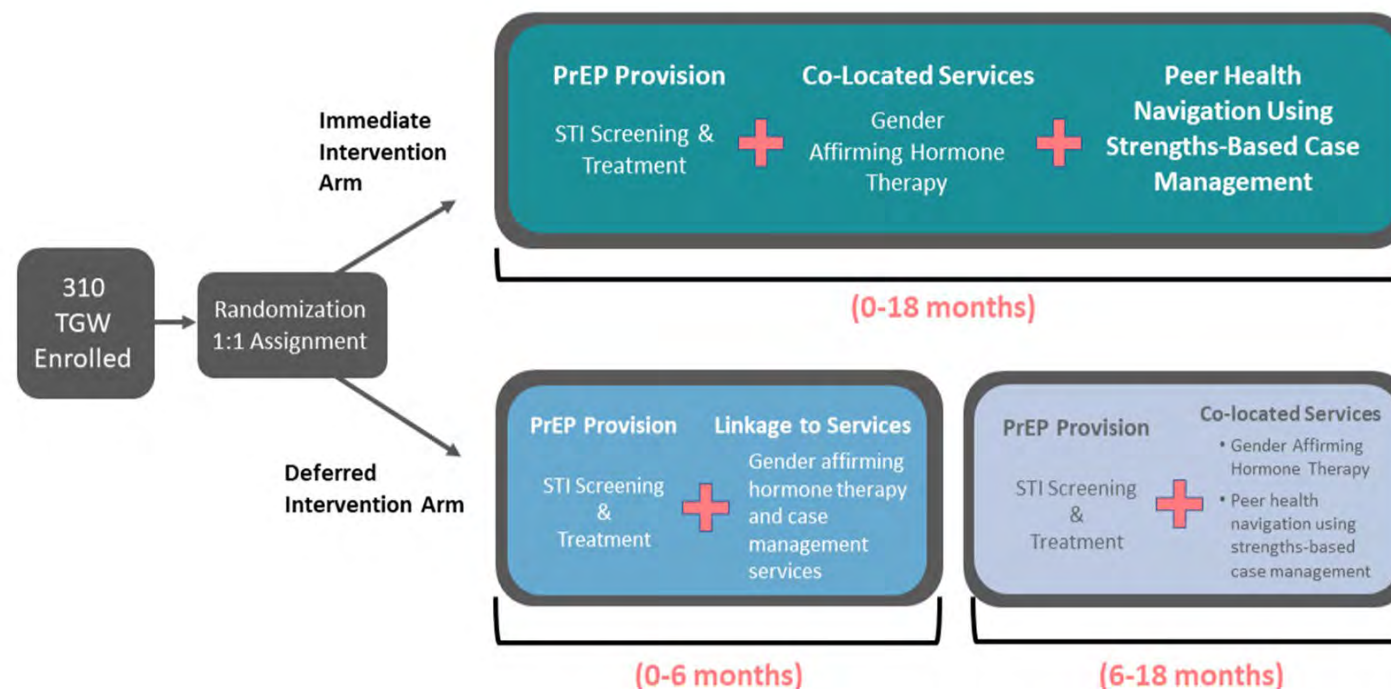
Jaclyn M. White Hughto^{1,2,*} and Sari L. Reisner^{1,3,4}

HPTN 091: Purpose and Design

Purpose:

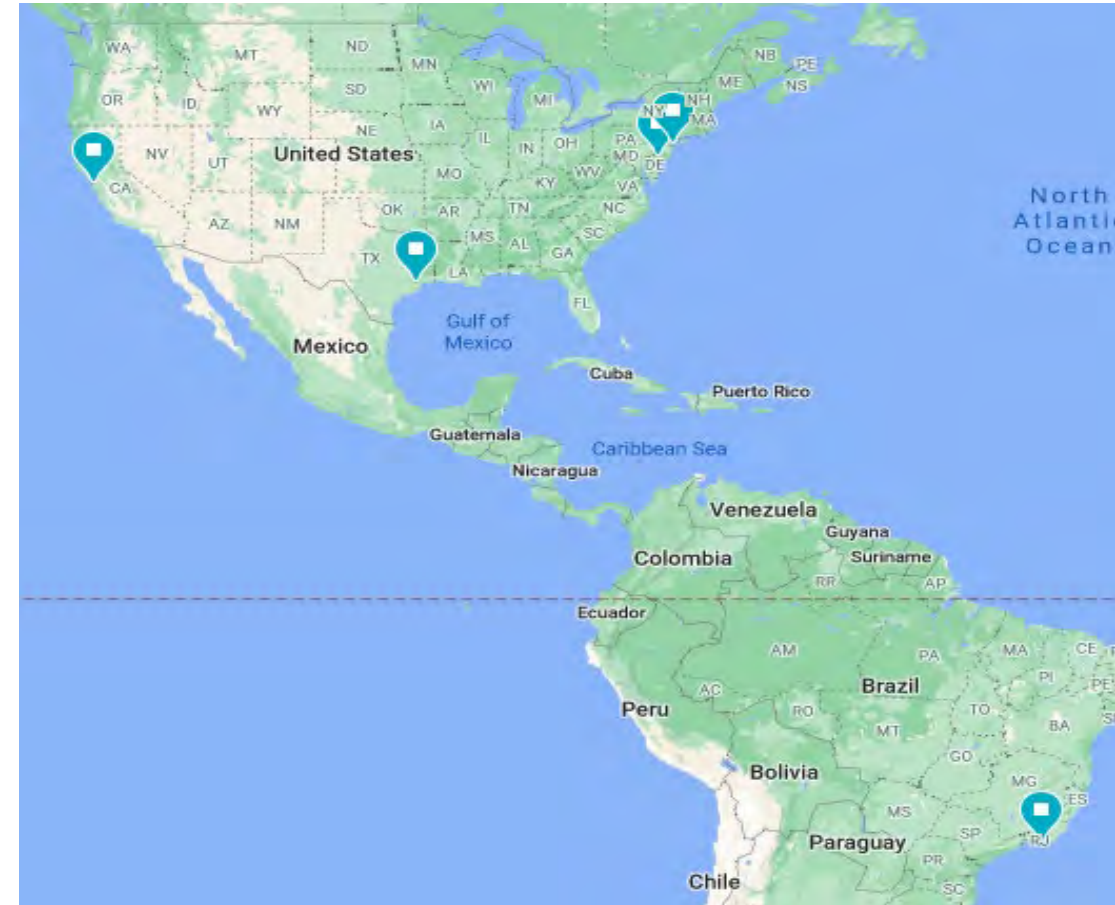
To assess the feasibility, acceptability, and preliminary impact of a multi-component strategy to **improve pre-exposure prophylaxis (PrEP) uptake and adherence** that integrates delivery of biomedical HIV prevention **co-located with gender-affirming transgender care** (hormonal therapy and medical monitoring) and **Peer Health Navigation** (PHN) using Strengths-Based Case Management (SBCM) professional supervision in transgender women (TGW)

Study Design:



HPTN 091: 99% target enrollment reached

- Enrollment completed on 16 December 2022
- 307 participants enrolled in the study
- Bridge HIV, San Francisco, CA
- Harlem Prevention Center, New York, NY
- Penn Prevention, Philadelphia, PA
- Houston AIDS Research Team, Houston, TX
- Instituto de Pesquisa Clinica Evandro Chagas (IPEC), Rio de Janeiro, Brazil



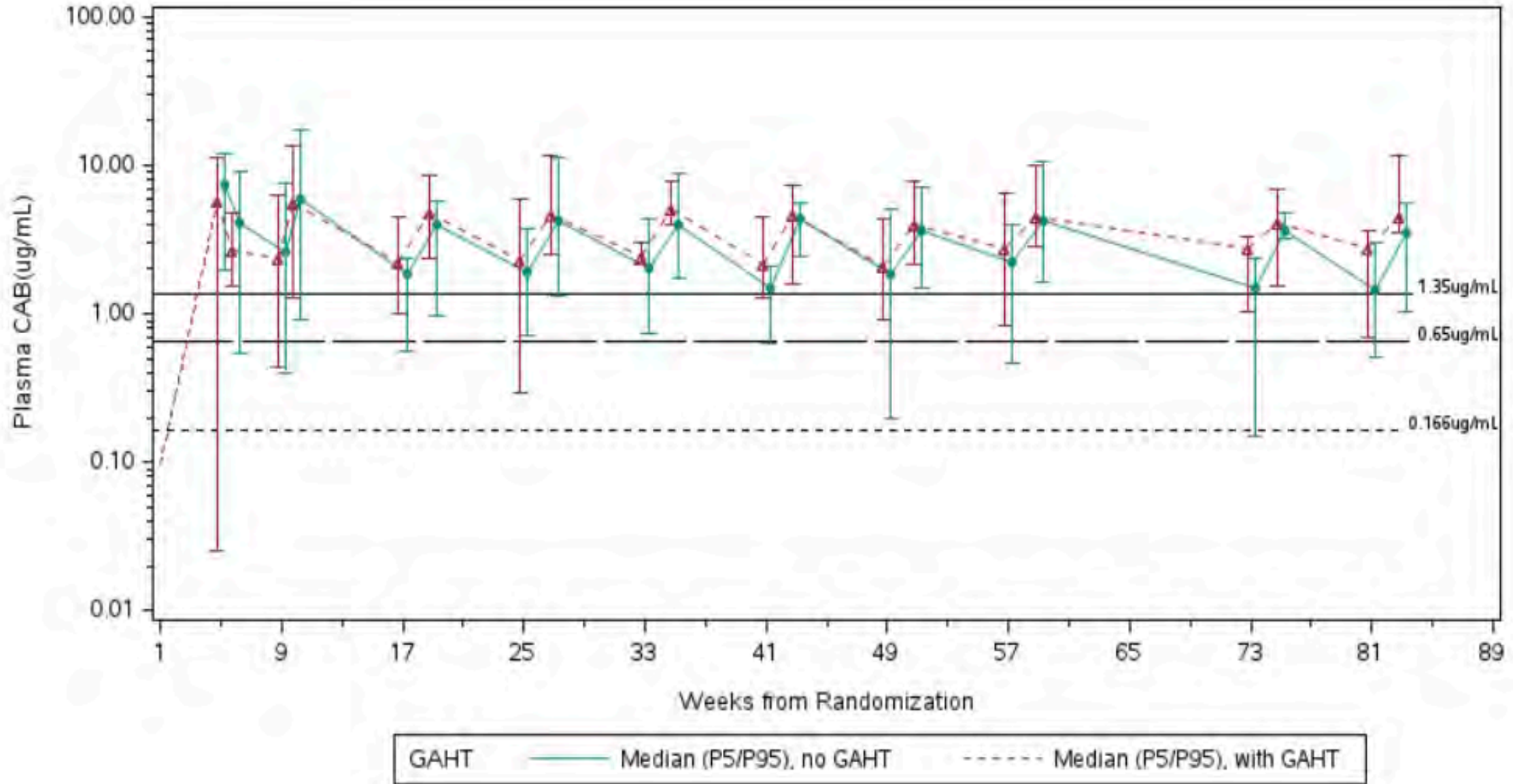
Overall Retention >90%

HPTN 083 HIV & STI Incidence: CAB vs TDF/FTC Transgender Women

- HIV incidence among TGW during the blinded phase of the trial was 1.80% (TDF/FTC) and 0.54%(CAB-LA) (hazard ratio: 0.34, 95%, CI0.08-1.56)
- Incidence of STIs among TGW were comparable between study arms

	Overall (n=570)		TDF/FTC (n=304)		CAB-LA (n=266)	
	n	%	n	%	n	%
HIV incidence rate	9	1.19%	7	1.80%	2	0.54%
Syphilis incidence rate		16.3%		18.6%		13.8%
Gonorrhea (rectal) incidence rate		11.7%		11.8%		11.5%
Chlamydia (rectal) incidence rate		20.6%		22.6%		18.6%

CAB PK in TGW w/wo GAHT



Evidence-Based HIV Interventions: Behavior Change

- Project LifeSkills Intervention
 - Young TW ages 16-29 years (Garofalo et al., 2018)
- Couples HIV Intervention Program (CHIP)
 - TW and their primary male partners (Gamarel et al., 2020)
- Sheroes
 - TW adults (Sevelius et al., 2020)
- Others in evaluation
 - Healthy Divas, T-Sista (UCSF), Girlfriends, TWEET

Original Investigation

October 2018

Efficacy of an Empowerment-Based, Group-Delivered HIV Prevention Intervention for Young Transgender Women

The Project LifeSkills Randomized Clinical Trial

Robert Garofalo, MD, MPH^{1,2}; Lisa M. Kuhns, PhD, MPH^{1,2}; Sari L. Reisner, ScD^{3,4,5}; et al

➤ Author Affiliations

JAMA Pediatr. 2018;172(10):916-923. doi:10.1001/jamapediatrics.2018.1799

Key Points

Question Does the Project LifeSkills intervention reduce condomless vaginal or anal sex acts among young transgender women?

Findings In this randomized clinical efficacy trial of 190 young transgender women, individuals who received the LifeSkills intervention had a significantly greater reduction in condomless vaginal and anal sex compared with those who received standard preventive care during the 12-month follow-up period.

Meaning The Project LifeSkills intervention reduced sexual risk for HIV infection and transmission in young



Comprehensive Transgender Healthcare: The Gender Affirming Clinical and Public Health Model of Fenway Health

Sari L. Reisner, Judith Bradford, Ruben Hopwood,
Alex Gonzalez, Harvey Makadon, David Todisco,
Timothy Cavanaugh, Rodney VanDerwarker, Chris Grasso,
Shayne Zaslou, Stephen L. Boswell, and Kenneth Mayer

ABSTRACT *This report describes the evolution of a Boston community health center's multidisciplinary model of transgender healthcare, research, education, and dissemination of best practices. This process began with the development of a community-based approach to care that has been refined over almost 20 years where transgender patients have received tailored services through the Transgender Health Program. The program began as a response to unmet clinical needs and has grown through recognition that our local culturally responsive approach that links clinical care with biobehavioral and health services research, education, training, and advocacy promotes social justice and health equity for transgender people. Fenway Health's holistic public health efforts recognize the key role of gender affirmation in the care and well-being of transgender people worldwide.*

KEYWORDS *Health equity, Health care, Transgender*

INTRODUCTION

Transgender people have an assigned sex at birth that differs from their current gender identity or expression.¹ This report describes the evolution of Fenway Health's multidisciplinary model of transgender health care, research, education, training, and dissemination of its practice. This includes the development of, and changes to, a community-based approach spanning almost two decades. Opportunities for future growth of transgender care and research locally and globally are discussed, with a focus on the linkage of clinical care with health research, education, training, and advocacy to promote social justice and health equity for transgender people across the world.

OPEN

Integrated and Gender-Affirming Transgender Clinical Care and Research

Sari L. Reisner, ScD,* Asa Radix, MD, MPH,† and Madeline B. Deutsch, MD, MPH‡

OVERVIEW

Despite the disproportionate burden of HIV infection facing transgender communities, particularly for transgender feminine spectrum people worldwide,¹ transgender individuals continue to represent an underserved, highly stigmatized, and under-resourced population in both general clinical care and HIV prevention services. The aim of this article is to describe and present a model of gender-affirmative and integrated clinical care and community research for transgender people to address and intervene on disparities in HIV infection. To do this, we first define terminology pertaining to transgender people, briefly review the epidemiology of HIV infection and risks in transgender communities, describe exemplar models of gender-affirmative clinical care for transgender people in Boston MA, New York, NY, and San Francisco, CA, and offer suggested "best practices" for how to integrate clinical care and research for the field of HIV prevention. Holistic and culturally responsive HIV prevention interventions must be grounded in the lived realities the trans community faces to reduce disparities in HIV infection. HIV prevention interventions will be most effective if they use a structural approach and integrate primary concerns of transgender people (eg, gender-affirmative care and management of gender transition) alongside delivery of HIV-related services (eg, biobehavioral prevention, HIV testing, linkage to care, and treatment).

Abstract: Transgender (trans) communities worldwide, particularly those on the trans feminine spectrum, are disproportionately burdened by HIV infection and at risk for HIV acquisition/transmission. Trans individuals represent an underserved, highly stigmatized, and under-resourced population not only in HIV prevention efforts but also in delivery of general primary medical and clinical care that is gender affirming. We offer a model of gender-affirmative integrated clinical care and community research to address and intervene on disparities in HIV infection for transgender people. We define trans terminology, briefly review the social epidemiology of HIV infection among trans individuals, highlight gender affirmation as a key social determinant of health, describe exemplar models of gender-affirmative clinical care in Boston MA, New York, NY, and San Francisco, CA, and offer suggested "best practices" for how to integrate clinical care and research for the field of HIV prevention. Holistic and culturally responsive HIV prevention interventions must be grounded in the lived realities the trans community faces to reduce disparities in HIV infection. HIV prevention interventions will be most effective if they use a structural approach and integrate primary concerns of transgender people (eg, gender-affirmative care and management of gender transition) alongside delivery of HIV-related services (eg, biobehavioral prevention, HIV testing, linkage to care, and treatment).

Key Words: HIV, transgender, prevention, models of clinical care, health inequities

(*J Acquir Immune Defic Syndr* 2016;72:S235-S242)

From the *General Pediatrics, Harvard Medical School, Boston Children's Hospital, Boston, MA, Department of Epidemiology, Harvard T.H. Chan School of Public Health, Boston, MA, The Fenway Institute, Fenway Health, Boston, MA; †Callen-Lorde Community Health Center, New York,

TERMINOLOGY

Transgender and *gender nonconforming* people (*trans* or *gender minority*) have a gender identity or expression that differs from their assigned sex at birth.² Trans people are a diverse group. There is varied terminology used to describe gender minority people in different geographic and cultural contexts and settings; language and terms also continuously

<https://fenwayhealth.org/the-fenway-institute>

<https://www.lgbtqiahealtheducation.org>



Important to Obtain Community Perspectives

Work “with” not “on” transgender communities

Lesotho: standing up for transgender health and rights

Living proudly as a transgender man in the small sub-Saharan country of Lesotho has come at a serious price. My public activism on issues of sexual orientation and gender identity and expression makes me vulnerable to threats to my personal safety. The widespread instances of “corrective” rape against transgender men and lesbian women mean that I must constantly be careful and vigilant in every kind of public space, from entertainment venues to walks home from work. Gender prejudice is a norm in Lesotho, so in



Photo courtesy of Tampose Mothopeng

addition to these fears and the work I do as Director of the People's Matrix Association (Matrix Support Group), gaining my family's acceptance is its own burden.

Beyond fears for discrimination and violence in public and even private settings, there are country-wide infrastructure challenges, such as poor internet connection and capacity stressors. Like many such organisations, resources are limited and there are few opportunities for professional development, which

makes planning and implementation work extremely challenging. All of which seriously affects my professional and personal life, as I sometimes must sacrifice my personal resources just to keep the organisation running. The late hours this work often requires further endangers my personal safety, not to mention affecting my relationship with partners and friends.

There is hope, however, and that is that I am not alone in this struggle. In the past 6 months, I have gained a mentor guiding me in the organisational development process, and strengthening my self-esteem as I work toward achieving dignity for all transgender people in Lesotho.

Tampose Mothopeng

Tampose Mothopeng is the Director of the People's Matrix Association (Matrix Support Group) in Lesotho, an organisation specialising in civic education, health care, human rights, policy advocacy, research, women's issues, and youth empowerment. During his time at the People's Matrix Association (Matrix Support Group), he has organised strategies to meet the health needs of transgender and non-conforming individuals and responded directly to the health needs of gay and bisexual men through newly developed programmes. Additionally, he has participated in programmes to address LGBT and gender-based violence and develop LGBT youth art and advocacy networks.

South Africa: access to gender-affirming health care

My own reality as a transgender woman of colour from rural South Africa is what brought me to the fight for justice for other transgender women in South Africa and beyond.

In South Africa, the legacy of colonialism, institutionalised inequality, and apartheid shaped the current reality of people of colour, especially for transgender people of colour. All of these intersecting



Photo courtesy of Leigh Ann van der Merwe

factors lead to a complex array of challenges I can only begin to address.

The legal context makes life difficult. South African law allows for transgender people to change names and gender markers, but the law is implemented inconsistently. When legal documents do not match the identities of transgender persons, it presents a huge challenge for accessing health and other social services.

The health context also affects our lives. There are only two facilities in South Africa where gender-affirming surgeries are done, and both have a shocking waiting list of many years. Often when transgender people do not get to be their authentic and true selves, the mental-physical disconnect factors into transgender people not “taking care” of themselves. This manifests in high-risk behaviours like sex work that increase HIV risk.

The social context also presents challenges. A Transilience study on violence against transgender women in South Africa showed that 85% of trans women have experienced

violence in one way or the other, and the picture is worse for trans women of colour. Another problem for many communities of colour is ritual circumcision. This practice is fraught with gendered implications, since the ritual represents becoming a man, which directly conflicts with the feminine identities of transgender women. However, to reject this tradition often means rejection from families, financial ruin, homelessness, and health risks.

L Leigh Ann van der Merwe

L Leigh Ann van der Merwe is the Coordinator and Founder of S.H.E (Social, Health and Empowerment Feminist Collective of Transgender And Intersex Women of Africa). Leigh Ann was born in Ugie, Eastern Cape of South Africa. Leigh Ann has extensive experience in research pertaining to public health, sexual and reproductive health, and feminism. She holds a certificate in Community Journalism from the University of South Africa and is currently enrolled in the postgraduate programme in Public Health at the University of the Western Cape. Over the past 8 years, Leigh Ann has held positions with several local and international agencies and non-governmental organisations, and has presented and consulted extensively on transgender women's issues. She was also a fellow in the Open Society/Austrian American Foundation/Transgender Centre of Excellence programme.



Thank you

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