

Nobody accepted them for who they are and those are the kinds of stories that you hear

Ms Allandise Cloete

HIV/AIDS, STIs and TB (HAST) research programme, the Human Sciences Research Council
AIDS IMPACT

Century City Conference Centre and Hotel, Cape Town

**Embracing positive living
for our people**

Outline of the presentation

- Trans 101
- Synopsis of available data
- The HSRC study
- Preliminary results of the rapid ethnography
- Conclusions
- Recommendations

Trans 101...

- Transgender (“trans”) = An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.



Trans 101...

Trans women (male to female) = Assigned male at birth but identify as women

- Gender identity is independent of sexuality:
 - Trans women may identify as *straight*, *gay*, *bisexual*, or may consider conventional sexuality labels inadequate or inapplicable.

Trans 101...

- Most trans women want to transition their bodies to be more congruent with their identities; they often use medical technologies, such as cross-sex hormones, and undergo various types of surgeries –
 - *The reality is very complex:*
 - *Trans women's bodies can be at any stage of medical transition, ranging from male to female to unusual and non-conforming bodies that cannot simply be defined in male-female binary*

Synopsis of available data

- **Size estimation**
 - HSRC PMSE study placed the national population size for trans women at 72,156 (range 67,757-76,554)
- Operationally
 - Concerns about how trans women were defined and subsequently included in estimates
 - Issues of external validity
- Defining trans women for size estimation purposes as demonstrated in the HSRC study is a constant challenge.

Synopsis of available data

- Finding consensus in definitions of trans women has contributed to difficulties in:
 - Identifying trans women and;
 - Determining the size of the population, and; consequently,
 - The development of targeted HIV prevention interventions for this population (Baral and colleagues, 2013)

Synopsis of available data

- Epidemiologically invisible population which has had domino effect on:
 - Restricting funding;
 - Research opportunities, and;
 - Allocation of resources for tailored HIV prevention, care and treatment services for this population.

Synopsis of available data

- HIV Prevalence

- Globally, trans women have been shown to be at high risk for HIV infection.
- Trans women are nearly 49 times more likely to be infected with HIV than other adults of reproductive age
- In South Africa we currently have no information regarding the specific HIV vulnerabilities of trans women.
- HIV prevalence among trans women also remains undocumented

Synopsis of available data

Behavioural/social/structural

- The tendency to subsume trans women under a blanket transgender category
- The amalgamation of trans women into other groups has limited our epidemiological understanding of the factors contributing to HIV risk among trans women
- Overall: HIV risk behaviors among trans women in South Africa are thinly described in published works.

STUDY SETTING

- This study is conducted:
 - The Cape Town Metropolitan area, located in the Western Cape Province,
 - Johannesburg metropolitan area in the Gauteng province,
 - Buffalo City Metro Municipality located in the Eastern Cape province of South Africa.
- The rationale for conducting the study within the aforementioned cities and metros is because of the existence of organisations working with trans women.
 - Gender Dynamix
 - SHE Feminist Collective in East London
 - Sex Workers' Advocacy and Education Taskforce (SWEAT)
 - Access Chapter 2 (AC2)

Inclusion criteria

- The inclusion criteria:
 - Aged 18 years or older
 - (Self-reported) consensual sex* within the last 6 months
 - Lives in the Cape Metropolitan area in the Western Cape Province, the Johannesburg metropolitan area in Gauteng as well as in the five districts of the Buffalo City Municipality
 - Sex at birth=male
 - Current Gender = Female or Trans*/gender/female or identify as “other” than male or man

*For inclusion criteria purposes, sex is defined as oral, vaginal, or anal sex.

OVERALL OBJECTIVES OF THE STUDY

- To identify the social, structural, economic and cultural factors that are related to HIV infection in trans women
- To understand individual behaviours and practices related to HIV in trans women
- To determine the percentage of trans women who are HIV positive in the three study locations
- To conduct a size estimation of trans women in the Cape Town and Johannesburg Metropolitan areas and Buffalo City Metro Municipality

Rapid Ethnography...Methods

- Key informants (n=11) were identified from our existing relationships with universities, research institutions, NGOs working within HIV prevention for trans women, and contacts made by our research staff.
- We asked key informants:
 - Life of a trans woman in the city?
 - What are some of the challenges faced by trans women in South Africa when accessing HIV prevention, treatment and care services for trans women

Preliminary results... Life of a trans woman

- Social rejection leads to homelessness:

So when relationships with family degenerates because trans women are expressing their gender identity or trying to figure out their gender identity, they often spend a lot of time outside of home and might leave home at a young age (NGO for trans female sex workers, Cape Town)

I remember, I emigrated from home to the city of Johannesburg and that moment, I think I was between the age of twelve going thirteen. And when I came here, I became homeless for about 1 year and six months you know? And I hustled my way from the pavement to a hotel somewhere in Hillbrow (Trans Female Sex Worker, Gauteng)

Preliminary results...Life of a trans woman

- Homelessness, little or no education leads to unemployment:

*And also, hearing or having heard some of the other stories of my trans sisters and how they became **sex workers** is also because of the fact that they are, some of them have been on their own since a young age. Nobody accepted them for who they are and those are the kinds of stories that you hear (Trans woman, coordinator for Miss Gay Jozi, Gauteng)*

Preliminary results...Life of a trans woman

Engaging in sex work provides a space where trans women are affirmed as women

The link between gender affirmation and high risk sexual practices (i.e. sex work)

You know most of the time they do sex work, trans women, because of issues like acceptance. They say when it comes to engaging in sex, those are the only people who accept them just as they are (Representative of Eastern Cape AIDS Council, East London)

Preliminary results...Life of a trans woman

- Violence and victimization directly and indirectly leads to HIV risk
 - *But you know the daily sort of struggle to try and negotiate the city police, people's belongings are destroyed all the time and you are homeless, your stuff is confiscated, your ID book destroyed, all your things can be wiped out overnight. They are trying to push people out of the city ... they are assuming that will stop people from being homeless, but of course that is a ridiculous assumption* (NGO for trans female sex workers, Cape Town)

Preliminary results...Life of a trans woman

- Sex work
- Unable to negotiate safer sex
- Drug use
 - *Many trans women say that they use substances as the way of coping with the heartache, coping with the isolation, coping with the rejection* (Trans woman, founder of trans-specific NGO, East London)
 - *Unemployment, being on the street, using drugs. If you are on the street and you are cold and you are whatever, you start to use drugs. That whole culture, that bottomless pit of vulnerability basically that there is* (Ministry of Health, Cape Town)

Preliminary results...Life of a trans woman

- Individual level, structural
- *The trans female sex workers that I see, there is not one that is not HIV positive* (Medical nurse at LGBTI NGO, Cape Town)

Preliminary results...Access to HIV prevention, treatment and care services for trans women

- Stigma
- Trans women are reluctant to access public health services due to negative experiences
- When healthcare providers do see transgender clients at times there is uncertainty as to how to address those clients and this creates uneasiness between the client and the healthcare practitioner.

Preliminary results...Access to HIV prevention, treatment and care services for trans women

- *Let's start with the bathrooms being friendly, one. Two, the documents they use. I always have a problem with this. I strictly do not tick anything when I see gender, male or female. Because that's not my gender. That's my sex. So I'm not gonna tick anything. The document they use are not gender affirming as well. Their programmes that they have within. They're all designed for females and males and not accommodating your intersex people and your transgender people if you know what I'm saying* (Representative SANAC LTBTI sector, Gauteng)

Preliminary results...Access to HIV prevention, treatment and care services for trans women

- Lack of gender affirming services
- South African hospitals use gendered electronic filing systems that assign the gender of a patient according to the presented identification (ID) documents
- These may result in external and internal stigmatization and present barriers to accessing HIV treatment and care services effectively.

Preliminary results...Access to HIV prevention, treatment and care services for trans women

- There is a general lack of knowledge by medical providers about the health needs of transgender individuals and even more so about the HIV prevention, care and treatment needs
- This gap may cause health service providers to discriminate and violate the rights of transgender individuals through inappropriate and unethical treatment, as well as stigmatizing language.

Preliminary results...Access to HIV prevention, treatment and care services for trans women

- *But I know trans women has this fear at the back of their head, that I have had in general conversations with them – what now if I am positive and I need to go on ARVs, will I still be able to use my hormones? That is the big question that they will ask me all the time. And now that we are moving towards test and treat, you know, what is going to happen* (Ministry of Health, Cape Town)

Conclusion

- HIV risk in transgender communities is embedded in multiple co-occurring public health problems, including poverty, substance use, violence and victimization, discrimination
- The heightened HIV risk of trans women through the overlap between drug use and sex work
- Experiences of stigma (and/or perceived stigma) and discrimination impact negatively on various aspects of the lives of trans women including their health seeking behaviour

Recommendations

- Improve responsiveness of healthcare system:
 - Prevention, treatment and care services
 - Targeted and specific information, education, communication
 - Training and orientation of healthcare providers

Recommendations

- Syndemic analysis of the determinants of HIV risk in transgender communities - particularly in transgender women, - reveals that more complex prevention approaches are warranted (see Operaria & Nemoto, 2010)
- Gender-affirming care is important:
 - Use of preferred pronouns and names, and access to gender-affirming hormone therapy and surgery
- High impact interventions (ARV and PrEP)

Acknowledgements

- Synopsis of data:
 - Leigh Ann van der Merwe
 - Mike Grasso
 - Helen Saavva
 - Andrew Scheibe
- Key informants who took part in our study



**Please do not quote
preliminary results**

THANK YOU

