

Key Affected Populations Transgender people - Factsheet

Epidemiology

Transgender people are severely marginalized and ostracized by society. Similarly to the other Key Affected Populations, transgender people do not receive adequate access to medical treatment and have a disproportionately high rate of HIV.

There are no definitive statistics on the number of transgender people around the world. Estimates in Western countries are typically based on numbers of people who access public gender clinics and therefore exclude those who do not medically transition, or who use private or overseas clinics. International literature suggests that as a prejudice towards transgender people decreases, their visibility increases.¹

Throughout the world, HIV prevalence in transgender communities is estimated to be as high as 68%.² In 15 countries (the United States, six Asia-Pacific countries, five Latin American countries and three European countries), from 2000 to 2011, the odds ratio for being infected with HIV in transgender women compared with all adults of reproductive age was 48.8 (95% CI 21.2-76.3) and did not differ for those in low-income and middle-income countries compared with those in high-income countries.³

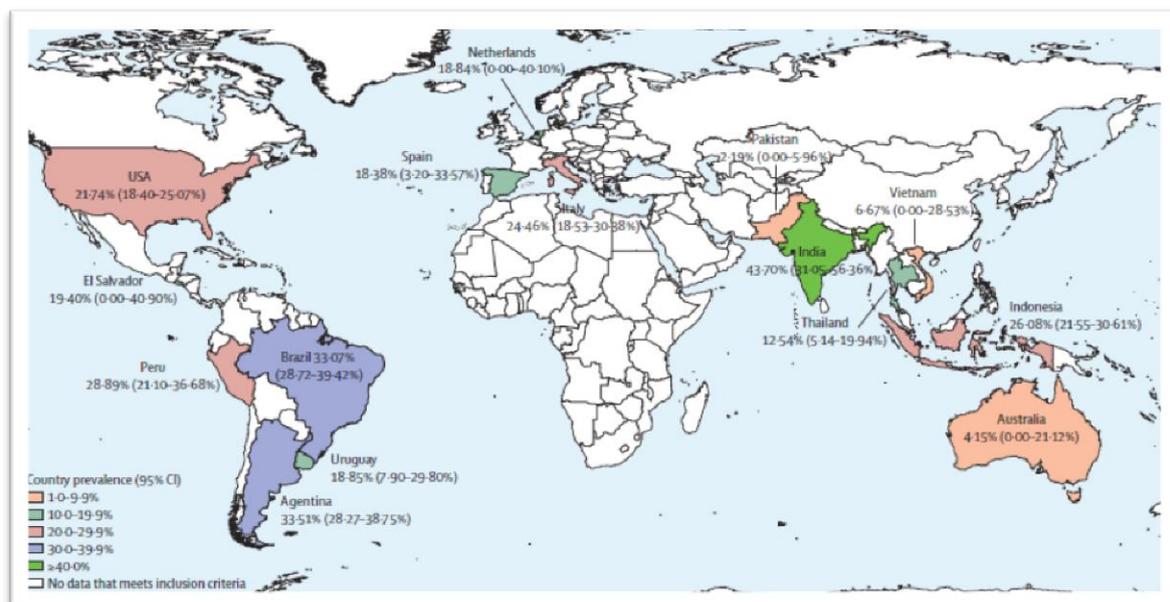


Figure 1 - Map of HIV prevalence among transgender women, 2000-2011

Fifty-two percent of male-to-female (MTF) transgender people in a recent meta-analysis reported participation in commercial sex work,⁴ as did 59% of transgender youth in another study.⁵

Human Rights

Transgender people are subject to discrimination in the form of physical and psychological abuse on a daily basis.

The March 2013 update of the Trans Murder Monitoring project reveals a total of 1,123 reported killings of transgender people in 57 countries from 1 January 2008 to 31 December 2012. The update shows a significant and constant increase in reported killings of transgender people in the past five years.⁶

HIV prevalence is estimated to be as high as 68% in transgender communities

There were 148 cases reported in 2008, 217 cases in 2009, 229 cases in 2010, 262 cases in 2011, and 267 cases in 2012. These cases are only those that could be identified through Internet research and through cooperation with transgender organizations and activists. In most countries, it is very difficult to estimate the numbers of unreported cases since data on murdered transgender people are not systematically produced.⁷

As a marginalized group, transgender people are often silenced and do not have access to a significant political platform to bring about change. It is imperative that the human rights of transgender people be recognized and reflected in current policies.

Transgender youth are at a significantly higher risk of contracting HIV than older transgender people. Many factors are responsible for placing them at such a high risk for HIV infection. Transgender youth are often ejected from their families and are in need of financial resources, and therefore easily turn to sex work to support themselves, thereby increasing their chances of getting HIV. Transgender youth are also falsely perceived by others as being more promiscuous or sexually daring, putting them at increased risk of rape and other forms of sexual abuse.⁸

Access to Service & Care

Stigma greatly impacts transgender populations and prevents much of the population from accessing adequate medical care. "It is widely acknowledged that gender and sexuality are

Only 43% of countries reported that their national AIDS strategies address transgender people

key factors affecting the dynamics of the HIV epidemic. Issues vary across communities and countries, but power imbalances, harmful social norms, violence and marginalisation affect women, men, girls, boys and transgender people across the world, limiting their ability to prevent HIV."⁹

Health care service providers have found that helping transgender individuals obtain the services they need (e.g. substance abuse treatment,

housing, health care) is difficult because other service providers may not want to work with transgender clients.¹⁰

Apart from rare exceptions, health-related research, policies and materials do not acknowledge or engage with the actual lives of transgender persons.¹¹

Despite young transgender women (aged 16-24 years) are at increased risk for HIV infection; however, no HIV prevention interventions have been successfully developed for them.¹²

Funding

As reported in the 2012 UNAIDS Global Report, “transgender people remain largely invisible in the AIDS response: in 2012, only 43% of countries reported that their national AIDS strategies address transgender people. Forty per cent of countries report that government provides less than 25% of their transgender programmes and services.”¹³ Consequently, it is of pivotal importance that future allocation of funds specifically addresses this key affected population to properly prevent the further spread of HIV.

Compared with transgender women, little is known about HIV risk and sexual health needs among transgender men and youth. Greater efforts by governments, civil society, individual members and international organizations are needed to invest in research and fill these knowledge gaps.

In 57 countries, from 1 January 2008 to 31 December 2012:
1,123 reported killings of transgender people

¹ Collins, E. and Sheehan, B. “Access to Health Services for Transsexual People”. Dublin: the Equality Authority. 2004.

² Sarkar, Amitava, “The Need for Targeted Investments among Global Trans Communities,” *Solidarity and Action Against The HIV Infection in India, The Global Context of Transgender Health and HIV: A Community Driven Response*, International AIDS Conference, 2012, http://pag.aids2012.org/PAGMaterial/PPT/197_300/aids2012-satellite-presentation-amitava.pptx.

³ Baral, Stefan, “Worldwide burden of HIV in transgender women: a systematic review and meta-analysis,” *The Lancet*, <http://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2812%2970315-8/abstract>.

⁴ Herbst J, Jacobs E, Finlayson T et al, “Estimating HIV prevalence and risk behaviors of transgender persons in the United States: A Systematic review”, *AIDS and Behavior* 2008; 12: 1-17, <http://www.ncbi.nlm.nih.gov/pubmed/17694429>.

⁵ Garofalo R, Deleon J, Osmer E et al, “Overlooked, misunderstood and at-risk : Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth”, *Journal of Adolescent Health* 2006; 38(3): 230-36, <http://www.ncbi.nlm.nih.gov/pubmed/16488820>.

⁶⁻⁶ “Constant rise in murder rates: Transgender Europe’s Trans Murder Monitoring project reveals more than 1,100 reported murders of trans people in the last five years,” *The Global Forum on MSM & HIV*, <http://www.msmgf.org/index.cfm/id/11/aid/7486/lang/D/1/>.

⁸ Kimberly A. Stieglitz, “Development, Risk, and Resilience of Transgender Youth”, *Journal of the Association of Nurses in AIDS Care*. 2010: 1-15, <http://lgbtatestscience.files.wordpress.com/2010/04/transgender-youth.pdf>.

⁹ Stegling, Christine, “Stop Violence Against Transgender Women for Effective HIV Response,” *International HIV/AIDS Alliance*, <http://www.aidsalliance.org/NewsDetails.aspx?id=291508>.

¹⁰ JSI Research and Training Institute Inc. *Access to Health Care for Transgendered Persons in Greater Boston*. Boston, Mass: Gay, Lesbian, Bisexual, and Transgender Health Access Project; 2000, <http://www.glbthealth.org/documents/transaccessstudy.pdf>

¹¹ Dean L, Meyer IH, Robinson K, et al, « Lesbian, gay, bisexual, and transgender health: findings and concerns,” J Gay Lesbian Med Assoc. 2000; 4:102–151, <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.91.6.869>.

¹² Garofalo R, Johnson AK, Kuhns LM, Cotten C, Joseph H, Margolis A, “Life skills: evaluation of a theory-driven behavioral HIV prevention intervention for young transgender women,” J Urban Health. 2012 Jun;89(3):419-31, <http://www.ncbi.nlm.nih.gov/pubmed/22223033>.

¹³ UNAIDS, “Global report: UNAIDS report on the global AIDS epidemic”, 2012, http://www.unicef.gr/pdfs/UNAIDS_Global_Report_2012.pdf.