

Transgender in Africa: Invisible, inaccessible, or ignored?

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Abstract

Transgender people are an important key population for HIV risk globally, and several studies have found HIV prevalence rates in transgender populations that are significantly higher than those among other key populations such as men who have sex with men (MSM). There is a lack of research on transgender populations in Africa, and at present, there is almost no data available on HIV prevalence and risk among transgender people on the continent. It is possible that the invisibility of transgender people in epidemiological data from Africa is related to the criminalisation of same-sex behaviour in many countries and the subsequent fear of negative repercussions from participation in research. Alternatively, transgender people may be being overlooked in research due to confusion among researchers about how to ask questions about gender identity. It is also possible that transgender populations have simply been ignored in research to date. Without research on transgender-specific HIV prevalence and risk, it is very difficult to know what interventions and services are needed for this risk population. Therefore, it is important that researchers, governments, Non Governmental Organisations (NGOs) and donor organisations begin to pay explicit attention to transgender people in their HIV-related research and programmes in Africa.

Keywords: transgender, Africa, HIV/AIDS

Résumé

Les personnes transsexuelles sont une population clé importante pour le risque au VIH à l'échelle mondiale, et plusieurs études ont montré que les taux de prévalence du VIH au sein des populations transsexuelles étaient significativement plus élevés que ceux parmi les autres populations clés comme les hommes ayant des rapports sexuels avec les hommes (HSH). Il y a une carence dans le domaine de recherche sur les populations transsexuelles en Afrique, et présentement il n'y a presque pas de données disponibles sur la prévalence et le risque relatifs au VIH au sein de la population transsexuelle sur le continent. Il est possible que l'invisibilité de la population transsexuelle dans les données épidémiologiques provenant de l'Afrique soit liée à la criminalisation répandue des comportements homosexuels dans beaucoup de pays et la peur des répercussions négatives consécutives à la participation aux activités liées aux pratiques homosexuelles. Alternativement, la population transsexuelle pourrait être en train d'être négligée dans la recherche en raison de la confusion parmi les chercheurs sur la manière de poser les questions sur l'identité sexuelle. Il est aussi possible que les populations transsexuelles aient simplement été ignorées dans les recherches jusqu'à présent. Sans la recherche sur le risque et la prévalence spécifique chez les transsexuels, il est très difficile de connaître quelles interventions et quels services sont nécessaires pour cette population à risque. Il est donc important que les chercheurs, les gouvernements, les ONGs et les organisations donatrices commencent à prêter une attention particulière à la population transsexuelle dans leurs études et programmes relatifs au VIH en Afrique.

Mots clés: Transsexuel, Afrique, VIH/Sida

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1. Introduction

There is an increasing global recognition of the importance of focusing HIV prevention, care and treatment on specific at-risk populations. This has led to an increased awareness of the need for research and HIV prevention programmes for transgender populations around the world (cf. World Health Organisation 2011).

Transgender people are people whose gender identity and/or gender expression is different from the sex which they were assigned at birth, regardless of their sexual orientation (Sausa, Keatley & Operario 2007). So, a transgender woman begins life with a male body, but has a female gender identity; while a transgender man begins life with a female body, but has a male gender identity (Haufiku, De Villiers, Betesta, Mubanga, Mavuma, Gerald, *et al.* 2010). An individual's gender identity may also change during their lifetime (Bradford, Cahill, Grasso & Makadon 2012).

Research focusing on HIV risk among transgender people worldwide has shown that these populations often have high HIV prevalence rates, and increased risk of HIV transmission (De Santis 2009; Nuttbrock, Hwahng, Bockting, Rosenblum, Mason, Macri, *et al.* 2009; Silva-Santisteban, Raymond, Salazar, Villayzan, Leon, McFarland, *et al.* 2011). This research has mainly focused on transgender women, but Stephens, Bernstein and Philip (2010), in a study in San Francisco, USA, found no difference in rates of sexually transmitted infections and HIV between transgender men and transgender women. In contrast, Herbst, Jacobs, Finlayson, McKleroy, Neumann and Crepaz (2008) found low rates of HIV among transgender men in their review of studies of transgender HIV risk in the USA. However, the small number of studies that includes transgender men in their samples points to another gap in knowledge of HIV risk, and there is a need for conducting more research and obtaining data to facilitate the identification of populations of transgender men who may be at increased risk of HIV infection.

In spite of the recognition of the increased risk of HIV infection for transgender people, there remains very little data available about transgender HIV risk and prevalence in Africa, and transgender populations remain largely 'invisible' in HIV-related epidemiological data from the continent.

2. Are there transgender people in Africa?

Historical and anthropological research across Africa has shown that cultures across the continent historically recognised, and often accepted gender non-conforming individuals as members of their communities (cf. Murray 2004). However, the current context is one in which same-sex behaviour between consenting adults is criminalised in most African countries (Beyrer 2008). Transgender individuals may be relatively more visible as not conforming to gender and sexual norms in their local communities, which in turn may increase their exposure to violence and victimisation (Nel & Judge 2009). This increased exposure to violence and victimisation may play a role in keeping transgender individuals 'invisible' in epidemiological research, as they may avoid participation in activities that could be perceived as potentially exposing them to greater levels of risk.

Where research on HIV risk and prevalence in Africa has included transgender people, it has primarily focused on the behaviourally defined category of men who have sex with men (MSM) (cf. Baral, Burrell, Scheibe, Brown, Beyrer & Bekker 2011; Baral, Trapence, Motimedi, Umar, Iiping, Dausab, *et al.* 2009; Beyrer, Baral, Walker, Wirtz, Johns & Sifakis 2010; Beyrer, Trapence, Motimedi, Umar, Iiping, Dausab, *et al.* 2010; Burrell, Mark, Grant, Wood & Bekker 2010; Onyango-Ouma, Birungi & Geibel 2006). The transgender people included in this research have been included as sub-categories of MSM and, to a lesser extent, women who have sex with women (WSW) (Caceres, Konda, Segura & Lyerla 2008; Haufiku *et al.* 2010). While these categories may, to some extent, describe the behavioural aspects of transgender sexual practices, they do not provide sufficient insight into the social contexts and processes that uniquely affect HIV risk for transgender individuals. Further, research that focuses on MSM or WSW may fail to reach transgender individuals who are not linked to these populations' social and sexual networks, such as transgender people who completely 'pass' in heterosexual communities, or who are 'stealth' and do not express their gender identity in their daily lives.

The lack of data available on transgender populations in Africa, in turn, contributes to a lack of funding for transgender-specific HIV prevention, treatment and care; and the ongoing provision of funding to programmes that focus on LGBTI issues in general, but which do not necessarily provide specific services for transgender individuals.

This lack of research has several important implications. First, we lack data about the number of transgender individuals in most countries in Africa. Second, there is virtually no information about HIV prevalence and HIV risk among transgender individuals. Third, we lack an understanding of local differences within the broad category 'transgender'. Research in Asia and North America, for example, has shown that the broad category 'transgender' may include a diversity of other identities and that HIV risk may differ significantly between these (cf. Chakrapani, Newman, Shunmugam & Dubrow 2011; Hwahng & Nuttbrock 2007).

3. What can we do differently?

Studies with MSM in Africa continue to report that very few participants self-identify as transgender (cf. Baral *et al.* 2009; Burrell *et al.* 2010). Apart from the possibility that transgender individuals do not participate in research, and are 'inaccessible', this could also be attributed to the way in which researchers ask about gender identity and/or design their research. For transgender people to be included in research, research designs and recruitment strategies need to explicitly include strategies to target transgender populations. Critically, it is important that researchers understand that gender identity is distinct from both biological sex and sexual orientation.

This means asking three separate questions in survey questionnaires in general, and more nuanced questioning in qualitative work. Sausa, Sevelius, Keatley, Iniguez and Reyes (2009) suggest

that questions about gender identity and biological sex be phrased as follows:

What is your sex or gender? (check all that apply) with response options including: Male, Female, Transgender Male, Transgender Female, Genderqueer, Additional sex or gender (to be specified)

and,

What sex were you assigned at birth? (choose only one) with response options: Male or Female.

Sexual orientation would then be asked in a third, separate, question. Structuring questions in this way allows recognition of the potential variety of ways in which individuals understand their own identities. For example, a biological male with female gender identity who is sexually attracted to men, could answer: female for the first question; male for the second; and heterosexual for the third.

As with other research tools, these questions and response options need to be adapted to local country terminology, but this type of approach would enable researchers to gain more nuanced insights into the associations between gender identity and HIV risk and prevalence among research participants.

4. Why does gender identity matter for HIV risk?

Gender identity directly affects individuals' life choices, social relationships and sexuality, and hence has direct implications for their HIV risk. Transgender individuals may have an increased risk of HIV infection due to a range of factors. These include the effects of social stigma, such as shame, low self-esteem, secrecy, and loneliness (Bockting, Robinson, Forberg & Scheltema 2005), which can affect the negotiation of safer sexual practices and contribute to individuals engaging in higher risk sex (Bockting *et al.* 2005).

Additionally, transgender individuals may seek affirmation of their gender identities by taking particular roles in sexual encounters. Transgender women, for example, may prefer to be the receptive partner in anal and oral sex, as this could be understood as affirming their female gender, but this, in turn, places them at a higher risk of contracting HIV (Operario, Soma & Underhill 2008).

An important aspect of affirming many transgender people's identities is the process, through the use of hormone therapy and surgery, of aligning their body's appearance with their gender identity. However, access to appropriate hormone therapy and surgery in Africa is very difficult (cf. Arnott & Crago 2009) and most transgender people on the continent never get the chance to 'transition'. This lack of access to appropriate therapies may be very stressful for individual transgender people, and may contribute to low self-esteem and poor mental

health, which as noted above, may increase the likelihood that individuals will engage in risky sex.

Social stigma and discrimination in employment may also contribute to increasing the likelihood that transgender individuals will engage in sex work as a means of surviving (Operario *et al.* 2008). While sex work is an important HIV risk factor for transgender people (and transgender women in particular) globally, there is limited data available on transgender sex work in Africa (Operario *et al.* 2008). In one of the few studies that do include a focus on transgender sex work, Boyce and Isaacs (2012) report the '... acute discrimination towards transgendered sex workers' and emphasise the importance of developing gender sensitivity in health, social welfare and HIV prevention services for sex workers.

5. Conclusion

The almost total lack of research focusing on transgender populations in Africa points to an important overlooked need. The high HIV prevalence and levels of HIV risk among transgender populations globally suggest that there is likely to be a similar situation in African transgender populations, which would necessitate the development and implementation of HIV programmes specific to transgender needs. And the ongoing lack of data means that transgender HIV prevention and health care needs continue to be subsumed by organisations focusing on MSM or LGBT programmes more generally. Without gender-sensitive research and an improved understanding of gender identity among researchers, governments and NGOs, it is likely that transgender Africans' HIV treatment, care and prevention needs will continue to be overlooked. Transgender Africans, therefore, may or may not be inaccessible, but they are currently invisible in epidemiological research, and they are almost certainly being ignored.

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