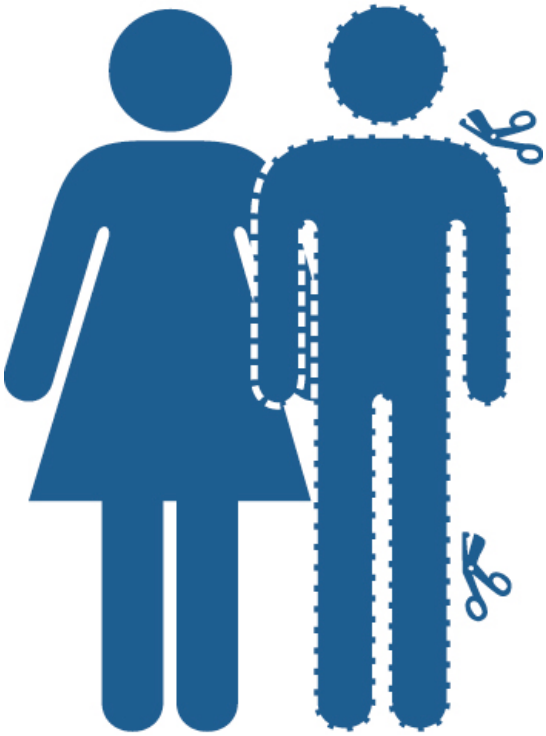
Transgender access to sexual health services in South Africa:

findings from a key informant survey



Report written by
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GENDER DYNAMIX

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MAKING AIDS HISTORY

Acknowledgements

Constituents interviewed

Thank you to our transgender persons who agreed to be interviewed and spent time sharing intimate details of our/their lives so we can learn from each other and gain an understanding of the challenges facing our community in terms of accessing health services and in particular HIV and AIDS services.

Field workers:

With grateful thanks to Gender DynamiX staff who conducted interviews and checked and entered data including Whitney Booysen, Charlie Takati, Charl Marais and Rania Jordan. It is an achievement to have transgender persons conduct research and learn and own these processes as all the field workers identify as transgender persons.

Research Consultant

Marion Stevens wrote this report. She is straight, married, very queer and cisgendered and coordinates WISH (Women in Sexual and Reproductive Rights and Health) Associates – a NPO and has been providing technical assistance as a partner with Gender DynamiX in a range of activities.

Editors

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Background

The term ‘transgender’ is an umbrella term that includes persons whose gender identity, expression, or behaviour does not conform to societal gender norms associated with sex at birth. Transgender people experience a gender identity that is different than their ascribed sex and may seek to alter their physical appearance to align with their perceived identity by undergoing cosmetic procedures, using hormones, or undergoing sexual reassignment surgery. Some transgender people do not choose a physical transition, but rather express their gender identity through diverse presentations and behaviours.

This study is the first research report in South Africa to address the sexual health and practices of transgender people. Once understood, these factors can be used to inform the development of new interventions or the adaption of existing evidence-based interventions to meet the unique HIV prevention needs of transgender populations.

Judging from similar studies conducted across the world, we can assume that transgender people in South Africa are particularly susceptible to HIV infection. Several HIV seroprevalence studies conducted in the United States, Europe and Asia report high rates of HIV infection among MTF transgender persons (Nolle et al. 2001; Pisani et al. 2004; Setia et al. 2006; Spizzichino et al. 2001; Wiessing et al. 1999 ; Zehender et al. 2004). For example, one US study found that self-identified transgender clients had a much higher rate of HIV diagnoses (6.3%) than other risk categories, including men who have sex with men (MSM; 4.2%) or partners of people living with HIV (4.8%) (California Department of Health Services 2006). Studies have found that lower income transgender people are even more vulnerable (Nemoto et al. 2004).

These studies have argued that efforts to prevent the spread of HIV/AIDS among the transgender community are urgently needed and that these efforts must be specifically targeted toward transgender people, include FTMs (female to male transgender people) (Kenagy 2002). Even the most vulnerable transgender populations, including transgender sex workers, could benefit from targeted HIV prevention interventions, HIV testing, and interventions to help reduce the risk of contracting or transmitting HIV (2008).

Targeted intervention for transgender people in South Africa is particularly necessary, especially considering the current status of research and awareness of HIV in the country.

A recent meta-analysis found that African MSM are nearly four times more likely to be HIV infected than the general population (Baral et al. 2007). Indeed, research has found that men who have sex with men (MSM) in South Africa are particularly

susceptible to HIV/AIDS (Lane et al. 2011). Although MSM are disproportionately affected by HIV, research on the epidemiology of HIV among MSM populations in sub-Saharan Africa just beginning (Caceres et al. 2008; Griensven 2007). Furthermore, while vulnerabilities to HIV infection of MSM are beginning to be discussed, there continues to be silence regarding women who have sex with women (WSW) and their particular vulnerabilities to HIV in the African context (Tallis 2009). Data indicates that WSW are, in fact, not protected from HIV in South Africa because of their same-sex desires and that we need to include WSW as a most at risk group for both HIV prevention and treatment programmes (Cloete et al. 2011). This is particularly pernicious because when communities such as WSW do not see themselves as being at risk for HIV infection they internalise these beliefs and do not take necessary precautions for safety (Matebani 2009).

Transgender people, who experience their gender in multifaceted ways, are often not incorporated in research examining the vulnerability of MSM and WSW and often do not have their needs met by services directed to MSM and WSW, categories which make clear assumptions about the type of body of transgender people and the people they have sex with. Transgender women do not have “male” bodies, nor do they primarily have sexual contact with men; neither is it true that transgender men have “female” bodies, or that they primarily have sexual contact with women. The reality is very complex: transgender people’s bodies can be at any stage of medical transition, ranging from male to female to unusual and non-conforming bodies that cannot be simply be defined in male-female binaries. Furthermore, transgender people can be gay/lesbian, straight or bisexual. As a result many transgender persons choose not to frequent health services as they feel misunderstood or judged. They seek services only when they are really ill or choose to self medicate. Thus, considering the deplorable rates of HIV infection among MSM and WSW in South Africa, we can assume that transgender people are even more at risk.

What is more, transgender people have been acknowledged as a risk group to be addressed in the latest National Strategic Aids Plan[i] and the following objectives and programming has been referenced

The NSP’s goals and strategic objectives are guided by evidence from various reports, including the ‘Know Your Epidemic’ (KYE) report, a situation analysis of TB in the country and other epidemiological studies. These studies identified key populations that are most likely to be exposed to or to transmit HIV and/or TB. For HIV, key populations include young women between the ages of 15 and 24 years; people living close to national roads and in informal settlements; young people not attending school and girls who drop out of school before matriculating; people from low socio-economic groups; uncircumcised men; persons with disabilities and mental disorders; sex workers and their clients; people who abuse alcohol and illegal substances; men who have sex with men and ***transgender persons****. (page 15)*

As a group they are also noted within the new draft Sexual and Reproductive Health and Rights Implementation Strategy framework, "Reviewing the Evidence"[ii], where it is acknowledged that research to inform health programmes and health services for transgender persons are inadequate.

Due to current policy that includes transgender people, almost by default, into MSM or WSW, there has been little to no attention on the ground to specific needs of transgender people when it comes to sexual health and HIV prevention. Most of the information available is ruefully inadequate, and services are clearly not capable of addressing the questions of transgender people in this regard; service providers, due to prevailing ignorance about transgender people, are unable to provide transgender friendly services, impacting the accessibility of HIV prevention, treatment and care to transgender people. Considering the vulnerable position of transgender people, it is urgent that this is addressed.

At a workshop about sexuality during the exchange project that Gender DynamiX organized for transgender activists in Southern Africa, despite their position as activists and advocates, the participants had little clear information about sexual health of transgender people, including HIV. Participants explicitly requested that this issue be addressed for their personal benefit, as well as for the communities they come from.

This research aims to provide insights to inform gaps in understanding the continuum and breadth of sexual behaviour of transgendered persons and to contribute to building access to better health services to address sexual health needs in the context of our HIV and AIDS Epidemic.

Methods

This project was managed by He-Jin Kim (HK) and included a team of fieldworkers Whitney Booysen (WB), Charlie Takalani (CT), Charl Marais (CM) and Rania Jordan (RJ) and a research consultant Marion Stevens. The consultant drafted the key informant questionnaire which was revised by the team and piloted. Following the piloting it was further refined and finalised.

Key informant interviews were conducted in six provinces – namely the Western Cape, Northern Cape, Eastern Cape, Gauteng, Mpumalanga and Kwa Zulu Natal. Participants were approached following transgender workshops or were recruited through a snow balling method. Attention was given to include diverse representation in the sample. Those who were included were identified for the following inclusion criteria:

You have been identified by as a person who may be able to assist the study because you:

- Are a transgendered person or sexually involved with a transgendered person(s);
- You are over 18 years of age;
- You live in South Africa; and
- Have links to a community based organization or support groups;

All respondents were provided with an information sheet and signed informed consent forms, an example of which are included in the appendix.

Interviews lasted from 10 minutes to 60 minutes. WB, CT and RJ completed the fieldwork. After 65 interviews were done, preliminary analysis was done and feedback provided to fieldworkers to improve some aspects of data quality. About 45 of the questionnaires were excluded and efforts were made to balance the sample in terms of representation and diversity and to improve the rigour of the research. Interviews were excluded as some of those interviewed did not meet the research selection criteria. More interviews were conducted during March and April 2012 and a total of 80 interviews were then selected for the global research population and analysis.

Data was analysed manually and was an iterative organic process. Demographic data was entered into an excel spread sheet by CM and checked by WB for use in the analysis by MS. The rest of the data was explored noting patterns, emerging themes and correlations. Initial analysis was completed by MS and presented to the research team and a final report was completed in June 2012.

Findings

Demographics of respondents

Respondents defined themselves in a variety of ways. In terms of sexual orientation, respondents were asked to say who they would partner with. The table below shows respondents' gender and sexual orientation as they name it. It is important to establish that there is clearly a range of ways that individuals use to articulate their gender identity and sexual orientation. It is also important to acknowledge the limitations of using English in this process, as most of the respondents are black South Africans for whom English is not their first language. Furthermore, some respondents may still be in the process of affirming their gender identity and exploring which language that are choosing to use. Even within this diversity, choices of whom to partner with also vary substantially.

Respondents' Gender		**Respondents' Sexual orientation**	
Lesbian	1	Lesbian 1	
Butch	8	Female 5 Lesbian 3	
Female	7	Lesbian 2 Men 3 Transgender women 1 Gay 1	
Male	9	Female 4 Lesbian 1 Transgender man 1 Men 2 Women 1	
Transgender men	15	Women 13 Female 2	
Gender non conforming	5	Female 5	
Transgender	1	Men and women 1	
Gender non conforming	4	Men 2 Women 2	
Transgender women	26	Men 24 Heterosexual men 1 Women 1	
Gay feminine	2	Men 2	
Gay	1	Men 1	
Transgender female	4	Men 3 Women 1	
Woman	1	Men 1	
No answer	1	Women 1	
Total	**80**		

Race and Language

Efforts were made to ensure that the sample was representative of South Africa. Of the 80 respondents, 57 were black, 18 were coloured, and five white. While not entirely seamlessly aligned with the racial profiles in South Africa, it is a fair attempt in being representative. In terms of language break down, some 23 respondents spoke isiZulu, 23 isixhosa, seventeen Afrikaans, nine Sotho, seven English, three Tswana, one Ndebele and one Sepedi.

Employment status and Property

Over half of the respondents (43) were unemployed. Only nine of the respondents' earned incomes over R5000 per month. Some 28 respondents reported that they lived with members of their family, while 24 rented rooms, flats or houses and thirteen were in shelters or boarded with somebody. One respondent did not document where they lived.

Province

Most of the respondents were from Kwa Zulu Natal (23), seventeen resided in the Eastern Cape, fifteen from the Western Cape, twelve from Gauteng, eleven from the Northern Cape and five from Mpumalanga.

Education

Some 30 respondents had matric, while three had a primary school education. 27 had completed part of high school, whilst 24 had some tertiary education.

Age

The youngest respondent was 18 years and the oldest 43 years old. Seven respondents were teenagers. Fifty five of the respondents were in their 20s, twenty in their 30s and one in their forties.

Gender identity, sexual orientation

Transgender persons have a range of expressions when articulating their gender identity and sexual orientation. Transgender women were the predominant identity in the research sample, although some persons called themselves women or female or feminine gay. Transgender men had a continuum of names too, some referred to call themselves butch or non-conforming gender/non-confirming gender. Similarly there was a range of expression in terms of sexual identity with persons naming themselves gay, straight, bisexual or describing to whom they were sexually attracted too.

Gender reassignment or confirmation surgeries

Notably, none of the respondents had undergone any surgeries. Given that transgender people encompass a spectrum of gender identities and presentations, there are many individuals who do not desire surgery for reasons unrelated to cost. However, this is still an interesting finding given that many health services providers and health economists understand that this is what transgender people would like to

receive. One participant commented that she had been taking hormones and had started her transition with birth control tablets. Four said that they had transitioned but provided no details and did not report any surgeries taking place (67, 63, 64, 65).

No respondents mentioned access to hormone therapy which is understood amongst transgender persons as the most commonly wanted service. It is unclear how these respondents access hormones and if they self-medicate.

No references were made linking surgery or hormones to a person's sexual health. One respondent mentioned not ever being sexually active.

Experiences of Health services

Health care services receive a large budget -- 11.6 percent of the national budget[iii] -- from the South African national treasury, a figure that compares well with other developing countries. However, health care systems in South Africa are not well organised and there are numerous initiatives, including the primary health care re-engineering strategy and the National Health Insurance, which are geared towards increasing health care outcomes[iv].

Experiences of health care services provided by health care workers towards transgender persons were generally unsatisfactory. Some participants resorted to private care, even though they said they could not afford to, in order to avoid health workers' discriminatory behaviour.

- *"I only go to the chemist to get something for me. I do not go to the clinics and I do not like them. I just feel that you do not get the right treatment that I deserve" (51)*
- *"I do not go as they discriminate against homosexuals" (48).*
- *"I make use of a private doctor because I am on medical aid. The doctor is aware of the fact that I am transgender and does not discriminate against me and treats me in my chosen gender" (69).*
- ***"**My general practitioner is stunning and supportive and does not discriminate against me" (65).*

The majority of those interviewed tended to use public sector services. Three spoke of positive experiences due to being perceived as women.

- *"I never experience discrimination and I am sure it is because they see me as a girl" (47)*
- *"I get proper service because I am forced to wear lady's clothes and it would have been worse if I would have worn men's clothing[v]" (42)*
- *"The medical staff treat me as a female and I do not experience discrimination" (56).*

Respondents depicted health workers as discriminatory and hostile. Some referenced health workers as telling them that their sexual practice and gender identity was against the law (18,22) another asked, ***"why do you want to be fucked***

in your anus" (29) – clearly a remark that is not consistent with professional and ethical practice.

A few respondents related how health workers would ask them "funny questions" (14).

- *"they call me a tomboy when I walk in" (75)*
- *"ask me what are you?" (68)*
- *"they give me funny looks" (26)*
- *"they look at me like I am an alien and call me istabane and want to know why I am like this" (22)*
- *"they ask me how we have sex" (31).*
- *"They treat us like we are not human and they tell us all about God and what we did" (76).*

In relation to inappropriate treatment, one respondent said, ***"I once refused to have a pregnancy test and I disclosed to the doctor. He left me and called his colleague to come and look at me as if I was on show" (52).*** One noted how health workers assumed what they needed as a client, instead of asking them what they would like or wanted, ***"They used to ask me about my periods and birth control and then I had to explain to them about my transgenderism" (23).***

Others noted how health workers are not trustworthy professionals whom they can confide in. The nurses drink alcohol and when they are drunk they "babble." (28)

- *"We get lazy and slack behaviour from the nurses" (38)*
- *"They write out on the card male or female and laugh out in my face. They are also the ones who prejudice other patients to mock me" (24).*

LGBTI affirming services

Many asked for better care from health workers in terms of counselling and also with regard to the provision of transgender friendly services, describing health services as unaware of the specific needs of LGBTI persons.

- *"The system is not LGBTI friendly, I would like them to be more understanding about LGBTI issues and stop discriminating" (30).*
- *"I think more LGBTI people must be appointed at these stations. They must make the forms and systems more trans and LGBTI friendly" (17).*
- *"It would be good to have a transgender health worker who can treat me well and with respect" (8),*
- *"I believe that this is the reason people go to a sangoma, and start to self-medicate, transgender people are not accommodated [for]" (29)*
- *"The services are more for cisgender people and not transfriendly HIV positive persons" (19).*

Some referred to services for men who have sex with men (MSM) as not being transgender friendly and making assumptions about the practices of transwomen (89).

HIV care

Testing

There was a wide range of experiences with HIV testing. A few of those who had been tested for HIV described their experience of testing as satisfactory.

- *"I was very nervous when I went for my test and I disclosed to the counselor that I am transgender but she was kind and said she understood as she had a gay brother" (31)*
- *"It was scary on the first test but now I am used to it and its okay" (39)*
- *"I went with my girlfriend, we told them about our sexual orientation and she just smile and later on discuss it with a colleague" (51).*

However, many participants described their testing experiences in unfortunate ways. Several of the narratives included incidents where health workers morally condemned participants when they requested services, calling them illegal or immoral. These difficult experiences are a barrier towards transgender persons accessing health care and in particular HIV testing services.

- *"I tested at a public clinic and people were quite interested in my life story. I did not experience discrimination but there were some staff who I could sense were skinnering (gossiping) about me" (30)*
- *"I did test for HIV and it was frustrating, because the first counseling freaks me out as they want to know who I slept with" (52).*
- *"Yes I did test for HIV. They asked me if I enjoy having sex with men. They told me having a male body and having sex with a man is against the law. I felt that they discriminated against me. I am HIV positive" (18).*
- *"Yes I tested and was not of the best as the person who pricked me urged me to change my life as I being like I am is immoral she said" (78).*

In one instance, a participant alluded to an instance of coerced HIV testing without their consent.

- *"They should not put pressure or force individuals to test. People must go willingly" (38).*

In another jarring instance, nurses misinformed a respondent that she was not at risk for HIV because she is a lesbian.

- *"I do go for HIV test and they regularly tell me that I can't get HIV because I date a women and we both have vaginas. They are also making jokes about my gender identity and sexual preference. I am HIV negative" (16).*

Respondents gave many reasons for why they chose not to get tested. These involved: the belief that they were already practicing safe sex, an unwillingness to deal with the consequences of a positive test result, a fear of vulernability to HIV, or alternative channels of finding out their status.

Practicing safe sex:

- *"I never went for an HIV test and I do not know what my HIV status is. I have never slept around or practiced unsafe sex so I do not feel the need to test" (64).*
- *"No I do not have a reason to go and test and I feel healthy" (37).*
- *"I go with my partner for testing before having sex the first time and when we have sex I use finger condoms" (52).*
- *"No I never did because I was married twice before and those are the only two people I have had sex with" (63).*

Fear of results:

- *"No I won't test, who will take care of me when I test positive, I have no one" (47).*
- *"No not at all, I think I am afraid to test and I think I just do not believe in myself. I have slept more than once with two persons without protection and I think this makes me scared to find out my status" (25).*
- *"I never went for an HIV test because I am not ready and comfortable. I am scared of being HIV positive because I engaged in unsafe sex with more than three people whose HIV status I do not know. I currently do not know my HIV status" (56).*

Alternative route:

- *"No, I never tested for HIV, I was donating blood before and did not get any negative outcome so I assume that I am HIV negative" (60).*

Being HIV positive

A few of the participants – mostly transgender men and butch women -- disclosed their HIV positive statuses. This may not be representative of the sample seeing that many participants chose not to disclose this information. Some expressed the difficulty of being transgender and accessing ARVs in the private sector:

- *"I was treated very well as a woman until they need[ed] to fill in on the pills that I [was] born as a man because it…cause[d] problems with the medical aid [because] I…[have] to explain that I am transgender. The fact that they have to write my birth gender on the forms is very painful and annoying for me and makes me embarrassed" (69).*

Other experiences of testing positive include:

- "Yes in 2011 I was so nervous but after I tested positive I felt good" (40)
- "Yes it was difficult and I was scared of the results. The results were positive in 2000" (42)
- "I am HIV positive and am on ARVs but I learned to live with it and accept it and don't hide it from others. There is always a problem with ARVs they call me by my wrong pronoun and I do not feel comfortable or respected" (8).

One said it was all very well knowing her status but she does not know who her partner has been with and has no control over that (30)

Sexual health including HIV prevention strategies

Sexual health

Respondents' understanding of sexual health was quite varied. Some suggested it was related to general health, ***"exercise, eat[ing] healthy food, and go[ing] to the gym" (31)*** but also referred to ***"us[ing] condoms, and lubricants every time [they] engage[d] in sex"*** (31). Another suggested that being sexually healthy involved ***"having a healthy sex life."*** A few respondents spoke about 'being clean':

- *"I am a clean person and I want my partner to be clean as well" (30)*
- *"I do not really know what is sexual health to protect myself by using protection when engaging in sex and be hygienic on your body and clean yourself after having sex" (19).*
- *"I examine my partner's vagina and look out for any pimples or sores…" (52).*
- *"Sexual health means for me your routine HIV and STI check ups, how to treat your private area and how to clean it and circumcision. Keeping yourself sexually healthy means to look out for warts and cuts on private areas and bleeding gums and the importance of using condoms" (20).*

Others related it to more nuanced understandings of sexuality, safer sex and responsibility and included regular STI testing. They presented a wide range of strategies to achieve sexual health varying from getting tested regularly to completely abstaining from sex.

Using protection:

- *"I think it would be about living positively and taking good care of yourself. I use protection each time I sleep with someone" (30).*
- *"I practice safe sex and I ask my partners about their sex life and if they ever practiced unsafe sex. I never engage in unsafe sex practices" (64)*
- *"I can describe sexual health as your well being, welfare and self health. I live a positive lifestyle, eat healthily, and drink water and exercise. I use protection every time I am engaging in sex and I also have found out how to use a condom correctly (62)*
- *"I do sleep with others but I need to know who my sleeping partners are. I do use condoms and I had to go regularly for HIV testing.*
- *"Sexual health includes thinking twice before you ride a chick" (48).*

Abstaining from sex:

- *I don't have sex with anybody or got to clubs and look for girls" (26)*
- *"I do not have sex with anyone…since I started transitioning with my chemical castration…I do not function sexually" (63).*
- *Never had sex (13)*

- *"I understand nothing about it and I am afraid to sleep with anyone cause here people will say I am bewitched…I do not have a partner at the moment but I wish to have one" (43).*

In the majority of cases there was a limited understanding of the continuum of sexual health and how to protect oneself. Some participants openly conceded that they did not know about sexual health. This speaks to serious questions of accessibility and inequality in contemporary South Africa.

- *"No I do not know how to keep myself sexually healthy" (14)*
- *"Yes I know about using condoms but those things are for people who already achieved in their lives because it is not easy for use to get these things they are far from us" (47).*
- *"I do not know how to answer because I am not familiar with the word sexual health" (51).*
- *"I do not have any information about sexual health and am clueless about the topic" (13).*

Prevention methods

Many said they had not been exposed to a range of prevention methods; male condoms were the most prevalent. Once again, respondents struggled to obtain access to these methods. One said: ***"I do not struggle to get male condoms or lubrication" (30).*** Another respondent explained how a nurse questioned her on what she was going to use the lubrication for when she requested some (58). This demonstrates unsupportive behaviour of a health worker towards a transgender person who was trying to access safer sex methods. One respondent articulated the role of lubrication in protection and noted that KY Gel is safe to use with condoms (69) and another noted the risk of dry sex: ***"I must not commit…dry sex because condoms can break" (42)***. One respondent said he just used condoms and wanted to know ***"what is lubes" (78).***

Dental dams, finger cots and female condoms were not widely available and most only found them at NGOs they frequented. ***"I only use finger clothes, because I use my finger to fuck" (51).*** Some described how they also used plastic when they ran out of prevention materials because transportation to NGOs was expensive**.**

- *"I use condoms or plastic, any kind. I use plastic when I do not have condoms we get condoms at the clinics but not every day we go to the clinic" (37).*
- *"No I do not like these things. I never see female condoms, dental dams, and finger condoms. I have only heard about female condoms" (12).*

The dental dams and female condoms were used by those who identified as transgender men and transgender women. Many participants were completely unaware of these prevention methods.

- *"I use male and female condoms" (31).*

- *"I use nothing, I do not know what other methods there are and I am not totally comfortable with what is available" (62).*
- *"I have never been exposed to dental dams, finger cots, and female condoms that is why I have not used them" (30).*
- *"Honestly, we do not use any prevention methods. It maybe is due to the fact that I trust her" (38).*
- *"I never use any prevention methods currently because I had gloves and I do not feel comfortable with it" (60).*

Understanding risk

There was a wide array of answers when participants were asked about how HIV is spread. Most respondents referred to various bodily fluids being exchanged during sex. Some remarked about how HIV can be transmitted through the sharing of needles, which is interesting given the low prevalence of intravenous drug use. Most knew that condoms were needed for safer sex. Most respondents described using male condoms, while only a few used female condoms.

A fair amount noted the risk of unprotected sex including anal and oral sex and described that they felt at risk because they used condoms inconsistently.

- *"I do not use protection as I trust my partner but I will use protection when I cheat" (48)*
- *"I do not use prevention, but when I cheat I also do not use prevention methods and I go for testing afterwards" (49).*
- *"I do feel that I am at risk because of not using protection and that for a person exposed to so many things. In the past year I had so many partners, and a year ago I had three partners" (60).*
- *"The last time I had sex he penetrated me and I performed oral sex on him. We did not use any protection because it happened so fast that we did not think about protection" (58).*
- *"By not using condoms I do feel that I am at risk because I do not use condoms, I also do not know my partner's HIV status and never asked them about it" (58).*

One respondent was candid about not addressing their risk.

- *"No I do not prepare myself for sex, there are condoms in the clinic but I do not use them" (47).*

Another described how she uses male condoms but feels vulnerable to HIV acquisition during oral sex:

- *"I don't allow my partner to come in my mouth, but I can sometimes taste his precum and sometimes swallow some and I feel at risk" (68).*

One respondent who was HIV positive and who engages in transactional sex said that when he last had sex he did not use a condom as they had no condoms left as they had used them up during the night (42).

Many respondents, despite having knowledge of HIV prevention methods, noted that in their last sexual encounter they did not use a condom. A number of respondents referred to having unsafe sex when using substances and some suggested that having the substances made the sex easier.

Also, notably, many respondents thought they were not at risk and wanted more information on the risk of women to women sex or vagina to vagina sex.

- *"I do not use prevention methods, I do not want to use them, it is only for men, not for women having sex with women" (44)*
- *"Actually I don't use anything, I am thinking that the sexual activities I engage in is quite safe but can be unsafe. I don't use lubrications because I did not know about it and haven't tried it yet" (66).*

Some said that they did not have sex when they were menstruating or when their partner was menstruating.

- *"I make sure my partner do not have her periods" (12)*
- *"When me and my partner have our periods we abstain from sex" (21).*
- *The same respondent, a transgender man, described how his menstruation was the worst part of his life and how he had to go to bed for two days (21).*

Many respondents expressed a fear of being at risk, but did not know what to do about it. In response, some of them would check their partners themselves for risks.

- *"I am not sure but people say you get it [risk] when you are having sex without using condoms" (47).*
- *"I look very carefully at my partners' privates to see if there are any signs of STIs" (4).*

Some respondents said they tried to have fewer partners and also tried to be abstinent. ***"Just abstain from sex" (1)*** One respondent said: ***"You need to be safe, abstain, be faithful and condomise."*** Yet when asked when they last had sex what prevention method was used, they said: ***"We did not use any prevention, we were both on heat and everything happened so fast, there was just not enough time to get a condom" (26).***

Sexual behaviours

There was a varied response to discussions with sexual partner(s) regarding sexual needs and preferences. Many respondents who were having sex suggested that they did not have a partner clearly defined because the partner was casual. This suggests that sexual negotiation does not occur or is limited in casual sexual relationships. Yet even within casual relationships, some respondents did negotiate safer sex.

Talking with partners

Some respondents spoke candidly about how they talk to their partners about their sexual needs and preferences -- there was a wide diversity in terms of relationships and power dynamics. Some of these responses reveal how respondents are able to talk about maximising their pleasure, but not necessarily about sexual health.

- *"I told him I do not want him to penetrate me, but I love him to touch my private parts and that is giving me pleasure" (31).*
- *"I told her how to lie, and how to suck, lick or gyrate me. I move her in the direction where she needs to be. My partner is also very vocal about these things and is not afraid to direct me" (67).*
- *"I guide him on how to handle and control me and tell him to do this and that. I really do not know how to explain this but it is just magic" (30).*
- *"Communication is the key, try to tell her how I become pleased and she tries to adapt to my way in order to please me" (38)*
- *"I told them what kind of sex I like, what I do not like and how I want to be satisfied. I feel that it is all about satisfying each other and not only one person" (19).*
- *"I do not tell my partner, from experience I think they already know because the response is fine with me" (51).*
- *"I never talk about it, but I do not want anyone to touch my penis. If my partner is satisfied that gives me satisfaction as well" (69).*

Other respondents discussed how they felt uncomfortable or were unable to talk candidly with their partner(s) about their sexual relationship(s).

- *"Hayi/No, I do not talk about it, I just do it" (47).*
- *"I don't tell my partner what I want because I think that he may not want to do the thing I want him to do so I never say anything about what I feel, need and prefer" (54).*

Practice and language

There is a large continuum of sexual practice with sexual preferences for oral, anal, rimming, top and bottom sex. Many transgender women engage in anal sex, but there is variation in whether this is receptive or insertive. A good number of transgender women described being *bottoms*:

- *"I am a bottom, I am on the receiving end, I get fucked and don't fuck back and frankly I never thought about fucking someone" (30)*
- *"I am a bottom, I am playing a women's part which means the men are penetrating me by sexing my ass" (31)*
- *"I am a bottom because I am a woman. A man must do me. He must penetrate me by putting his penis in a hole that looks like a vagina which we call an anus" (62)*
- *"I am only bottom, I am the one who is always getting fucked -- the man is putting his penis and fingers in my ass and having se x with me that way" (56).*
- *A transgender man reported: 'I do not use toys and I like being a bottom' (3).*

Some described themselves as *tops*:

- *"I am a top because I don't like to be penetrated and I am the one who is penetrating my partner" (52)*
- *"I am a top, I like it that way, I feel ownership at the process" (42)*
- *"I am a man and I do the job. I suck finger and put my clitoris (dick) in my partner's pussy" (22)*
- *"I am a top because I do not like someone touching or putting something in the vagina. I like to fuck the vagina and anus" (60)*
- *"I am a top because I am a transman. I love to fuck and penetrate my partner and not them do that to me" (26).*

Yet there was variation in sexual practice across sample with some transgender being bottoms and other transgender women adopting top positions and then others described themselves as versatile.

- *"I am versatile, I let a guy fuck me and the I fuck him back and with lesbians I do only oral sex and they suck my anus" (19)*
- *"I am versatile, I like to penetrate and being penetrated, but I am mostly a top" (20)*
- *"I am a bottom but sometimes I am a top, I enjoy both" (45)*
- *"I am versatile, I penetrate my partner and she penetrates me with each other's fingers and tongues" (51)*
- *"I told her not to finger my vagina. She can suck mine. She must never put her pussy on mine" (26)*
- *"Sex is about satisfying both people and you and your partner must communicate. I do not to be penetrated or to be playing with my breast. If it satisfies you it is okay to play with my breast. I like my partner to play with my clitoris and I want to see the vagina" (52).*
- *A transgender woman said: "I have anal sex and I am a top" (90).*
- *"Sometimes I like to be on top and sometimes I like to be on the bottom" (47)*
- *"I told him I like being on top of him while he penetrates me" (24)*
- *"I tell him to do everything romantically with me like French kissing, nipple sucking and to suck on my penis. I do not want him to ask me to penetrate me" (53),*
- *"I tell him to suck my penis, arse, ears and breasts which give me satisfaction and then he must penetrate me" (58).*
- *"I am not sure if I am a top or bottom or versatile because I let my partner perform oral sex on me but not penetration" (67).*
- *"We have thigh sex where I put the lubricant between my upper thighs and my partner puts his penis between my upper legs and we have sex. We used a male condom for it" (62).*

One respondent spoke about practices being determined by the sexual needs of the partner.

- *"I do all of them only if I am committed to my partner" (48).*

One described enjoying pornography with a partner or on her own and fantasizing and masturbating. She also liked to wear kinky underwear and to cuff her partner to a chair or in the bed and then have sex with him (61).

Another respondent described her sex life with partner now that she was on hormone treatment.

- *"Me and my partner are very cuddly. We do not have sex regularly. She has to be on top of me. Being on hormone treatment it is very difficult for me to get an erection and be sexually satisfied" (65).*

Violence

Violence was noted as an issue by transgender women and transgender men. Some transgender women articulated that rough anal sex was not pleasurable and articulated their fear of contracting HIV as condoms were usually not used.

- *"I told him not to be rough with me. I told him not to go in too fast" (17).*

A few transgender men, butch women and those defining themselves as lesbians spoke of their fear of risk or experience of being raped. (7, 29, 39, 43)

- *"In terms of risk, I am so scared of being raped" (39).*
- *"I am happy because I was raped and was scared of being HIV positive, I am HIV negative" (29).*
- *One respondent said that she did not sleep with anyone, except that she had been raped and recalled that she had been at home asleep after being drunk when she was raped (43).*

Transactional sex

There was a varied response to whether gifts or money were exchanged for sex, with some suggesting that it would never take place and for others it does take place.

- *One described having sex with her teacher for a school bag, lunch and better marks (31).*
- *Another described her client buying her shoes, cellphones and airtime (32).*
- *"If I live in poverty and am hungry, I will sell my body" (31).*
- *"I did in my teenage years accept money for sex because of my circumstances" (62). "Yes I did it so many times and I am not feeling good about it but I am still doing it. I have got kids and their fathers are not supporting them and I am the eldest in my siblings and they are looking to me for support" (42).*
- *"I was in about four or five situations where I fucked someone who gave me money, but I will not intentionally do it" (15).*
- *"Yes I did, I did it for money, it was an older person which I did not like but I needed the money" (20).*
- *A transwoman reported: "Yes I do not have any income and some of the women pay me to finger them" (76).*

- *And a male respondent said, 'Yes I accept alcohol, clothing, food, shoes, airtime as I am unemployed and rejected so I make it on my own" (78).*
- *Another said that she had sex with someone when they bought alcohol for them (4). "In a way it does happen, when you end up partying for someone who paid for accommodation and the food you ate" (29)*
- *"I do not do it intentionally. I am staying in a rural area and if I go clubbing and I find myself with a guy with a flat or somewhere booked then we usually end up having sex" (19).*
- *One said that they, "could do it" as they did not have options (8).*
- *"Other girls give me money, buying gifts for me just to have sex with them because they do not get sexual satisfaction from their partners" (26).*

A few described paying or giving gifts for their partners after having sex with them.

- *"Yes I do not have a partner and that makes me to hire someone to sleep with" (47).*
- *"Yes, I give my partner money to acknowledge (them and say) thanks giving after a round of sex" (49).*

Some respondents were firm in their answering no that they did not do transactional sex.

- *"No! hell no" (38)*
- *"Oh no, I am not a bitch, I will never do that" (53).*
- *"No never, I will never buy someone to have sex with me. Drunk men offer me on money to have sex but I told them I am a man as them and I am not gay" (22).*

Substance abuse

Many respondents described using substances. A number of respondents described that they used alcohol when having sex.

- *"I use alcohol almost every weekend and quite a plenty of vodka, ciders and red dry wine, I do have sex while under the influence of alcohol" (30)*
- *"I drink almost every weekend and it depends on the place where I am and how much I drink. I did have sex while drinking because me and my partner agree on it and we did use protection" (29).*
- *"Yes I drink alcohol it is a better angle to get chicks. Every weekend I drink a lot" (47).*
- *"Yes we drink too much every time we meet. Alcohol makes us comfortable" (42). "Yes I do have sex when I have alcohol with more that one person at times" (54),*
- *"I use alcohol like beer but also drink all stuff of alcohol. I drink every weekend and drink until I am totally drunk. I don't use drugs. I do engage in sex when I am drunk and I don't use protection because we forget it" (58).*
- *"We drink too much and it makes it comfortable then to ask for sex" (42)*
- *One said that when "they were drunk they liked to have sex" (31)*
- *"I use it a lot (alcohol) and when I am drunk I like to have sex" (76)*
- *"Yes it is more convenient to drink. It is used before sex and I do drink every day" (78).*

- *One respondent noted that she would not have sex with her partner when she was drunk, but said if she was out at a shebeen or club and drunk she would have casual sex (59).*

Others said that they did not use substances regularly.

- *"I do not drink and I do not do drugs. I never in my life abused alcohol or drugs or even using it" (69).*
- *"No, I do not have sex when drunk. I do not want to regret myself" (48)*
- *"I don't drink and I don't do alcohol. Everything I do, I do sober minded" (62)*
- *"No I do not drink or use any substance" (44).*

Some used other substances including Marijuana, Tik and cocaine.

- *"I use cocaine and marijuana occasionally. I do engage in sex when being drunk or high and even then I do not use protection." (67)*
- *"I smoke marijuana during the week and it is nice having sex after smoking and no I do not use protection then" (52)*
- *"I use alcohol and I smoke dagga. I have sex on occasions when I am drunk" (20)*
- *"I drink every weekend and I drink a lot, I used to use cocaine but stop it, I now sometimes use ecstasy. I do engage in sex a lot when being drunk or high on drugs and don't use protection" (66)*
- *"I once used ecstasy but only one time and it did nothing for me" (64).*

One said they were in recovery and had stopped but they needed support as it was difficult.

- *"Yes I do sex when drunk, I used to smoke tik and ecstasy, but I stopped and I need help because I do not want them anymore and I still crave for them" (49).*

A few referred to themselves as new born Christians and that they believed that they should not use alcohol or drugs (25, 21).

Others noted that substances were related to whether they had money or not:

- *"I usually do not have money to buy alcohol.*
- *'It depends on if there is a lot of money or not" (75)*
- *"I do have sex when I am drunk but not all the time, it all depends on how badly I like the guy" (19)*
- *"I drink if I have cash and on special occasions" (22).*

Conclusion

This study is a first of its kind in South Africa and informs a body of knowledge regarding transgender access to health care, sexuality and HIV risk. These results need to be used in planning and programming to provide better access to health care for transgender persons, especially for HIV care. It is evident that currently

health services are discriminatory and health workers provide sub-standard care to transgender persons.

Stigma and abusive behaviour is a barrier to transgender persons accessing care including HIV testing and ART treatment. Health workers have disregarded the law and constitutional provisions and suggested that transgender persons are illegal. This abuse and unprofessional behaviour needs to be addressed by the National Department of Health which includes transgender persons as part of the most at risk populations (MARPS) in the current National Strategic Aids Plan.

One cannot generalise about transgender sexuality and gender identity in terms of one's sexual practice. There is a wide continuum and diversity in practice and behaviours. Language used to express one's identity and sexual practice is also variable and assumptions should not be made regarding sexual practices.

While there is a basic knowledge of HIV transmission and risk, male condoms are the most commonly available prevention method along with lubrication. While some transgender persons do practice safer sex, unsafe sex is still common. Transmen and lesbian women need more understanding and information regarding the risk of vagina to vagina sex and how to protect themselves. Dental dams, female condoms and finger clothes are not well known or available. They are also not generally used given limited understanding of 'vagina to vagina vulnerability. Violence, rape in particular, is reported to take place and health services need to able address the particular needs of the LGBTI population, especially in relation to apparent hate crimes.

Transactional sex, often used as part of transgender people's ability to be resilient in the context of poverty, occurs quite frequently. The study highlights the high rate of unemployment, over half the sample yet at the same time it is evident that a large proportion of the sample had access to some form of tertiary education. This demonstrates the particular vulnerability of transgender persons in getting employment and how education is only part of the equation in being able to enter employment. Sex work should be decriminalised to provide sex workers with safe access to sexual health services and to free from police harassment and brutality as noted in the National Aids Strategic Plan

Alcohol and substance abuse does take place on a large scale with this being linked to unprotected sex. Substance abuse also enables ease of access to sex as articulated by some of the respondents. This is a reality that needs to be addressed given the vulnerabilities that substance abuse can facilitate.

There is a need to respond to the concerns of transgender persons and to provide services free from discrimination and stigma, which are distinct from MSM services although they may be related. LGBTI health professionals need to be deployed into clinics so as to provide affirming services. Of note transitioning and access to hormones did not surface as a theme in the interviews.

Health workers need sensitisation services to update services to be provided in an affirming way which welcomes transgender clients. Similarly forms and processes need to be undated so that gender identity is not a barrier in relation to incorrect pronouns hampering access to services including ART.

Appendix one: Information sheet and questionnaire

Consent Form

My name is …….…….. I am from Gender DynamiX. We are working on a research project which to learn more about the about the sexual and reproductive health of transgender persons in South Africa.

Background and objectives of the Study

The objective of this research is to inform a greater understanding of sexual behavior amongst transgender people in South Africa, in the context of the current HIV and AIDS pandemic. As you are aware TG persons are marginalised position in society and are believed to be one of the most at risk demographics. While attention has been given to some extent to transgender women specifically, this has been almost exclusively within the context of MSM (Men who have Sex with Men.) Unfortunately such inclusion is problematic for several reasons. MSM (and WSW, Women who have Sex with Women), rarely take into account the specific needs of transgender people, the inclusion into MSM and WSW, makes clear assumptions about the type of body of transgender people and the people they have sex in, which are in fact mainly assumptions. It is not true that transgender women have "male" bodies, or that they primarily have sexual contact with men; neither is it true that transgender men have "female" bodies, or that they primarily have sexual contact with women. The reality is very complex, transgender people's bodies can be at any stage of medical transition, ranging from male to female to unusual and non-conforming bodies that cannot be simply be defined in male-female binaries. Furthermore, transgender people can be gay/lesbian, straight or bisexual.

Due to current policy that includes transgender people, almost by default, into MSM or WSW, there has been little to no attention on the ground to specific needs of transgender people when it comes to sexual health and HIV prevention. Most of the information available is ruefully inadequate, and services are clearly not capable of addressing the questions of transgender people in this regard; service providers, due to prevailing ignorance about transgender people, are unable to provide transgender friendly services, impacting the accessibility of HIV prevention, treatment and care to transgender people. Considering the vulnerable position of transgender people, it is urgent that this is addressed. At a workshop about sexuality during the exchange project that Gender DynamiX is organizing for transgender activists in Southern Africa, this because more than clear: despite the position as activists and advocates, the participants had little clear information about sexual health of transgender people, including HIV! Participants explicitly requested that this issue be addressed for their personal benefit, as well as for the communities they come from.

This research aims to provide insights to inform gaps in understanding the continuum and breadth of sexual behavior of transgendered persons and to contribute to building access to better health services to address sexual health needs.

How is the research being done?

We aim to disseminate this questionnaire widely and have transgendered persons either complete it themselves or we will interview people via phone or in person. We would like to

have as many people complete it as possible as the larger the sample (number of completed questionnaires) the more reliable the knowledge and evidence will be understood. (the medical establishment will take note of our results seriously).**Why have I been approached?**

You have been identified by as a person who may be able to assist the study because you:

- Are a transgendered person or sexually involved with a transgendered person(s);
- You are over 18years of age;
- You live in South Africa or a southern African country;
- Have links to a community based organization or support groups;

You have been selected and qualify to take part of in these interviews. To ensure confidentiality all what will be discussed will be kept in confidence. The interview will take approximately one hour. The interview will be audio-taped. You will be asked about your sexual health or experiences. It is possible that the researchers may contact you again to ask for follow-up or confirmation questions or to give you feedback on the process.

Risks associated with participating in the study

There are no physical risks related to participating in this study.

How will being part of the study help me?

You will not benefit directly from being part of this study. However your contributions will help us to understand sexual and reproductive health concerns and experiences of transgendered persons. This information will be used to advocate for better access to sexual and reproductive health care of transgendered persons. Based upon the research findings, Gender DynamiX will produce educational materials specifically for transgender persons, these will be handed out for free to the transgender community in South Africa.

How will I know what happens to the research?

A report will be written on the findings of the research. The researcher will contact you to give you a copy of the research report. A copy of the research report will also be sent to your support group. In addition, there may be academic papers that are written about the study to provide guidance to other researchers, advocacy groups and policy makers in this area. You might be invited to participate in advocacy activities that are aimed at improving the rights of transgendered persons.

Will I be compensated in any way?

You will not be compensated for your participation in the research.

Will my interview be kept confidential?

Your right to keep your identity and that of your organization private will be protected. The researchers will not tell anyone that you were part of this study. All study information will be identified only by individual participant code numbers and will be kept confidential in locked file drawers in the researcher's offices. The information will only be available to study staff as part of routine checks to ensure that the study is being conducted in a professional way. It will also be available to study staff for the analysis.

Data files from the interviews may be send via email to other study staff. They will not have any names or personal identifiers. They will be password protected.

Study results will be reported in summary form so that no individual participant can be identified.

Digital recording

If you agree to participate, the researcher will ask you for your permission to record your interview on the tape. The interview will be confidential; it will only be identified only by an ID number. Individual names will not appear on the disk or the transcript of the interview. No one except the researchers will have access to the digital recording/disk or the transcript of the interview

What are my rights?

Your participation in the study is entirely voluntary. No one can force you to participate. If you do not participate, or if you later decide to stop participating, nothing bad will happen to you and your organization, you will not be prejudiced in any way. If at any time in the study you feel uncomfortable or wish to stop your participation, you may do so. This research may raise emotional issues which you may feel you want to discuss

Psychological counseling will not be provided by the study. If you need counseling you can contact the following support organizations:

SA Anxiety and Depression Support Group Tel

Triangle Tel

Out Tel

Their services are free of charge. Alternatively, you can contact Gender DynamiX for referral.

If you have any questions about the study now or in the future you could also contact

Gender DynamiX Tel: 031 260 25 92.

Or He-Jin Kim at hejink@genderdynamix.org.za

You will be given a copy of this consent to keep

Documentation of Consent

I voluntarily agree to participate in the research study described above.

_____ _____

Print Name Date

_____

Signature

I have discussed the research with this participant, in my opinion, this participant understand the benefits, risks and alternatives (including non-participation) and is capable of freely consenting to participate in this research.

_____

Print Name

_____

_____

Signature of Person Obtaining Consent Date

Consent to digital recording

I have been informed that the interview will be digitally recorded. I know that I can refuse to participate if I do not want to be digitally recorded. I voluntarily give permission for the interview to be digitally recorded.

_____ _____

(Print Name: Volunteer) (Date)

_____

(Signature)

_____

(Print Name: Person obtaining consent)

_____ _____

(Signature of person obtaining consent) (Date)

TRANSGENDER KEY INFORMANTS QUESTIONAIRE

Please complete the following by simply tickling the correct box or filling in the space.

Income: **Unemployed** **Average Income** (R0-R5000) **High Income** (R5000-)

Housing: **Rent a flat/House** **Own flat/house** **Boarding/Shelter**

Home Town:

Home Language:

Education: **Primary School** **Partly High School** **Matric**

Age:

Ethnicity: **Black** **White** **Coloured** **Other**

Gender identity:

Sexual Orientation:

Gender Reassignment Surgeries: **Yes (Please Specify)** **No**

What are transgender people's experience in accessing existing HIV prevention, treatment, and care services?

1. What health care services do you use and why? Which clinics/service providers have you been to and what was your experience?

2. Have you ever tested for HIV? What was your experience like? (If possible can you disclose your status?)

3. What HIV services would you like? How should they be organised and what would they look like? (e.g. Adherence, Counseling, ARV – HRT Interactions, Traditional Healing)

What is the extent of knowledge about HIV transmission and sexual health among transgender people in South Africa?

4. What do you understand as your sexual health, how are you aware of keeping yourself sexually healthy?

5. How do you understand how HIV transmission takes place?

6. What prevention methods do you use?

7. How do you talk to your partner about your sexual needs/preferences?

8. Have you ever exchanged sex for gift/favour/money?

9. Do you use any prevention methods other than male condoms and lube? (e.g. Female condoms, dental/oral dams). Do you have access to them?

10. When last did you have sex? Did you use a prevention method?

What risky behaviours do transgender people engage in? How are they at risk of HIV infection?

11. What do you understand as risky sexual behaviour? Do you feel that you are at risk?

12. What sexual practices do you engage in? (oral, anal, vaginal, use of sex toys, top or bottom, other etc.) N.B. Preference of language use of body parts and sexual activity

13. Do you have sex when using alcohol or other substances? (If yes, what is your substance of choice, how often do you use it and how many of it do you use)

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Footnotes

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[iv] http://www.phasa.org.za/articles/phc-re-engineering-in-south-africa-are-we-making-progress.html Accessed June 2012

[v] This was a transman who dressed as a woman when he went to the clinic to get better care.