

**HIV AND
YOUNG
TRANS-
GENDER
PEOPLE: A
TECHNICAL
BRIEF**

DRAFT

UNAIDS / JC2666 WHO/HIV/2014.18 (English original, July 2014)

These technical briefs have been developed by the Inter-Agency Working Group on Key Populations. However, the views expressed do not necessarily represent the views of UNAIDS or its Cosponsors.

ACKNOWLEDGMENTS

This technical brief series was led by the **World Health Organization** under the guidance, support and review of the **Interagency Working Group on Key Populations** with representations from: Asia Pacific Transgender Network; Global Network of Sex work Projects; HIV Young Leaders Fund; International Labour Organisation; International Network of People who use Drugs; Joint United Nations Programme on HIV/AIDS; The Global Forum on MSM and HIV; United Nations Children's Fund; United Nations Development Programme, United Nations Office on Drugs and Crime; United Nations Educational, Scientific and Cultural Organization; United Nations Populations Fund; United Nations Refugee Agency; World Bank; World Food Programme and the World Health Organization.

The series benefited from the valuable **community consultation and case study contribution** from the following organisations: Aids Myanmar Association Country-wide Network of Sex Workers; Aksion Plus; Callen-Lorde Community Health Center; Egyptian Family Planning Association; FHI 360; Fokus Muda; HIV Young Leaders Fund; International HIV/AIDS Alliance; Kimara Peer Educators and Health Promoters Trust Fund; MCC New York Charities; menZDRAV Foundation; New York State Department of Health; Programa de Política de Drogas; River of Life Initiative (ROLi); Save the Children Fund; Silueta X Association, Streetwise and Safe (SAS); STOP AIDS; United Nations Populations Fund Country Offices; YouthCO HIV and Hep C Society; Youth Leadership, Education, Advocacy and Development Project (Youth LEAD) ; Youth Research Information Support Education (Youth RISE); and Youth Voice Count.

Expert peer review was provided by: African Men Sexual Health and Rights; AIDS Council of NSW (ACON); ALIAT; Cardiff University; Family Planning Organization of the Philippines; FHI 360; Global Youth Coalition on HIV/AIDS; Harm Reduction International; International HIV/AIDS Alliance; International Planned Parenthood Federation; Joint United Nations Programme on HIV/AIDS Youth Reference Group; Johns Hopkins Bloomberg School of Public Health; London School of Hygiene and Tropical Medicine; Mexican Association for Sex Education; Office of the U.S. Global AIDS Coordinator; Save the Children; Streetwise and Safe (SAS); The Centre for Sexual Health and HIV AIDS Research Zimbabwe; The Global Forum on MSM and HIV Youth Reference Group; The Global Network of people living with HIV; Thubelihle; Youth Coalition on Sexual and Reproductive Rights; Youth Leadership, Education, Advocacy and Development Project (Youth LEAD) ; Youth Research Information Support Education (Youth RISE); and Youth Voice Count.

The technical briefs were written by James Baer, Alice Armstrong, Rachel Baggaley and Annette Verster.

Damon Barrett, Gonçalo Figueiredo Augusto, Martiani Oktavia, Jeanette Olsson, Mira Schneiders and Kate Welch provided background papers and literature reviews which informed this technical series.

TABLE OF CONTENTS

INTRODUCTION	7
YOUNG TRANSGENDER PEOPLE	9
HIV RISK AND VULNERABILITY	11
LEGAL AND POLICY CONSTRAINTS	16
SERVICE COVERAGE AND BARRIERS TO ACCESS	18
SERVICES AND PROGRAMMES	20
APPROACHES AND CONSIDERATIONS FOR SERVICES	25
REFERENCES	29

Definitions of some terms used in this technical brief

Children are people below the age of 18 years, unless, under the law applicable to the child, majority is attained earlier.¹

Adolescents are people aged 10–19 years.²

Young people are those aged 10–24 years.²

While this technical brief uses age categories currently employed by the United Nations and the World Health Organization (WHO), it is acknowledged that the rate of physical and emotional maturation of young people varies widely within each category.³ The United Nations Convention on the Rights of the Child recognizes the evolving capacity of people under 18 years of age to make important personal decisions for themselves, depending on their individual level of maturity (Article 5).

Key populations are defined groups who due to specific higher-risk behaviours are at increased risk of HIV, irrespective of the epidemic type or local context. They often have legal and social issues related to their behaviours that increase their vulnerability to HIV. The five key populations are men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers, and transgender people.⁴

Transgender is an umbrella term for all people whose internal sense of their gender (their gender identity) is different from the sex they were assigned at birth. Transgender people choose different terms to describe themselves. Someone born female who identifies as male is a transgender man. He might use the term “transman”, “FtM” or “F2M”, or simply “male” to describe his identity. A transgender woman is someone born male who identifies as female. She might describe herself as a “transwoman” “MtF”, “M2F” or “female”. In some cultures specific terms such as *hijra* (India), *kathoey* (Thailand) or *waria* (Indonesia) may be used.⁵

Birth-assigned refers to the sex that a person is identified as being at birth. This may or may not accord with the individual’s own sense of their gender identity as they grow up.

Transition refers to the process transgender people undergo to live in their gender identity. This may involve changes to outward appearance, mannerisms or to the name someone uses in everyday interactions. Transitioning may also involve medical steps such as hormone therapy and surgeries.⁵

Hormone therapy (also known as cross-gender hormone therapy or hormone replacement therapy) is a health intervention used by many transgender people. Hormones can be used to feminize or masculinize one’s appearance in accord with one’s gender identity. Physical appearance is often used to support assumptions about someone’s sex, and hormone therapy can help a transgender person to be recognized as the appropriate gender.⁵

Transphobia is prejudice directed at transgender people because of their gender identity or expression.⁵

INTRODUCTION

Young people aged 10–24 years constitute one-quarter of the world’s population,⁶ and they are among those most affected by the global epidemic of human immunodeficiency virus (HIV). In 2013, there were an estimated 5 million people aged 10–24 years were living with HIV, and young people aged 15–24 years accounted for an estimated 35% of all new infections worldwide in people over 15 years of age.⁷

Key populations at higher risk of HIV include people who sell sex, men who have sex with men (MSM), transgender people and people who inject drugs. Young people who belong to one or more of these key populations – or who engage in activities associated with these populations – are made especially vulnerable to HIV by widespread discrimination, stigma and violence, combined with the particular vulnerabilities of youth, power imbalances in relationships and, sometimes, alienation from family and friends. These factors increase the risk that they may engage – willingly or not – in behaviours that put them at risk of HIV, such as frequent unprotected sex and the sharing of needles and syringes to inject drugs.

Governments have a legal obligation to support the rights of those under 18 years of age to life, health and development, and indeed, societies share an ethical duty to ensure this for all young people. This includes taking steps to lower their risk of acquiring HIV, while developing and strengthening protective systems to reduce their vulnerability. However, in many cases, young people from key populations are made more vulnerable by policies and laws that demean or criminalize them or their behaviours, and by education and health systems that ignore or reject them and that fail to provide the information and treatment they need to keep themselves safe.

The global response to HIV largely neglects young key populations. Governments, international agencies and donors fail to adequately fund research, prevention, treatment and care for them. HIV service-providers are often poorly equipped to serve young key populations, while the staff of programmes for young people may lack the sensitivity and knowledge to work specifically with members of key populations.

Young transgender people’s immediate HIV risk is related primarily to sexual behaviours, especially unprotected anal sex with an HIV positive partner, but structural factors in addition to those already noted make young transgender people especially vulnerable to HIV. Stigma and discrimination against transgender people frequently cause them to be rejected by their families and denied health-care services, including access to HIV testing, counselling and treatment. Transgender people are almost everywhere denied legal recognition of their gender and may also be penalized by laws criminalizing same-sex behaviour. Some young transgender people have overlapping vulnerabilities with other young key populations, such as injecting drugs and selling sex,ⁱ which can put them at higher risk of acquiring HIV and also lead to increased stigmatization. In addition, experiences of abuse, exploitation and violence, including sexual violence, are commonplace.

ⁱ In this series of technical briefs, “selling sex” is used as an umbrella term to refer to young people aged 10–24 years. It therefore includes children/adolescents aged 10–17 years who sell sex, who under the United Nations Convention on the Rights of the Child (CRC) are defined as sexually exploited, and young adults aged 18–24 years, who are recognized as sex workers. For further information, please see *HIV and young people who sell sex: A technical brief* (Geneva: WHO, 2014).

This technical brief is one in a series addressing four young key populations. It is intended for policy-makers, donors, service-planners, service-providers and community-led organizations. This brief aims to catalyse and inform discussions about how best to provide services, programmes and support for young transgender people. It offers a concise account of current knowledge concerning the HIV risk and vulnerability of young transgender people; the barriers and constraints they face to appropriate services; examples of programmes that may work well in addressing their needs; and approaches and considerations for providing services that both draw upon and build the strengths, competencies and capacities of young transgender people.

Community consultations: the voices, values and needs of young people

An important way to better understand the needs and challenges of young key populations is to listen to their own experiences. This technical brief draws upon insights from the research and advocacy of young transgender people. It also incorporates information from consultations organized in 2013 by the United Nations Population Fund in collaboration with organizations working with young key populations, including young transgender people, in eastern Europe and South America.⁸ Reference is also made to consultations conducted with members of young key populations in the Asia-Pacific region by Youth Voices Count⁹ and the Youth Leadership, Education, Advocacy and Development Project (Youth LEAD);¹⁰ and regional and country consultations in Asia with young transgender people, conducted by the HIV Young Leaders Fund.¹¹ Since these were small studies, the findings are intended to be illustrative rather than general. Representative quotations or paraphrases from participants in the consultations are included so that their voices are heard.

Where participants in the consultations were under the age of 18 years, appropriate consent procedures were followed.

YOUNG TRANSGENDER PEOPLE

The paucity of data on young transgender people is a barrier to providing adequate health and psychosocial services tailored for them, and highlights the need for more research and attention from national governments.

The severe stigma and discrimination that transgender people experience make it especially difficult to estimate the global size of the transgender population, their levels of risk for HIV and their protective behaviours. Research tends to focus on those who approach specialist clinics to seek counselling and health care related to gender transition, but these are a minority of all transgender people,¹² and population estimates based on such sampling are likely to underestimate the true numbers and to fail to capture the diversity of transgender people's identities and experiences. In some regions of the world, for example, Africa, transgender people are almost completely overlooked.¹³ In addition, most research is conducted with transgender women, and there is very little that focuses on transgender men. The studies cited in this technical brief largely reflect this fact.

- Analysis of population-based surveys in Massachusetts and California, United States of America, suggests that 0.3% of adults in the USA may identify as transgender.¹⁴
- A study in the United Kingdom estimated that 0.6% of people aged over 15 identify as transgender.¹⁵
- In Pakistan, estimates of the numbers of transgender women (*hijras*) suggest that they represent 0.7% of birth-assigned males aged 15 years and above.¹⁶ In India, they make up an estimated 0.12–0.24% of the population.^{17,18}
- The proportion of transgender women among birth-assigned males has been estimated at around 0.6% in Thailand,¹⁹ and at 0.1–0.2% in Malaysia.²⁰

It is estimated that globally there are more people who identify as transgender women than as transgender men, but there are limited data on the relative population sizes.²¹

Estimating the number of young transgender people (aged 10–24 years) is even harder. Although anecdotal evidence suggests that an increasing number of young individuals are self-identifying as transgender,²² some may not develop a full awareness of their gender identity until later in adolescence or young adulthood. In addition, many young transgender people are particularly vulnerable to transphobia and isolation and thus less likely to acknowledge their identity to others.

There is limited understanding of the global burden of HIV and other STIs among transgender populations, and transgender people are rarely identifiable in national surveillance systems. Data are only available from middle- and high-income countries and indicate that transgender women, in particular, are at disproportionate risk for HIV infection.

- A 2012 review found that across 15 countries in North America, the Asia-Pacific, Latin America and Europe which reported data on 11 066 transgender women, the pooled HIV prevalence was 19.1%.²³
- A 2008 analysis of studies completed in 1990–2003 in the USA found an average laboratory-confirmed HIV prevalence of 27.7% across all age groups of transgender women in four studies, but a much lower self-reported prevalence of 11.7% in 18 other studies, suggesting that many transgender women living with HIV did not know their HIV status.²⁴
- Some transgender men engage in receptive anal intercourse,²⁵ and there is some evidence that transgender men are also at risk for HIV: one clinic in San Francisco, USA, found that the prevalence of HIV was similar for transgender men (10%) and transgender women (11%),²⁶ while a study in New York City, USA, found that 2% of transgender men were living with HIV.²⁷

Little data are available on the HIV burden among young transgender people, but research suggests a similarly high prevalence of HIV as among adult transgender women. A study in Chicago, USA, with ethnic-minority transgender females aged 16–25 years found that 22% self-reported being HIV positive.²⁸ A comparable proportion (19%) of transgender females aged 15–24 years self-reported HIV infection in a study in Chicago and Los Angeles.²⁹ There is evidence that many young transgender women are unaware of their HIV status. A US-based study of transgender women who reported being HIV negative or unaware of their HIV status revealed that 8% of those aged 13–19 years were living with HIV.³⁰ This suggests that the self-reported HIV prevalence of 19–22% among young transgender females may understate the true burden.

HIV RISK AND VULNERABILITY

Compared to their age peers in the general population, and to older transgender people, young transgender people are more vulnerable to HIV. This is due to numerous individual and structural factors that are linked with specific risk behaviours – inconsistent condom use and greater use of drugs or alcohol.

Unprotected sex: Studies among transgender women in the USA and Asia indicate that they commonly practise unprotected receptive anal intercourse.^{30,31} Transmission of HIV is 18 times more likely to occur through unprotected receptive anal sex than through unprotected vaginal intercourse.³² In a study of transgender females aged 16–25 years in Chicago, USA, 49% reported unprotected receptive anal intercourse.³³ In Chiang Mai, Thailand, a survey of transgender people attending a voluntary counselling and testing centre found that three-quarters of them had practised unprotected anal intercourse with a regular partner in the previous six months, while 55% had done so with a casual partner.³⁴ Transgender women may engage in receptive rather than insertive sex in order to affirm their feminine identity.³⁵ Like other people, some transgender women consider unprotected sex a way to demonstrate trust in their partner, even if they do not know their partner's HIV status.⁹ For some transgender men, unequal power dynamics, low self-esteem and the desire for affirmation of their gender identity present barriers to negotiating safe sex with male partners.^{25,36}

“When it comes to our permanent partners and lovers we would not use condoms at all. We want to show them how much we trust and love them.”

Young transgender person, Pakistan¹¹

Drug and alcohol consumption: In studies conducted in Los Angeles and Chicago, USA, over 90% of transgender participants aged 15–24 years had used alcohol or drugs during their lifetimes.²⁸ In the Chicago study, 57% of transgender females aged 16–25 years reported having sex under the influence of drugs or alcohol, and this was significantly associated with both unprotected anal intercourse, and with selling sex.^{22,28} A systematic review of studies in the USA found that 12% of transgender women in these studies reported injecting recreational drugs and that 39% of transgender men reported having sex while drunk or high.²⁴

Other forms of injecting: Apart from using needles to inject recreational drugs, transgender people may also inject hormones or other substances for body modification. In the USA systematic review referenced above, about a quarter of transgender women reported injecting hormones or silicone,²⁴ while in a study in Thailand, around two-thirds of male and female transgender people reported doing so.³⁷

While data are still quite limited, no association has yet been found between injecting hormones and lifetime risk of acquiring HIV.³⁸ However, sharing needles can transmit bloodborne pathogens including HIV and viral hepatitis. The risk of HIV transmission via shared needles is likely to be higher in settings where access to medically supervised hormone treatment is unavailable and illicit injections are commonplace.³⁹ In the Chicago study of transgender females aged 16–25 years, 2% reported sharing needles to inject street drugs, while 6% had shared needles when injecting hormones or silicone.²⁴

“At the beauty salon, they provide silicone injection for their nose, their breasts, their hips... Those who inject are not professional nurse or doctor. They just get it from the black market and try to make money from it.”

Transgender woman, 22, Indonesia⁴⁰

Changes during adolescence: Adolescence is a period of rapid physical, psychological, sexual, emotional and social change. It is often a time of experimentation, which may involve alcohol or other drugs, and the period when sexual activity with other people may begin. The development of the brain in adolescence influences the individual's ability to balance immediate and longer-term rewards and goals, and to accurately gauge risks and consequences.⁴¹ This can make adolescents more vulnerable to peer pressure, or to manipulation, exploitation or abuse by older people, and therefore potentially to HIV. This is especially true for those who lack stable and supportive family environments.

Some transgender people are aware from early childhood that their gender identity differs from their birth-assigned sex, but their sense of their identity as a transgender person may not solidify until adolescence, adding a layer of considerable complexity to developmental processes during these years.⁴² Even transgender people who are clear about their gender identity before reaching adolescence are likely to feel that there is little social space available for them to safely express their identity.

The difficulty of negotiating the tension between a desire to express one's identity and the fear of being stigmatized for doing so often has a negative impact on the emotional well-being of transgender adolescents and may deter them from seeking guidance and information about gender identity as well as sexual and reproductive health and HIV.

“Sexuality preferences and gender identity don't start at the adolescent stage; let's not wait [to start talking about it in school].”

Young transgender person, Uruguay⁸

Transphobia, stigma and discrimination: Many transgender people experience social rejection and marginalization because of their gender identity and expression, as well as their perceived sexual orientation. Transphobia can have a significant impact during adolescence and young adulthood, when many young transgender people are struggling to develop a sense of self while addressing feelings of guilt and shame about their identities, pressure to conform to familial, peer and gender norms, and often the need for secrecy.⁴² This dynamic affects their self-perception and sense of worth and can lead to self-stigmatization – feelings of depression, low self-esteem and anger, or self-harming acts.⁹ Self-stigmatization is also linked to HIV risk behaviour.⁴³

Young transgender people may experience rejection and even physical and sexual violence from within their family or communities, causing them to leave home. A study in Latin America estimated that 44–70% of transgender women and girls leave home or are thrown out of their home.⁴⁴

Young transgender people may also be subject to bullying and harassment at school because of their gender identity as well as their perceived sexual orientation. In a study in the USA, more than 90% of transgender learners reported derogatory remarks, more than half had experienced physical violence and two-thirds said they felt unsafe at school.⁴⁵ In Argentina,

transgender learners reported that they stopped studying, either because of homophobic bullying by other learners or because they were denied entry by school authorities. Of those surveyed, 45% dropped out of secondary school and only 2.3 % completed college.⁴⁶ Apart from the physical and psychological effects, homophobic and transphobic bullying in educational institutions can undermine learning opportunities and educational achievement.^{47,48}

“When fellow students mock [us], in general teachers or head teachers do not respond, as if they don’t know what to do or how to deal with it.”

Young transgender person, Uruguay⁸

“In my school, teachers discriminate against me more than my own schoolmates.”

Young transgender person, Uruguay⁸

Participants in a community consultation in Asia reported that young transgender people who either identify as part of the MSM community, or are identified as such by others, face greater discrimination.⁹ Much of the available data on the impact of transphobia focuses on ethnic-minority transgender people in the USA:

- Transgender people aged 15–20 years in a New York study reported stigma, harassment and social isolation, and concerns about potential violence.⁴⁹
- Among transgender women in a San Francisco study, verbal and physical abuse were reported as having been experienced more frequently before the age of 18 years than in adulthood (80% vs 37% for verbal abuse, and 64% vs 20% for physical abuse).⁵⁰
- For transgender females aged 16–25 years in a Chicago study, self-esteem and depression were both independently associated with unprotected anal intercourse.³³

Young transgender people have an elevated risk of suicidal thoughts and attempted suicide. In the USA, a study found that 45% of young transgender people had had serious thoughts about suicide, and 26% had actually attempted suicide.⁵¹ In Thailand, transgender females aged 15–19 years had higher levels of suicidal ideation than their older peers.²⁹

The limited research available suggests the influence of parental support on HIV risk behaviours: young transgender women with no parental support reported inconsistent or no condom use with sexual partners, but those with at least one supportive parent reported using condoms consistently.⁵²

Social marginalization: The rejection of young transgender people by their families or in their school or work environments may lead to homelessness, unemployment and economic instability.^{33,53,54} Transgender adolescents are particularly vulnerable to such consequences because of their dependence on family and educational institutions for housing and other resources. Loss of stable housing has been associated with increased HIV risk behaviours, including unprotected sex and exchanging sex for money.⁵⁵ Living or working on the streets makes it harder for young transgender people to access health and other services.^{56,57}

In some countries, such as India and Pakistan, *hijras* may live in tight-knit communities with their own cultural behaviours and norms, under the leadership of a *guru*. While these communities often provide security and support, access to information and services may be determined by the *guru* rather than by the needs or wishes of individual transgender women, and access to the community by outsiders may be similarly restricted.

Lack of information and misconception of risk: Many young transgender people, lacking information on sexual health specifically directed at people of their gender identity, underestimate their risk for HIV. A US-based review showed that 71.6% of transgender women perceived themselves to be at low or no risk of acquiring HIV. However, there was a large discrepancy between their low rates of self-reported infection and rates of laboratory-confirmed HIV, pointing to a gap in HIV-related knowledge and awareness among this population.²⁴

“Young transgenders who sell sex do not know what HIV is. They have heard about AIDS but never HIV. They don’t know where to go for testing or whom they can go with. They cannot comprehend the seriousness of HIV.”

Young transgender person, Pakistan¹¹

Racial and ethnic marginalization: Some studies in the USA have found that HIV prevalence among transgender women is higher in ethnic-minority groups, particularly African Americans and Latinas.^{27,58} More research is needed to understand the reason for these disparities, though it has been suggested that the social isolation and discrimination suffered by some ethnic-minority youth may be linked to lack of knowledge about HIV prevention, lack of easy access to health services, and drug and alcohol use.⁵⁹

Relationship status: Young transgender people in relationships, like non-transgender people, may use condoms less frequently with their main partners than with casual or commercial partners. A study in Los Angeles and Chicago, USA, found that young transgender women were less than one-third as likely to use a condom during receptive anal intercourse with their main partner than with commercial partners.²² In Thailand, 61.0% of transgender people reported inconsistent condom use with their steady partners, and 32.7% with their casual partners.³⁷

Selling sex: Evidence suggests that a significant proportion of young transgender females engage in selling sex in some settings, often as a result of social exclusion, economic vulnerability and difficulty in finding employment.^{33,55} In the USA, sex work was reported as being a primary source of recent income for 50% of adult transgender women studied in Los Angeles,⁵⁸ 32% of those in San Francisco²⁷ and 44% in Miami, San Francisco and New York.³⁰ In a study in Chicago, 59% of ethnic-minority transgender females aged 16–25 years reported they had exchanged sex for resources.³³

Selling sex places transgender people at risk of violence, and pressure from clients to have unprotected intercourse puts them at greater risk of becoming infected with HIV.⁶⁰ A review of studies in 13 countriesⁱⁱ found significantly higher HIV prevalence among transgender women who were engaged in sex work (pooled prevalence 27.3%) than among those who were not (14.7%). In addition, transgender women engaging in sex work were four times as likely to be HIV positive as non-transgender female sex workers.⁶¹

In some South Asian countries, a decline in demand for *hijras* to perform traditional activities for payment, such as blessing births and dancing at social events, has led many to engage in selling sex instead. In a study of *hijras* in Pakistan, 84% had sold sex, and while almost all were familiar with condoms, 42% reported never needing to use one.⁶²

ii The 13 countries were Australia, Belgium, Brazil, India, Indonesia, Israel, Italy, Netherlands, Singapore, Spain, Thailand, Uruguay and the USA.

There is relatively little data on the relationship between selling sex and HIV risk among young transgender women. In a Chicago and Los Angeles study, 67% of transgender females aged 15–24 years reported selling sex, and HIV prevalence among those who sold sex (23%) was almost four times as high as among transgender girls and women in the same age group with no history of selling sex. Selling sex was significantly associated with low levels of education, homelessness, drug use and a perceived lack of social support.²⁸

“It’s hard to get a job. We have to work as [a] sex worker, [do] makeup or sing at funerals.”

Transgender woman, Viet Nam⁹

“You have triple stigma if you are young, a sex worker and a transgender.”

Young transgender person, Asia¹¹

LEGAL AND POLICY CONSTRAINTS

The United Nations Convention on the Rights of the Child (CRC, 1989) is the global treaty guiding the protection of human rights for people under 18 years of age.¹ One of its key principles is that the best interests of the child should guide all actions concerning children (Article 3), also taking into account children's evolving capacity to make decisions regarding their own health (Article 5). The CRC also guarantees the rights to non-discrimination (Article 2), life, survival and development (Article 6), social security (Article 26), an adequate standard of living (Article 27) and protection from all forms of exploitation and abuse (Article 34). Article 24 stresses "the right of the child to the enjoyment of the highest attainable standard of health and to facilities for treatment of illness and rehabilitation of health".

In practice, significant legal and policy constraints limit the access of young transgender people to information and services affecting their health and well-being. The rights of young people under 18 years to life and health under the CRC are contravened when they are excluded from effective HIV prevention and life-saving treatment, care and support services.

Criminalization: Transgender people who have sex with people of the same birth-assigned sex are often perceived as "homosexual" (for example, a transgender female who has sex with a male, particularly if she is herself perceived as being male). As a result, transgender people are often subject to criminal penalties for homosexual behaviour, which as of January 2014 remained illegal between consenting adults in 78 countries.⁶³

While the United Nations Secretary-General has explicitly stated that human rights apply to all people, including people who identify as transgender,⁶⁴ gender identity is not a protected status in any binding international human-rights instrument. Although in some countries (such as parts of the USA) there are legal protections for transgender people under laws barring discrimination on the basis of sex, it is more common for transgender people to be without legal protection against discrimination or harassment, or to be protected only if given a mental-health diagnosis of "gender identity disorder".⁶⁵ Laws against cross-dressing make some transgender people vulnerable to arrest. However, it is notable that a few countries, such as Nepal and, to a certain extent, India, recognize transgender identity as a third gender on administrative documents, giving transgender people some legal entitlements and protections. Argentina's gender identity law respects the right to self-determination of all transgender people and their right to confidentiality and privacy, and allows them to change their name and sex details without requiring a medical diagnosis or specific medical interventions.⁶⁵ Portugal and Uruguay have also legislated to allow individuals to choose the gender identity that is registered on their official documents.⁵

Police harassment: The severe stigmatization arising from transphobia makes police harassment a danger for transgender people on the basis of their appearance alone, although transgender sex workers are often also disproportionately targeted by the police in places where sex work is criminalized.⁵ Transgender people have little or no recourse to the police if they are the victims of harassment or violence, and they may be subjected to abuse, extortion, beatings or rape by the police themselves.⁵ In some places, for example some countries in Asia, sexual violence laws do not criminalize sexual assault on men and transgender individuals.⁹

“Police is one of the biggest problems we face on the streets ... they take money and everything that we have, rape us and then leave us.”

Young transgender person who sells sex, Pakistan¹¹

Restricted access to services: Transgender people under the legal age of majority may be deterred from seeking HIV testing and counselling if the consent of parents or guardians is required. Discrimination can also be a barrier to accessing the rights of citizenship more generally. Laws that do not allow official documents to be changed to match current gender identity can prevent transgender people from obtaining health care and other government services or employment. Young transgender women in the community consultation in Cambodia reported that they were unable to get ID cards from the local authorities because of a requirement that they cut their hair and dress in men’s clothes to be photographed.¹¹

SERVICE COVERAGE AND BARRIERS TO ACCESS

Despite evidence of heightened HIV risks and prevalence rates among transgender people (particularly transgender women), coverage of HIV prevention programmes among transgender populations remains poor across regions.⁶⁶ Barriers to health care among transgender people have been significantly associated with depression, economic pressure and low self-esteem, which may reduce rates of condom use.⁶⁷

Availability and accessibility: Some participants in the community consultations identified cost as the highest practical barrier to accessing services, followed by distance from the point of service delivery.⁸ Younger people are less likely to have financial means and mobility than older people.

Uptake of HIV testing and counselling: Demand for HIV services may be influenced by transgender people's perception of low risk for HIV, as well as lack of information. Conversely, some may fear the personal and social ramifications of testing positive for HIV. Some transgender people have competing health needs and may prioritize medical treatment related to gender transition, particularly if they perceive that HIV testing or treatment will cost money.

“Outreach workers always bring me to have an [HIV]/STI test, but they don't understand about our real problems ... Sometimes I have pain in my face because of silicone surgery [or] side-effects from injecting hormones, and we really need counselling, but no one can help us.”

Young transgender woman, Cambodia⁹

Access to transgender-specific medical procedures: There is evidence that hormone therapy and sex-reassignment surgery can substantially support the psychological well-being of transgender people who choose these treatments, and by improving self-esteem they may also contribute to lowering HIV risk.^{68,69} However, access to hormone therapy is limited, and few health-care providers feel knowledgeable about transgender health care.⁷⁰ Some transgender people therefore seek hormone therapy in the informal sector, despite the potential harmful side-effects of unmonitored treatment and the risk of HIV transmission through contaminated needles.⁷¹

Sex-reassignment surgery is unavailable in most countries and is prohibitively expensive for many to obtain through private care. Where surgery or hormone therapy is not available for free or at low cost, some transgender people sell sex in order to raise money for it, which may increase their risk of exposure to HIV. There is also a lack of data on the HIV risk for post-operative transgender women with a neo-vagina.

Medical therapies (known as hormone blockers) to suppress the onset of puberty are available in some settings, allowing transgender young adolescents to delay decisions about starting hormone therapy. These therapies require careful medical assessment and supervision and are best accompanied by professional psychological support.⁷²

“I read a lot of [information about using hormones on the] Internet because I cannot get any access from the medical practice, medical providers ... Illegal injections using silicone oil are quite prevalent here ... Because of the general poverty of trans people in my country, because they cannot afford gender-affirming surgery in either public or private [health systems], they opt to get illegal injections from quacks.”

Young transgender woman, Indonesia⁴⁰

“Transgender female youth who have had gender-affirming operations need specialized services – yet often health-care providers (treat) them as male sex workers and not as transgender people.”

Young transgender person, Asia-Pacific region¹¹

Stigma and discrimination by service-providers: Participants in the community consultations identified discrimination by health-service providers as one of the most significant barriers to accessing testing, treatment and care.^{8,11} Young transgender people may fear having their gender identity divulged to others by health-care providers. Those who are open about their gender identity may be denied health services. Some patients report being refused HIV treatment by doctors who clearly disapproved of their transgender identity.⁴⁰

“When [we] go to the doctor, first of all the doctor will give a smile ... then they will make sarcastic remarks, ask strange questions and make [us] feel embarrassed.”

Young transgender person, Pakistan¹¹

Lack of capacity among health-care providers: Where services are available, providers often do not have experience of working with young people, or the knowledge to deal with health issues specific to transgender people.²³ Some transgender women are frustrated to find their sexual and reproductive health concerns conflated with those of MSM, or feel that they must educate health-care providers about their needs. They also express concern about the lack of guidance from health-care professionals regarding interactions between HIV treatment and hormone therapy.⁴⁰

US-based studies have shown that transgender people who have had negative experiences with health-care providers tend to avoid accessing health care in the future.^{73,74} Services which are not acceptable to transgender people fail to provide effective HIV prevention, treatment and care to this population.

“The government services are not free or friendly for transgender youth. If you walk into a hospital, they call you ‘Mr’. I have long hair and they are not sensitive [to my gender identity].”

Young transgender person, Thailand¹¹

SERVICES AND PROGRAMMES

Around the world, programmes with young transgender people are being implemented by governments, civil-society organizations and by organizations of transgender people themselves. Relatively few have been fully evaluated, but the elements of a number of promising programmes are presented briefly here as examples of how the challenges in serving young transgender people may be addressed. These examples are illustrative and not prescriptive. They may not be adaptable to all situations, but they may inspire policy-makers, donors, programme-planners and community members to think about effective approaches to programming in their own contexts.

Creating a welcoming environment for young transgender people

Health Outreach to Teens (HOTT), Callen-Lorde Community Health Center, USA

The HOTT programme in New York City serves lesbian, gay, bisexual, transgender and queer adolescents, homeless or unstably housed youth, and those living with HIV/AIDS, through an on-site medical suite and a mobile medical unit. HOTT provides acute and primary care, mental-health services, HIV testing, case management and health education.

Around 11% of the 1 100 young people receiving services in 2013 identified as transgender, many of them being of colour, homeless or at risk of homelessness, and facing other psychosocial stressors. To engage and support these youth, the programme provides a trans-affirming environment, provides free care and ensures rapid access to appointments, monitors risks and resiliencies, and connects youth to preventative services using a harm-reduction approach.

To provide a trans-affirming environment, all HOTT staff (medical providers, nurses, case managers and HIV testers), many of whom identify as lesbian, gay, bisexual or transgender, are trained in transgender-competent service provision. Trans-inclusive programme literature and health education materials are available. Providers use a harm-reduction, trauma-informed approach to care, show clients how to manage transphobia in multiple environments (e.g., in workplace and correctional settings), and teach them self-harm prevention strategies. HOTT's weekly transgender women's support group, "The Girls Room", successfully engages this hard-to-reach population and provides a safe space to explore and support transition. A Youth Advisory Board and The Girls Room provide feedback on transgender services, and annual clinic-wide surveys evaluate services.

Webiste: www.callen-lorde.org/our-services/hott/

Training young key populations in leadership and advocacy

Youth LEAD, Asia-Pacific region

In 2011, Youth LEAD, a regional network of and for young key populations in 20 countries across Asia and the Pacific, created NewGen Asia, a five-day leadership course for young key population leaders. The course was developed over a period of a year by a technical working group supported by young key populations, leaders of Youth LEAD, academic experts and United Nations partners.

The NewGen curriculum uses a range of participatory activities to build capacity to understand the personal, familial, institutional, structural and cultural influences that lead to HIV vulnerability; improve personal leadership strengths and skills for teamwork; develop presentation and public speaking skills on sexual and reproductive health, HIV and related issues; and understand and use data and evidence to inform advocacy. More than 200 young key population members have participated in NewGen training in Bangladesh, Brunei Darussalam, Indonesia, Myanmar, Philippines and Sri Lanka. More than 50 trainers have been trained regionally, and NewGen courses are planned for Cambodia, China and Thailand.

All stages of programme development were evaluated through multiple methods, including rapid feedback through video interviews of consenting participants; focus group discussions; in-depth interviews; and pre- and post-course evaluations. The Indonesia National AIDS Commission has adopted NewGen to train peer educators nationwide, and the International HIV/AIDS Alliance has integrated the training into its LinkedIn programme for young key populations on sexual and reproductive health. New community networks of young key populations have since been established in several countries, including Myanmar, and social media are used to sustain connections and support for participants.

Website: www.youth-lead.org

Promoting healthy transitions among young transgender people

Silueta X Association, Ecuador

Faced with the absence of an integral health policy covering the specific needs of the transgender population, and a lack of experienced and specialized health-care providers, the Silueta X Association started a programme to promote health among young transgender people and prevent the health risks involved in non-professional feminizing hormone regimens.

A participative process was followed to design a project to meet demand for information regarding transition. Because doctors and nurses in the public-health sector would not facilitate workshops at times when transgender community members were available, the project used a private-sector doctor and an Ecuadorean endocrinology specialist based in Chile to train the Association activists and the target group. Around 160 young transgender people aged 15–29 years benefited directly. Existing peer communication was the main strategy to spread the word about the programme, via invitations on social networks and other virtual communication channels. This allowed the project to identify a new generation of potential users of feminizing hormone regimens.

Education on the risks of feminizing hormone regimens is still needed, including with other organizations of transgender people in Ecuador. After project funding ended, Silueta X continued to incorporate information on proper feminizing hormone regimens as part of its training for those involved in HIV prevention, as well as in recreational and social events, such as beauty pageants.

Website: www.redsiluetax.wordpress.com/la-institucion/

Addressing self-stigma through an awareness campaign

Youth Voices Count, Asia-Pacific region

“Loud and Proud” is a regional advocacy campaign led by Youth Voices Count, addressing the issue of self-stigma and highlighting its links to the HIV vulnerabilities faced by young transgender people and MSM in Asia. Through the campaign, Youth Voices Count aimed to draw attention to the need for more timely services that tackle psychosocial issues and promote self-acceptance, self-confidence and health-seeking habits for young transgender people and MSM.

The campaign took place in four countries – Indonesia, Mongolia, Philippines and Viet Nam – and featured a series of in-country activities, community-friendly events and the production of four short videos. “Loud and Proud” built the capacity of young transgender people and MSM to do advocacy using multimedia platforms and to leverage high-tech and social networks.

A core working group identified priority countries for the campaign and allocated a budget of approximately US \$1,000, as well as a small amount of additional funding for community events and activities. The campaign was launched to coincide with the International Day against Homophobia and Transphobia. It was disseminated online using e-list servers and social media including Facebook, as well as through national partners. The videos were also displayed at a number of community events and international conferences.

Website: www.youthvoicescount.org

Involving young people in programme feedback

MCC New York Charities, USA

MCCNY Homeless Youth Services provides emergency housing each night for 14 lesbian, gay, bisexual, transgender, queer or intersex young people aged 18–24 years. The programme is integrated with supportive services including HIV testing and counselling, mental health, medical care, syringe access, case management, anti-violence education and job training.

Services are developed through conversations with programme clients, who are considered the experts on their own experience and understand the services they need. Staff attend a weekly “house meeting” where clients talk about successes as well as gaps in services. Programmes are then developed in response to these conversations. For example, after transgender participants expressed a need for reliable, ongoing access to health services, the programme arranged an on-site enroller to help them access benefits through the Medicaid programme. Transgender clients also expressed a need for hormone therapy, which led to a partnership with an HIV/AIDS coalition to take referrals for hormone initiation and maintenance without waiting lists.

Focus groups are conducted annually with programme participants to evaluate services, and they are also encouraged to discuss programming needs with the executive director. Feedback is incorporated in programme monitoring and evaluation. Many clients have maintained contact with the programme as volunteers after moving on to other housing. Some have become street outreach workers, nutritional volunteers, facilitators for self-defence training, and even programme staff: the current HIV testing coordinator and case manager are former programme clients.

Website: www.mccnycharities.org

APPROACHES AND CONSIDERATIONS FOR SERVICES

Considerations for programmes and service delivery

In the absence of extensive research on specific programmes for young transgender people, a combination of approaches can be extrapolated from programmes deemed effective for young people or for key populations in general. It is essential that services are designed and delivered to take into account the differing needs of young transgender people according to their age, specific behaviours, the complexities of their social and legal environment and the epidemic setting.

Overarching considerations for services for young transgender people

- Acknowledge and build upon the strengths, competencies and capacities of young transgender people, especially their ability to articulate what services they need.
- Give primary consideration to the best interests of young people in all laws and policies aimed at protecting their rights.¹
- Involve young transgender people meaningfully in the planning, design, implementation and evaluation of services.
- Make the most of existing services and infrastructure, e.g., services for youth, and add components for reaching and providing services to young transgender people.
- Make programmes and services integrated, linked and multidisciplinary in order to ensure they are as comprehensive as possible and address the overlapping vulnerabilities and intersecting behaviours of different key populations.
- Partner with community-led organizations of youth and transgender people, building upon their experience and credibility with young transgender people.
- Build monitoring and evaluation into programmes to strengthen quality and effectiveness, and develop a culture of learning and willingness to adjust programmes.

Implement a comprehensive health package for young transgender people as recommended in the WHO *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*:⁴

- **HIV prevention** including condoms with condom-compatible lubricants, and post-exposure prophylaxis
- **Harm reduction** including sterile injecting equipment through needle and syringe programmes, opioid substitution therapy for those who are dependent on opioids and access to naloxone for emergency management of suspected opioid overdose
- **Voluntary HIV testing and counselling** in community and clinical settings, with linkages to prevention, care and treatment services
- **HIV treatment and care** including antiretroviral therapy and management
- **Prevention and management of co-infections and co-morbidities** including prevention, screening and treatment for tuberculosis and hepatitis B and C

- **Sexual and reproductive health services** including screening, diagnosis and treatment of sexually transmitted infections
- **Routine screening and management of mental-health disorders** including evidence-based programmes for those with harmful or dependent alcohol or other substance use.

Additional considerations for young transgender people to ensure provision of a wide range of health services addressing their multiple and overlapping vulnerabilities:

- Primary health-care services
- As yet, there is no WHO guidance on hormone or surgical therapy for gender affirmation. However, it is important that young transgender people have information about the risk of unsafe injections and potential drug interactions and support and counselling related to these issues.
- Trauma and assault care, including post-rape care

Make programmes and services accessible, acceptable and affordable

- Offer community-based, decentralized services, through mobile outreach and at fixed locations, including outreach tailored to young transgender people who sell sex.⁴
- Ensure that service locations are easy and safe for young transgender people to access.⁷⁵
- Integrate services within other programmes such as youth centres and drop-in centres.⁴
- Provide services at times convenient to young transgender people and make them free of charge or low-cost.⁷⁵
- Provide developmentally appropriate information and education for young transgender people, focusing on skills-based risk reduction, including condom use and education on drugs (including types of drugs and route of administration) and links to unsafe sexual behaviour. Information should be disseminated via multiple media, including online, mobile phone technology and participatory approaches.^{75,76}
- Provide information and services through peer-based initiatives, which can also help young people find role models. Ensure appropriate training, support and mentoring to help young transgender people reach their community to support them in accessing services.⁷⁷
- Address issues of parent/guardian consent for services and treatment, considered in the context of the best interests of the young person under 18.⁷⁸
- Engage young transgender people, including those under 18 years of age, in decisions about services, recognizing their evolving capacity and their right to have their views taken into account.¹

- Train health-care providers and other staff to ensure that services are non-coercive, respectful and non-stigmatizing, that young transgender people are aware of their rights to confidentiality and that the limits of confidentiality are made clear.^{3,4}
- Train health-care providers on the health needs of young transgender people, as well as relevant overlapping vulnerabilities such as selling sex or drug use.^{3,4}

Address the additional needs of young transgender people, including:

- Immediate shelter and long-term housing
- Food security, including nutritional assessments
- Livelihood development and economic strengthening, and support to access social services and benefits
- Support for young transgender people under 18 years to remain in education, and fostering return to school for out-of-school young transgender people, where appropriate
- Psychosocial support thorough counselling, peer support groups and networks, to address self-stigma, discrimination, transitioning (where appropriate) and other mental-health issues.^{5,9,75}
- Counselling to families, including parents of young transgender people – where appropriate and requested – to support and facilitate access to services, especially where parent/guardian consent is required.^{9,79}
- Legal services for advocacy and assistance, including information for young transgender people about their rights, and reporting mechanisms and access to legal redress.^{5,78}

Considerations for policy, research and funding

Supportive laws and policies

- Work for the legal recognition of an individual's chosen gender identity.^{5,80}
- Work for the decriminalization of cross-dressing, same-sex behaviour,ⁱⁱⁱ sex work and drug use, and for implementing and enforcing antidiscrimination and protective laws, derived from public-health standards, to eliminate stigma, discrimination and violence against young transgender people based on actual or assumed HIV status, gender identity or sexual orientation.^{4,5,78,81}
- Work toward developing non-custodial alternatives to the incarceration of young people who use drugs, sell sex or engage in same-sex activity. Work for the immediate closure of compulsory detention and “rehabilitation” centres.⁸²

iii Same-sex behaviour may be criminalized under laws against homosexuality, anal sex, “sodomy”, “unnatural sex” or other terms.

- Prevent and address violence against young transgender people, in partnership with transgender-led organizations. All violence – including harassment, discriminatory application of public-order laws and extortion – by representatives of law enforcement should be monitored and reported, and redress mechanisms established.^{4,5,78}
- Examine current consent policies to consider removing age-related barriers and parent/guardian consent requirements that impede access to HIV and STI testing, treatment and care.³
- Address social norms and stigma around sexuality, gender identities and sexual orientation through comprehensive sexual health education in schools, supportive information for families, training of educators and health-care providers and non-discrimination policies in employment.^{5,48}
- Advocate for removal of censorship or public-order laws that interfere with health promotion efforts.⁷⁸
- Include relevant programming specific to the needs of young transgender people in national health plans and policy.

Strategic information and research, including:

- Population size, demographics and epidemiology, with disaggregation of behavioural data and HIV prevalence by age group^{iv}
- Research into health programmes and interventions for young transgender people and the effectiveness of their delivery, especially services offered by transgender-led organizations³
- Research into the impact of laws and policies upon access to health and other services⁷⁸
- Involvement of young transgender people, including those under 18, in research activities to ensure that they are appropriate, acceptable and relevant from the community's perspective.⁸³

Funding

- Increase funding for research, implementation and scale-up of initiatives addressing young transgender people.
- Ensure that there is dedicated funding in national HIV plans for programmes with young transgender people, and for programmes that address overlapping vulnerabilities.
- Recognize overlapping vulnerabilities of key populations in funding and delivery of services.

^{iv} In some circumstances, determining population size estimates or mapping key populations can have the unintended negative consequence of putting community members at risk for violence and stigma by identifying these populations and identifying where they are located. When undertaking such exercises, it is important to ensure the safety and security of community members by involving them in the design and implementation of the exercise. For more information see *Guidelines on Estimating the Size of Populations Most at Risk to HIV* by the UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance (Geneva: World Health Organization, 2010).

REFERENCES

- 1 United Nations. United Nations Convention on the Rights of the Child (Article 1). U.N. Doc. A/Res/44/25, 1989 (<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>, accessed 16 June 2014).
- 2 Interagency Youth Working Group. Young people most at risk of HIV: a meeting report and discussion paper from the Interagency Youth Working Group, U.S. Agency for International Development, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team on HIV and Young People, and FHI. Research Triangle Park (NC): FHI; 2010 (<http://www.unfpa.org/webdav/site/global/shared/iattyp/docs/Young%20People%20Most%20at%20Risk%20of%20HIV.pdf>, accessed 16 June 2014).
- 3 World Health Organization. HIV and adolescents: Guidance for HIV testing and counselling and care for adolescents living with HIV. Geneva: World Health Organization; 2013 (<http://www.who.int/hiv/pub/guidelines/adolescents/en/>, accessed 16 June 2014).
- 4 World Health Organization. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2014.
- 5 United Nations Development Programme. Discussion paper: transgender health and human rights. New York: United Nations Development Programme; 2013 (<http://www.undp.org/content/dam/undp/library/HIV-AIDS/Governance%20of%20HIV%20Responses/Trans%20Health%20&%20Human%20Rights.pdf>, accessed 16 June 2014).
- 6 World population prospects: the 2012 revision [website]. United Nations, Department of Economic and Social Affairs, Population Division; 2012 (<http://esa.un.org/unpd/wpp/index.htm>, accessed 16 June 2014).
- 7 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2013.
- 8 United Nations Population Fund, unpublished data, cited in this technical brief as “UNFPA consultation”.
- 9 Youth Voices Count. Policy brief on self-stigma among young men who have sex with men and young transgender women and the linkages with HIV in Asia. Bangkok: Youth Voices Count; 2013 (http://www.aidsdatahub.org/sites/default/files/documents/YVC_Policy_Brief_on_YMSM_and_TG_Self-stigma.pdf, accessed 16 June 2014).
- 10 Youth Leadership, Education, Advocacy and Development Project, unpublished data; cited in this technical brief as “Youth LEAD consultation”.
- 11 HIV Young Leaders Fund. “First, do no harm:” an advocacy brief on sexual and reproductive health needs and access to health services for adolescents 10–17 engaged in selling sex in the Asia Pacific. New York (NY): HIV Young Leaders Fund; forthcoming 2014.

- 12 Winter S, Conway L. How many trans* people are there? A 2011 update incorporating new data [website] (<http://web.hku.hk/~sjwinter/TransgenderASIA/paper-how-many-trans-people-are-there.htm>, accessed 16 June 2014).
- 13 Jobson GA, Theron LB, Kaggwa JK, Kim HJ. Transgender in Africa: Invisible, inaccessible, or ignored? SAHARA J. 2012;9(3):160–163. doi: 10.1080/17290376.2012.743829.
- 14 Gates GJ. How many people are lesbian, gay, bisexual, and transgender? Los Angeles (CA): The Williams Institute, School of Law, University of California at Los Angeles; 2011, (<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>, accessed 16 June 2014).
- 15 Reed B, Rhodes S, Schofield P, Wylie K. Gender variance in the UK: prevalence, incidence, growth, and geographic distribution. Ashtead, United Kingdom: Gender Identity Research and Education Society; 2009 (<http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf>, accessed 16 June 2014).
- 16 Curran B. Pakistan to recognise eunuchs. The Nation. 30 June 2009 (<https://groups.google.com/forum/#!topic/greenyouth/BwFvY4pfzXk>, accessed 16 June 2014).
- 17 Nanda S. Hijra and Sadhin: neither man nor woman in India. In: Nanda S, editor. Gender diversity: cross-cultural variations. Long Grove (IL): Waveland Press; 2000.
- 18 Sitapati V. Sex-change for free. Indianexpress.com. 14 March 2009 (www.indianexpress.com/news/sexchange-for-free/434285/0, accessed 16 June 2014).
- 19 Winter S. Counting kathoey [website]. 2002 (http://web.hku.hk/~sjwinter/TransgenderASIA/paper_counting_kathoey.htm, accessed 16 June 2014).
- 20 Jamaludin F. Transsexuals: declare us as women. The Star. 21 January 2001 (compiled at <http://ai.eecs.umich.edu/people/conway/TS/MalaysianTS.html>, accessed 9 October 2013).
- 21 De Santis JP. HIV infection risk factors among male-to-female transgender persons: a review of the literature. J Assoc Nurses AIDS Care. 2009;20(5):362–372 doi:10.1016/j.jana.2009.06.005.
- 22 Wilson EC, Garofalo R, Harris R, Belzer M. Sexual risk taking among transgender male-to-female youths with different partner types. Am J Public Health. 2010;100(8):1500–05. doi: 10.2105/AJPH.2009.160051.
- 23 Baral SD, Poteat T, Stromdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. Lancet Infect Dis. 2013;13(3):214–222. doi:10.1016/S1473-3099(12)70315-8 (<http://www.natap.org/2013/HIV/PIIS1473309912703158.pdf>, accessed 16 June 2014).

- 24 Herbst JH, Jacobs ED, Finlayson TJ, McKleroy VS, Neumann MS, Crepaz N et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS Behav.* 2008;12(1):1–17. doi:10.1007/s10461-007-9299-3.
- 25 Rowniak, S, Chesla, C, Rose, CD, Holzemer, WL. Transmen: the HIV risk of gay identity. *AIDS Educ Prev.* 2011;23(6):508–520. doi: 10.1521/aeap.2011.23.6.508.
- 26 Stephens SC, Bernstein KT, Philip SS. Male to female and female to male transgender persons have different sexual risk behaviors yet similar rates of STDs and HIV. *AIDS Behav.* 2011;15(3):683–86. doi: 10.1007/s10461-010-9773-1.
- 27 Clements-Nolle K, Marx R, Guzman R, Katz M. HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: implications for public health intervention. *Am J Public Health.* 2001;91(6):915–21 (<http://www.hawaii.edu/hivandaids/HIV%20Prev%20Risk%20Behaviors%20Health%20Care%20Use%20TG.pdf>, accessed 16 June 2014).
- 28 Wilson EC, Garofalo R, Harris RD, Herrick A, Martinez M, Martinez J, et al. Transgender female youth and sex work: HIV risk and a comparison of life factors related to engagement in sex work. *AIDS Behav.* 2009;13(5):902–913. doi: 10.1007/s10461-008-9508-8 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756328/>, accessed 16 June 2014).
- 29 Yadegarfar M, Ho R, Bahramabadian F. Influences on loneliness, depression, sexual-risk behaviour and suicidal ideation among Thai transgender youth. *Cult Health Sex.* 2013;15(6):726–37. doi: 10.1080/13691058.2013.784362.
- 30 Schulden JD, Song B, Barros A, Mares-DelGrasso A, Martin CW, Ramirez R, et al. Rapid HIV testing in transgender communities by community-based organizations in three cities. *Public Health Rep.* 2008;123(Suppl 3):101–114 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2567010/>, accessed 16 June 2014).
- 31 Nemoto T, Operario D, Keatley J, Han L, Soma T. HIV risk behaviors among male-to-female transgender persons of color in San Francisco. *Am J Public Health.* 2004;94(7):1193–1199.
- 32 Baggaley RF, White RG, Boily MC. HIV transmission risk through anal intercourse: systematic review, meta-analysis and implications for HIV prevention. *Int J Epidemiol.* 2010;39(4):1048–63. doi: 10.1093/ije/dyq057.
- 33 Garofalo R, Deleon J, Osmer E, Doll M, Harper GW. Overlooked, misunderstood and at-risk: exploring the lives and HIV risk of ethnic minority male-to-female transgender adolescents. *J Adolesc Health.* 2006;38(3):230–236 (http://67-206-68-10.static.cimcoisp.net/uploadedFiles/New_and_Events/Garofalo_JAH_Article.pdf, accessed 16 June 2014).

- 34 Chariyalertsak S, Kosachunhanan N, Saokhieo P, Songsupa R, Wongthanee A, Chariyalertsak C, et al. HIV incidence, risk factors, and motivation for biomedical intervention among gay, bisexual men, and transgender persons in Northern Thailand. *PLoS One*. 2011;6(9):e24295. doi:10.1371/journal.pone.0024295 (<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0024295>, accessed 16 June 2014).
- 35 Edwards JW, Fisher DG, Reynolds GL. Male-to-female transgender and transsexual clients of HIV service programs in Los Angeles County, California. *Am J Public Health*. 2007;97(6):1030–33. doi:10.2105/AJPH.2006.097717 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1874200/>, accessed 16 June 2014).
- 36 Sevelius J. “There’s no pamphlet for the kind of sex I have”: HIV-related risk factors and protective behaviors among transgender men who have sex with nontransgender men. *J Assoc Nurses AIDS Care*. 2009;20(5):398–410. doi:10.1016/j.jana.2009.06.001 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2785444/>, accessed 16 June 2014).
- 37 Guadamuz TE, Wimonasate W, Varangrat A, Phanuphak P, Jommaroeng R, McNicholl JM, et al. HIV prevalence, risk behavior, hormone use and surgical history among transgender persons in Thailand. *AIDS Behav*. 2011;15(3):650–658. doi:10.1007/s10461-010-9850-5 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103223/>, accessed 16 June 2014).
- 38 Nuttbrock L, Hwahng S, Bockting W, Rosenblum A, Mason M, Macri M, et al. Lifetime risk factors for HIV/sexually transmitted infections among male-to-female transgender persons. *J Acquir Immune Defic Syndr*. 1999;52(3):417–21. doi:10.1097/QAI.0b013e3181ab6ed8 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2784264/>, accessed 16 June 2014).
- 39 Gay and Lesbian Medical Association and LGBT health experts. Healthy people 2010 companion document for lesbian, gay, bisexual, and transgender (LGBT) health. San Francisco (CA): Gay and Lesbian Medical Association; 2001 (<http://www.nalgap.org/PDF/Resources/HP2010CDLGBTHealth.pdf>, accessed 16 June 2014).
- 40 Schneiders M. Transgender people and HIV: a qualitative values and preferences study. Unpublished report prepared for World Health Organization; 2013.
- 41 Dahl RE. Adolescent brain development: a period of vulnerabilities and opportunities. Keynote address. *Ann NY Acad Sci*. 2004;1021:1–22.
- 42 Brennan J, Kuhns LM, Johnson AK, Belzer M, Wilson EC, Garofalo R, et al. Syndemic theory and HIV-related risk among young transgender women: the role of multiple, co-occurring health problems and social marginalization. *Am J Public Health*. 2012;102(9):1751–1757. doi:10.2105/AJPH.2011.300433 (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3416048/#__ffn__sectitle, accessed 16 June 2014).doi:10.2105/AJPH.2011.300433.

- 43 Youth Voices Count. Youth Voices Count second consultation on self-stigma among young men who have sex with men and transgender people: voices from the community, Bangkok, Thailand, 2-5 October 2012. Bangkok: Youth Voices Count; 2013.
- 44 Borgogno IGU. La transfobia en América Latina y el Caribe: un estudio en el marco de REDLACTRANS. Buenos Aires; 2009 (<http://www.transsexualia.org/DOCUMENTACION/consultoriaredlactrans.pdf>, accessed 16 June 2014).
- 45 Greytak EA, Kosciw JG, Diaz EM. Harsh realities: The experiences of transgender youth in our nation's schools. New York (NY): Gay, Lesbian and Straight Education Network; 2009 (<http://www.umass.edu/stonewall/uploads/listWidget/25125/trans%20youth%20in%20schools.pdf>, accessed 16 June 2014).
- 46 Dubel I, Hielkema A, editors. Urgency required. Gay and lesbian rights are human rights. The Hague: Humanist Institute for Cooperation with Developing Countries (Hivos); 2010 (<http://www.hivos.net/Hivos-Knowledge-Programme/Publications/Publications/Urgency-Required-Out-Now>, accessed 16 June 2014).
- 47 United Nations Educational, Scientific and Cultural Organization. Good policy and practice in HIV and health education. Booklet 8. Education sector responses to homophobic bullying. Paris: United Nations Educational, Scientific and Cultural Organization; 2012 (<http://unesdoc.unesco.org/images/0021/002164/216493e.pdf>, accessed 16 June 2014).
- 48 Mahidol University, Plan International, United Nations Educational, Scientific and Cultural Organization Bangkok Office. Bullying targeting secondary school students who are or are perceived to be transgender or same-sex attracted: types, prevalence, impact, motivation and preventive measures in 5 provinces of Thailand. Bangkok: Mahidol University, Plan International, United Nations Educational, Scientific and Cultural Organization Bangkok Office; 2014 (<http://unesdoc.unesco.org/images/0022/002275/227518e.pdf>, accessed 16 June 2014).
- 49 Grossman AH, D'Augelli AR. Transgender Youth: Invisible and Vulnerable. *J Homosex.* 2006;51(1):111–28 (https://public.csusm.edu/gsr/irb/irbforms/trans_youth_article.pdf, accessed 16 June 2014).
- 50 Sugano E, Nemoto, T, Operario D. The impact of exposure to transphobia on HIV risk behavior in a sample of transgendered women of color in San Francisco. *AIDS Behav.* 2006;10(2):217–225. Doi:10.1007/s10461-005-9040-z (http://www.hawaii.edu/hivandaids/The_Impact_of_Exposure_to_Transphobia_on_HIV_Risk_Behavior_in_a_Sample_of_Transgendered_Women_of_Color_in_San_Francisco.pdf, accessed 16 June 2014).
- 51 Grossman AH, D'Augelli AR. Transgender youth and life-threatening behaviors. *Suicide Life Threat Behav.* 2007;37(5):527–537.

- 52 Wilson EC, Iverson E, Garofalo R, Belzer M. Parental support and condom use among transgender female youth. *J Assoc Nurses AIDS Care*. 2012;23(4):306–317. doi:10.1016/j.jana.2011.09.001 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3288276/pdf/nihms324871.pdf>, accessed 16 June 2014).
- 53 Ehlers v Bohler Uddeholm Africa (Pty) Ltd, JS296/09. Labour Court Of South Africa, 2010 (<http://www.saflii.org/za/cases/ZALC/2010/117.html>, accessed 16 June 2014).
- 54 Atkins v Datacentrix (Pty) Ltd, JS02/07. Labour Court of South Africa, 2009 (<http://www.saflii.org/za/cases/ZALC/2009/164.html>, accessed 16 June 2014).
- 55 Van Devanter N, Duncan A, Raveis VH, Birnbaum J, Burrell-Piggott T, Siegel K. Continued sexual risk behavior in African American and Latino male-to-female transgender adolescents living with HIV/AIDS: a case study. *J AIDS Clin Res*. 2011;(S1) pii:002 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3478681/>, accessed 16 June 2013).
- 56 Aidala A, Cross JE, Stall R, Harre D, Sumartojo E. Housing status and HIV risk behaviours: implications for prevention and policy. *AIDS Behav*. 2005;9(3):251–65.
- 57 Leaver CA, Bargh G, Dunn JR, Hwang SW. The effects of housing status on health-related outcomes in people living with HIV: a systematic review of the literature. *AIDS Behav*. 2007;11(6 Suppl):85–100. doi:10.1007/s10461-007-9246-3 (<http://www.pshp.ca/documents/resources/2007-Leaver-Housing-Review.pdf>, accessed 16 June 2014).
- 58 Simon PA, Reback CJ, Bemis CC. HIV prevalence and incidence among male-to-female transsexuals receiving HIV prevention services in Los Angeles County. *AIDS*. 2000;14(18):2953–5.
- 59 United Nations Children’s Fund (UNICEF). Experiences from the field: HIV prevention among most-at-risk adolescents in Central and Eastern Europe and the Commonwealth of Independent States. Geneva: United Nations Children’s Fund (UNICEF); 2013 (<http://www.unicef.org/ceecis/ExperiencesFromTheField2013.pdf>, accessed 16 June 2014).
- 60 Bockting WO, Robinson BE, Rosser BRS. Transgender HIV prevention: a qualitative needs assessment. *AIDS Care*. 1998;10(4):505–525.
- 61 Operario D, Soma T, Underhill K. Sex work and HIV status among transgender women: systematic review and meta-analysis. *J Acquir Immune Defic Syndr*. 2008;48(1):97–103. doi: 10.1097/QAI.0b013e31816e3971 (http://www.igh.org/Cochrane/Operario_et al.pdf, accessed 16 June 2014).
- 62 Khan AA, Rehan N, Qayyum K, Khan A. Correlates and prevalence of HIV and sexually transmitted infections among Hijras (male transgenders) in Pakistan. *Int J STD AIDS*. 2008;19(12):817–20. doi:10.1258/ijsa.2008.008135.

- 63 Joint United Nations Programme on HIV/AIDS. Towards a free and equal world [website]. 8 January 2014 (<http://www.unaids.org/en/resources/infographics/20140108freeequal/>, accessed 16 June 2014).
- 64 United Nations. Secretary-General SG/SM/14008 HR/5080; 2011 (<http://www.un.org/News/Press/docs/2011/sgsm14008.doc.htm>, accessed 16 June 2014).
- 65 Global Action for Trans Equality. English translation of Argentina's gender identity law as approved by the Senate of Argentina on May 8, 2012 [website] (<http://globaltransaction.files.wordpress.com/2012/05/argentina-gender-identity-law.pdf>, accessed 16 June 2014).
- 66 World Health Organization, United Nations Development Programme, Joint United Nations Programme on HIV/AIDS and Asia-Pacific Transgender Network. Joint technical brief: HIV, sexually transmitted infections and other health needs among transgender people in Asia and the Pacific. Geneva: World Health Organization; 2013 (http://www.wpro.who.int/hiv/documents/docs/HIV_STI_Other_Health_needs_among_transgender.pdf, accessed 16 June 2014).
- 67 Nemoto T, Operario D, Keatley J. 2005. Health and social services for male-to-female transgender persons of color in San Francisco. *Int J Transgende.* 2005;8(2/3):5–19. doi:10.1300/J485v08n02_02.
- 68 Newfield E, Hart S, Dibble S, Kohler L. Female-to-male transgender quality of life. *Qual Life Res.* 2006;15(9):1447–1457. doi:10.1007/s11136-006-0002-3.
- 69 Colton Meier SL, Fitzgerald KM, Pardo ST, Babcock J. The effects of hormonal gender affirmation treatment on mental health in female-to-male transsexuals. *Journal of Gay & Lesbian Mental Health.* 2011;15(3):281–299. doi:10.1080/19359705.2011.581195.
- 70 Poteat T, German D, Kerrigan D. Managing uncertainty: A grounded theory of stigma in transgender health care encounters. *Soc Sci Med.* 2013;84:22–29. doi: 10.1016/j.socscimed.2013.02.019 (http://www.sxf.uevora.pt/wp-content/uploads/2013/03/Poteat_2013.pdf, accessed 16 June 2014).
- 71 Ryan C, Futterman D. Lesbian and gay youth: care and counseling. *Adolesc Med.* 1997;8(2):207–374.
- 72 Hewitt JK, Paul C, Kasiannan P, Grover SR, Newman LK, Warne GL. Hormone treatment of gender identity disorder in a cohort of children and adolescents. *Med J Aust.* 2012;196(9):578–581 (<https://www.mja.com.au/journal/2012/196/9/hormone-treatment-gender-identity-disorder-cohort-children-and-adolescents>, accessed 16 June 2014).
- 73 Xavier JM, Simmons R. The Washington transgender needs assessment survey. Executive summary [website]. 2000 (<http://www.glaa.org/archive/2000/tgneedsassessment1112>).

shtml, accessed 16 June 2014).

- 74 Feinberg L. Trans health crisis: For us it's life or death. *Am J Public Health*. 2001;91(6):897–900.
- 75 World Health Organization. Making health services adolescent friendly. Developing national quality standards for adolescent friendly health services. Geneva: World Health Organization; 2012 (http://www.who.int/maternal_child_adolescent/documents/adolescent_friendly_services/en/, accessed 16 June 2014).
- 76 United Nations Educational, Scientific and Cultural Organization. International technical guidance on sexuality education: an evidence-informed approach for schools, teachers and health educators. Paris: United Nations Educational, Scientific and Cultural Organization; 2009 (<http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>, accessed 16 June 2014).
- 77 United Nations Population Fund and Youth Peer Education Network (Y-PEER). Youth peer education toolkit: standards for peer education programmes. New York (NY): United Nations Population Fund; 2005 (http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/ypeer_standardsbook.pdf, accessed 16 June 2014).
- 78 United Nations Educational, Scientific and Cultural Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme. Young people and the law in Asia and the Pacific: A review of laws and policies affecting young people's access to sexual and reproductive health and HIV services. p.48. Bangkok: United Nations Educational, Scientific and Cultural Organization; 2013 (<http://unesdoc.unesco.org/images/0022/002247/224782e.pdf>, accessed 16 June 2014).
- 79 Youth Research Information Support Education (Youth RISE) and Joint United Nations Programme on HIV/AIDS. Experiences of young people who inject drugs and their challenges in accessing harm reduction services; forthcoming 2014.
- 80 United Nations General Assembly. A/HRC/RES/17/19; 2011 (<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G11/148/76/PDF/G1114876.pdf?OpenElement>, accessed 16 June 2014).
- 81 Office of the United Nations High Commissioner for Human Rights, Joint United Nations Programme on HIV/AIDS. International guidelines on HIV and human rights, 2006 consolidated version. Guideline 4(d). Geneva: Joint United Nations Programme on HIV/AIDS; 2006 (http://data.unaids.org/publications/irc-pub07/jc1252-internguidelines_en.pdf, accessed 16 June 2014).
- 82 United Nations. Joint UN statement on compulsory drug detention and rehabilitation centres, 2012 (<http://www.unaids.org/en/resources/presscentre/featurestories/2012/>

march/20120308adetentioncenters/, accessed 16 June 2014).

- 83 Family Health International in collaboration with Advocates for Youth. Youth participation guide: assessment, planning, and implementation. Research Triangle Park (NC): Family Health International; 2005 (http://www.unfpa.org/webdav/site/global/shared/documents/publications/2008/youth_participation.pdf, accessed 16 June 2014).

