



## A BRIEF SUMMARY OF THE FINDINGS OF OPERATIONAL RESEARCH “THE STUDY OF BEHAVIORS OF TRANSGENDER PERSONS AND THEIR NEEDS FOR HIV PREVENTION SERVICES”

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# List of Abbreviations and Acronyms

**AIDS** — Acquired Immunodeficiency Syndrome.

**The Alliance** — ICF "International HIV/AIDS Alliance in Ukraine".

**The Board** — The Gender Reassignment Board.

**FSWs** — Female Sex Workers.

**FTM** - Female-to-Male Transsexuals.

**HIV** — Human Immunodeficiency Virus.

**MSM** — Men Having Sex With Men — an overall term created to include MSM, who do not identify themselves as gays or bisexuals.

**MTF** — Male-to-Female Transsexuals.

**NGO** — Non-Governmental Organization.

**RDS** — Respondent Driven Sampling.

**STI, STD** — Sexually Transmitted Infections, Sexually Transmitted Diseases.

**UNAIDS** — The Joint United Nations Program on HIV/AIDS

## Research Methodology

The purpose of this study was to examine the specific characteristics of behaviors practiced by transgender individuals, including their sexual behaviors, as well as to develop effective approaches and service delivery models within the framework of HIV prevention efforts to reach out to this demographic group. From all categories of transgender people, MTF were selected as the target audience of the survey, because, based on internationally recognized practices, this particular group is considered a most-at-risk population in terms of vulnerability to HIV/AIDS: specifically, in 2008, a group of researchers from the USA evaluated the findings of 29 studies and established that every fourth MTF is HIV positive, whilst this figure for FTM is only 2%-3%<sup>1</sup>.

The following methods were employed in order to achieve the desired research objectives:

- Desk study of available data on transgender populations in domestic and international publications, as well as the applicable legal and regulatory framework related to gender reassignment policies;
- Semi-structured interviews with transgender individuals (36 interviews in 5 cities);
- Semi-structured interviews with social workers, outreach workers, and psychologists based in HIV

service NGOs [non-governmental organizations], who have experience providing service and interacting with transgender people (30 interviews in 6 cities);

- In-depth interviews with two representatives from the Gender Reassignment Board (hereinafter the “Board”).

Semi-structured interviews with social workers, outreach workers, and psychologists based in HIV service NGOs, and transgender respondents were conducted in the period from October 28, 2013 to November 20, 2013.

Transgender respondents were recruited through snowball sampling, while contact information for first respondents [“seeds”] was provided by the NGOs.

The geographic area of the survey includes 6 cities: Dnipropetrovsk, Kyiv, Kryvyi Rih, Mykolaiv, and Odesa, which were selected based on reports of HIV service NGOs in these cities confirming the presence of the target demographic group among their clients. However, interviews with transgender respondents in Odesa were not conducted, as it emerged that PARTNER [NGO] is working only with FTM, while no other ways were identified to establish contact with the target group for survey purposes.

Transgender respondents and NGO workers were surveyed in a personal interview format.

The table below shows respondent numbers in terms of distribution by NGO.

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<sup>1</sup> Herbst, J. H., Jacobs, E. D., Finlayson, T., McKleroy, V. S., Neumann, M. S., Crepaz, N. (2008). Transgender HIV Prevalence and Risk Behaviors. *AIDS and Behavior*.

City	NGO	Total Transgender Individuals (Initial Respondents and Their Acquaintances)	Total Workers Interviewed
Dnipropetrovsk	DGO "Nash Tsentr" [Our Center] (Dnipropetrovsk-based NGO)	5	3
Kyiv	CONVICTUS UKRAINE (All-Ukrainian Charitable Organization)	14	5
	NGO "Gay-Alliance"	5	7
Kyryvyi Rih	"All-Ukrainian Network of People Living with HIV", Branch Office in Kyryvyi Rih	5	5
Mykolaiv	Mykolayiv Municipal Charitable Fund "UNITUS"	7	5
Odesa	"Partner" [Youth-Led Community-Based Movement]	0	5
<b>Total</b>		<b>36</b>	<b>30</b>

In-depth interviews with the representatives from the Board were conducted in October 2013. The persons interviewed were the deputy head and the secretary of the Board.

# Key Research Findings and Conclusions

## The Estimated Number of Transgender People

Based on published evidence, in 2000, The American Psychiatric Association estimated the prevalence of transsexualism at 1:30,000 (MTF), and 1:100,000 (FTM)<sup>2</sup>.

However, according to the estimates by Lynn Conway, even the incidence of gender reassignment surgery [male to female] suggests this rate be at least 1:2,500. In the opinion of this researcher, the actual prevalence of transsexualism is two to four times as high as the number of sex change surgeries, thus causing the actual figure to vary between 1:1,500 and 1:500<sup>3</sup>.

As of December 2013, there were no estimates available on the size of the transgender population in Ukraine, except the number of applicants for gender reassignment cited by the Ukrainian Ministry of Health. Thus, in the period from 2007 to 2009 15 sex change surgeries were reported, while the number of registered applications for gender reassignment totaled 22, 20 out of which were officially approved.

Due to the changes in the composition of the Gender Reassignment Board (hereinafter referred to the “Board”), starting from June 11, 2013, relevant statistics regarding the number of gender reassignment surgeries or filed applications during the period 2009-2013 have no longer been available

(these data will become available again in 2014, when the newly appointed members of the Board gain access to the data archives pertaining to the term of office of the earlier lineup of the Board). At this point in time, in response to the request by the Alliance, only data associated with the activities conducted by the current makeup of the Board have been submitted. Thus, based on the available information, in the period from June 26, 2013 to October 15, 2013, five [surgical] gender reassignment certificates had been issued, while yet another four applications on file are still pending, and another five are being processed before submission to the Board for review and approval.

The size of the transgender population of Ukraine can be estimated through the Method of Factors or the Network Scale-Up Method within the framework of a large-scale survey of transgender persons based on respondent driven sampling [RDS]<sup>4</sup>. Responses provided within this survey validate the use of this method, as 35 out of 36 respondents interviewed claim to know MTF in the cities where they reside.

## Gender Reassignment Regulations

The appropriate surgery is a mandatory precondition in Ukraine for those seeking gender reassignment. The scope of surgical intervention is determined by the Gender Reassignment Board as an imperative requirement.

In accordance with the order issued by the Ukrainian Ministry of Health [Order # 50 dated February 03, 2011], indications for gender reassignment include the applicant’s inability to adapt

<sup>2</sup> DSM-IV-TR: Diagnostic and Statistical Manual of Mental Disorders by The American Psychiatric Association  
Conway L. Prevalence of Transsexualism. <http://www.lynnconway.com/>  
E.g., surveying 400 transgender people in cities with a population of over 500 thousand.



to the social and psychological demands that exist in society within the gender identity assigned at birth, and a positive prognosis for meeting the adaptation objectives in case of/ after gender reassignment surgery.

Indications for gender reassignment can be defined only subject to the following conditions:

- irregularities relative to gender identity development at age 3-4 years,
- solid evidence of gender identity transformation confirmed by a psychiatric examination and the diagnosis of transsexualism made in a clinical setting,
- sufficient evidence of endocrinological, morphological, neurophysiological, psychological, and physical characteristics associated with the desired gender identity,
- absence of homosexuality, transvestism [cross-dressing], or sexual disorders as the primary reason for gender reassignment,
- sufficient evidence of developable social adaptation capacity for asserting a new gender identity in the future (in accordance with the psychologist's conclusions reported in any format),
- absence of children aged under the age of 18,
- absence of delinquent behavior,
- not being in a marriage at the time when the file is being reviewed by the Gender Reassignment Board for decision.

The position of the authors of the report, entitled: “Protecting the Civil Rights of Transgender People”<sup>5</sup> with regard to the Board’s activities is that the Board serves more as a barrier and a regulatory authority, whereas it might be well-advised for this body to act as a tool enabling the state to care about the health of its citizens [their mental health included]. Traumatic experiences suffered by transgender people seeking approval for gender reassignment are the added stress and pressure that threaten their health and welfare. The procedure for issuance of new identity documents for transgender individuals in Ukraine that necessitates their surgical sterilization as a key precondition for legal change of name documentation is a major concern and problem of particular importance. In the view of the human rights activists and communities, such surgical intervention is a major violation of fundamental and inalienable human rights.

In this regard, The Global Commission on HIV and the Law recommends countries must ensure transgender people are able to have their affirmed gender recognized in identification documents, without the need for prior medical procedures such as sterilization, sex reassignment surgery or hormonal therapy<sup>6</sup>.

According to the Board’s representatives interviewed, efforts are currently under way to amend the Order of the Ukrainian Ministry of Health [Order # 60 dd. February, 2011], entitled: “On Improving the Procedure for Providing Medical Care to Persons Who Need Gender Reassignment”. More specifically, some controls associated with this order are to be eased. However, these respondents have refused to comment on the substance of the amendments planned. They only mentioned that the pending amendments would impact gender

<sup>5</sup> “Protecting the Civil Rights of Transgender People”. Analytical Report Based on the Sociological Survey Results. <http://insight-ukraine.com.ua/images/pdf/Дослідження.pdf>.

<sup>6</sup> The Report of the Global Commission on HIV and the Law: Risks, Rights & Health. July 2012. <http://www.hivlawcommission.org/resources/report/Executive-Summary-GCHL-RU.pdf>

reassignment criteria [indications and contraindications], social assistance programs, and the legal framework that applies to this procedure.

According to the representatives of the Board, the first steps toward reforming the Board were as follows:

- The new makeup of the Board primarily includes mental health specialists [psychiatrists], as well as one endocrinologist and a surgeon (previously, the Board was largely comprised of urologists and gynecologists).
- Starting from January 1, 2014, research activities will be carried out focusing on the transgender agenda, as well as the study of relevant international experience (it should be noted here that, at this point in time, the members of the Board do not possess information regarding gender reassignment practices existing in other countries, or the modus operandi of similar bodies outside Ukraine, etc.). Furthermore, the findings of this research may inform policy changing decisions concerning gender reassignment procedures.

### **Prevalence of Risky Sexual Behaviors [Practices] and Attitudes Toward Risk of HIV and STI Transmission Among Transgender People**

Based upon the findings of the study done by [the] American researchers, the key risk factors associated with HIV transmission among transgender populations (specifically, MTF) are as follows:

- Leniency toward unprotected sex with a high incidence of commercial sex/ high numbers of sexual partners;
- High incidence of sexually transmitted infections;
- Sharing of syringes as part of drug use activities or during hormonal therapy;
- Vulnerability to sexual abuse and violence;
- Stigma and discrimination.

The additional factors that increase vulnerability include as follows:

- Psychological problems;
- Vulnerability to other forms of sexual abuse and violence (physical, psychological);
- Economic vulnerability;
- Alcohol and non-injection drug abuse;
- Frequency of incarceration;
- Gender reassignment aspirations shift focus from health control issues;
- Low awareness and knowledge levels regarding HIV transmission routes<sup>7</sup>.

The results of the interviews conducted with the transgender respondents within the survey confirm a high prevalence of the following risky practices:

- *Leniency toward unprotected sex with a high incidence of commercial sex/ high numbers of sexual partners.*

<sup>7</sup> HIV/AIDS and the Transgender Population. Module Nine of the American Psychological Association's HIV Office for Psychology Education (HOPE) Program Training Package 2010. U.S. Department of Health and Human Services, Rockville, MD. <http://www.apa.org/pi/aids/programs/hope/training/hiv-transgender.pdf>

Specifically, based on the research findings, every fourth transgender respondent used no condom the last time they had sex, half of the respondents admitted to not using lubricants every time they had anal sex. Almost all respondents reported sexual encounters with male partners, while a third of them also reported such encounters with female partners. All respondents who have had sexual contact in the past three months, reported having casual and/or commercial sex, while most of the respondents interviewed also claimed to have regular partners, and half of them — commercial sex partners<sup>8</sup>. A majority of the respondents confirm they have had sexual intercourse without a condom with regular and casual partners, while half of them have reported having such intercourse with commercial sex partners. The main reason given for not using condoms during intercourse with a regular partner is a trust-based relationship with the partner, whilst in the case of intercourse with casual or commercial sex partners — the sexual partner's demand for unprotected sex<sup>9</sup>.

- *High incidence of sexually transmitted infections.* Nearly every fifth respondent of both sexes confirms they have STI or some related signs and symptoms (pain in the lower abdomen, unusual discharges [secretions], etc.). Only half of them have sought professional medical assistance (those who have not sought medical attention claim to have done so due to lack of funds, long lines in medical offices, seeing doctors only in

emergencies, or for fear of being poorly treated). Nearly a third of NGO workers interacting with transgender clients confirm a high incidence of STI among them.

- *Vulnerability to sexual abuse and violence.* Nearly half of the respondents have reported incidents of sexual abuse or violence (being forced into sexual intercourse without a condom and/or suffering rape and/or rape attempts and/or rape and/or being coerced into unacceptable forms of sexual activity) in the past 12 months.
- *Stigma and discrimination.* Two thirds of the transgender respondents interviewed have reported being insulted or humiliated in the past 12 months, while another 19 have experienced psychological pressure. Also, 9 respondents claim to have encountered blackmail, threats, and intimidation, while another 5 respondents report incidents where they were refused professional help in a medical emergency, or encountered a barrier while seeking medical attention.

Based on the research findings, the sharing of syringes as part of drug use activities or during hormonal therapy is not a common practice among the respondent pool: only one respondent out of 36 is an injection drug user; also, 6 respondents take hormonal injections intravenously — thus, the possibility of group-based hormonal injection is not excluded, as 35 out of 36 respondents interviewed confirm they know transgender people in the city, however, the

<sup>8</sup> A significant percentage of commercial sex workers in the respondent pool can be accounted for by the fact that some HIV service NGOs involved in the recruitment of MTF specialize in providing service for this audience [commercial sex workers].

<sup>9</sup> The respondents' tendency to submit to the partner's demands is aligned with the observations reported by Walter Bockting, a leading expert on HIV in the transgender community, based in the USA, to the effect that sex often makes MTF feel more desirable and attractive as a woman, thus leading them to acquiesce to their partners' demands - even for unprotected sex. However, unprotected sex with commercial sex partners is more likely to be linked to being offered additional compensation.



representatives from the Gender Reassignment Board consider this possibility unlikely due to the use of different hormonal injection programs.

The results of the interviews conducted with the transgender respondents within the survey confirm the existence of the additional factors that increase HIV vulnerability as follows:

- *Psychological problems.* Most of the NGO workers interacting with transgender clients confirm a high incidence of such problems as complicated relationships with families and friends, feeling lonely, fear of social stigma [condemnation] among them.
- *Vulnerability to physical abuse and violence.* Thus, 13 out of 36 respondents have reported sustaining bodily harm and injuries in the past 12 months.
- *Economic problems.* Most of the NGO workers interacting with transgender clients confirm a high level of economic vulnerability among them. Every fourth respondent needs money to buy clothes, every fifth one is looking for a job.
- *Alcohol and non-injection drug abuse.* Every fifth respondent has used non-injection drugs in the past month, the average frequency of use varying in the range of 1-2 times per week. 6 respondents have reported using cannabinoids, 5 — stimulants. Nearly half of the respondents consume alcohol at least one time per week, drinking, in most cases, low-alcohol

beverages. A third of the NGO workers point out the high rate of alcohol abuse among transgender people.

- *Frequency of incarceration.* Every fifth respondent has had problems with the police in the past 12 months.
- *Low awareness and knowledge levels regarding HIV transmission methods.* A third of transgender persons are unaware that HIV can be contracted during oral sex, while, in contrast, demonstrating good knowledge of the other methods of HIV transmission.

Also, a vast majority of the transgender respondents (32 persons) know they must refrain from sexual intercourse and seek medical attention if they notice any unusual discharges from the genitals, a skin rash, or other signs of infection (however, in practice, as described above, only half of those interviewed have sought medical advice for STI or appropriate symptoms (pain in the lower abdomen, unusual discharges, etc.).

Based on the research findings, this year, a majority of the respondents have been tested for HIV, and nearly half of them — for hepatitis and syphilis. The main reasons given for not being tested for HIV are a perceived adherence to safe sexual practices [behaviors] (3 out of 8 respondents interviewed, who feel that their sexual behavior is safe, have admitted to not using a condom every time they had intercourse with a casual partner), and the fear of being poorly treated by the doctors.

## Transgender Needs for HIV Prevention Services, and the NGOs' State of Availability for Provision of Such Services

Two thirds of the transgender respondents covered by the survey are clients of HIV service organizations, who are most likely to report receiving services such as distribution of protection [condoms], rapid test kits for HIV and hepatitis, psychological counseling, as well as STD/HIV prevention information. Only 5 out of 12 respondents interviewed, who are not clients of NGO-based HIV service programs, claim to have no need for the services such organizations provide.

From among the list of services most of the respondents would like to access (that they do not currently access) within NGO-based HIV service programs, advice and consultation on matters related to hormonal therapy, information on how to protect against violence, and violence victim information are ranking highest.

In addition, slightly less than half of those interviewed would like to have access to advice [consultation] on gender reassignment and other medical issues, rapid tests for STI, psychological self-help groups, and legal counseling. A majority of the transgender respondents would like to access services and consultation online, by telephone, or in an NGO-based setting. Also, roughly half of the respondents do not

object to the services being offered in their homes or via a mobile clinic for outpatient clients.

A relative majority of MTF would like access to the services offered by the transgender focused organizations, while nearly a third of them also do not object to having access to the services offered by the organizations dealing with the needs of MSM or FSW communities.

Half of NGO workers interacting with transgender clients report that they need additional training to address the needs of this group; Also, a third of them say MTF need better confidentiality and privacy protections.

The employees of the five HIV service NGOs out of six participating in the survey are prepared to work with transgender communities in the future — a majority of them even indicate readiness to take proactive steps and reach out to this community via web-based resources, MSM, night clubs, and discos. Only the employees of Mykolayiv Municipal Charitable Fund “UNITUS” are not planning to work with transgender audiences reasoning that the size of this target group is too small, there is a lack of communication [no existing contacts] with the transgender communities, and no previous experience interacting with such clients.

# Recommendations

Based on the research findings, the following recommendations can be offered:

- Relevant materials on hormonal therapy and gender reassignment issues for medical specialists based in HIV service NGOs be developed or disseminated, training programs be set up, if required;
- Relevant materials for legal experts based in HIV service NGOs on legal issues related to gender reassignment be developed or disseminated, training programs be set up, if required;
- Facilitate in the preparation of specialists (endocrinologists, surgeons, psychologists etc.) working in governmental and non-governmental facilities, on the specific features of transgender people and work with them;
- In HIV-servicing organizations with sufficient number of clients:
  - ✓ organize trainings for transgender community and its subgroups;
  - ✓ organize psychological assistance groups and violence prevention trainings for transgenders ;
  - ✓ carry out activities aimed at capacity building and support of the transgender community leaders and its subgroups;
  - ✓ attract transgenders to peer-to-peer service provision;
  - ✓ provide targeted support in gender change/correction;
  - ✓ facilitate employment, obtainment/re-issue of documents in case of gender change/correction;
- ✓ carry out advocacy and human rights activities in the interests of transgender community and its representatives.
- Relevant information materials for psychologists, social workers, and outreach workers that highlight specific issues related to dealing with transgender persons be developed or disseminated (training programs be set up, if required) with a particular focus on the following areas:
  - ✓ basic concepts and definitions of fundamental terms,
  - ✓ specific vulnerability factors that affect transgender populations and appropriate focus areas to be covered as part of counseling and consultation services (for example, vulnerability to violence, submissive attitudes toward their partner's demands for unprotected sex, fear of being poorly treated by the doctors, sharing of injecting equipment during hormonal therapy, etc.),
  - ✓ advice on communication with transgender clients, their families and friends.
- Psychological self-help groups and training programs on preventing violence against transgender people be set up in organizations with a sufficient client base, transgender individuals be recruited for peer-to-peer interventions;
- Relevant information materials be developed for transgender people focusing on the following areas:
  - ✓ prevention of HIV and STI transmission, taking control over one's own health, and the importance of medical checkups,
  - ✓ hormonal therapy,
  - ✓ gender reassignment,

- ✓ specific issues related to recruiting and employing commercial sex workers from among transgender people,
  - ✓ violence prevention,
  - ✓ violence victim information,
  - ✓ contact information for community-based organizations, HIV service NGOs, transgender-friendly doctors, psychologists, and legal experts.
- Relevant information materials be disseminated via the web-based sites, such as Transgender.ru, Mow.ru, transvestit.kiev.ua, Transvestit.ru, hplgbt.org, and the social network pages favored by the transgender audiences; through community-based organizations (specifically, Insight in Kyiv); clubs such as *Pomada*, *Androgin*, *Andie Bar* in Kyiv.
  - Engage experts from among transgender community to develop models and services aimed at HIV/AIDS epidemic response, as well as to the appropriate expert bodies in order to revise the current list of most-at-risk populations in Ukraine and inclusion of transgender people thereto.
  - The size of the transgender population be estimated through using the Method of Factors or the Network Scale-Up Method. A large-scale survey of transgender respondents based on respondent driven sampling [RDS] is a mandatory requirement in both cases (e.g., surveying 400 transgender people in cities with a population of over one million).