

HIV AND YOUNG TRANSGENDER PEOPLE



Empowered lives.
Resilient nations.



A TECHNICAL BRIEF

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GLOSSARY

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.⁽³⁾

“Young transgender people” in this document refers to people 10–24 years of age, including children 10–17 years and adults 18–24 years.

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.⁽⁴⁾ The United Nations Convention on the Rights of the Child recognizes the concept of the evolving capacities of the child, stating in Article 5 that direction and guidance, provided by parents or others with responsibility for the child, must take into account the capacities of the child to exercise rights on his or her own behalf.

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.⁽⁵⁾

Transgender 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/boy. He might use the term “transman”, “FtM” or “F2M”, or simply “male” to describe his identity. A transgender woman/girl 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.⁽⁶⁾

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.⁽⁷⁾

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 accordance 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.⁽⁷⁾

Transphobia is prejudice directed at transgender people because of their gender identity or expression.⁽⁷⁾

INTRODUCTION

Young people aged 10–24 years constitute one-quarter of the world's population,⁽⁸⁾ and they are among those most affected by the global epidemic of human immunodeficiency virus (HIV). In 2013, an estimated 4.96 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.⁽⁹⁾

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 respect, protect and fulfil the rights of children 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 or penalize 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 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, skills 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,¹ 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.



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