



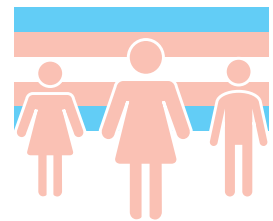
HIV AND TRANSGENDER AND OTHER GENDER-DIVERSE PEOPLE

HUMAN RIGHTS FACT SHEET SERIES

2021

OVERVIEW

In 2019 the risk of acquiring HIV was **13 times higher** among transgender and gender-diverse people than among the rest of the adult population. Access to HIV services is lower for transgender people than for the rest of the population (1).



Transgender and gender diverse are terms used to describe a wide range of gender identities for people whose gender identity is different from the sex that they were assigned at birth. Gender identity exists on a spectrum, and people may not identify as completely male or completely female; some people may identify as non-binary. Across cultures, many other terms are used to describe gender identities and expressions that differ from the sex assigned at birth, in addition to non-binary gender expressions and identities. Transphobia is prejudice directed at transgender and gender-diverse people because of their actual or perceived gender identity or expression (2, 3).

Transgender and gender-diverse people experience significant levels of stigma, discrimination and violence. These may be structural (i.e. manifested in laws, policies and institutionalized practices) or societal (i.e. due to rejection, mistreatment and social exclusion and lack of gender recognition by others). Both hinder the availability, access and uptake of HIV prevention, testing, treatment, care and support services and other sexual and reproductive health services, including gender-affirming care (4).

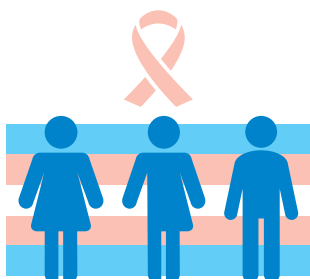


Stigma, discrimination and violence can also prevent people from having a safe and protective family and community environment, and create barriers to education, employment and social services. Stigma and discrimination based on gender identity often intersect with other forms of discrimination, for example, based on disability, ethnicity, race, HIV status, drug use, involvement in sex work or socioeconomic status.

The criminalization of transgender and gender-diverse people is widespread, as is the imposition of other punitive laws, practices and policies against this population. Such laws help perpetuate stigma, discrimination, hate crimes, police abuse, torture, ill-treatment and family and community violence (5–8).

THE DATA

Stigma, discrimination and criminalization all compound to render transgender and gender-diverse people invisible, with extreme forms of discrimination leading to the negation of the existence of gender-diverse persons. This in turn has led to a severe lack of data on transgender and gender-diverse people and their health (9–11).



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13 times higher

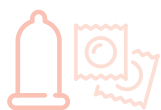
for transgender people than for other adults aged 15–49 years (1). The prevalence of HIV is 19 times higher for transgender women than for other women aged 15–49 years (12).

In some settings, up to 40% of transgender women are living with HIV (13). Despite HIV incidence rates decreasing among all women by 23% between 2010 and 2019, they have not decreased among transgender women (13).

In 2019, **32** countries reported to UNAIDS that they formally criminalize or have prosecuted people because of their gender identity or expression (1).



Population surveys in six countries have generated estimates that between 0.4% and 1.3% of the population may be transgender (14, 15).



“Among five countries that reported data to UNAIDS in 2019, condom use reported by transgender people at last sexual intercourse (including anal sex) ranged between 18.6% and 83.8%” (18).

Violence against transgender people is highly prevalent and widespread (5, 7, 8, 16). In a study in eight sub-Saharan African countries, 33% of the transgender women surveyed said that they had been physically attacked at some point in their lives, 28% had been raped and 27% said that they were too afraid to use health-care services (17).

In six of the 13 countries that reported data to UNAIDS in recent years, less than half of transgender women stated that they were able to access multiple HIV prevention services (12).

Globally, on average, only about two thirds of transgender people know their status (12).



LINKING RIGHTS AND HEALTH OUTCOMES

Stigma has been found to have a profound impact on health care and health outcomes (19).

Data reported to UNAIDS in the recent years shows that the percentage of transgender people avoid seeking HIV testing due to stigma and discrimination ranges from 47% to 73% (18). Studies show that transgender people who have experienced stigma in health care are **three times more likely to avoid health care than transgender people who have not experienced stigma (20).**



Transgender people have reported that stigma is a powerful deterrent for accessing treatment or staying in care (21).

Stigma and discrimination have been found to have a profound negative impact on mental health for transgender people, which can in turn affect vulnerability to HIV and access to care (22, 23).



A study on the impact of **law reforms to allow change of gender on identity documents**

found that after the law was introduced, reports of stigma and discrimination against transgender women fell from approximately 80% to around 30%. Prior to the law, 48.8% of transgender women interviewed reported needing to abandon their education due to stigma. This dropped to 4% after the law was introduced (24).

In one study, it was found that **transgender women who had experienced police violence were twice as likely to avoid health care than other transgender women (20).**



GLOBAL AIDS SOCIETAL ENABLER TARGETS 2025

Less than 10% of transgender persons report experiencing stigma and discrimination.

Less than 10% of transgender persons lack mechanisms to report abuse and discrimination and seek redress.

Less than 10% of transgender persons lack access to legal services.

Less than 10% of health workers and law enforcement officers report negative attitudes toward transgender persons.

INTERNATIONAL RIGHTS OBLIGATIONS, STANDARDS AND RECOMMENDATIONS

Transgender and gender-diverse people have a right to be protected from discrimination on the basis of gender identity, including in accessing health services (25). This includes removing laws that criminalize or are used to target people based on their gender identity (26). Twelve United Nations agencies have called for the removal of HIV-related discrimination in health-care settings (27).

States have an obligation to ensure that transgender and gender-diverse people are able to enjoy their human rights on an equal basis with others without discrimination, and are **protected from violence, torture and/or ill-treatment, including training and sensitising law enforcement** (28–30).



To ensure that the HIV response meets the needs of transgender and gender-diverse people and to protect against violence and discrimination, states should ensure that **data collected are disaggregated by gender identity**—and by other intersecting characteristics—in a manner that is sensitive and does not harm or endanger the community (8, 9, 22, 31).

States have an obligation to provide HIV services in a manner that is acceptable and accessible to transgender and gender-diverse people, in a manner that is non-stigmatizing and without discrimination, and integrated with broader transgender and gender-diverse specific services beyond HIV. Mental health services should be made available alongside HIV services to people living with HIV and key populations, including transgender and gender-diverse people (22, 32).

Gender-affirming care, including hormone therapy or affirmation surgery, if chosen, can help transgender and gender-diverse persons express themselves and be recognized as their self-identified gender. Where chosen, transgender and gender-diverse people should have access to good quality gender-affirming care and information (33–35).



States have an obligation under international human rights law to provide for the **legal recognition of a person's self-identified gender, including for non-binary persons**, without additional requirements that may violate human rights, such as surgery (35–37). Transgender and gender-diverse-led organizations should be centrally involved in the design, implementation and monitoring of HIV services for their communities (38).

KEY RESOURCES FOR FURTHER INFORMATION

- UNAIDS, [Global AIDS Update — Seizing the Moment: Tackling Entrenched Inequalities to End Epidemics](#), 2020
- UNAIDS, [We've Got the Power — Women, Adolescent Girls and the HIV Response](#), 2020
- UNAIDS, [Confronting Discrimination; Overcoming HIV-Related Stigma and Discrimination in Health-Care Settings and Beyond](#), 2017
- UN [Joint Statement on Ending Violence and Discrimination against Lesbian, Gay, Bisexual, Transgender and Intersex \(LGBTI\) Adults, Adolescents and Children](#), 2015
- WHO, [Policy Brief: Transgender People and HIV](#), 2015
- United Nations Development Programme, IRGT: A Global Network of Transgender Women and HIV,
- United Nations Population Fund, UCSF Center of Excellence for Transgender Health, Johns Hopkins
- Bloomberg School of Public Health, World Health Organization, et al. [Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions](#), 2016

This policy brief is produced by UNAIDS as a reference on gender identity, human rights and HIV. It does not include all recommendations and policies relevant to the issues covered. Please refer to the key resources listed above for further information.

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