



Policy Brief: Transgender Health and HIV in the Philippines

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Contents

1. Introduction	1
2. Findings of the focus group discussions with transgender women	3
Findings	3
<i>Transgender health and rights</i>	3
<i>HIV and STI risk</i>	4
3. IHBSS in Cebu City	5
Key findings of the IHBSS survey in Cebu City	5
<i>Sexual behaviour</i>	5
<i>HIV prevalence and testing</i>	6
<i>Awareness of health clinics and access to condoms</i>	8
4. The Femina Trans Initiative on service delivery	11
Outcomes, lessons and advantages of the Femina Trans Initiative	11
Challenges	13
5. Implications for policy-making, programming and service delivery	15
<i>Implications for policy-making</i>	15
<i>Implications for programming</i>	15
<i>Implications for service delivery</i>	16
References	18

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1. Introduction

Transgender health is a neglected issue, and transgender people are underserved and stigmatized. The size of the transgender population remains undetermined; however, an estimate for Asia and the Pacific is 9–9.5 million, according to a 2012 report of the United Nations Development Programme (UNDP) (Winter, 2012).

A transgender person has a gender identity that is different from his or her sex at birth. Transgender people in Asia and the Pacific often identify themselves in ways that are locally, socially, culturally, religiously or spiritually defined. A transgender woman refers to a person born as male who identifies as female (also known as transgender female or male-to-female transgender person). A transgender man refers to a person born as female who identifies as male (also known as transgender male or female-to-male transgender person).

In 2013, the World Health Organization (WHO) Regional Office for the Western Pacific, along with UNDP, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Asia-Pacific Transgender Network (APTNet), published a *Joint Technical Brief: HIV, sexually transmitted infections and other health needs among transgender people in Asia and the Pacific* (WHO, 2013a), in which it was recognized that some of the highest levels of HIV prevalence are found among transgender women in Asia and the Pacific.

Also in 2013, the WHO Regional Office for the Western Pacific published a *Regional assessment of HIV, STI and other health needs of transgender people in Asia and the Pacific* (WHO, 2013b). The report was based on an examination of current published evidence about transgender health, HIV and other sexually transmitted infections (STI); an email survey answered by transgender people from Asia and the Pacific; and focus group discussions carried out with transgender women from the Philippines. The regional assessment also pinpointed the different determinants that put the health of transgender women at risk, including risk for contracting HIV or STI.

After conducting a systematic review and meta-analysis of studies focusing on the HIV burden among transgender women between 2000 and 2011, Baral et al. (2013) found an HIV prevalence of 19.1% among 11 066 transgender women from several countries, including the United States of America, five

Latin American countries, three European countries, and six countries from Asia and the Pacific. The authors also reported HIV prevalence rates of 43.7% in India, 26.1% in Indonesia, 12.5% in Thailand, and 6.7% in Viet Nam.

Specific data are still lacking in the majority of countries from the Western Pacific Region, including the Philippines, given that transgender people are often included under the category of men who have sex with men (MSM) in epidemiological surveillance systems.

In 2013, the Epidemiology Bureau of the Philippines Department of Health (DOH-EB) partnered with WHO, Health Action Information Network (HAIn) and Cebu City Health Department to carry out an Integrated HIV Behavioral and Serologic Surveillance (IHBSS) survey focusing exclusively on transgender women living in Cebu City. This IHBSS survey was followed up with a community-led HIV programme in Cebu, called *Femina Trans: A community health outreach activity for the transgender women in Cebu to reduce stigma and improve access to health-related services* (Femina Trans Initiative). This programme, established in March 2014 and coordinated by a local community group, Transgender COLORS Inc., has made significant progress and demonstrated a strong partnership between local transgender groups and the Cebu City Social Hygiene Clinic (COLORS, 2014).

This Policy Brief presents up-to-date evidence about transgender health in the Philippines based on the IHBSS survey conducted in Cebu City, on the Femina Trans Initiative and on the results of the focus group discussions conducted in the Philippines that were part of the aforementioned regional assessment. The document also highlights the implications for policy-making, programming and service delivery to improve the health of Filipino transgender women.

2. Findings from the focus group discussions with transgender women

In December 2011 and January 2012, the WHO Regional Office for the Western Pacific, in partnership with the Society of Transsexual Women of the Philippines (STRAP), conducted four focus group discussions with 20 male-to-female transgender Filipinos in Manila, as part of the *Regional assessment of HIV, STI and other health needs of transgender people in Asia and the Pacific*. The participants were above 18 years old and the majority were in their late twenties. The group included transgender women who were using hormones or had undergone surgical procedures. Some were current sex workers. Key findings are summarized below.

Findings

Transgender health and rights

- Some transgender people self-medicate hormones, following guidance from friends and information on the Internet.
- Hormone use starts at a very young age among transgender females, through self-medication of contraceptive pills sold in pharmacies. Some consume double or triple the recommended dose in order to see body changes quickly.
- Transgender people acquire knowledge about hormones through the Internet and from older transgender friends.
- Transgender women have concerns about the side effects of hormones for long-term use.
- Lack of social support due to stigmatization and discrimination causes a lot of stress among transgender people. One participant felt she could not finish her higher education due to discrimination: *"My (nursing school) clinical instructor wouldn't allow me to have long hair. ... I didn't want to cut my hair and so I gave up a Bachelor of Science in Nursing to be who I am."*
- Only a few local surgeons are able to perform gender-affirming procedures, such as facial feminization, breast implants and trachea shave surgery ("Adam's apple shaving"). Thus, some transgender people turn to unlicensed service providers, some being graduates

or undergraduates of medical and paramedical courses, to perform surgical procedures at a more affordable price.

- There is no specific transgender health clinic in the Philippines.
- There is no clear separation of health services for transgender women and MSM. This makes transgender women very uncomfortable when they try to access health services, as they become identified as men in the health-care setting.
- Participants stated concern that they are not aware of any specific programme or guidelines that address the health of transgender people in the Philippines.
- They also expressed concern about the lack of information on transgender health in medical schools' curricula.

HIV and STI risk

- All of the participants had sex for the first time before the age of 18.
- The participants' knowledge about HIV testing was low.
- The majority of participants stated that they had never been tested for HIV.
- Condom use was not consistent and was dependent on perceived risk; participants mentioned that with a stable partner, there was less condom use. One participant said: *"For me, I think it's mostly the trust that the person doesn't sleep around, ... and when you're comfortable with that person and trust that person 100%, then you would feel OK having sex with that person without a condom."*
- Participants expressed concern about the interactive effects of hormone use with HIV and STI drugs.
- Participants reported that there is stigma both inside and outside the transgender community towards those who are HIV-positive.

One of the most important points discussed by the transgender participants was the separation of MSM and transgender categories with regard to health services and surveillance.

In response to this concern, an IHBSS survey was conducted exclusively among transgender women from Cebu City, the first of its kind in the Philippines.

3. IHBSS in Cebu City

The IHBSS survey in Cebu City collected responses from 300 transgender women with sex work experience in the past 12 months. The participants were born male but considered themselves female, “*binabaye*” or “girly”, were 15 years old or older (half of the sample was between 18 and 24 years old), and had accepted payment (cash or kind) in exchange for sex in the past 12 months. At the time of the IHBSS survey, 60% of the respondents were working as either full-time or part-time sex workers, while the other 40% were employed in other jobs but had engaged in sex work during the last year.

Data were collected through face-to-face interviews using a questionnaire that included variables such as demographic characteristics, condom use, HIV and STI testing, attendance in HIV prevention activities, access to condoms and lubricants, and visits to social hygiene clinics (SHCs) for consultation. Blood samples were collected from participants who consented and were tested for HIV and syphilis.

Key findings of the IHBSS survey in Cebu City

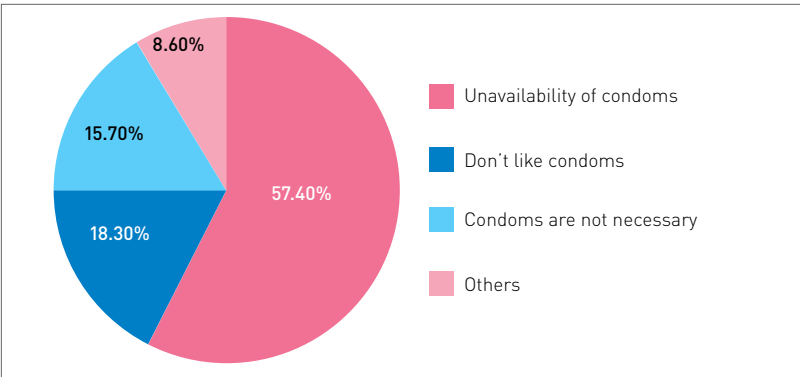
Sexual behaviour

Most (97%) of the respondents experienced having oral sex with men without condoms in the last 12 months. While 93% of the respondents experienced receiving anal sex from men in the last 12 months, 32% experienced being inserters during anal sex with men in the last 12 months.

About two thirds of the respondents did not use condoms during their last anal sex with men, and 84% experienced having anal sex without condoms in the last 12 months.

The main reason given by respondents for this lack of protection was unavailability of condoms. The belief that condoms are not necessary and not liking condoms were two other reasons (Fig. 1).

Fig. 1. Reasons for not using condoms



Transgender women with higher numbers of sexual partners were less likely to use condoms. Respondents were asked about condom use during their last anal sex within the past 12 months and were grouped by the number of sexual partners they reported having had in the past month. Compared to transgender women who had 0–10 sexual partners, those with 11–20 sexual partners were 23% less likely to use a condom during the last anal sex with any partner, and 37% less likely to use a condom during the last anal sex with a paying partner. Meanwhile, transgender women with over 20 sexual partners were 45% less likely to use a condom during their last anal sex with any partner compared to those with 0–20 partners.

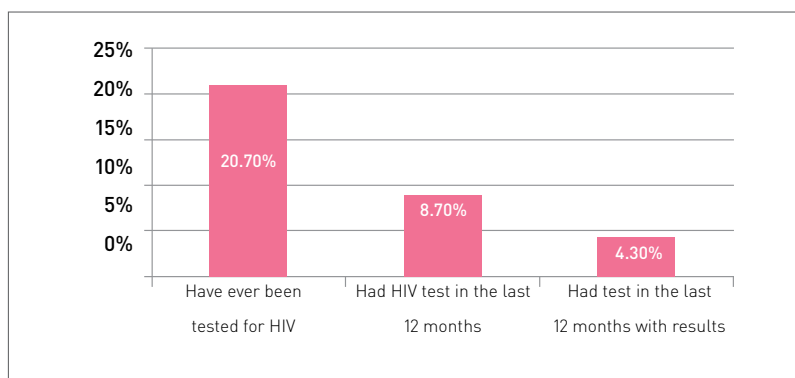
HIV prevalence and testing

Among respondents tested for HIV and syphilis, 4% (11/299) tested positive for HIV, while 2% (7/296) tested positive for syphilis. The HIV prevalence found among transgender women with sex work experience in Cebu City was higher than the national HIV prevalence of MSM in the Philippines (3%), as reported in the 2013 IHBSS.

Two thirds of the respondents reported feeling at risk for HIV infection. Of those who felt at risk, 54.3% knew where to get tested for HIV. Only 21% of

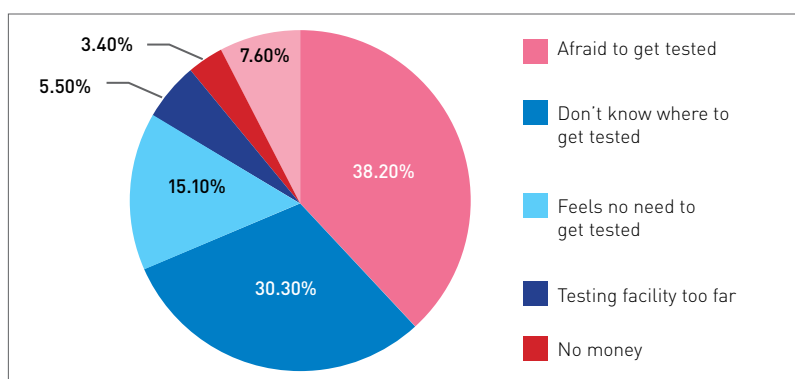
all respondents had ever had an HIV test (Fig. 2). Respondents who had 11 or more sex partners were 35% less likely to report that they had an HIV test compared with respondents who had fewer sex partners in the past 30 days.

Fig. 2. HIV testing experience



Two of the main reasons that respondents gave for not getting tested were fear and lack of knowledge on where to get tested (Fig. 3).

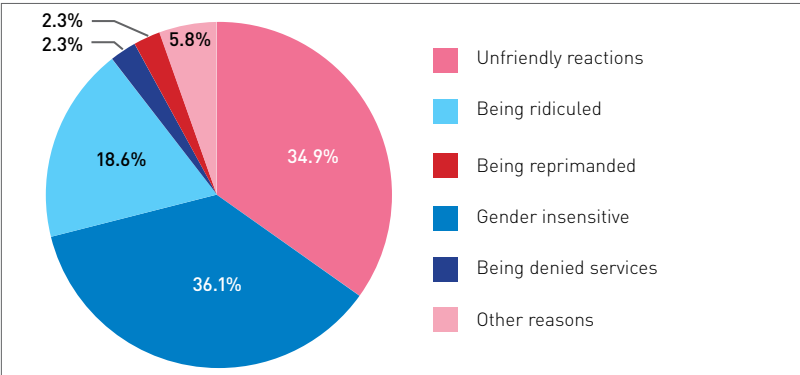
Fig. 3. Reasons for not getting tested for HIV



When the respondents were specifically asked about SHCs, 29% of them said they were not comfortable going to SHCs for STI consultation. Among those who reported not being comfortable, 36% said clinic personnel were gender insensitive, 35% said they encountered unfriendly reactions, and 19% said they

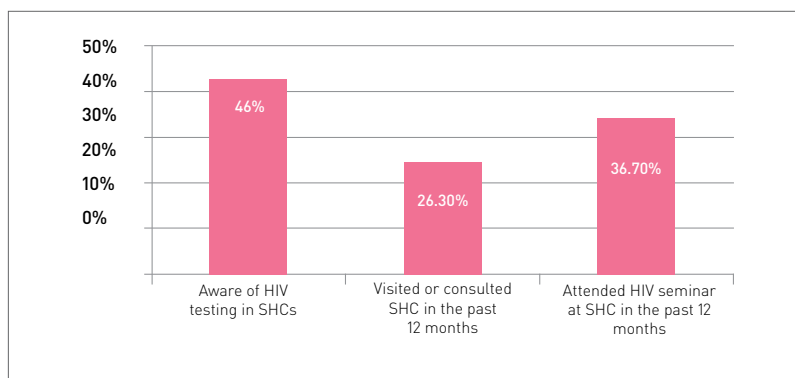
were ridiculed (Fig. 4). Among the 88 respondents who said they were not comfortable visiting SHCs, 13 of them (15%) reported that they had visited a SHC in the past 12 months.

Fig. 4. Reasons for not going to SHC



Awareness of health clinics and access to condoms

Less than half of respondents were aware that SHCs offered HIV testing. Only 26% of them had visited a SHC in the last year, and 37% had attended an HIV seminar organized by either a SHC or an outreach worker (Fig. 5). Respondents who received information on where to get tested for HIV (e.g. from a SHC or an outreach worker) were four times more likely to have ever taken an HIV test compared to those who had not received this information. Moreover, transgender women who were aware that SHCs offered HIV testing were 12 times more likely to have ever taken an HIV test. Those who had visited a SHC in the past 12 months were also three times more likely to have ever had an HIV test.

Fig. 5. Awareness and use of HIV-related services in SHCs

About one third of the respondents said that condoms were easy to access in their communities, while 34% said they regularly bought their own supply of condoms. Transgender women who bought their own supply of condoms were seven times more likely to have used a condom during their last anal sex than those who did not buy their own condoms.



4. The Femina Trans Initiative on service delivery

Following the IHBSS survey conducted in October 2013, the Cebu-based transgender organization COLORS and other key stakeholders strongly felt that there was a need to have outreach interventions for transgender women in Cebu City. COLORS partnered with Cebu City Health Department through its SHC and with barangay officials to promote health-seeking behaviours among the transgender community. The organization received financial and technical support from WHO to develop these outreach activities.

The Femina Trans Initiative was conceptualized to enhance accessibility, availability and acceptability of quality HIV prevention, treatment, care and support and other trans-specific health services for transgender women. This was done through a series of community health outreach activities.

Peer-outreach activities aimed to:

- increase the number of transgender women reached by HIV prevention interventions through behaviour change communication;
- provide a venue for HIV/AIDS and STI education and other transgender health services and concerns;
- encourage acceptance and demand for HIV/AIDS services including HIV counselling and testing among the transgender community; and
- increase the involvement of the transgender community in the local HIV response.

Outcomes, lessons and advantages of the Femina Trans Initiative

- A strong partnership between the Cebu City SHC and the transgender community was established, and the staff members of the SHC gained more awareness about transgender people's health.
- A transgender desk called "The Cebu Wellness Lounge" was set up at the Cebu City Health Department, and it is open for the transgender community every weekday afternoon.

- A model of effective peer-outreach HIV counselling and testing, with a strong link to treatment and care, was established. The Initiative successfully carried out HIV intervention services by:
 - dividing tasks among sub-teams;
 - penetrating into the transgender community;
 - identifying target populations and reaching them with respect and care;
 - conducting one-on-one communication and counselling for HIV testing;
 - referring clients to a transgender nurse for blood extracts; and
 - making arrangements with clients for follow-up.
- Through 33 peer-outreach activities that have been conducted in selected *barangays*, 506 transgender women were reached by peer educators, 414 participated in one-on-one behaviour change communication sessions and 92 attended group learning lessons.
- Through the Initiative, 6072 condoms and 4048 packs of lubricants were given to transgender women, and 1518 educational materials were distributed.
- Over a three-month period, the rate of HIV testing among transgender women reached 63% (317/506). Among those tested, 12 transgender women (4%) had reactive HIV test results, while five (2%) tested positive for syphilis and received their results.
- At present, COLORS has 10 trained peer educators and six of them are certified HIV counsellors. They have continuously provided HIV services to the transgender community.

Challenges

- Not all transgender women in each *barangay* could attend the seminars conducted inside the *barangay* hall or health centre.
- Not all transgender women reached by COLORS were tested for HIV. Most of those reached said that they recently had an HIV test through other organizations.
- Some transgender women found regular office hours were not suitable for them. Thus, there is a strong need to operate the service desk at the Cebu City Health Department in the evenings and at night.
- Transgender women who engage in sex work do not stay long in one place. Some of them move to remote locations (cruising sites) due to their occupation.
- Only 18% (57/317) of transgender women who were tested for HIV returned to receive their results. The main reason for not getting results was the inconvenient office hours of the Cebu City Health Department.



5. Implications for policy-making, programming and service delivery

Implications for policy-making

The results of the focus group discussions of the 2013 regional assessment report indicate that there are no specific health services or guidelines for care directed to transgender people in the Philippines. Stigma and discrimination appear to be major barriers to access to health services for transgender people.

- *Implication: There is a strong need to recognize and ensure transgender people's right to health, both in the national response to HIV and in the national health sector strategy for HIV/AIDS.*

MSM and transgender women have different health needs; therefore, they should be treated as two different groups in HIV health services and HIV surveillance, as found in the 2013 regional assessment report. Among the specific challenges faced by transgender women are the aspects related to body transitioning through hormone intake and surgical procedures, as well as the gender recognition issues that they face in various contexts, including the health-care setting (when the health-care provider treats the transgender person according to her/his legal identity, instead of her/his gender identity).

- *Implication: Transgender women should be treated as a separate group from MSM in the national response to HIV, including prevention, care and surveillance.*

Implications for programming

In 2013, the DOH-EB distinguished transgender women as a separate sample in the IHBSS. Prior to 2013, transgender women were included in the MSM sample. The IHBSS for transgender women in Cebu City showed that MSM and transgender women had different risks. While the IHBSS revealed that HIV prevalence among transgender women in Cebu City was 4%, it is likely that HIV prevalence is higher among transgender sex workers, as 40% of the respondents (120/300) had experience in sex work while employed in other jobs. There was a lack of data with regard to transgender women and

transgender men who were not engaged in sex work.

- *Implication: An effective surveillance system among the transgender population needs to be continued by the DOH-EB to monitor and gather data about the HIV epidemic and risky sexual behaviours, separating transgender women from MSM. It is highly recommended that the transgender IHBSS should be included in the regular rounds of IHBSS conducted among key populations. The transgender IHBSS should include specific data about different types of transgender people: transgender women, transgender men, transgender people with experience in sex work and transgender people who work as full-time sex workers. HIV prevalence of full-time and part-time sex workers may differ. The transgender community needs to be involved in this surveillance system and advise the health sector when mapping the location of the most-at-risk transgender people in the Philippines.*

The IHBSS survey conducted in Cebu City reported that a small proportion of the respondents (21%) had ever been tested for HIV, and only 26% had visited a SHC in the last year. It is necessary for SHCs to adequately train their staff in transgender issues in order to improve the uptake of services by transgender people, particularly HIV testing.

- *Implication: Training in transgender health should be provided to health providers in SHCs and/or to barangay health workers, in order to ensure friendly HIV/STI health services to transgender people in the Philippines.*

Implications for service delivery

There is a lack of sexual health education among transgender people in the Philippines. Two thirds of the respondents of the IHBSS survey in Cebu City reported not using condoms during their last anal sex with men, and the majority (84%) experienced having anal sex without condoms in the last 12 months. Two thirds of the respondents reported feeling at risk for HIV. However, only half of those who felt at risk knew where to get tested for HIV, and only 21% had ever been tested. An important lesson learnt from the Femina Trans Initiative is that the regular office hours of the SHCs are not appropriate to reach all transgender people, particularly those who are part-time or full-time sex workers. Thus, accessible and transgender-friendly health

services need to be established in SHCs. Also, new office hours to address this matter should be considered.

- *Implication: Sexual health education seminars/workshops in SHCs should be delivered specifically to transgender people. An accessible health orientation service to transgender people should also be established at the SHCs, through which they can receive general information about transgender health and if needed, be referred for HIV/STI testing or medical attention.*

The Femina Trans Initiative in Cebu City is a successful peer-to-peer health initiative that has enhanced the health of transgender women of Cebu City. The Initiative reached 506 transgender women by offering peer education, by giving out condoms, lubricants and educational materials, and by providing HIV testing and counselling. This project has proven the necessity of implementing further peer-led outreach programmes directed to the transgender population in the Philippines. A case study documenting the operational good practices and effective partnership between the SHC and COLORS is in development.

- *Implication: Peer-led sexual health outreach programmes should be implemented to inform transgender people living in hard-to-reach barangays about HIV, STI, condom use and how to access services provided at SHCs. These peer-led outreach programmes should also provide HIV/STI testing and counselling, with a close link to treatment and care services.*

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