

TRANSGENDER HEALTH CARE

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The **Transgender Education and Advocacy (TEA)** is an international human rights organization working towards defending and promoting the human rights of transgender/transsexual people. TEA is registered in Kenya by the NGO Coordination Board under the Ministry of Interior and Coordination of National Government.

Published by :

Transgender Education & Advocacy

web: www.transgender.or.ke

email: info@transgender.or.ke

facebook: [@transgenderkenya](https://www.facebook.com/transgenderkenya)

twitter: [@transgenderke](https://twitter.com/transgenderke)





Transgender persons are individuals whose gender identity, roles and sex don't match those assigned and assumed at birth.

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Introduction

Transgender persons are individuals whose gender identity, roles and sex don't match those assigned and assumed at birth.



Transgenderism

Most transgender persons transition (change) from the sex assigned at birth to the sex they are comfortable with

Transgenderism is a complex issue and there is little understanding of the issue. Media stories of transgender people and sex changes are told in sensational and insensitive fashion resulting to confusion, prejudice, fear and elevated stigma towards transgender persons.

Transgender persons are individuals whose gender identity, roles and sex don't match those assigned and assumed at birth. For example, an individual may have been born and assigned the male sex due to the presence of a penis but they do not identify as male; and identify as female. Most transgender persons transition (change) from the sex assigned at birth to the sex they are comfortable with. Due to stigma, discrimination and lack of access to transgender health care, some transgender people are unable to transition and live in bodies they are not comfortable with.

Transgenderism or *Transsexualism* is NOT:

- **Cross-dressing** - refers to the practice of wearing clothes and accessories normally associated with the opposite sex in a particular community. A cross-dresser is comfortable with the sex s/he was assigned at birth and is not interested in changing their physical sex.
- **Homosexuality/Gay/Lesbian Orientation** - refers to sexual and emotional attraction among persons of the same gender. Gay men and women are not interested in changing sex e.g. a gay man is not interested in changing into a woman. Transgenderism is not related to any sexual orientation/attraction and practices.
- **Intersex conditions** - a spectrum of conditions in which an individual is born with sex characteristics that are not well defined as male or female e.g. ambiguous genitalia. A transgender/transsexual person is born with typical male or female genital but experiences a mismatch between their mental gender and their physical gender.

Sex

Mental gender/Core gender identity - resides in the mind and is experienced by an individual

The sex of an individual is determined by:

1. **Gonads** *i.e. testis, ovaries or ovotestes*
2. **Chromosomes** *i.e. XY, XX, X0, XXY, XY/XX*
3. **Mental gender/Core gender identity** - *resides in the mind and is experienced by an individual*

For most people the gonads, chromosome and mental sex match e.g. an individual with testis & penis, XY sex chromosome pair and male/masculine gender identity or vagina & ovaries, XX sex chromosome pair and female/feminine gender identity.

In the case of transgender/transsexual persons, these three components do not align. For example, an individual may have testis & penis, XY sex chromosome pair but has a female/feminine gender identity. An individual's gender identity resides in his brain/mind and cannot be changed to match the physical gender. However, the physical gender can be changed (by changing genitals and secondary sex characteristics) to match an individual's gender identity/mental gender.

Statistics on Transgender Health

Violence

All three sources indicate that violence against transgender people starts early in life, that transgender people are at risk for multiple types and incidences of violence, and that this threat lasts throughout their lives. In addition, transgender people seem to have particularly high risk for sexual violence.

Stotzer 2009

Transgender people were more likely to experience harassment and discrimination than nontransgender sisters and nontransgender brothers. All transgender people perceived less social support from family than nontransgender sisters.

Factor & Rothblum 2007



Statistics on Transgender Health

Those who perpetrate violence against trans populations often target gender nonconformity, gender expression or identity, and perceived sexual orientation and thus these forms of violence should be considered within broader discussions of GBV. Nascent epidemiologic research suggests a high burden of GBV among trans populations, with an estimated prevalence that ranges from 7% to 89% among trans populations and subpopulations.

Wirtz et al., 2018

Transgender women in sex work face pervasive stigma and violence due to multiple marginalised social identities (transgender status, sex work, gender non-conformity), which reinforce and intersect with social inequities (economic and housing insecurity, employment discrimination, poverty), fuelling HIV vulnerability at the micro, meso and macro levels.

Ganju & Saggurti 2016

Causes of transsexualism

Various causes have been proposed including hormonal imbalances, nurture, genetic causes and witchcraft

A number of causes of transsexualism have been proposed. They range from hormonal imbalances, nurture, genetic causes and witchcraft. However, research studies indicate there are a number of **biological** and **chemical** factors that cause transsexualism.

Studies indicate that exposure of foetuses to high or low levels of sex hormones such as **estrogens**, **testosterone** and **progesterone** contribute to development of transsexualism. For example, exposure of male foetuses to low levels of testosterone or chemical agents that mimic estrogen results to development of a female gender identity despite these foetuses having male genitals. In most cases, this female gender identity will be manifested in early adolescent or during early adulthood. However, some cases of transsexualism are manifested in early childhood.

Transsexualism/gender dysphoria is not caused by witchcraft.



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Transgender Health Care

Transgender health care refers to a range of approaches utilized by transgender individuals, medical practitioners and institutions



Transgender health care

Diagnosis for gender dysphoria and mental health conditions that arise from this internal gender conflict are laid down in the International Classification of Diseases

Transgender health care refers to a range of approaches utilized by transgender individuals, medical practitioners and institutions in the prevention, diagnosis and treatment of physical and mental health conditions including provision of sex reassignment therapies to transgender individuals.

The persistent conflict between an individual's gender identity and the sex assigned at birth and distress resulting from this is known as **gender incongruence** or **gender dysphoria**. Diagnosis for gender dysphoria and mental health conditions that arise from this internal gender conflict are laid down in the International Classification of Diseases (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders - 5 (DSM-5). **The Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People** are internationally accepted health guidelines providing for the treatment of those undergoing sex transition.

The goal of sex reassignment therapy is to achieve lasting personal comfort with the gendered self to maximize overall psychological well-being and self-fulfilment.



Statistics on Transgender Health

Burden of HIV/AIDS Among Transgender People

Transgender women experience unique vulnerability to HIV that can be attributed to multi-level, intersecting factors that also influence the HIV treatment and care continuum. Stigma and discrimination, lack of social and legal recognition of their affirmed gender, and exclusion from employment and educational opportunities represent fundamental drivers of HIV risk in transgender women worldwide.

Poteat et al., 2014

The burden of HIV among transgender women (male-to-female) is 48.8 times that of non-transgender (cisgender) adults of all reproductive age. This is as a result of lack of access to appropriate health care due to stigma in health institutions.

Baral et al., 2013

The prevalence of HIV (45.2% in Hijras vs 20% in heterosexual men vs 18.9% in MSM, $P = 0.0001$) and warts (10.3% vs 4.6% vs 7.0%; $P = 0.004$) was higher in Hijras as compared with heterosexual men and MSM.

Sahastrabudde et al., 2012

Despite the heavy burden of HIV among trans women, conflation of this population with MSM has limited the information available on the social and behavioural factors that increase HIV vulnerability among trans women and how these factors may differ from MSM. However, trans women face specific vulnerabilities related to trans discrimination, sex work, and desire for gender affirmation. These factors necessitate a different approach to HIV prevention interventions among trans women, particularly Black trans women who are particularly vulnerable to HIV. In order to be relevant to the realities of trans women's lives, ideal HIV prevention efforts should affirm trans identities, address self-esteem, improve access to safe, affordable, gender affirming interventions, support resilience to racism and transphobia, and address poverty, discrimination and violence.

Poteat et al., 2016

Statistics on Transgender Health

Mental Health

The rates of depressive symptoms (51.4% for transgender women; 48.3% for transgender men) and anxiety (40.4% for transgender women; 47.5% for transgender men) within the current study far surpass the rates of those for the general population.

Budge & Adelson 2013

More than half of Latina and White participants were depressed on the basis of Center For Epidemiologic Studies Depression Scale scores. About three quarters of White participants reported ever having suicidal ideation, of whom 64% reported suicide attempts. Half of the participants reported being physically assaulted, and 38% reported being raped or sexually assaulted before age 18 years. White and African American participants reported transphobia experiences more frequently than did others. Social support, transphobia, suicidal ideation, and levels of income and education were significantly and independently correlated with depression.

Nemoto et al., 2011

Parental support is associated with higher quality of life and is protective against depression in transgender adolescents. Interventions that promote parental support may significantly impact the mental health of transgender youth.

Simons et al., 2013

Exposure to discriminatory events and combined discrimination positively associated with depression symptom odds. Increased transgender identity associated with increased coping self-efficacy, which negatively associated with depression symptom odds. Health programs could pursue psychosocial interventions and anti-discrimination campaigns. Interventions might advocate increasing participants' coping self-efficacy while providing space to explore and develop social identity.

Jefferson et al., 2013

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Sex Reassignment Therapy

(SRT)

Although many transgender people across the world transition, every transgender person has a unique transition plan.



Sex Reassignment Therapy

Sex reassignment therapy (SRT) is not carried out to impose the gender identity associated with the assigned sex (sex at birth)

Sex reassignment therapy (SRT) assists transgender individuals change their physical appearance and sex characteristics e.g. development of breasts among male-to-female transgender persons (transgender women) and growth of facial hair and muscles among female-to-male transgender persons (transgender men). Sex reassignment therapy (SRT) is not carried out to impose the gender identity associated with the assigned sex (sex at birth). SRT consists of hormone replacement therapy and sex reassignment surgery. Although many transgender people across the world transition, every transgender person has a unique transition plan. A range of medical specialists are involved in the provision of sex reassignment therapy e.g. psychiatrists, psychologists, endocrinologists, urologists, plastic & cosmetic surgeons, gynaecologists etc.

Mental Health

Respondents had a high prevalence of clinical depression (44.1%), anxiety (33.2%), and somatization (27.5%). Social stigma was positively associated with psychological distress. Peer support (from other transgender people) moderated this relationship.

Bockting et al., 2013

The prevalence of attempted suicide was 32% (95% CI = 28% to 36%). Younger age (<25 years), depression, a history of substance abuse treatment, a history of forced sex, gender-based discrimination, and gender-based victimization were independently associated with attempted suicide. Suicide prevention interventions for transgender persons are urgently needed, particularly for young people. Medical, mental health, and social service providers should address depression, substance abuse, and forced sex in an attempt to reduce suicidal behaviors among transgender persons. In addition, increasing societal acceptance of the transgender community and decreasing gender-based prejudice may help prevent suicide in this highly stigmatized population.

Clements-Nolle et al., 2008

Sex Reassignment Surgery (SRS)

The goal of sex reassignment surgery (SRS) is to align the secondary sex characteristics of an individual with their gender identity (psychological sex). It includes genital surgery (vaginoplasty and phalloplasty) e.g. surgical removal of male genitalia followed by construction of female genitalia using materials from male genitals.

SRS is not accessed on demand. The Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People requires a transgender person to have obtained supporting letters or a medical report from two licensed medical specialists and hormonal treatment. Additionally, a transgender person is required to have lived full-time in their preferred gender for at least 12 months.

After surgical reassignment transgender men and women become infertile and cannot reproduce. However, transgender women under novel hormonal regimen can lactate and breastfeed. A transgender man who has a uterus and ovaries can produce an offspring with a another man.



*An expectant transgender man
(female-to-male transgender)*

Statistics on Transgender Health

Mental Health

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Clements-Nolle et al., 2008

This review demonstrates that transgender stigma limits opportunities and access to resources in a number of critical domains (e.g., employment, healthcare), persistently affecting the physical and mental health of transgender people. Stigma prevention and coping interventions hold promise for reducing stigma and its adverse health-related effects in transgender populations.

Hughto et al., 2015

Progynon - commonly used among transgender women (male-to-female transgender persons)



Sustanon - a common male sex hormone used among female-to-male transgender persons

Psychological treatment

The objectives of this are:

- Help in exploring sexuality, gender identity, role, and expression
- Address the negative impact of gender dysphoria and stigma on mental health of the individual
- Minimize internalized transphobia and improve body image
- Enhance social and peer support while promoting resilience

Hormone Replacement Therapy

Hormone replacement therapy (HRT) (in this case transgender hormone therapy) involves administering sex hormones and other hormonal medications to transgender persons to bring about development of secondary sex characteristics that match the gender identity of transgender persons e.g. breasts and hips (among transgender women), facial hair and deep voice (among transgender men). Psychological and medical evaluations are carried out before commencement of hormone replacement therapy. Transgender hormone therapy is broadly categorised as:

- **Feminizing hormone therapy** - the use of estrogens and testosterone blockers (anti-androgens) among male-to-female transgender persons (transgender women).
- **Masculinising hormone therapy** - the use of androgens (testosterone) among female-to-male transgender persons. Elicits masculine physical characteristics.

Medical literature reveals that transgender hormone therapy under the supervision of a health care provider is safe. In most countries, transgender people are required to have had a diagnosis of gender dysphoria/transsexualism in order to access transgender hormone therapy. Additionally, they are required to have lived in their preferred gender for at least six months.

Dealing with being transgender

There are a variety of ways transgender people deal with being transgender. Such include denial, no action, social transition without hormonal or surgical treatment, hormonal treatment and sex reassignment surgery. Literature reveals that a significant number of transsexual persons who live in denial end up committing suicide. Social transitioning and hormonal treatment have been associated with improved health outcomes.

Transgender persons face considerable barriers in accessing sex reassignment surgery. Costs, discrimination, stigma and lack of competence in health care facilities are some of causes of these challenges. Whereas Kenya has liberal health laws and policies there is no policy on sex reassignment therapy. Kenya's Code of professional conduct and discipline (6th Edition) provides for the treatment of transsexualism.

Transgender-related stigma is common among health care providers.

Barriers to transgender health care

- Transgender-related stigma among some health care providers and institutions
- Lack of knowledge among health care providers
- High cost of care and no insurance coverage
- Lack of information among transgender people and general public

Important Notes

- Transgenderism/transsexualism is a medical condition recognized as so by the World Health Organization (WHO)
- Transgender is a state where an individual's gender identity does not correspond with the one associated with the physical gender they were assigned at birth
- Transgender is not a sexual orientation and transgender people are not homosexual/gay/lesbian.
- Transgender people are not persons with intersex conditions (formerly known as hermaphroditism)
- Transgender people face significant barriers to accessing legal and health care services due to stigma and discrimination
- Transgender people are not criminalized by Kenya's laws
- Transgender persons are human beings entitled to all the rights and fundamental rights enshrine in Kenya's and international law

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Resources

Transgender Education and Advocacy
www.transgender.or.ke



RESOURCES

Transgender Education and Advocacy

www.transgender.or.ke

Code of professional conduct and discipline (6th Edition)

<http://medicalboard.co.ke/resources/Code-of-Professional-Conduct-and-Discipline-6th-Edition.pdf>

Center of Excellence for Transgender Health

<http://transhealth.ucsf.edu>

World Professional Association for Transgender Health

<https://www.wpath.org/>

Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People

www.transgender.or.ke

Transgender Education & Advocacy



Transgender health care refers to how medical institutions, communities and individuals approach the care of transgender people. It includes the prevention, diagnosis and treatment of physical and mental health conditions, as well as sex reassignment therapies

**For more information or assistance,
you can get in touch with us at:**

Transgender Education & Advocacy

P.O Box 52418-00200 Nairobi

Phone: +254 782 979797

 @transgenderke

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