



NILINDE NISIFE

HOW SAFETY & SECURITY AFFECTS
ACCESS TO HEALTH & HIV SERVICES
AMONG ITGNC PERSONS IN EAST
AFRICA

This report is made possible with the support of:



Publisher

EATHAN

East Africa Trans Health & Advocacy Network

P.O. Box 238 – 00300 Nairobi, Kenya

Tel: +254 770 130918 | +254 731 308218 | +254 711 897317

Email: info@eathan.org

Facebook, Twitter & Instagram: [/eastafricatrans](#)

www.eathan.org

Authors: Kelly Imathiu, Barbra W Muruga, Dalziel Leone & Jabari Tirop-Salat

Editors: Neo Musangi & Barbra W Muruga

Layout & design: Neo Musangi

© 2018

This report is published by EATHAN.

All rights reserved. While every attempt has been made to verify all facts, instructions and procedures, the publisher claims indemnity against results of any nature whatsoever arising from the applications thereof.

TABLE OF CONTENTS

ACRONYMS	3
GLOSSARY	0
ACKNOWLEDGMENTS	2
INTRODUCTION	3
SITUATIONAL ANALYSIS	3
RESEARCH METHODOLOGY	4
RESULTS: EMERGING THEMES	4
FURTHER ANALYSIS	21
THE HUMAN DIMENSION	26
RECOMMENDATIONS	28
CONCLUSION	29
LIST OF REFERENCES	31

ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
EATHAN	East Africa Trans Health & Advocacy Network
FTM	Female to Male
GBV	Gender-Based Violence
GNC	Gender Non-Conforming
HIV	Human Immuno-deficiency Virus
HRT	Hormone Replacement Therapy
ITGNC	Intersex, Transgender, and Gender Non-Conforming
KP	Key Population
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex
MSM	Men who have Sex with Men
MTF	Male to Female
WSW	Women who have Sex with Women

GLOSSARY¹

- **Transgender:** A term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth. "Trans" is shorthand for "transgender." (Note: Transgender is correctly used as an adjective, not a noun, thus "transgender people" is appropriate but "transgenders" is often viewed as disrespectful).
- **Transgender Man:** A term for a transgender individual who currently identifies as a man (also "FTM"; Trans man/men).
- **Transgender Woman:** A term for a transgender individual who currently identifies as a woman (also "MTF"; Trans woman/women).
- **Trans* diverse:** An umbrella term used to describe all those whose gender identity is at odds with their biological sex.
- **Gender Identity:** An individual's internal sense of being male, female, or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others.
- **Gender Expression:** How a person represents or expresses their gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.
- **Gender Non-conforming:** A term for individuals whose gender expression is different from societal expectations related to gender.
- **Gender Affirming Surgery:** Surgical procedures that change one's body to better reflect a person's gender identity. This may include different procedures, including those sometimes also referred to as "top surgery" (breast augmentation or removal) or "bottom surgery" (altering genitals). Contrary to popular belief, there is not one surgery; in fact there are many different surgeries. These surgeries are medically necessary for some people, however not all people want, need, or can have surgery as part of their transition. "Sex change surgery" is considered a derogatory term by many.
- **Gender-Variant:** This term describes people who by chance or choice do not conform to gender norms associated with their assigned sex.
- **Hormonal Therapy:** Transgender hormone therapy is a form of hormone replacement therapy (HRT) in which sex hormones and other hormonal medications are administered to transgender or gender variant individuals for the purpose of more closely aligning their secondary sexual characteristics with their gender identity.

¹ Adapted (with minor revisions) from the National Centre for Transgender Equality, www.transequality.org. Frequently Asked Questions about Transgender People <https://transequality.org/search/node/reports> Accessed 28 May 2018. Also: Transgender Victoria <http://www.transgendervictoria.com/about/definitions> Accessed 27 May 2018

- **Sexual Orientation:** A term describing a person's attraction to members of the same sex and/or a different sex, usually defined as lesbian, gay, bisexual, heterosexual, or asexual.
- **Transition(ing):** The time when a person begins to live and socialize as the gender with which they identify rather than the gender they were assigned at birth, which often includes changing one's first name (for some) and dressing and grooming differently. Transitioning may or may not also include medical and legal aspects, including taking hormones, having surgery, or changing identity documents (e.g. driver's license, passport and other identity documents) to reflect one's gender identity. Medical and legal steps are often difficult for people to afford.
- **Key Population:** UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.²
- **Intersex:** A term used for people who are born with a reproductive or sexual anatomy and/or chromosome pattern that does not seem to fit typical definitions of male or female. Intersex conditions are also known as differences of sex development (DSD).

² UNAIDS, Key populations

<http://www.unaids.org/en/sitesearch/#?cludoquery=key%20population&cludopage=1&cludorefpt=UNAIDS&cludorefurl=http%3A%2F%2Fwww.unaids.org%2F> Accessed 28 May 2018

ACKNOWLEDGMENTS

We would like to thank everyone who spent tireless work-hours on this report. This report would not have been possible without the continued support of all parties involved in writing it.

Firstly, we would like to thank each and every member & partner of EATHAN who took part in this report, through disseminating the survey to their members, pushing them to fill the questionnaire and ensuring that it reached the masses.

Secondly, we would like to thank the staff & steering committee of EATHAN for relentlessly engaging members & partners towards completion of the survey and gathering of data. Despite the challenges we faced, we saw this through.

Thirdly, we acknowledge the invaluable support we received from the HIV Aids Alliance Rapid Response Fund for their financial support and continued patience with us. We wouldn't have done this as well as we did without their support.

This report would not have been completed without the immeasurable technical and advisory support of our partners regionally. We are indebted to the work done by Kelly Imathiu and Neo Musangi towards fine-tuning this report and making it as beautiful as it is now.

Most importantly, we are eternally grateful for all the ITGNC persons who took their time, tolerated our pushing and participated in this report by filling out the survey and especially so, participating in the in-depth interviews.

INTRODUCTION

Globally, stigma, discrimination and violence towards ITGNC persons is very high. The situation is dire on an international scale, more or so in Africa where in more recent years we have witnessed a backlash against the improvement of the rights of the Trans* diverse community in the continent. The extent of criminalization, marginalization and discrimination extends beyond mere law-making but to also moral policing, restrictions in bodily autonomy and abuse of basic human rights (Trans SIT-Analysis 2016) for example, the right to decent living conditions.

African governments are particularly non-supportive of the ITGNC movement, a majority of heads of states are unwilling to have constructive dialogue on issues regarding diversity of their populations let alone have a conversation on the human rights situation of the LGBTI(GNC) community. East Africa is no different in this regard, however there are significant efforts by ITGNC-led organizations to illuminate on all issues regarding the wellbeing and welfare of gender minorities in the region. This report focuses on the investigations of the East African Trans Health and Advocacy Network (EATHAN) on the health situation and associative factors related to the wellbeing of gender minorities residing in East Africa: Burundi, Kenya, Rwanda, Uganda and Tanzania.

EATHAN was deliberate in initiating this research mainly for purposes of guiding donor funding through providing concrete research information on the situation of gender minorities in the region, provision of strategic direction for ongoing

programmatic work, improving information-sharing amongst gender minorities in the region and increasing the interest of state and non-state actors in advocating for the rights of the ITGNC community.

SITUATIONAL ANALYSIS

Currently, health status for sexual and gender minorities is lumped under the clinical term “Key Populations”. This has proven problematic for the ITGNC community as the focus of interventions on health and HIV/AIDS prevention, care and support programmes has been largely on cisgender sex workers and men who have sex with men (MSM). The alienation and exclusion of the ITGNC community from health and HIV programming in East Africa has further exacerbated the issue of visibility for gender minorities. A good example is the most recently designed Policy for the prevention of HIV among Key Populations in Kenya, June 2015, which defines Key Populations within these three (3) categories: sex workers, Men who have sex with Men (MSM) and People who inject drugs. This is despite global HIV research asserting that transgender women are 49 times likely to contract HIV than the general population.³

This has resulted in ITGNC communities seeking refuge in each other with almost little or no means of accessing ITGNC-friendly services that cater directly to the needs of ITGNC persons. This continuous cascade of horrors has its source mainly in ignorance leading to a lack of progressive policies and lack of gender-appropriate

³ REPORT: Trans Women 49 Times More Likely to Contract HIV <http://www.hivequal.org/hiv-equal->

[online/report-trans-women-49-times-more-likely-to-contract-hiv](http://www.hivequal.org/hiv-equal-online/report-trans-women-49-times-more-likely-to-contract-hiv) Accessed 20 May 2018

identification in order to access services, especially health-care; while societal ignorance leads to widespread discrimination abuse and even hate crimes (Trans-SIT Africa, 2016).

Furthermore, this also creates a level of exposure for ITGNC communities to grave vulnerabilities such as personal protection and security mechanisms. This report gives a detailed description of the difficulty experienced, as it relates to nationality and discusses emerging themes that are associated with health-seeking behaviors while offering recommendations for programming designed specifically for gender minorities in East Africa.

RESEARCH METHODOLOGY

During this reporting period EATHAN focused on tele-conferencing and use of tele-communications to reach out to ITGNC communities in East Africa. We provided introductory information to all our 19-member organizations and partners and compiled all the researched and collected data into understandable and simplified charts in order to be keen on emerging or interconnected themes. Unfortunately, due to tele-communication constraints, for instance partner organizations still developing their telecommunication set-up and tele-network challenges, EATHAN's target of reaching out to 200 respondents was somewhat of a shortfall. During the research implementation phase EATHAN experienced difficulties in reaching out to participants mainly due to a few number of gender minorities owning a handset and a number of gender minorities opting out of participation particularly due to issues of insecurity. However, EATHAN was able to gather credible data from 52 respondents within the East African region. In-addition EATHAN conducted three (3) in-depth

interviews with a transman and two (2) transwomen from Rainbow Mirrors Uganda to unearth the key challenges faced by gender minorities within their organizations and communities.

It is important to note that the results explained herein might not be entirely conclusive or representative of the entire ITGNC community in East Africa but the findings give credible information to the situation of rights and freedoms of the community.

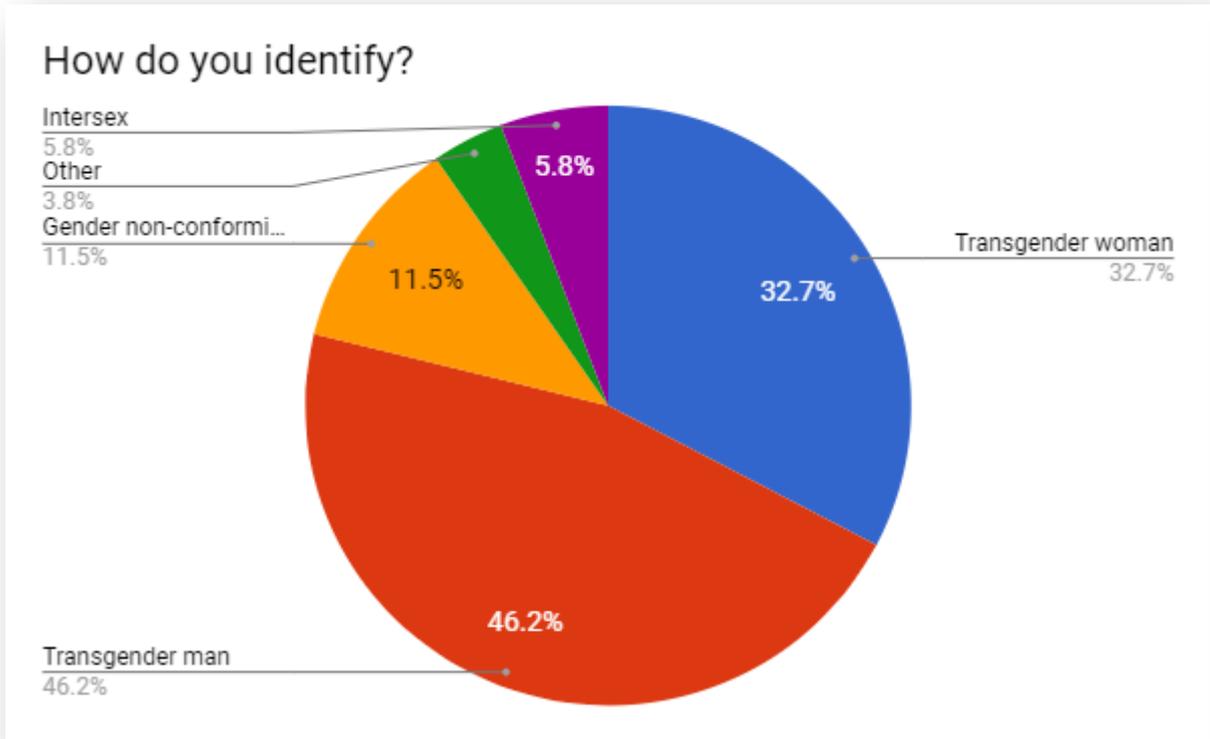
RESULTS: EMERGING THEMES

In this section we shall briefly give a statistical breakdown of the various themes and trends resulting from this research. The main aim of doing this is to sketch an initial mental map of what the situation looks like for ITGNC persons based on people's personal profiles and the country contexts within which they live, work and navigate health-care systems.

A: IDENTITY

Central to this research was how the ITGNC communities in East Africa identify as while acknowledging the intersectionality between their identity and needs for health and well-being. It is also important to note that the various layered identities also heavily determine how the ITGNC community copes with their particular gender identity, expression, rights and freedoms ascertained by the different East African countries.

The following diagram illustrates gender identity within the region:



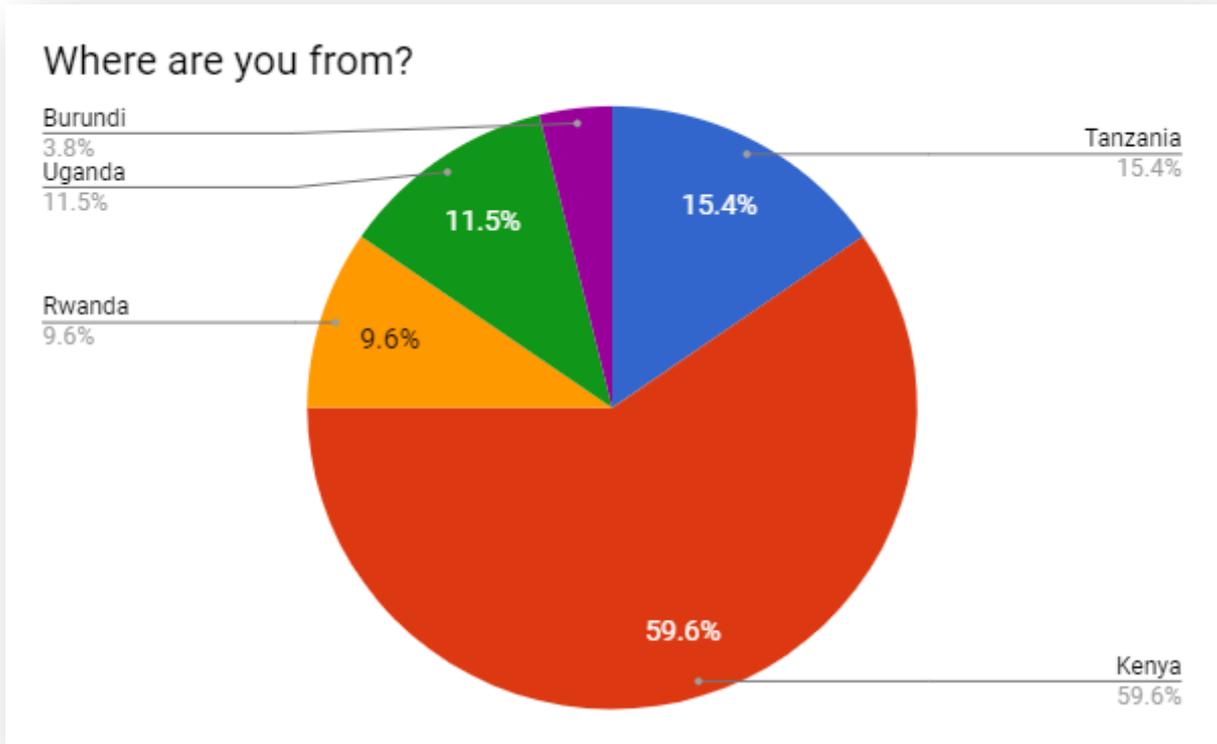
Within the spectrum of identity, Transmen were most visible from this study with a 42.6% while intersex persons remain the least visible at 5.8%.

NOTE: Although technically part of the ITGNC community both in organizing and participation, the two participants falling under the 'Other' category either preferred to not identify with any of the ITGNC sub-identities or were not sure under which one they fall and therefore opted for Other. In

our analysis, however, there may be instances in which this data (3.8%) falls under GNC.

B: NATIONALITY AND ETHNICITY

It was evident from the research collection process that nationality and ethnicity play a key role in the overall identity of the ITGNC communities. The following diagram illustrates the participants' various nationalities:

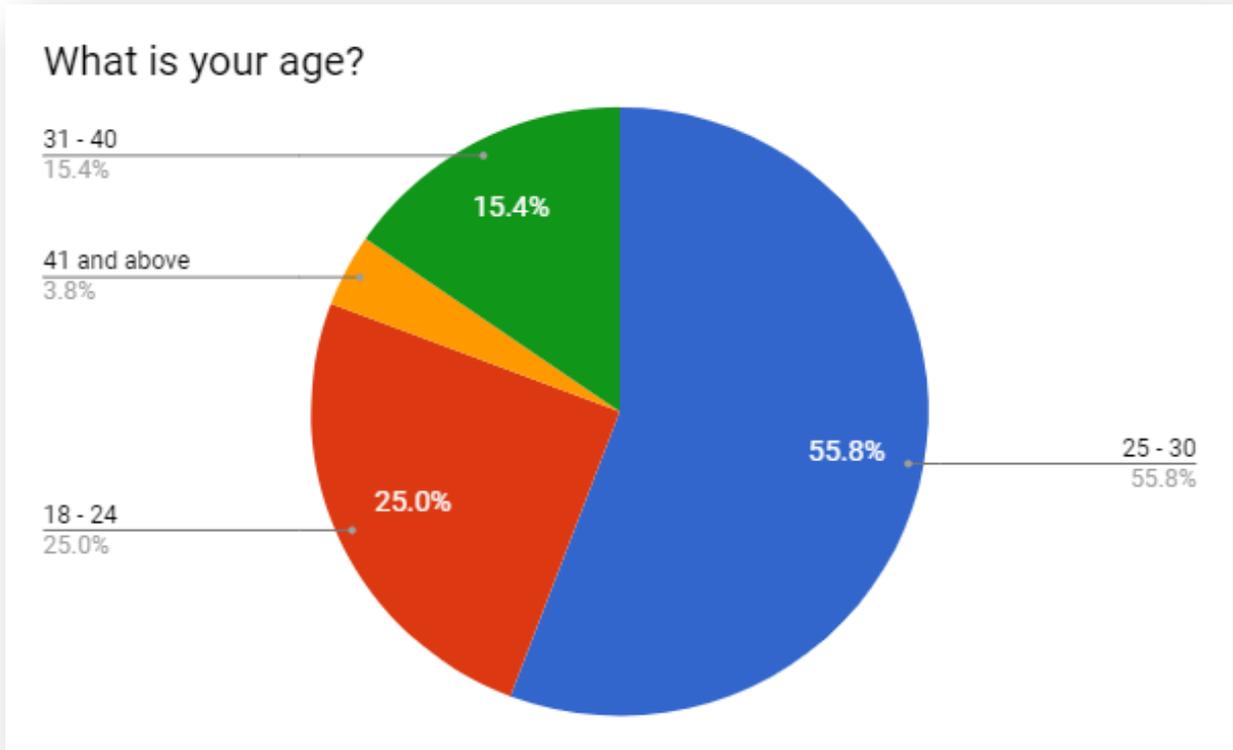


As a result of the differences in country profiles (as measured by already problematic development indexes) and access, it was evident that Kenya had the most visible cohort from the ITGNC participants due to a variety of factors, for instance, the availability of smartphones, the reliability of tele-network reception in Kenya and ease of access to information especially in relation to this study. On the other hand, Burundi had the least participants due to language barriers and

inability to find focal-persons involved in trans-organizing in the country.

C: AGE

The ages of those who identify as ITGNC is very crucial to determining the kind of health messaging and information required to attract ITGNC communities towards seeking healthcare. The following diagram illustrates the average age group of participants:



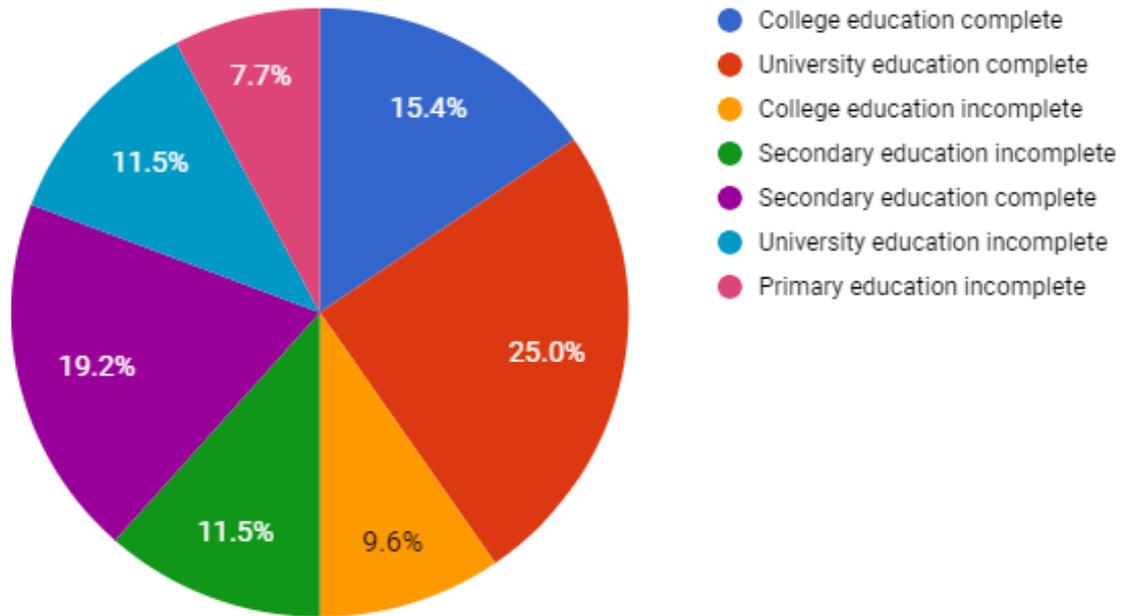
80.8% of the ITGNC community members who participated in the study are within the age range of 18-30 years. This is a significantly large population of gender variant people who would be otherwise defined as millennials. However, it is also increasingly, important to note the proportion of the community who are within

the age range of 41-above years which stands at 3.8%.

D: EDUCATION

The level of education within the community also largely affects the flow of information within the ITGNC movement. Based on the outcomes on education the following diagram illustrates the levels of education in the region:

What is your highest level of education?



It is crucial to note that only 40.4% have managed to complete an educational course from a tertiary institution within a college or university institution, while 21.1% managed to join a tertiary institution but are still in the process of completing their degrees or were unable to complete their studies for various reasons. Similarly, 19.2% managed to complete their secondary or high school level education while 11.5% are still in the process or have been unable to continue with their secondary school education. 7.7% of those who participated in the study have been unable to complete their primary school education.

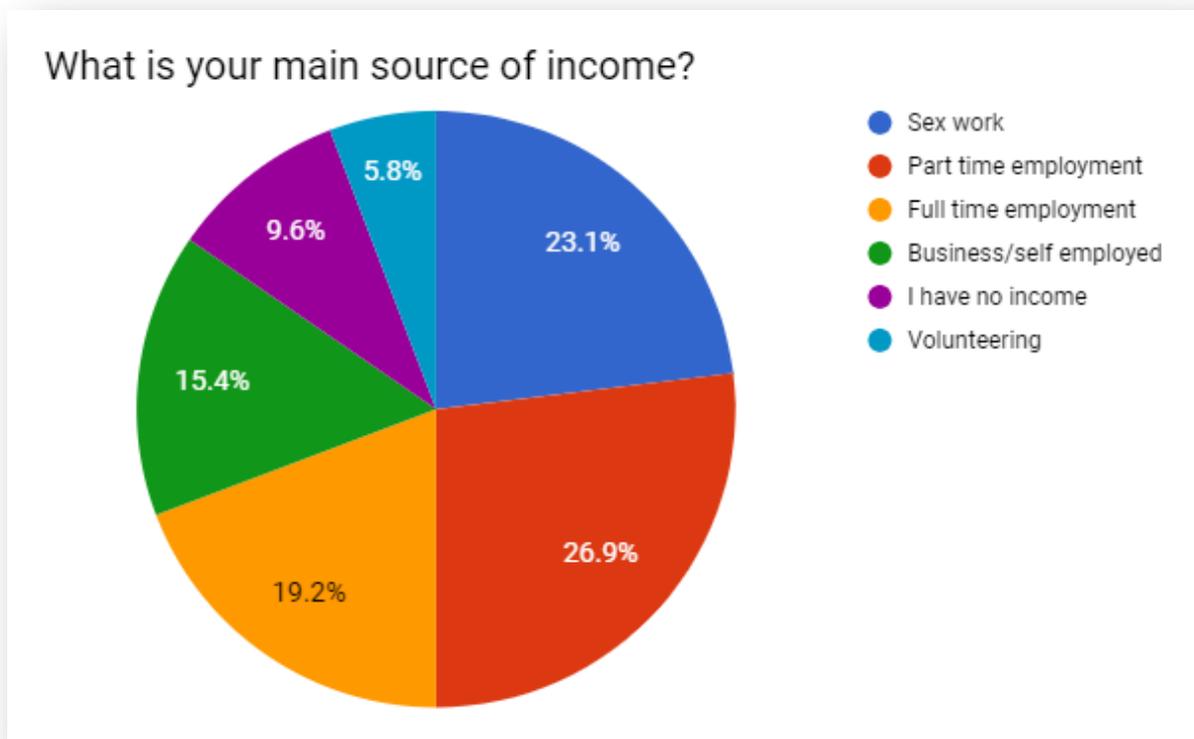
⁴ Funders for LGBTQ Issues – Special Report
Transformational Impact: U.S. Foundation Funding for Trans
Communities

E: ECONOMIC INCLUSION

ITGNC persons often bear the economic consequences of discrimination, including significantly high rates of poverty and unemployment, as well as discrimination in education and homelessness (TRANSformational Impact, 2015).⁴ This also explains the inter-related nature of economic wellness, availability of educational opportunities and access to decent housing conditions.

Investigating the overall means of livelihood for individual ITGNC persons also translates to the general economic power shared within the ITGNC community in the region. The following diagram demonstrates the

sources of income for the ITGNC community in the region:



23.1% of respondents engage in sex work as the sole means of livelihood, while 19.2% are engaged in other means of livelihood (such as 'hustling', internships and menial labour) followed closely by 15.4% of the ITGNC community engaging in business ventures or self-employment. Based on the proportion of the ITGNC community who are engaged in sex work only 8.3% have successfully completed a university degree level education. Importantly, this means that 91.7% of the ITGNC community engaged in sex work have been unsuccessful or have

been unable to attain a university degree, which is an interesting correlation for purposes of this report.

F: STABLE HOUSING

Access to decent living conditions also affects the overall well-being of the ITGNC community in East Africa. The ability to find and maintain suitable housing for ITGNC persons directly affects their health and mental wellness. The following diagram takes note of the kind of housing facilities occupied by the ITGNC community in the region:

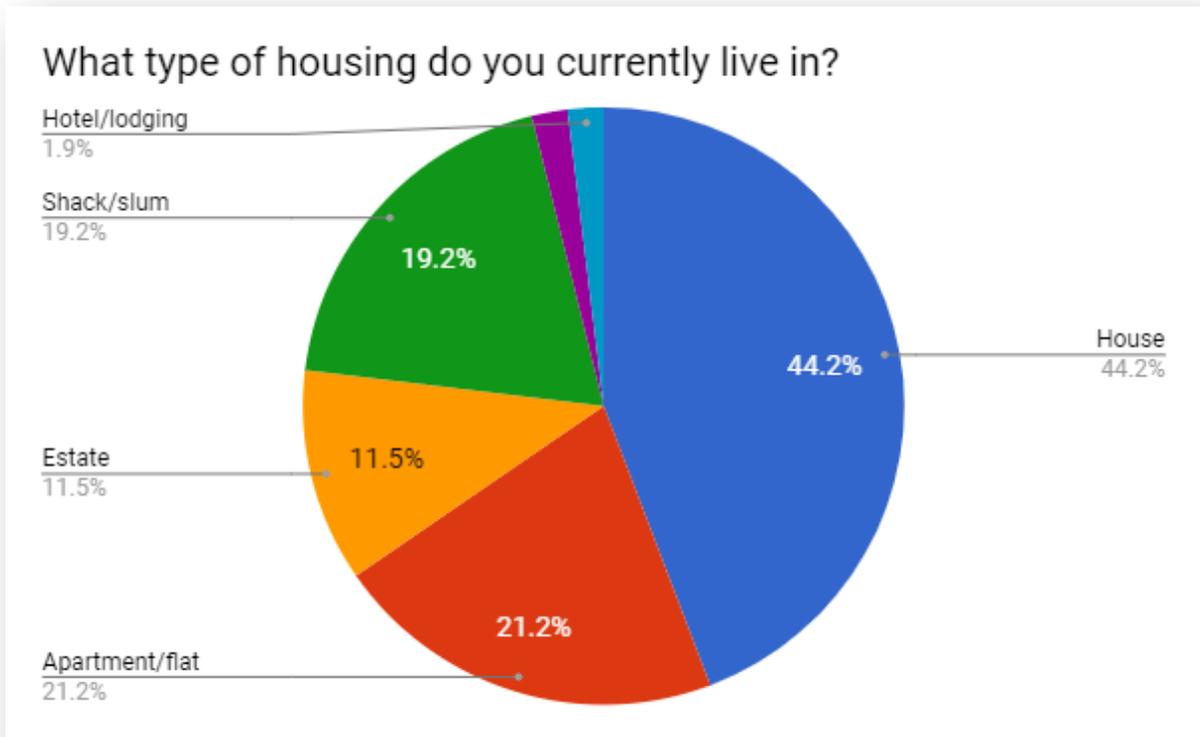
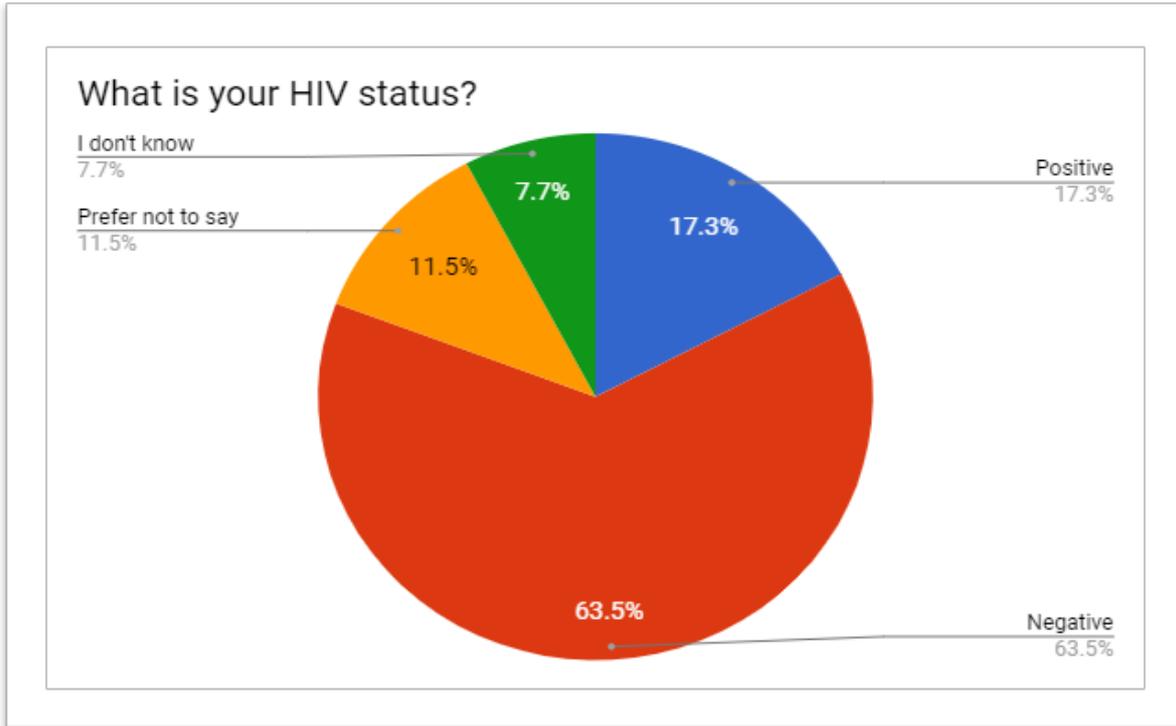


diagram examines the known and unknown HIV status of the Trans-diverse community:

It is evident from the results that 76.9% of the respondents are living within decent housing facilities this is inclusive of apartment-sharing communities, single-housing and estates. However, 19.2% of the respondents are living in shelter-like buildings or informal structures that would otherwise be categorised as slum areas. The latter adversely affects access to amenities such as safe and clean water, food and overall information. This also increases their vulnerabilities to gender-based violence (GBV), security and a myriad of other protection concerns.

G: SEXUAL PRACTICE, HEALTH AND HIV

During the reporting period, EATHAN investigated sexual practices in relation to sexual health and HIV within the ITGNC community in the region. The following



63.5% of the respondents reported being HIV- at the time of the implementation phase of this research, however 17.3% of the total respondents reported being HIV+. Notably, a half of the respondents engaged in sex work reported being HIV+, while 25% preferred not to disclose their status and a further 25% reported testing negative at their last test /said they were negative.

EATHAN delved in-depth into the client-sex worker relationships within the ITGNC community in order to figure out if there was a correlation between HIV and client frequency (and behaviour) in sex work especially given the staggering number of sex workers who reported to have tested positive for HIV. While just over half of the respondents who engaged in sex work said they had fewer than 10 clients per month, Trans women reported having more clients

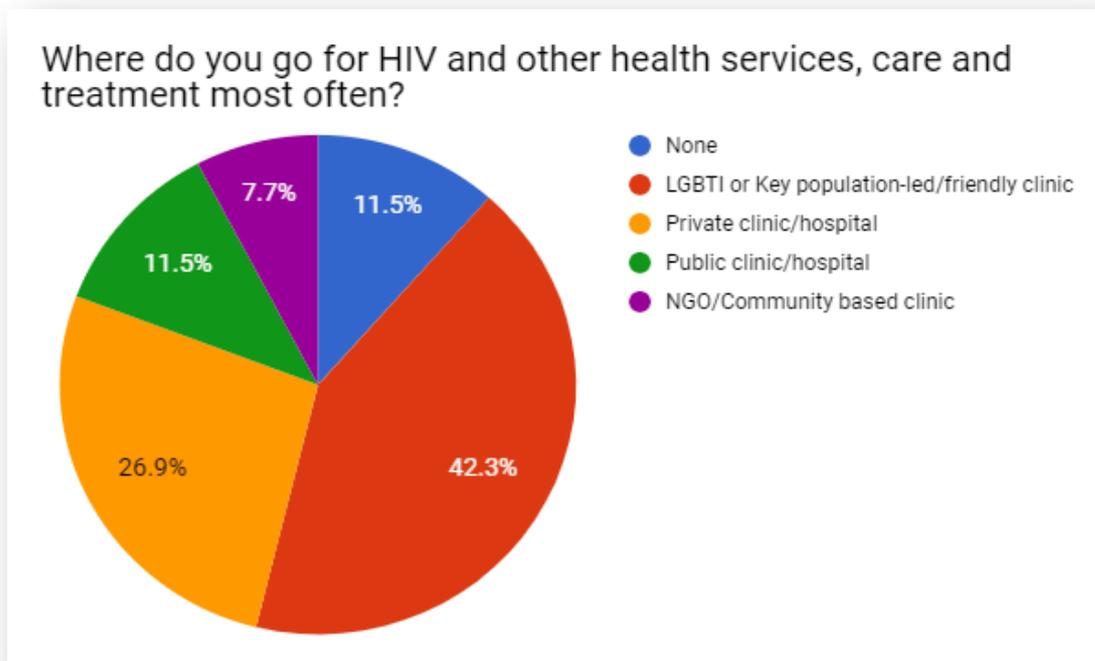
per month than trans men— with 41.6% reporting having 11 to 30 clients per month. This strongly indicates the urgency and need for ITGNC-friendly, holistic and inclusive HIV & healthcare services particularly because a significant number of ITGNC sex workers reported to not use any form of protection with their clients (as shall be shown below).

During the research implementation phase EATHAN also investigated the access to and use of sexual health resourcing and materials, especially while engaging in sexual activity. Protection during the study was largely understood as the use of condoms during sexual activity. Out of the 98.1% sexually active members of the ITGNC community only 30.8% reported to use condoms regularly during sexual activity. 17.3% occasionally use condoms, 5.8% rarely use condoms and 25.0% reported never to use condoms during sexual activity. 37.5% of the latter are trans men who never use condoms during sexual activity in comparison to 47.1% of trans

women who regularly use condoms during sex. This might be partly due to an overall misconception that engagement in anal sexual intercourse poses no risk of HIV transmission therefore most people will seek anal sex in order to avoid using protection or simply not use protection whenever they have anal sex. Although this has been reported particularly with regard to MSMs in 14 countries in Sub-Saharan Africa (Muraguri et.al 2008)⁵, this might still hold

true of the ITGNC community and their (mis)understanding of HIV transmission.

In relation to access and use of medical facilities the following illustration gives a summary of which facilities the ITGNC community visits for regular check-up especially for their sexual health needs:



From this pie-chart it is clear that 42.3% of the ITGNC community visits LGBTI or Key Population (KP) specific clinics for sexual health services. 29.5% prefer to visit private clinics which might be attributed to

a strong culture of confidentiality in private clinics or hospitals and only 11.5% visit public hospitals for sexual health assistance. However, it is important to note that 11.5% of ITGNC persons do not have any access or choose not to access sexual health services. Out of the 11.5% of those who visit private clinics, 33.3% identify as trans men

⁵ Muraguri Nicholas, Marleen Temmerman & Scott Geibel (2012) A decade of research involving men who have sex with men in sub-Saharan Africa:

Current knowledge and future directions, SAHARA-J: Journal of Social Aspects of HIV/AIDS, 9:3, 137-147

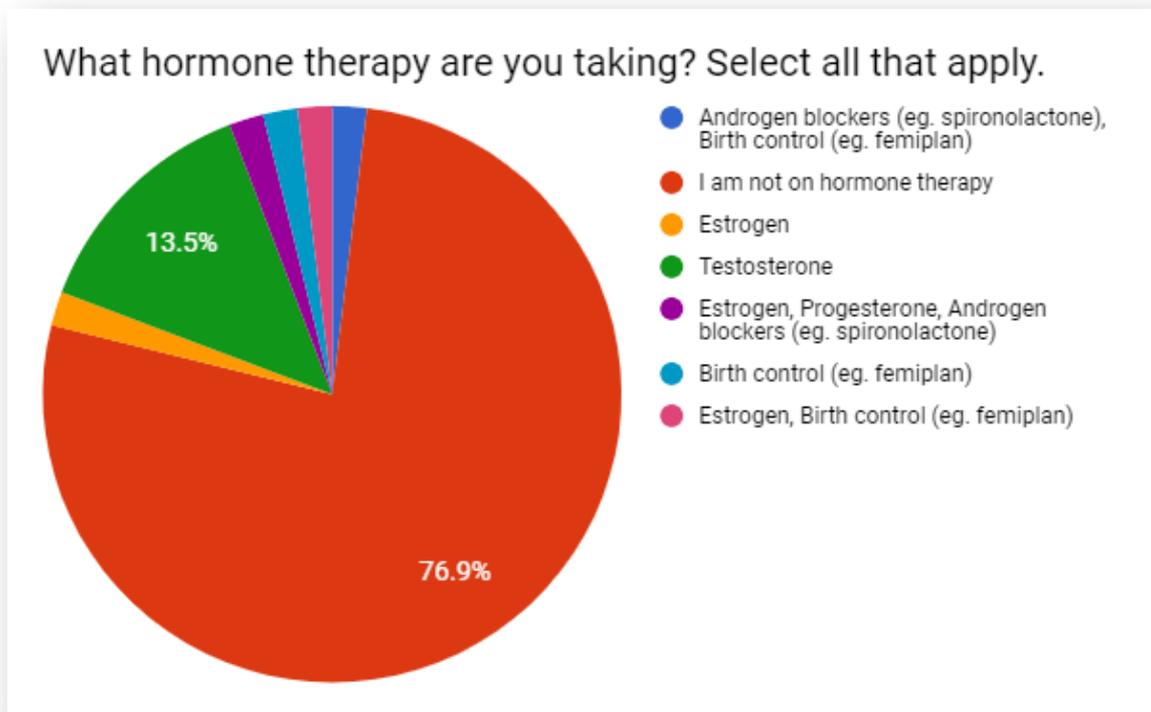
and out of the 42.3% who visit LGBTI/Key Populations (KP) specific hospitals 58.8% identify as trans women.

While accessing these sexual health services, it is imperative that EATHAN investigated the levels of confidentiality while the ITGNC community visited their medical facilities of choice. It is encouraging to note that 72.5% of the ITGNC community disclose both their status and their gender identities at their health facility of choice. Out of this proportion 69.6% are trans men while 64.7% of trans women disclose their

status and gender identity to their service providers. This is encouraging considering the proportions of the ITGNC community that actually access sexual health services in the region.

H: HORMONAL THERAPY

The overall experiences of transitioning for the ITGNC community is greatly determined by the kind of hormone replacement therapy chosen by those willing/are able to transition medically. The following diagram demonstrates the commonly chosen therapies by the trans community:



76.9% of the ITGNC community are not currently engaged in any hormonal therapy. Considering that the study attracted a significant number of trans men, it is evident that 13.5% are on testosterone therapy while 9.6% are either taking oestrogen, progesterone, androgen blockers or on a form of birth control plan. Notably, 29.2% of the trans men

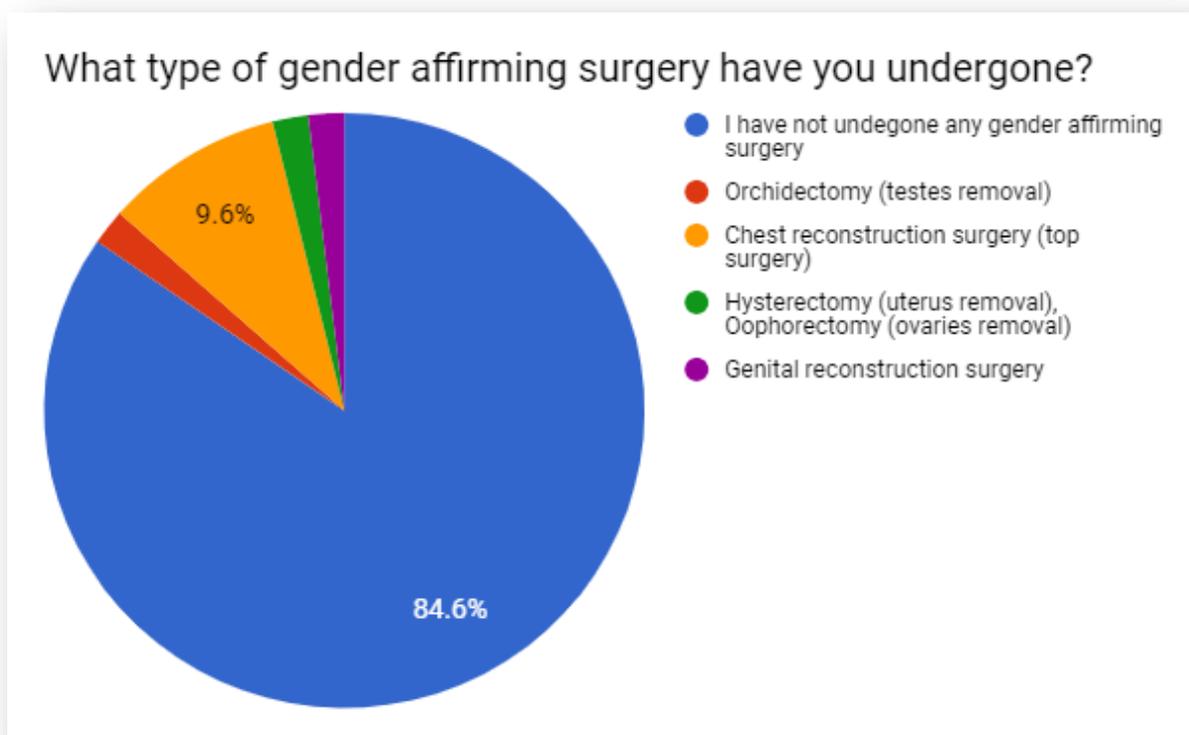
respondents are actively on testosterone therapy and a 29.5% of trans women on oestrogen and some form of birth control pills including oestrogen, progesterone and androgen blockers. During the research period, EATHAN critically examined the reasons for the overall non-utilisation of hormonal therapy by investigating access to hormones. It was noted that 16.7% of trans men received unmonitored

hormonal therapy while only 12.5% received prescribed and monitored hormonal therapy from a professionally certified medical practitioner. In comparison to trans women 23.5% received unmonitored hormonal therapy while 5.9% received hormonal therapy from a medical practitioner. This explicitly details the differences in experiences of the medically-transitioning process and greatly exposes the risks associated with unmonitored hormonal therapy which may adversely affect the health and wellness of the transgender community in the region.

I: GENDER AFFIRMING SURGERY

As a result of the differences in physical and sexual characteristics the ITGNC community

may opt, or are able, to undergo gender affirming surgery. Gender affirming surgery in the ITGNC community in East Africa is uncommon and a vast majority of the community may only opt for minor surgical bodily changes. It is also vital to note the lack of technical and professional expertise in initiating medical interventions that are based on constructive recovery, care and support, illustratively designed for the Trans community. The following diagram shows the proportion of respondents that have undergone gender affirming surgeries:



From the results only 15.4% have opted to undertake gender affirming strategies. This includes a further 9.6% who have undergone chest reconstruction surgery leaving 5.8% who have undergone other forms of surgery such as Orchidectomy, Hysterectomy and/or Oophorectomy and genital reconstruction surgery. Among the trans men respondents only 20.8% have reportedly undergone chest reconstruction surgery while 4.2% have undergone a Hysterectomy or Oophorectomy. The proportion of trans women, on the other hand, who have undergone any form of surgery is at 5.9% (Orchidectomy). Besides the lack of information, access and the choice to not undergo surgery, the minimal engagement of the trans-diverse community in gender affirming surgery might be attributed to fear of surgical processes, inadequate trans-friendly surgical information, exorbitant costs of surgery procedures and inadequate medical facilities that specifically address trans surgery conversations in the region.

Related to this is the issue of bodily autonomy which is of great concern to the ITGNC community. Hajjati, from Rainbow Mirrors Uganda, explains it from an experiential point of view that:

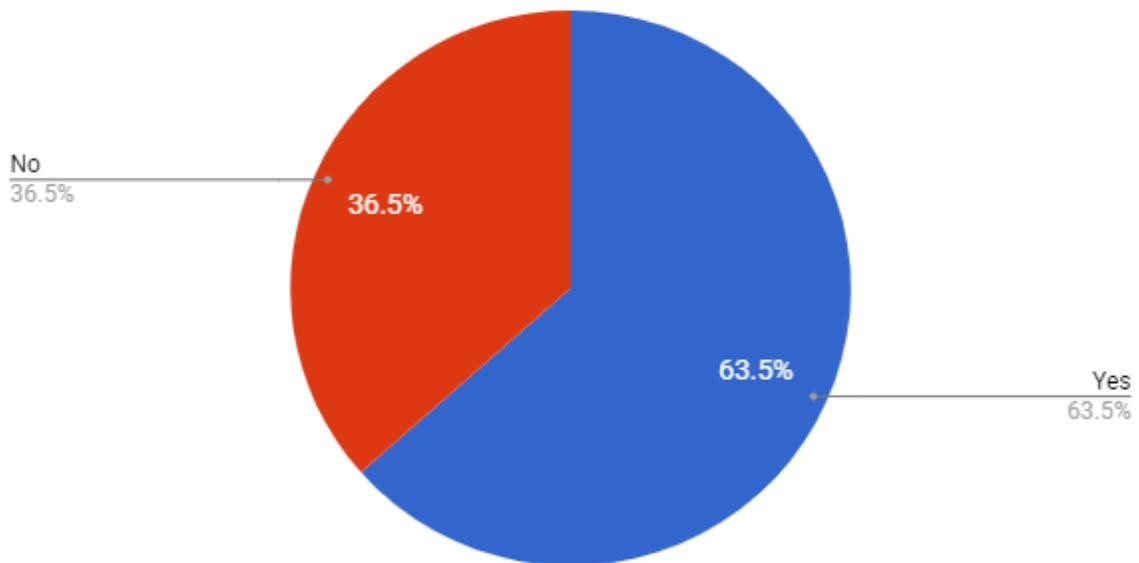
We need a lot of capacity strengthening, I believe that all East African trans organising needs to assist young activist leaders improve their knowledge on leadership. We have partner organisations in rural areas that work with trans women but are not well established. We would like to propose that EATHAN and other ITGNC-led organisations should do country visits to help

*grow the movement, especially for trans sex workers. The movement also needs sensitisation to understand our bodies. We are always fighting amongst ourselves particularly with the outlook of our bodies, we see other trans women and feel sad because we do not know how to get to where they have gotten. We desperately need spaces to share our experiences especially hearing from other trans*diverse leaders.*

J. SECURITY AND PROTECTION IN HEALTH ACCESS

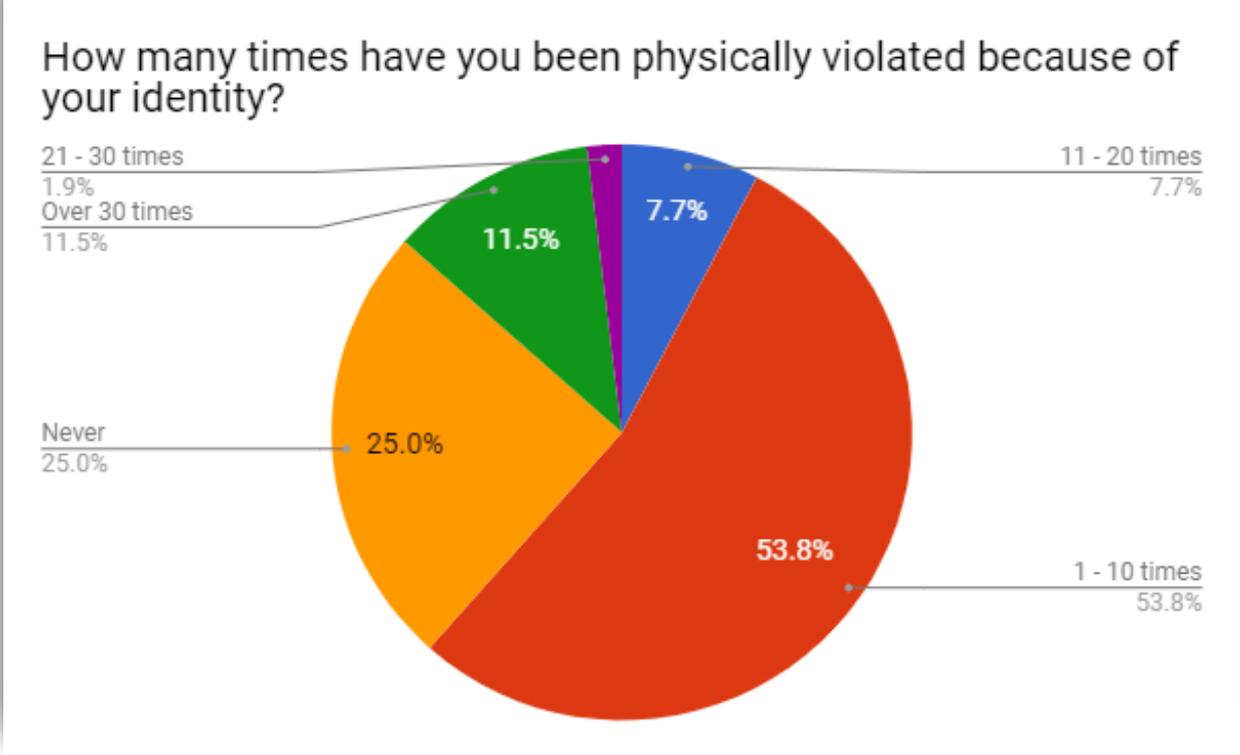
Examining security risks and protection challenges while seeking health services is of utmost importance to ITGNC communities in the region. This not only gives a transparent synopsis of the ways in which health service delivery is offered to the ITGNC community but also illuminates the gaps that need to be filled in the country-specific processes of planning and implementation with regard to healthcare. The following diagram illustrates the extent of harassment perpetrated by service providers:

Have you ever been harassed due to your identity by service providers?



Introspectively 59.6% of the ITGNC community members, have at one point or another been denied services as a result of disclosing their gender identity, of this proportion 58.3% are trans men and 64.7% are trans women. Based on perceived physical and gender differences

from the norm over 90% of trans people have experienced some form of violation. 75% of the ITGNC respondents have experienced physical violations with 11.5% experiencing severe physical violations. The diagram below illustrates this evidence:



12.5% of trans-men record being severely physically violated, with 58.3% recorded being violated between 1-10 times. In comparison to 5.8% of trans women who have been severely violated the proportion of those who have experienced physical violations once or at most ten times is at 58.8%. Moreover, 54.2% of trans men have experienced severe verbal assault (name-calling and insults), however this is in comparison to the 70.6% of trans women who have experienced severe verbal violation.

Shocking to note though is the experiences of sexual assault. 8.3% of trans men have experienced severe sexual violation and 58.3% have experienced sexual assault at least once and at the most, ten times. Trans women had a proportion of 5.9% who had

experienced severe sexual violations, while 64.7% of trans women have ever experienced sexual violation.

FURTHER ANALYSIS

In the next section, the results analysis will be organized under the three sub-identities of the ITGNC community. The first, and probably the most detailed, section will focus on the Transgender community; the second on the Intersex community and the third, and final, section shall be on the Gender Non-Conforming participating population.

THE TRANSGENDER COMMUNITY

Within the spectrum of identity among gender minorities in East Africa, this study

recognized the increasing visibility of the transgender community and their lived experiences with the law and enforcement of human rights within their countries of origin. The following analysis generates credible insights into the findings of this study based solely on the transgender community in East Africa.

Among the transgender community, the proportion of trans men who participated in the study within the age range of 18-30 years was at 75.0%. The proportion of the community within the age range of 31- 40 years was 20.8%, while the proportion of trans women within the age range of 18-30 years stood at 82.4% and those within the age range of 31 years and above was at 17.6%.

Among trans men 37.5% successfully completed a degree in a university while 12.5% are either still in the process or unable to complete their degrees. However, 100% of all trans men have completed their primary school education. In comparison to trans women only 5.9% of the participants in the study managed to successfully complete a university degree, a total proportion of 29.4% have completed a course from a tertiary institution. Similarly, 23.6% of transgender respondents have been unable to complete their courses in either a credited university or college, while 11.8% have been unable to complete or dropped-out of primary school education. While comparing this data on the different levels of education it is evident that a large proportion of the East African ITGNC community are unable to complete their high school education, owing to the changes in physical sex and sexual characteristics.

As we delve further into the discourse of economic inclusion, 41.2% of trans-women are engaged in sex work in East Africa, which is close to half the proportion of trans women respondents in this study. 11.8% are involved in other employment opportunities and 5.9% have no significant source of income. In comparison, 16.7% of trans men are involved in sex work as a means of livelihood and 12.5% have no source of income. The 2016 Trans-SIT Analysis, explicitly states that the ITGNC community is constantly at a disadvantage in comparison to their peers in seeking employment opportunities because of being seen as underage, under-qualified because of the inability to progress forward with their studies, and inability to secure basic identification documents such as a driver's license. Even those who are able to secure work-related documents many of them experience sexual harassment at their workplaces or ultimately lose their jobs once their gender identity is revealed.

It is imperative to note that of the 19.2% of the respondents living in informal settings 8.3% of trans men live in these areas in comparison to trans women who stands at 23.4%. Thus, trans-women are at a much greater risk of developing health and mental complications as a result of the hardships associated with living in these areas.

The associative factors that affect housing, for instance, level of education and unemployment, exacerbates social discrimination towards the ITGNC community, which directly affects how the community accesses housing facilities. This often leads to gender minorities engaging in underground subsistence activities, for example petty crimes and unsafe sex work

(Trans-sit Analysis Africa, 2016) to avoid overly policed legal routes.

Of the 52 respondents, 63.5% have experienced some form of harassment in medical facilities. 62.5% of those harassed identify as trans men and 64.7% are trans women. In-addition 10.5% of trans men are always harassed by service providers in comparison to 16.7% of trans women. As a result of these patterns of harassment, 48.1% have at one time or another avoided going to medical facilities to seek healthcare assistance, trans-women being the most affected with a proportion of 52.9%. Furthermore, 52.9% of trans-women making up 1 in 2 trans-women have ever avoided visiting a medical or healthcare facility as a result of harassment from the public. In comparison, 41.7% of trans men have ever avoided visiting a healthcare facility due to public harassment.

Among trans men 4.2% are living with HIV, 12.5% are unaware of their status and a further 12.5% were not willing to disclose their status. Among Trans-women 41.2% of the respondents reported being HIV positive, 5.9% preferred not to disclose their status.

EATHAN further investigated both partial and/or the occasional engagement of the ITGNC community in sex work. This might not necessarily be for the sole purpose of income-generating but possibly out of choice or out of the lack of one material item or service. Out of the respondents interviewed 16.7% of Trans-men engage in sex work, 100% for whom it is a main source of livelihood. In comparison, more than half (64.7%) of the Trans-women in the study said they engage in sex work which also translates to the level of vulnerability of

trans-women to protection issues such as sexual assault, physical and verbal assault, overall violence and torture and sexually transmitted infections.

THE INTERSEX COMMUNITY

The definition of intersexuality has evolved over time. According to Law Students for Reproductive Justice in their article “Intersex rights and reproductive justice” (2013, 1), the term *intersex* refers to people born with sexual or reproductive anatomy that does not fit within society’s typical definitions of male or female.

Until recently, the definitions of the term “Intersex” used to refer to disorders in sex development. Using language that did not reflect the resiliency of the intersex community however the term “disorder of sex development” has replaced earlier terms such as sex reversal, hermaphrodite or pseudo-hermaphrodite. (*Clinic Guidelines for the management of Disorders of sex Development in childhood. 2006*).

Intersex activist groups strongly disagree about the appropriateness of this pathological terminology (Koyama 2008) because people living with this range of conditions generally refer to themselves as “intersex”. A recent public statement led by African intersex activists and issued by South Africa-based Iranti-Org, calls for the depathologisation of variations in sex characteristics in medical practices, guidelines, protocols and classifications, such as the World Health Organization’s

International Classification of Diseases.⁶ Before approaching the intersex community it was vital for EATHAN to keep in mind evolving terms and definitions to ensure inclusivity.

During the research implementation phase, it was difficult to collect information from the intersex community due to significant challenges of visibility however the study managed to attract participation from three (3) intersex participants. All the respondents were between the ages of 25-30 years of age. Two (2) of the respondents experienced difficulties in completing their primary school education and one had difficulties with completing secondary school education, especially as a result of the perceived confusion in gender by other school mates and the public. For two (2) of the respondents their main source of livelihood is self-employment while one (1) of the respondents is engaged in volunteering activities. 100% of the intersex respondents are HIV negative at the time of the research implementation phase and all live in informal settings or slum areas, despite intersex participants having the right to decent housing or shelter. In Kenya for instance, the intersex child will usually be forced out with the mother but in many cases, the child is isolated and hidden in the house but when they reach early teens, they will be forced out of the house and homestead to go and fend for themselves, and warned never to return (SIPD, 2014), which partially explains the

state of housing for majority of the intersex and even ITGNC community.

All 3 of the intersex respondents interviewed are sexually active and two (2) of the respondents engage in sex work. One (1) intersex participant records having 21-30 clients on average per month while the other records having less than 10 clients a month. One (1) intersex participant records always using condoms when engaging in sexual activity, another record using condoms occasionally while the other engages in unprotected sex. Because hormonal therapy is not always considered necessary for a lot of intersex persons, it was not entirely surprising that 100% of the intersex respondents are not under any hormonal therapy, though one (1) of the respondents has undergone some form of surgery.

In relation to access to health service two (2) of the respondents prefer to visit LGBTI/Key Populations (KP) friendly services while one (1) preferred to visit a private clinic. 100% of the respondents disclose their identity to their service providers, although this has not gone without repercussions, all the respondents recorded having experienced harassment by service providers and have also avoided visitations to a clinic as a result of this harassment. All respondents have also experienced being denied services by a healthcare provider.

As a result of their identities, all the intersex respondents have been physically violated two (2) of the participants have experienced this at least between 11 and

⁶ Iranti-Org (2017), Public Statement by the African Intersex Movement [http://www.iranti-
org.co.za/content/Intersex-News/2017-regional-](http://www.iranti-
org.co.za/content/Intersex-News/2017-regional-)

[intersex-meeting/2017-regional-intersex-
meeting.html](http://www.iranti-
org.co.za/content/Intersex-News/2017-regional-
intersex-meeting/2017-regional-intersex-
meeting.html) Accessed 25 May 2018

20 times, while one (1) has experienced physical violation between one and ten times. All respondents have experienced severe verbal assault. Two (2) of the respondents have been sexually assaulted at-least once and utmost ten times. In conclusion intersex persons experience unique protection violations such as physical beatings, public undressing, unlawful arrests for impersonation as well as physical, sexual and verbal assault.

THE GENDER NON-CONFORMING COMMUNITY

The gender non-conforming (GNC) community is diverse as it is unique, owing to the fact that those who identify as GNC do not ascribe to male, female or trans identities. As a result, identifying members of the gender non-conforming community, was also an uphill task as the term Gender Non-Conformity may be somewhat new to the spectrum of gender and sexual identities. However, this research study managed to attract participants from six (6) GNC participants. Four (4) of the respondents were between the ages of 25-30 years of age, one (1) between the ages of 18-24 years of age and one (1) between the ages of 41 and over. Three (3) of the respondents have completed university degrees, two (2) of the respondents experienced difficulties in completing their university education, One (1) is also struggling with a college course completion and one (1) has completed a secondary level education. For three (3) of the respondents their main source of livelihood is full-time employment while one (1) of the respondents are engaged in part time employment with one (1) of the respondents engaging in volunteering activities. In terms of housing facilities three (3) are in

apartments or flats, One (1) resides in a slum area, One (1) other is in decent house, One (1) other resides in an estate.

As it relates to HIV status three (3) of the participating respondents are HIV negative at the time of the research implementation phase, two (2) would not willingly disclose their status and one (1) has no knowledge of their status.

100% of the GNC respondents interviewed are sexually active and only one (1) of the respondents engages in sex work, the participant records having 21-30 clients on average per month. One (1) GNC participant records often using condoms when engaging in sexual activity, three (3) records using condoms occasionally while the other two (2) engage in unprotected sex. Key to note is the sexual decision-making process by the GNC respondents in determining condom use. Respondents mentioned not using protection based on strong levels of trustworthiness between sexual partners, the general urge to have sexual intercourse as a result of attraction, inadequate sexual health resources for women who have sex with women (WSW) for example, dental dams and lastly the costs of protection resources is sometimes too high and in some instances the client of a sex worker relationship may not wish to use condoms.

100% of the GNC respondents are not engaged in any hormonal therapy and have not undergone any gender affirming therapy. In relation to access to health service two (2) of the respondents prefer to visit LGBTI/Key Populations (KP) friendly services, three (3) prefer to visit a private clinic or hospital while one (1) prefers to visit an NGO or Community based medical

facility. Five (5) of the six (6) respondents disclose their gender identities to their service providers. 50%, three (3) of the respondents have ever been harassed by service providers while (3) others have not experienced any form of harassment. Two (2) of the respondents have avoided visiting a clinic for healthcare assistance, while (4) have not. 50% have also avoided visitations to a medical facility due to harassment by the public. Two (2) of the participants have ever experienced denial of services as a result of their gender identities.

In addition, (2) of the respondents have been physically violated at least once and utmost 10 times and one (1) has experienced severe physical violations. 100% of the GNC respondents have been verbally violated, three (3) of the participants have experienced this at least between once and 10 times, while another (3) have experienced severe verbal violations. Two (2) of the respondents have been sexually assaulted at-least once and utmost ten times, (1) has experienced severe sexual violations at over 30 times, while (3) have not experienced any form of sexual violence.

Finally, GNC persons also experience unique social protection challenges such as physical beatings, forceful risky sex, toilet misrepresentations including verbal assault by law enforcement officials and the general public.

THE HUMAN DIMENSION

The landscape of the ITGNC organising in East Africa has not grown without its difficulties. The ITGNC movement has been marred with significant challenges in relation to developing, designing and implementing ITGNC-led programmes in East Africa. In Tanzania for instance, due to state sponsored homophobia and transphobia state officials have taken it upon themselves to sanitise the community off any LGBTI organising by cracking-down on all organisations and institutions that allegedly promote and protect the rights of the LGBTI community. Mwamba who identifies as a trans-man and a trans-diverse activist from the Tanzania Trans Initiative narrates the following:

Trans men used to go to friendly clinics but now these government announcements made it difficult for our members to access services. The clinic we used to access services from is called Pasada. This medical facility would offer a variety of sexual health services from; HIV/AIDS care, support and treatment, counselling, UTI testing, and cervical cancer screening. These services would be offered for free. It was a general hospital and very friendly to the sexually diverse communities here. We would conduct sensitization forums in collaboration with them. They also knew of the plight of Men who have sex with Men (MSM) and they would provide services to them too, we also explained to them about the struggles of the trans community and they responded positively, by giving services to trans-men as well as trans-women. There were some trans people who had refused to get into ARV therapy but they had started going, but as soon as the government made an announcement that they were closing the clinics and institutions serving the LGBTI community, several clinicians become afraid

and some officials ordered the closing of these programmes. I have managed to keep in touch with one of the doctors at the clinics and he says to us that there is nothing currently going on, in terms of offering services.

Shalima who is also a trans-diverse activist from Tanzania further delves into the grave sexual health situation in Tanzania especially in relation to the interactions of Trans-women and the public. Shalima works for the Tanzania Community Empowerment Foundation (TACEF), which has 25 member officials with 10 who identify as trans-men.

Shalima gives a blow by blow analysis of the current situation, she explicitly says that all the trans-women who are part of the organisation are sex workers and many of them would not disclose their HIV status for fear of violence or torture. Furthermore, she mentions that trans-women are usually targeted in their areas of residence and tells a harrowing tale of how a transgender woman was physically and verbally attacked by a mob of unknown persons. As a means of protecting the programmes they offer and the personal well-being of their members Shalima says they try to minimise interaction with their neighbours and the public in general. However, Shalima also states that they cannot work alone in managing the difficult challenges associated with sexual and gender diversity. TACEF does a great deal of community sensitisation trainings of the general public and as Shalima puts it:

We had to talk to the community leaders and municipal representatives to be able to open up all the health institutions that had been shut down. We had to discuss this and explain to them that having this clinic will be able to reduce the HIV burden in our communities. This dialogue opened up an opportunity for us to educate the public on sexual orientation and gender identity (SOGI). As a result of our

constant lobbying, we have received an invitation to educate a school in the area.

In Uganda the situation is quite similar but the focus is on the protection and security of the ITGNC community. Hajjati, a trans activist from Rainbow Mirrors Uganda (RMU) explains that they have relocated offices at least twice. Even though they currently have an office they prefer not to share their details with the landlord especially as it relates to their gender identity. They conduct most of their activities in collaboration with several other partner agencies such as HRAFP, MARPI, IBU and Sexual Minorities Uganda (SMUG) that have a much larger space for activities and can accommodate a larger population of the community. Hajjati gives a slight situational analysis of the problem and says:

All of our members are trans-sex workers. We have 200 registered members, 75 are HIV+, 40 are on treatment, 15 refused to take medicine. We've lost two members. RMU is experiencing difficulties following them up. We have peer quarterly meetings and in which we share regular updates. This is in partnership with service provision organisations.

Hajjati elaborately states that security is of paramount importance to trans-diverse organising in Uganda. RMU he says would like to adopt a security plan that would include staff security, an evacuation plan, fire extinguishers, alarm systems, security procedures to accessing offices, for example; where you are coming from, having a security guard who knows their work and to verify who is coming to the office, emergency relief, insurance for staff and secure organisational vehicles. These are some of the credible solutions that

Hajjati gives for the existing challenges on protection and security.

RECOMMENDATIONS

The ITGNC community is diverse as it is resilient. There is definitely a growing urgent need to address health and wellness programming in relation to age-specific interventions at both national and county level in the East African region. Programming must also directly and specifically target the diversity of identities within the spectrum of the ITGNC community.

LGBTI and Key Populations (KP) service providers from both LGBTI-led organising and government-facilitating key populations outreach programmes are required to be conversant with ITGNC terminology to encourage information-sharing and increase the levels of health education awareness within the ITGNC community. This should also be accompanied with structured empowerment and leadership programmes designed to elevate the ITGNC community towards the full realisation of their rights and freedoms in each of the five (5) countries of the East African region.

EATHAN would also like to recommend the introduction of scholarship programmes that would specifically be developed to assist the ITGNC community to progress with educational opportunities in order to boost each of our own individual country's gross domestic product (GDP) for overall economic progress.

We would also like to recommend nation-wide diversity and inclusion programmes in each of the (5) East African countries to

reduce levels of discrimination in the workplace and encourage diversity in thought and practice as it relates to employment opportunities.

In relation to sexual health and HIV, EATHAN believes that there is great deal of health resourcing that needs to be pooled collectively in the region. As there is still very minimal funding resourcing that is available to ITGNC organising and an increase in funding would improve the current situation of trans-diverse led organisations in the region and improve security and protection strategies for the community.

EATHAN would also like to recommend stronger ties and collaborations with sex-worker led organisations to effectively address the gap in HIV prevention, care and support programmes specifically designed for trans-sex workers in the East African region.

We would also like to continuously recommend the innovative use of conferences, convening and dialogue-oriented fora with key actors such as state officials, religious leaders, law enforcement officials, local administration and community leaders most especially for countries like Tanzania. In countries like Uganda these fora would be useful for community-level conversations such as neighbourhood-wide sensitisation community dialogues with house owners (landlords) which could be especially carried out in innovative ways such as using theatre and art.

EATHAN would also like to recommend the designing of information, educational and communication materials (IEC) and use of sexual health resources in all LGBTI/(KP) led facilities including government funded public hospitals and clinics as well as private

healthcare facilities for the ITGNC community. These may include condom-compatible lubricants, size-appropriate condoms, dental dams and female condoms.

In addition, EATHAN would like to recommend the inclusive use of new research and technologies in healthcare for the ITGNC community especially as it relates to gender affirming surgery and hormonal therapy, so as to improve the quality of healthcare available for this community.

CONCLUSION

The key message from this research speaks to the lack of sufficient evidence as to the effectiveness of health and wellness interventions for the trans* diverse community in the East African region. However, despite the methodological and other limitations noted in this study as well as others, the current body of evidence clearly demonstrates that there is an existing and growing ITGNC movement present in African countries. This community is at an increasingly higher risk of contracting HIV as a result of socio-cultural and behavioural factors. The few studies that have been conducted as well as the establishment of trans-specific health services in some countries, are still widely unaccepted by the political sphere and very often operate in hostile environments due to criminalisation.

There is a direct correlation between low levels of education, slow and retrogressive socio-cultural development stages of each country in East Africa, poor state of housing,

status of economic engagement, poor quality of healthcare service provision for the ITGNC community, the engagement in unmonitored hormonal therapy, extreme high costs and lack of expertise in gender reaffirming surgery and inaccessibility to sexual health resources and contraction of HIV within the ITGNC community.

Violence, harassment and torture of this community can only be effectively solved through targeted community conversations so as to change both hearts and minds. All of these trans-diverse negative attributes can only be remedied by actively implementing the recommendations set above and building stronger and closer positive collaborative ties with both gender and sexual minority-led organisations and non-traditional LGBTI actors.

Government bodies and non-governmental organisations should also work closely to gather data and information that will help in shaping intervention activities. Health service providers and researchers also need to engage with the trans-diverse communities to understand the needs of the community and work collaboratively to distinguish how best to design services that meet these needs. Alternative models to sexual health programming are also relevant in light of the rapid changes in lifestyle and identities of trans* diverse groups in East Africa.

Finally, with the growing evidence of epidemiological importance, in the region there is need for the continued support and expansion of studies while packaging the results for policy advocacy and informing programme and service development (Muraguri, et.al 2012). Surveillance and research methods are a great priority particularly for countries in East Africa,

where information and data on ITGNC inclusivity is extremely limited. There is great need to have researchers, policy makers, funding think-tanks and government

representatives collaborate with trans*diverse communities to design sexual health interventions that meet with their local needs.

LIST OF REFERENCES

HIV Equal Online (2015), REPORT: Trans Women 49 Times More Likely to Contract HIV <http://www.hivequal.org/hiv-equal-online/report-trans-women-49-times-more-likely-to-contract-hiv> Accessed 20 May 2018

Iranti-Org (2017), Public Statement by the African Intersex Movement <http://www.iranti-org.co.za/content/Intersex-News/2017-regional-intersex-meeting/2017-regional-intersex-meeting.html> Accessed 25 May 2018

Koyama Emi (2008) What Is Wrong With "Male, Female, Intersex". <http://www.ipdx.org/articles/letter-outsidein.html> Accessed 19 May 2018

Muraguri Nicholas, Marleen Temmerman & Scott Geibel (2012) A decade of research involving men who have sex with men in sub-Saharan Africa: Current knowledge and future directions, *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 9:3, 137-147

National Centre for Transgender Equality Frequently Asked Questions about Transgender People <https://transequality.org/search/node/reports> Accessed 28 May 2018

Transgender Victoria <http://www.transgendervictoria.com/about/definitions> Accessed 27 May 2018