



Trans-inclusive sexual health services for Pacific countries

Introduction

Transgender people exist in every country in the world, including the Pacific, yet they often face critical challenges in accessing health services which can result in poor health outcomes, especially with regard to sexual and reproductive health. This technical brief outlines some of the key information needed to address the barriers and inequities faced by trans people in small Pacific countries.

The development of *trans-inclusive sexual health services* is a key aspect of improving the capacity of Pacific countries to effectively respond to HIV, STIs and other communicable diseases. By facilitating greater understanding of the experience of trans people within the medical context, we hope to reduce stigma, improve health outcomes and support a non-discriminatory, human rights-based approach to health service delivery.

Moreover, trans people, along with men who have sex with men (MSM), have specific health needs that benefit from tailored services and programs. Provision of culturally-appropriate services to support sexual health and assist trans people who choose to medically transition is the central element of Approach 5 of the Pacific Sexual Health and Well-Being Shared Agenda, a regionally-agreed set of guiding principles, priorities and key approaches to achieve sexual health and wellbeing in Pacific Island countries and territories.

This short document provides only an introduction to the key issues and some steps to start the process of delivering more inclusive services. References and links to further information are provided at the end of the document.

Terminology

Trans or *transgender* are umbrella terms used to describe a diverse range of gender identities and expressions. People are trans if they identify as a different gender than the one they were assigned at birth. This includes people who identify as the 'opposite' gender to the one they were assigned, as well as those who identify as 'third gender' or otherwise using terms that place them outside the usual gender binary. The usual term for people who are not trans is *cisgender*, or *cis*.

Across the Pacific, there are many culturally-specific terms for trans people, and these vary from country to country. Some examples are *akava'ine* (Cook Islands), *binabinaine* (Kiribati), *fakafifine* (Niue), *kakkwol* (Marshall Islands), *palopa* (Papua New Guinea), *fa'afafine* (Samoa) and *leiti* (Tonga). The precise meanings of these terms are also culturally-specific – they may apply only to trans people assigned male at birth, to all trans people, or to both trans people and men who have sex with men (MSM).



Certain terms which may have been used for trans people in the past (including in some medical literature and government documents) are now considered outdated, misleading or offensive and should be avoided. Terms like *transvestite*, *transsexual* and *crossdresser* fall into this category, as do more stigmatising slang terms.

Action point 1: Getting the language right

Language is a powerful signal that has the power to stigmatise and isolate people, or make them feel included, welcome and safe. The first step to achieving a trans-inclusive health service is to use the right language.

- Building a dialogue with trans people and organisations in your country will help you understand better how to sensitively refer to trans people
- Ask clients how they wish to be referred to and respect that choice
- Be careful to use the right pronoun (he, she or they) – ask the client what their preferred pronoun is and respect that choice
- Trans people may prefer to be known by a name other than their legal name – very few countries allow trans people to change the name or gender marker on their official documentation, so health services should strive to accommodate the name the person prefers to be known by
- Adjust record-keeping in your service to incorporate a record of the trans person's preferred pronoun, gender and name
- Celebrate the gender diversity of your country and be proud that you run a welcoming, inclusive service for all members of the community

Understanding trans experience

There is a great diversity in the experiences of trans people. Some trans people will say they realised they were different from an early age, others may have taken longer. Some trans people undergo medical transition – which may include taking hormone treatments or undergoing surgery – but others don't, either through choice or because access to medical transition in Pacific countries is limited and expensive. Trans people may live full-time in their trans identity or may shift their appearance and identity depending on circumstances.

While many trans people in the Pacific have a strong sense of pride in their identity, they also commonly experience high levels of stigma, discrimination and gender-based violence. They may be isolated from family and community life, excluded from schooling or employment, and forced to the margins of society. As a consequence, trans people may be more likely to engage in sex work and other insecure or easily-exploited jobs, and may have poor nutrition, poor mental health and greater use of alcohol or drugs.

Transphobia is the term used to describe the prejudice directed at trans people, and others who do not fit the societal expectations around gender roles. Transphobia may be direct (violence or hate speech directed at trans people) or structural (laws and policies that exclude or discriminate against trans people). This may lead to 'internalised transphobia' which manifests as low self-esteem among trans people.



Action point 2: increasing understanding of trans experience

Stigma and discrimination against trans people is often driven by fear, misunderstanding or ignorance about the trans experience. To achieve the goal of a trans-inclusive health service, all staff should be provided with training and information about trans people and trans experience.

- Work with local communities or organisations to develop a training program for staff that addresses misconceptions and myths about trans people
- As well as clinical staff, ensure that everyone in the service, especially those who deal directly with clients/patients such as reception and administrative staff, understands that trans people are to be welcomed and respected
- Take steps to ensure that trans clients/patients feel safe in your facility, especially in waiting areas where they may face stigma or harassment from other clients
- Make bathrooms in your facility gender-neutral or ensure trans people are able to use the bathroom of their choice safely
- Signal to clients/patients/visitors that your service is trans-inclusive through signs or posters that clearly state that the service does not discriminate against anyone based on their gender or sexuality

What are the health needs of trans people?

Everyone has the right to good health. ‘Health’ is more than the absence of disease or infirmity – it is ‘a state of complete physical, mental, and social well-being.’¹ For trans people, social attitudes, discrimination and stigma can have profound impacts on health, by reinforcing marginalisation and creating a barrier to accessing health services. The lived reality of the lives of trans people may include being shunned by family and community, harassed or criminalised by police, and excluded from education and employment.

Globally, trans people may be subject to a number of *health disparities*, in which they may have less favourable health outcomes in relation to drug, alcohol and tobacco use; sexual health including STIs and HIV; mental health including suicidality and self-harm; and gender-based violence, harassment and intimidation. While not all trans people experience them, these health problems are more common among trans people because of the social and structural disadvantage they experience.

Transitioning is the term for the process of a trans person affirming their gender identity, and can include social transitioning (changing dress and appearance) as well as medical transitioning (the use of puberty-blocking drugs, hormones and surgery to change sexual characteristics). In the Pacific, medical transitioning is relatively uncommon, due to low availability of specialist medical care and high cost, however some trans people are able to access hormonal treatment either in the Pacific or by travelling outside the region.

¹ Constitution of the World Health Organization, 1948 <<http://www.who.int/about/mission/en/>>



Action point 3: Increase awareness of the clinical needs of trans people

- Ensure clinical staff are able to access educational and training materials to improve knowledge of trans health needs
- Ensure that sexual health testing and services are appropriate to each client's particular needs
- Provide referrals to psychosocial support services including local trans organisations where possible
- Support clients who wish to address drug, alcohol or tobacco use problems
- Provide compassionate and non-discriminatory access to gender-based violence (GBV) services and programs

Trans-inclusive health services

A key challenge for any health service is addressing barriers that may prevent people in need from accessing the service. For trans people, these barriers can be particularly challenging. All people have the right to health and this means health services should be available and accessible to everyone, whatever their gender identity. Addressing the barriers to accessing services by highly stigmatised groups including trans people is therefore of critical importance to all health services in the Pacific.

Action point 4: Making your service trans-inclusive

- Adopt policies that ensure all staff treat everyone, regardless of gender, sexuality, race or class, with compassion, dignity and respect
- Don't make assumptions about anyone's gender identity – ensure forms and record-keeping systems are capable of recording differences between legal name/gender and the client's preference, and respect that preference
- Build a working dialogue with trans organisations and individuals and ask what can be done to make trans people feel welcomed and included
- Develop clinical understanding of medical issues for trans people, including access to medical transition/hormone treatment as well as sexual and reproductive health
- Celebrate your service's achievements and acknowledge the work still to be done

Further resources

- Asia-Pacific Transgender Network <<http://www.weareaptn.org>>
- Secretariat of the Pacific Community, *Briefing Note: Pacific Sexual Health and Well-Being Shared Agenda 2015–2019* <<http://hivhealthclearinghouse.unesco.org/library/documents/pacific-sexual-health-and-well-being-shared-agenda-2015-2019>>
- Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme, *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific* (Futures Group, Health Policy Project, 2015) <http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/blueprint-for-the-provision-of-comprehensive-care-for-trans-peop.html>
- United Nations Development Programme, *Pacific Multicountry Mapping and Behavioural Study Key Findings* <<http://www.pacific.undp.org/content/pacific/en/home/library/DG/pacific-multicountry-mapping-behavioural-study-key-findings.html>>
- Transgender Health Training for Pacific Health Workers <<https://ashm.org.au/international-programs/international/our-programs/transgender-health-training/>>