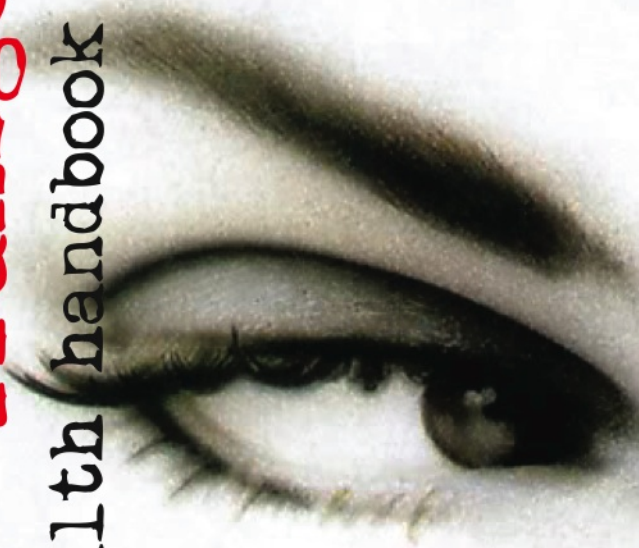


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This is another source of advice for transgender women on living a healthy life.

"Many people think that we are just gay men in dresses...
But we know we are not, we are transgender women.
We have identities and lives very different than gay men.
We are special. No one can take away our dignity."



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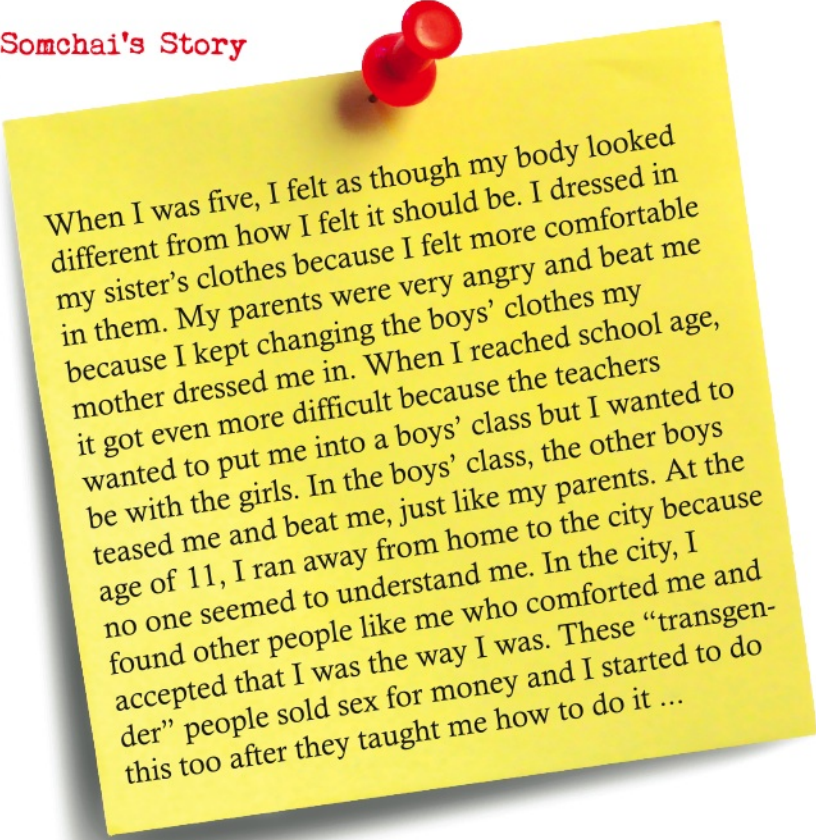
Mama knows best, but mama is not always right...

As transgender women, we come in all ages and shapes, all personalities and types: just like everyone else. But for many of us, every day, we face stigma and discrimination for our gender presentation or sexuality. Sometimes we are rejected by our own families or face violence in public. This reduces our life opportunities, for example, our chances to receive an education or find gainful employment. Sex work often becomes our only real option to make a living. Sometimes we turn to alcohol or drug use as a means to cope with shame and social isolation. Many of us become infected with HIV and have to deal with the rejection that often follows.

This booklet provides information about things we care about as transgender women: our health (including hormones, HIV, and STDs), our human rights, and our social well-being.



Somchai's Story



When I was five, I felt as though my body looked different from how I felt it should be. I dressed in my sister's clothes because I felt more comfortable in them. My parents were very angry and beat me because I kept changing the boys' clothes my mother dressed me in. When I reached school age, it got even more difficult because the teachers wanted to put me into a boys' class but I wanted to be with the girls. In the boys' class, the other boys teased me and beat me, just like my parents. At the age of 11, I ran away from home to the city because no one seemed to understand me. In the city, I found other people like me who comforted me and accepted that I was the way I was. These "transgender" people sold sex for money and I started to do this too after they taught me how to do it ...

Gender expression is a deeply ingrained way of life. Transgender women do not just change genders like clothes. Gender is a core part of our identity. But it need not be fixed either. We should be allowed to change the way our bodies look to match our feminine sense of self.



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Sexual Health

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality. Not all of us practice sexuality the same way. Some of us like to penetrate men, while some of us think this is disgusting. We often do things we don't like because we do it for money. Some of us also like to have sex with women. We should respect each other's choices in partners and sexual practices.

Sexual health is also about changing our bodies to match how we feel inside. Many of us are first concerned with becoming more feminine. Besides wearing women's clothing and using cosmetics, we often use hormones and surgery to make our bodies more feminine. This is a choice that some of us make to reinforce the way we feel about ourselves. Others of us choose not to take hormones or have surgery, but we are just as much women as those who change their sex.

"We don't need to modify our bodies to be beautiful or proud of ourselves. We don't need to change our bodies to become women if we already feel that we are. Whether or not we have a sex change, regardless of what our identification cards say, if we appear as women, we should be accepted as women."



Becoming More Feminine

Hormones, operations, and access to health care vary widely in their availability in different parts of the region. In most places, hormone therapy is not covered by national health plans or private insurance. Hormones and other procedures related to transitioning from male to female can be very expensive. Paying for expensive hormones and surgery is one reason some transgender women do sex work.

In general, if you go to an endocrinologist (a specialist in hormones) or another doctor who is familiar with transgender hormone care, the cost for initial consultation, physical exam, and laboratory testing is very expensive. Follow-up visits at 3 and 6 months and at 1 year tend to be less costly, with fewer laboratory studies. Sex change surgery and other cosmetic operations are often unavailable or too expensive for most transgender women. Because of the cost and lack of access to experienced and sensitive doctors, many of us become our own doctors and follow the advice of our mamas and big sisters. We often take care of ourselves and our friends or we use the services of unqualified people. This can be very dangerous because there are many side effects to hormone use, including death. Injecting hormones, Botox, oil, or silicone often causes infection or scarring.

Big Sister, what advice do you have on using hormones?

Big Sister recommends that you see a doctor, who has experience with transgender hormones because overuse of estrogen can be deadly. But Big Sister understands you might not have access to an experienced or sensitive doctor.



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"Never inject silicone into your body.

This can create an infection or scarring of the skin.

Over time, silicone moves in ways that you do not expect, creating ugly lumps.

Injecting silicone directly into the chest to create two breasts can create a single ugly chest hump."



Big Sister wants to let you know that taking more hormones doesn't mean they will work faster. Hormones need time to work. Taking too much can cause problems, like damage to your liver, which means that hormones will not work in the future because your body won't be able to process them.

To be most effective, hormones should be taken in a combination of estrogens and anti-androgens. Estrogens help you become more feminine. They help you to develop breasts and large nipples. Anti-androgens block the male hormones your body produces, even if your testicles are already removed. They reduce facial and body hair.



Some of us eat estrogen pills like they were candy. We often believe that if we take more, we will become more feminine faster. But we should seek the advice of a qualified medical professional to make sure that we are not over-dosing. Hormones do not change your body immediately. Taking more hormones does not mean our bodies will change faster. The effects of hormones may take more than a year to show. Some things are not affected by hormones. Hormones will not change bone structure, facial features, hips, height, or the size of the hands, feet. There are serious consequences to over-taking hormones. And if you destroy your liver by taking too many hormones, your body will not be able to process them anyway. This is especially important if you are taking other medications or if you have a history of heavy alcohol drinking or smoking.

There are many side effects to using estrogen, some of which can lead to death. Estrogen typically has side effects including mood swings, headaches, nausea, dizziness, acne, skin darkening, and high blood pressure. Other side effects include fatigue, depression, obesity, blood-clotting abnormalities, heart disease, diabetes, gallstones, liver disease, weakening of the bones, advanced age, brain damage, and infertility. Excessive estrogen can cause blood clots and stroke. This is especially important to consider and monitor if you are living with HIV.

So use of hormones should not be treated lightly. Your dosage may depend on factors like age, body size, smoking habits, and whether you still have testicles. It is also important to consider how estrogens work in combination with anti-androgens. Anti-androgens help estrogens to work by suppressing male hormones while



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supplementing female ones. It's also important to remember that birth control pills are not the same as female hormones or hormone therapy. Birth control pills include progesterone, which can increase side effects. They also do not provide anti-androgens. So birth control pills are not the best hormone therapy for transitioning from male to female. If you can get hormone therapy, this is a better option than birth control pills.

"I met X, a performer in a bar. She was the most beautiful transgender woman I had ever seen. So I asked her which hormones, she takes and how much, I did the same because I wanted to look like her. But I had terrible headaches and nausea all the time. Another friend asked me what I was taking and told me, I was taking too much. So I reduced the amount and afterwards I felt much better."



Typical Hormone Therapy Protocol from Tom Waddell Clinic

When your doctor proscribes hormones, the combination should look something like this.

	Starting Dose	Typical Dose	Maximum Dose
Anti-Androgen (Spironolactone)	25mg-50mg twice a day	50mg twice a day	200mg twice a day
Estrogen (Premarin)	1.25-2.5mg per day	5mg per day	10mg per day



Big Sister, how long will it take before my breasts start to show?

Everybody's body is different, most people will see breasts start to form in a couple months, but some people take more than a year.

Taking hormone pills or using patches can be safer than injection. Injecting hormones does not work any faster than pills, so hormone injection should be your last resort. It is also important to remember that reusing or sharing needles can cause infections and can spread diseases like HIV, hepatitis, and multi-drug resistant *Staphylococcus aureus* (MRSA). Sharing needles is the easiest way to transmit HIV. So if you share needles, make sure that you clean them.

Big Sister, how do you inject hormones safely?

It is safer to use pills than injections, but if you do inject, make sure you follow these steps:

-  Clean the top of the hormone bottle with alcohol.
-  Fill the syringe with 1cc, the most common dosage recommended by doctors.
-  Point the needle up and tap the syringe with your fingers to make any air bubbles go up.
-  Push out all the air until you see some hormone coming out of the needle.
-  Clean the area you will inject with alcohol.
-  Avoid veins and bony areas.
-  If you inject in the thigh, use the front of your thigh between your hip and knee.

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-  Push the needle straight in, not sideways or at an angle.
-  When the needle is in you, pull it out a little bit to keep blood from going into the syringe.
-  If you see blood, you hit a blood vessel. Pull the needle out and try another area.
-  Make sure to clean that area and follow the same procedures.

Big Sister, how do you clean needles?

If you must share needles, clean them first.

-  Pull bleach into the syringe.
-  Tap the syringe with your fingers.
-  Shake the syringe for 1 minute.
-  Push the bleach out.
-  Then flush the syringe with clean water at least two times
-  Don't share or reuse the water that is used to clean the syringe with other people.

As most of us receive no professional counseling, we sometimes have surgeries without understanding the consequences. Transgender women should take hormones before any sex-related surgery. Someone who is unhappy with the effects of hormones may decide not to have surgery or even stop taking hormones.



Some people develop breasts with hormones and do not need surgery to have breasts. Sometimes we have breast or genital surgery at a clinic that is not reputable. But the last thing you want from surgery is scarring and disfigurement. Sometimes our sisters die on unsanitary operating tables.

"We all want different things out of surgery. Talk to a lot of different girls about which doctors are safe, how much they cost, and look at their results. Make your decision after consulting a lot of different friends. Don't just follow one friend's advice."



We must carefully select what procedures we really want. These may be cosmetic procedures that make us more feminine looking or more beautiful, like removing facial hair or shaving off the Adam's apple. Many of us opt for breast enlargement.

Making a new vagina is the most complicated and dangerous surgery. Some people have a very strong desire for this but are often unsatisfied with the results. For example, we may lose the ability to have orgasms or to pee normally.

Many transgender women don't know how to take care of their new vaginas, for example, by douching with water. The new vagina also has to be expanded with dildos so that it stays open wide. Having sex before the vagina is fully healed can cause tearing. Finally, most new vaginas do not self-lubricate, so water-based lubricants have to be used with condoms when we have sex.



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"Make sure you find out how to take care of yourself after surgery. If you don't do things like dilate your new vagina, it will shrink and can cause problems during sex."



"After surgery, you may feel like a woman, but you still have boy parts, like the prostate, inside. Remember that we need to take care of ourselves both for our girl parts and our boy parts."

In the end, some transgender women feel that our lives do not really improve after having the operation. Additionally, many transgender women lose their partners when they undergo surgery, because their partners are interested in them as transgender women rather than as biological women.





"Hormones change our moods, but so do operations. It is important to remember that operations often provide a false sense of self-esteem. What is really important is what is on the inside, how we feel about ourselves. Knowing and loving ourselves is a lifelong process. We must prioritize our health over our beauty. Don't use hormones, inject collagen and silicone, or have surgery without first knowing the risks and the appropriate way to do them."

Big Sister says: Don't forget you need cancer screening for both your girl and boy parts.

Transgender women on female hormones need breast cancer screening like regular women since estrogens are a risk factor for breast cancer.

Pre-operative transgender women need testicular cancer screening.

Even after sex change surgery, transgender women need prostate cancer screening on the same age related basis as males.

You should get anal pap smears if you have anal sex, especially if you have had genital warts before.



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HIV and STDs

As transgender women, we are at high risk for HIV and STDs. We have among the highest HIV rates of any group. This means that many of us are already living with HIV. This is not our choice nor is it retribution for being bad people. We are often at high risk because of the social discrimination that we face. This includes discrimination in employment that leads to sex work, discrimination in health care settings that prevent us from trusting or seeking care, a low sense of self-worth developed from stigma, and rape and physical abuse.

Big Sister says: Look how many of our sisters are already infected with HIV. We are at high risk.



Big Sister, how do I use condoms?



- Check the expiration date.
- Be careful to open the condom package without ripping the condom with your fingernails.
- Make sure the condom has not been damaged by heat or pressure.
- Leave room at the tip for semen, but not air.
- Roll the condom all the way down the penis.

Use lubricants that do not have oil or grease. Vaseline, oil, and lotion will break latex condoms. Water based lubricants often get dry very fast. If it gets dry, add water or saliva. If you don't have water based lubricant, you can use saliva.

You can't use a condom if you don't have one. Carry condoms with you. If you can't buy them, you can have sex without intercourse. Pulling out before cumming reduces the risk for HIV, but not for other STDs like gonorrhea, Chlamydia, and syphilis. Be creative in making sex safer.

In some places, you can get female condoms. Some people like them better and say that they are cleaner, but they are usually more expensive. You can also use any lubricant you want with a female condom.



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"Sometimes we don't want our partners to wear condoms because it makes us feel like we are loved. But why gamble with your life? Next week he could be making love with your friend"



"Just because your partner is married or straight does not mean he does not have HIV or another STD."

"Some men try to hurt us. If you can, meet first in a public place. Tell friends who you are meeting and have them check on you later. Be careful if your date tries to drug you. Make sure you can always see your drink. If it is already there before you arrive, you should be suspicious. Trust your instincts. If it feels uncomfortable leave the situation."



Big Sister Says: Be careful with alcohol and drugs.

Sharing needles when injecting drugs can spread diseases like HIV and hepatitis. But being drunk or using drugs can be just as dangerous if you aren't able to make clear decisions or protect yourself. Many men will try to take advantage of you by getting you drunk or drugging you. Know your limits and stay within them.

"Many men don't want to use condoms because it doesn't feel as good, it spoils the mood, or it makes them feel unattractive. Practice putting on a condom quickly and without fuss so that it just becomes second nature.

TALK LESS, DO MORE

That means you don't have to discuss using condoms, just make sure you keep touching him so he stays aroused. If he is always being stimulated, he probably won't care about using a condom."



Big Sister, what can I do when I don't have a condom?

- 💋 Be creative. Try to delay penetrative sex, "save" it for another time. Try phone sex. Give him a massage.
- 💋 Have "small" sex. Bring him to orgasm with your hands. Have him fuck your thighs or breasts.



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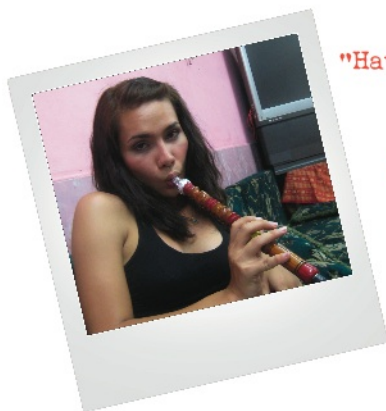


Use your mouth.



If you don't have any other options, try to keep him from cumming inside you. Have him pull out before ejaculating.

Condoms are one of the most important tools in preventing the spread of sexually transmitted diseases. They reduce your risk for getting or giving HIV, gonorrhea, Chlamydia, syphilis, HPV (warts), herpes, and other diseases. HIV testing and STD screening are also important practices in reducing risk. We are often reluctant to go to clinics and hospitals because of past experiences of being treated badly. But the only way to know if you or your partner has HIV is to get tested! In many places, HIV testing is free and anonymous. Many tests now do not require blood and give results in about 20 minutes. Some clinics have counselors who will help you to assess and reduce your risk for HIV and other STDs. Remember that testing HIV positive is not a death sentence. Many highly effective treatments are available. In many places, treatment is provided free or at low cost.



"Have you ever felt worried
after having sex
without a condom?
Why do you want to feel
that way again?"



Big Sister, what are some common symptoms of sexually transmitted diseases?

-  Pain or burning sensation during urination
-  Discharge from the penis, anus, or vagina
-  Frequent or dark urination
-  Pain or itching in the genital area, buttocks, inner thighs or abdomen
-  Pain during intercourse
-  Sores, warts, blisters, bumps, or swelling of the penis, scrotum, anus, vagina, or genital area
-  Rashes on the palms or soles
-  Yellowing of skin and the white area of the eyes

If you have any of these symptoms, you should consult a qualified health professional. Do not try to treat yourself.



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Living with HIV

Most transgender women in the Asia/Pacific region who are living with HIV do not know their HIV positive status. Voluntary counseling and testing is rarely targeted to or sensitive to our needs. Negative experiences in health care also make testing less accessible. Furthermore, knowing one is HIV positive and living with HIV means that we have to bear an additional unwanted stigma. We might also feel like our life is on a timeline. So many of us think it is better not to know. But current treatments for HIV allow us to live decades longer than if we are not treated for HIV. Living with HIV also means that we are more likely to get other diseases like tuberculosis. So it is important to get treatment for both HIV and the diseases that follow it. Low cost or free treatment with the most advanced medicines is increasingly available in the region.

Big Sister, can I take hormones if I take ARVs?

HIV and hormone treatments can be taken together, but they do interact. Different HIV drugs affect hormones in different ways, so you have to ask a doctor who has experience in this area. Girls have died because they took too many hormones while on HIV medications.



Access to Health Care

We often do not seek treatment or delay treatment for a wide variety of conditions because we feel that we will be discriminated against in clinics, hospitals, and other medical settings. When health care workers snicker or gossip about us, this discourages us from coming back. Sometimes, we are reluctant to seek medical help even for major problems because of how we've been treated in the past. But we should try to find doctors who are sensitive to our needs. Ask your friends if they have advice on where to go. But remember, just because a doctor is nice to you doesn't mean that she knows about transgender women's health. So make sure you find someone who is both experienced and sensitive to transgender women.

Sex Work

Transgender women come from all classes of society and education levels. But as we typically face discrimination, our employment options are often limited to food services, salon services, market work, and some spiritual roles. Given this range of options, many of us chose to be sex workers, or resort to sex work, in order to make a living. We also do sex work out of a moral obligation to support the retirement of our parents, the education of our siblings, or the raising of our children. But not all of us are sex workers, so we should not be stereotyped as sex workers.

Sex work poses particular risk for HIV, STDs, drug use, and other health problems. We will also do things for money that we do not enjoy, like penetrating men. Unfortunately, unequal bargaining and



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desperation can lead sex workers to provide services without condoms or other means of protection. Additionally, love remains one of our greatest risk factors. For we are often more than happy to use condoms to distance ourselves from our clients, but, like people in general, do not use condoms with our partners to show emotional intimacy.

"Remember that if you buy a boy,
you should use a condom with him."



"I used to think that if I carry
a condom, I will be unlucky
and not get a customer.
But Bank always carried one and
she never had any problems, so now,
I always carry them too."

Sex workers are also particularly vulnerable to physical violence at the hands of our clients, criminals who prey upon us knowing we have little protection from the police, the police themselves, and moral crusaders. Such violence, and the lack of concern among those who are supposed to protect us, is a violation of fundamental human rights to physical safety.

Furthermore, the police often actively target and arrest transgender women for sex work, even when we are not sex workers. Just being transgender and walking in certain areas frequented by sex workers, tourists, students, or religious devotees can be cause for arrest. Carrying condoms can also be a problem in that the police can use condoms as evidence of sex work. Sometimes, you might have to hide your condoms when you take them with you.

Tips for Safe Sex Work:

Have someone check up on you after you go with a client. Tell them when they should call or knock on your door.

If you work freelance, don't work alone. Make sure you have friends in the area. Use a whistle if you feel like you are in danger. Use your cell phone to take pictures or video of any problems.

If you work in a shop, stand at the door so that you can see what is happening outside, like if police are coming.



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Human Rights

Human rights are about the security, dignity, and equality of every person, regardless of citizenship, race, gender, sexuality, occupation, or other criteria. We are all entitled to basic rights, such as the freedom to practice our own religions or the ability to live our lives without the threat of violence. But as transgender women, we are often subjected to violence, both direct in the form of physical abuse and indirect in the form of impediments to our survival. Many people recognize that rape, sexual abuse, and physical assault are forms of violence that we should not have to endure. But few people notice that we live with violence in our everyday lives.

Social problems like stigma and discrimination play a major role in forming who we are. From a very early age, when we are teased, bullied, and discriminated against at home, in school, or in our religious communities, our lives are transformed. Our personal safety is threatened. Our educational and professional opportunities are limited. Our health is undermined. We are denied full participation in society. Discrimination impacts all aspects of our lives. Even when there are “positive” stereotypes about us, these may be hurtful. For example, the idea that we are creative often pigeonholes us into professions related to entertainment, fashion, and beauty. While many of us want to be hair stylists, designers, or performers, we should not be limited to such jobs.





We all deserve the right to full citizenship, respect, and a life without violence, stigma, and discrimination. We are not seeking special treatment. We only ask to have the same fair treatment as everyone else.

As transgender women, we face specific challenges in our daily lives. For example, when we travel internationally, we are often detained and questioned about why the sex on our passports is different than what we look like. Many countries now allow us to change our identification cards and passports to reflect how we live our lives. This makes a tremendous difference and opens up additional rights, including marriage and adoption.

Social Support and Empowerment

Social acceptance starts with self acceptance and self acceptance improves with social acceptance. We need to respect ourselves and our communities. We need to work towards family acceptance. We need to demand an equal place in society.

Changes in society affect our health because health is related to our position in society. So we must fight for, and enlist the support of others, in attaining equal rights and social acceptance. This does not just happen when we learn to love and take care of ourselves and our communities.



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We must also organize and demand change. Changing legal policies, social attitudes, and the economic situation of transgender women is essential for us to achieve productive and satisfying lives. Lives that are not mired in day to day survival but provide the opportunities for us to thrive.



We all come from families but are sometimes rejected by them for being transgender. We must think about each other as a new family. We need to help each other to be the best that we can.

We need to take responsibility for our health and for the well-being of our communities. We need to protect ourselves so that our communities can be strong.



Additional Resources

Standards of Care and Professional Guidelines for Clinicians

The World Professional Association for Transgender Health, Inc. (WPATH): Standards of Care, 6th version – Minneapolis, MN, USA
http://www.wpath.org/publications_standards.cfm

National Health Service: Guidance for GPs and other clinicians on the treatment of gender variant people (10 March 2008)
<http://www.pfc.org.uk/files/GuidanceForGPs.pdf>

Tom Waddell Health Center: Protocols for Hormonal Reassignment of Gender (24 July 2001) – San Francisco, CA, USA
<http://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGenderprotocols122006.pdf>

Sherbourne Health Centre: Guidelines and Protocols for Comprehensive Primary Care for Trans Clients (April 2009) – Toronto, ON, Canada
<http://www.sherbourne.on.ca/PDFs/Trans-Protocols-Announcement.pdf>

Agender New Zealand Incorporated and Transgender.co.nz: Transgender Guide for Health Personnel and Transgender women 1st Edition 2009 – New Zealand
<http://www.agender.org.nz/AGENDER%20NEWS.htm>

Trans Care Project: Transgender Primary Medical Care: Suggested guidelines for clinicians in BC (January 2006) – Vancouver, BC Canada
Several additional guides on hormone therapy, adolescence, advocacy, etc.
<http://www.vch.ca/transhealth/resources/careguidelines.html>



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International Union against Sexually Transmitted Infections (IUSTI)
Asia Pacific Branch: Clinical Guidelines ...for sexual health care of
Men who have Sex with Men (November 2006)
<http://sexologyasiaoceania.org/library/MSM/MSM.Clinical.Guidelines.IUSTI.AP.Nov.2006.pdf>

LOCAL RESOURCES



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Somchai's Story reprinted with permission from Clinical Guidelines ...for sexual health care of Men who have Sex with Men, IUSTI Asia Pacific Branch, November 2006.

Developed and printed by the Asian Pacific Network of Sex Workers (APNSW).

Funding provided by amfAR: The Foundation for AIDS Research.

Printing Date: January 31, 2010.

Photos by: Dredge & APNSW.

Design by: Dale C. Kongmont