Satellite Session:

Ensuring needs-based and stigma-free HIV/STI services for transgender people in Asia

Health Care System Barriers Faced by Indian Transgender People In Accessing HIV/STI Prevention and Treatment, & What Can Be Done?

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ICAAP-11, Bangkok, 2013

Joint WHO/UNAIDS/UNDP/APTN/APCOM Satellite

Outline

- MtF Trans People in India
- Health Policy and Legal Environment
- STI and HIV Prevalence
- Access to HIV testing and STI Services in Public Hospitals
- Access to Free ART in Public Hospitals
- What can be done?

1. MtF Trans People in India

- Gender-variant people have existed in India for centuries.

- Several indigenous identities - E.g.:
  - Hijras and Kinnars (most parts of north India)
  - Aravanis or Thirunangai (in Tamil Nadu)
  - Yellamma (Karnataka), and
  - Shiv-shakthi (Andhra Pradesh)

- Hijras, especially have a strong social network and hierarchical social system: *Gurus* (Masters) and *Chelas* (Disciples).

2. Health Policy and Legal Environment

- **National Planning Commission**
  - **Draft 12th Five-Year Plan (2012):**

    "…empowerment of the transgender community by advocating that line Ministries support their education, housing, access to healthcare".

  - **Approach paper (2011):**

    "the health policy must focus on the special requirements of ...lesbian, gay, bisexual, and transgendered (LGBT) community"

- **No specific laws that recognise the gender status of hijras and other TG people.**

- **No anti-discrimination laws** or policies in relation to discrimination on the basis of sexual orientation or gender expression or identity.

3. HIV and STI prevalence among TG people in India

High HIV and STI prevalence. Limited disaggregated data.

	Community-based studies	NGO-based STI clinics	Govt. STI clinics [d]
HIV	**8.8%** [a], **18.1%** [b]	**44%** [e]	**45.2%**
Syphilis	13.6% [b]	11.3% [c]	10.3%
Genital ulcer disease			15.3%
Genital Warts			10.3%

a) NACO. HIV Sentinel Surveillance 2010-11. Technical Brief.
b) Brahmam et al. (2008). Sexual practices, HIV and sexually transmitted infections among self-identified men who have sex with men in four high HIV prevalence states of India. *AIDS, 22 Suppl 5*, S45-57.
c) Gupte et al. (2011). Introduction of rapid tests for large-scale syphilis screening among female, male, and transgender sex workers in Mumbai, India. *Sex Transm Dis, 38*(6), 499-502.
d) Sahastrabuddhe et al. (2012). Sexually transmitted infections and risk behaviors among transgender persons (Hijras) of Pune, India. *J Acquir Immune Defic Syndr, 59*(1), 72-78.
e) Shinde et al (2009). Male sex workers: are we ignoring a risk group in Mumbai, India? IndiJ Derm Venereol Leprol; 75: 41–46.

4. National HIV programme and TG people

- "Hijras and other transgender people" are recognised as a 'core high risk group' by India's National AIDS Control Organisation (NACO)
- Current National HIV Programme (NACP-IV) plans to scale up targeted HIV interventions among TG people
- Mapping and size estimation of MtF trans people in 17 Indian states has just been completed (NIE/UNDP/NACO)

5. Multi-level barriers are faced by MtF trans people in accessing HIV/STI services in public hospitals

- **Personal and Social barriers**

  (e.g., Financial, Societal stigma, Internalised stigma, Lack of Social and Family support)

- **Community-level barriers**

  (e.g., Discrimination of HIV-positive hijras within hijra communities)

- **Health care system barriers**

  – *Focus of this discussion*

6. Health care system barriers

- **Health care system:**

  Here, refers to 'Public hospitals'

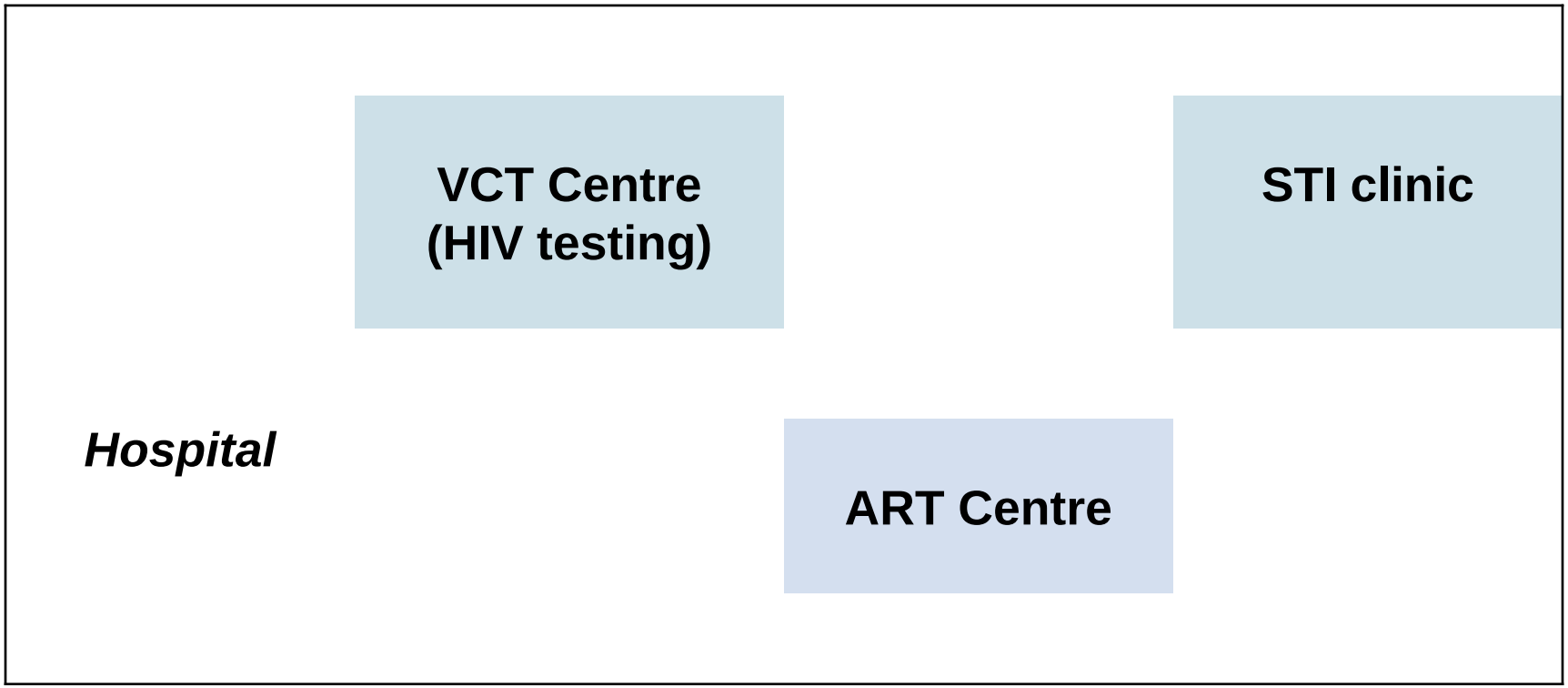
- **Barriers:**

  Obstacles within the health care system:

  - that prevent trans people from getting needed service (on time)

  - that cause them to get inferior service

7. A typical arrangement in a tertiary level or district level public hospital



Coordination issues.
Navigation issues.

8. Access to HIV testing and STI services in public hospitals

- **Barriers**
  - Insensitive outpatient registration procedures
  - Ignorance of or insensitivity among providers about the issues of TG people
  - Inconvenient operating hours – especially for TG in sex work
  - Lack of same-day HIV test results (prevent people from collecting results or to come for repeat testing)
  - Lack of male regular partner treatment or insistence by providers on male regular partner screening/treatment

[References:
Beattie et al. (2012). Personal, interpersonal and structural challenges to accessing HIV testing, treatment and care services among female sex workers, men who have sex with men and transgenders in Karnataka state, South India. *J Epidemiol Community Health, .66(Suppl 2)*
Chakrapani, V., Babu, P., & Ebenezer, T. (2004). Hijras in sex work face discrimination in the Indian health-care system. *Research for Sex Work, 7, 12-14.*
Chakrapani, et al. (2008). HIV Testing Barriers and Facilitators among Populations At-Risk in Chennai. Chennai: INP+.]

9. Access and adherence to free anti-retroviral treatment in public hospitals

- Number of eligible MtF trans people receiving ART = 829
  [Annual Report 2011-12. Department of AIDS Control, Ministry of Health & Family Welfare. p77.]

- Lack of reliable data on the denominator of trans people who are HIV-infected and who are eligible for ART

Barriers

- Insensitive hospital policies in registration / admission of HIV-positive trans people
- Double or triple stigma faced by HIV-positive TG people (in sex work) from HCPs and co-patients
- Lack of holistic care (for mental health and alcohol dependence) to promote ART adherence

"*Some hospitals put us in male wards and some in female wards. Until recently, in [name of hospital] we were asked to put on male dress and were admitted in the male ward even if we are Nirvan [post-operative] and in Chatla [woman's attire]…*"

(A hijra key informant)

[From:

Chakrapani et al. (2011). Barriers to free antiretroviral treatment access among kothi-identified men who have sex with men and aravanis (transgender women) in Chennai, India. *AIDS Care, 23(12), 1687-1694.]*

10. Ongoing Activities and Interventions to Address Health Care-related Barriers for Trans People

- ***Ad hoc* training for HCPs** on trans issues by a few agencies [1]

- An ongoing **pilot intervention to promote providers' acceptance** of trans people: 'Shakti' project [2]

- TISS: (As part of 'Saksham project')
  - **Guidelines for LGBT-affirmative counselling** practice [3]
  - Sexual minority-affirmative posters for govt. HIV testing and ART centres

References:
[1] www.indianLGBThealth.info, www.c-sharp.org, www.humsafar.org
[2] https://apha.confex.com/apha/141am/webprogram/Paper291258.html
[3] TISS. Annual Report 2010 to 2011.

11. What can be done?

- Individual level interventions may be ineffective in absence of positive changes at the health care system level.

- **Policies and procedures within the health care settings:**
  - Explicit trans-friendly registration and admission policies
  - Non-discrimination policy (to prevent discrimination on the basis of sexual orientation or gender identity)
  - Minimizing navigation difficulties and Improving coordination among services

- **Steps to decrease stigma and discrimination** faced by trans people from the general public and health-care providers
  - to increase understanding about trans people
  - to sensitize HCPs to their professional obligation and ethical mandate to provide nonjudgmental care

- Need for a **national guidance document on providing sensitive and competent services for trans people** – to improve their access to and use of HIV/STI services in public hospitals