ABSTRACT

This article presents a review of literature on transgender people and HIV risk in South Africa. Only four documents mentioning transgender and HIV risk in South Africa could be located. These contain relatively cursory mention of transgender issues, do not present data on the size and the burden of HIV among transgender people, and typically conflate the categories of transgender and men who have sex with men (MSM). The implication is that, even though it is known from the international literature that specific risk factors are associated with transgender people and that they have specific health needs, these have been largely ignored in the South African context.

Keywords: Aids; HIV; risk factors; prevention; trans; transgender

Gender identity – in the sense of a person’s image of themselves as either male or female (Watson, 2011) – is rarely discussed in the sexuality discourse around HIV prevention in South Africa (Mdletshe & Nduna, 2011). Although there are a fair number of reports about gender identity and about being transgender in South Africa, there is very little information on HIV prevention and the response to Aids that specifically focuses on transgender – or ‘trans’ – people (Morgan, Marias, & Wellbeloved, 2009; Watson, 2011). This article presents a literature review of what is known about HIV prevention and Aids response among transgender people in South Africa.

Research to understand the HIV risk of transgender persons is needed because transgender people often have multiple risk factors. For example, it is recognised that
some transgender people are injecting drug users (Ahmad, 2011), but needle sharing is not a prominent part of strategies for harm reduction in South Africa since the HIV epidemic here is regarded as heterosexual and generalised rather than being primarily related to drug use. Due to harsh structural factors such as constrained educational and work opportunities for trans people, some transgender individuals end up in illegal and unprotected sex work (Collumbien & Qureshi, 2009). This is especially common in contexts where they are rejected by their families and are living on the streets. Experiences of sexual violence are documented in the international literature and in some local biographical stories of transgender women (Collumbien & Qureshi, 2009; Morgan et al., 2009). The prevalence of HIV among the South African trans community has not been studied, but its existence has been alluded to (e.g., Hamblin, 2011; Morgan et al., 2009). The factors mentioned here – drug injection, sex work and sexual violence victimisation– could heighten risk for HIV infection for trans people. Other factors such as anal intercourse, trans people generally have lower levels of education, higher rates of unemployment, and high mobility. Furthermore, they are subjected to violence (including harassment by police), are at risk for mental ill health and gender-power imbalances in relationships. All these factors increase vulnerability to HIV (Collumbien & Qureshi, 2009; Morgan et al., 2009; Nkoana, 2011).

In terms of Aids treatment, there are important concerns, although research is not forthcoming from the South African context yet, of possible drug interactions between Anti Retroviral treatment (ARV) with the hormonal drugs that some transgender people use or inject into their breasts, lips and noses to enhance their shapes. Other factors such as lack of knowledge of the needs of trans people among health care workers may compromise health-help seeking behaviors for those already infected (Collumbien & Qureshi, 2009; Morgan et al., 2009; Nkoana, 2011). It is for these reasons that research on HIV and Aids as it relates to the needs of trans people is important.

METHOD

This article is based on a desk review of literature available from the University of the Witwatersrand Online Library Data Bases and some sources that were found using Google Scholar. I was involved in conducting research on peer educators and the promotion, accessibility and acceptability of the female condom in one of the biggest townships in South Africa. The search for literature relating to the peer educators project, the dearth of papers published in South Africa on the promotion of the femidom for use in lesbian, gay, bisexual, transgender and intersex (LGBTI) relationships prompted this manuscript. It is important to note that some material on HIV in relation to the transgender community may not have been published and
made available electronically, but may exist in printed reports in non-governmental organisations. This review was based on online searches and therefore does not cover such sources.

The search was limited to the recent past, including only sources less than ten years old. Although this somewhat limits the scope of the review, it should be borne in mind that in South Africa the official and professional response to the needs of transgender people is recent. The first organisation to specifically focus on trans issues, Gender DynamiX, was established in July 2005, less than ten years ago (http://www.genderdynamix.co.za/content/view/184/115/). The literature search was specific to South Africa and used the words ‘HIV, Aids, transgender, South Africa’. I was able to locate only four articles that specifically included both Transgender and HIV/Aids in their content. The analysis of the articles followed the following steps: 1) I looked for the words trans and South Africa in each of the articles, using the ‘find’ function in MS Word and Adobe PDF Reader. 2) I then studied what was said about transgender and HIV and Aids in the articles. 3) I created a table and developed notes for each publication on what, if any, information it contained about trans and HIV/Aids research in South Africa. 4) Finally, I re-read each article to gain a sense of its broader context.

RESULTS

HIV & Aids treatment in practice (HATiP) issue 138

A document entitled ‘Appropriate prevention and care services for men who have sex with men and transgender people in resource-limited settings’ published in 2009 was found. In this HATiP issue 138, eight out of ten papers cited are from South Africa. What is still interesting with this publication is that, although the title suggests so, none of the papers focus on transgender people. The implication of this omission is that there is no research work happening in South Africa on transgender and HIV prevention, care and treatment.

Global fund for HIV

Another document that was found to be relevant was ‘The Analysis of Rounds 8, 9 and 10 Global Fund HIV proposals in relation to men who have sex with men, transgender people and sex workers’ (The Global Fund to Fight AIDS, 2011). This document provides separate data on transgender people, which the author highlights as a progressive stance. However, the material in the document only refers to one African country, namely South Africa. The document summarises funding proposals, and what this implies is that funders and decision-makers are not informed of the plight of transgender people in South Africa (and in Africa). Unsurprisingly, it is
suggested that proposals from African countries excluded programmes targeted at transgender people in their HIV/AIDS work. This leaves much room for speculation about whether there is no problem to be addressed pertaining to HIV, AIDS and transgender in this continent or if lack of data and publications on Trans and HIV results in ignorance about the scale and nature of the problems faced by trans people in the Sub-Saharan context.

The AIDS Accountability scorecard on LGBTI 2011

Another useful document was ‘Element 2: Analysis of global data on HIV Prevention for Lesbian, gay, Bisexual and Transgender people’ (AIDS Accountability International, 2011). In this document, findings from different country reports are not segregated and it is taken for granted that men who have sex with men (MSM) are one group with transgender people. The problem with this approach to reporting is that it is not useful in helping to create a more specific understanding of HIV and AIDS among trans people in South Africa. The document does however move on to acknowledge this limitation and suggests that there needs to be “. . . specifically targeted prevention efforts globally to both MTF and FTM transgenders . . .” (AIDS Accountability International, 2011, p. 20).

AMFAR AIDS RESEARCH

A review of awards made for Effective Community-Led Responses to HIV and AIDS among MSM and transgender populations by amfAR is published in a document entitled ‘Lessons from the frontline’ (amfAR, no date). This document reports that since the launch of this funding mechanism in 2007, amfAR has made 100 community awards. These amounted to more than US$1.9mil to 79 organisations in 53 countries across the globe. In South Africa the funds were given to the South African Network of Religious Leaders Living with or Personally Affected by HIV or AIDS (SANERELA+). With no website of its own, information about this SA network of religious leaders can be found on sites such as http://www.unodc.org/ngo/showSingleDetailed.do?req_org_uid=15163 and http://www.unaidsrstesa.org/expertise/regional-institutions/african-network-religious-leaders-living-or-personally-affected-hiv-. SANERELA+ is affiliated to INERELA+, which is an international network of religious leaders. This organisation supports spiritual leaders, in particular female religious leaders, and makes particular efforts towards addressing the spiritual needs of young girls. The shortfall of this funding route is that we are less likely to find transgender men and women serviced by a religious organisation with interest in vulnerable women and girls. There is no mention under their programmes that female religious leaders and girls, targeted by the organisation in their programme, are inclusive of trans women. Reflecting on Van der Merwe and
Padi (2012) article on the lack of focus on trans women in responses, and even in the trans movement, it is safe to assume that transgender women are excluded from the interventions carried out by this network.

**DISCUSSION**

Findings presented in this article on the lack of documentation of HIV work and experiences of transgender people suggest that there is no reliable data on the size and the burden of HIV among transgender people in the country. Globally, the lack of indicators that apply to transgender men and women is recognised as a serious gap (AIDS Accountability International, 2011). In addition to information and literature gaps, there appears to be willful neglect of a need to allocate resources to this group, allowing the disease to spread among this population and increase the pressure on health services for treatment. The culture and behavioral categories of transgender people are often poorly understood and health care workers continue to treat transgender people inappropriately (Nkoane & Nduna, 2012). In many instances, health care workers conflate transgender people and treat them as men who have sex with men (Khan, Rehan, & Qayyum as cited in, AIDS Accountability International, 2011). Lack of literature from the African continent could dangerously contribute to spreading propaganda that gender identity is not contested in many of these African societies, including South Africa. This is a serious research gap that needs to be addressed by academics and activists alike.

The very limited literature that could be found for this review tells us something about the collective invisibility of transgender people, their experiences and health issues in the Sub-Saharan Africa. One of the first steps required to respond to the so called generalised HIV epidemic is to improve the quality of HIV data used to inform and develop policy with regard to transgender persons. Research evidence on safer sex and HIV prevention remains elusive for transgender people in South Africa. HIV research work on HIV prevention focuses on men who have sex with men (MSM), whilst transgender people are evolving as a separate group identity, have different needs to other MSM and do not accept being conflated with MSM. Based on this paper the conclusion is that more research is needed generally on sexualities and sexual expression amongst the transcommunity and a focus on HIV risk and prevention and Aids treatment is imperative.
BIOGRAPHICAL NOTE

Mzikazi Nduna (PhD) is a senior lecturer in the Department of Psychology, University of the Witwatersrand, South Africa. She has research interests in Father Connections; sexual and reproductive health, gender and gender-based violence and psychological distress pertaining to women, children and sexual minorities. She is an alumnus of the Sexuality Leadership Development and the Carnegie Fellowships and currently holds the ICP CHANGE fellowship Award. She has co-authored more than 27 peer reviewed journal articles, presented at international and local conferences and reviewed articles for more than five international journals. She is a member of the gender-based violence Prevention Network for the Horn, East and Southern Africa, Management Committee of Gender DynamiX and the SANAC Women’s Sector Expert group.

REFERENCES


