

The Nexus of Gender and HIV among Transgender People in Kenya

SUMMARY PAGE

Gender norms and inequalities increase transgender people's experiences of violence and HIV risk while limiting their service uptake. Specific gender-related beliefs (however untrue) are one cause of stigma and discrimination against transgender people and a reason that HIV programs rarely reach transgender people. Acknowledging and working to transform the gender norms most harmful to the transgender community is an important first step in developing effective programming by and for transgender people.

Harmful gender-related beliefs most relevant to transgender people

- Transgender is the same as homosexual/gay.
- Transgender is a Western invention and not African.
- Transgender people are confused or mentally ill, and they need to be fixed or grow out of it.
- Transgender people are cursed or possessed.
- Trans women have degraded themselves by becoming women instead of remaining men.
- Violence toward transgender people is deserved; transgender people bring violence onto themselves.
- The most important thing about a trans woman is how she looks.

Recommendations

- Include transgender people as a key population in the Kenya AIDS Strategic Framework.
- Train clinic staff to provide trans-competent care at strategically selected sites offering HIV services.
- Increase the provision of holistic care, including the provision of gender-affirming services, in clinical settings that offer HIV services.
- Provide support so that community-based organizations and health care facilities that transgender people already know and trust can offer HIV-related information and services.
- Invest in empowerment for transgender individuals and organizations.
- Integrate violence response services into HIV-related services for transgender people.
- Work directly with perpetrators of violence, such as the police, to prevent violence.
- Explicitly discuss and challenge the gender-related beliefs that put transgender people at risk for HIV and violence as well as limit their uptake of services.
- Invest in community education and awareness, both inside the transgender community and with the broader community.
- Conduct further research, in collaboration with the transgender community, to estimate population

This brief was developed to encourage and inform gender-integrated HIV prevention, care, and treatment programming for transgender people in Kenya. It can be used by individuals and organizations that deliver services to transgender people; those participating in program design and monitoring and evaluation; and decision makers and funders supporting the programs. It is one in a series of briefs on the ***Nexus of Gender and HIV*** among key populations most affected by HIV: men who have sex with men, sex workers, transgender people, and people who inject drugs. Information relevant to individuals who are members of multiple populations (such as transgender sex workers) can be found across the series.

size and inform programming for transgender people.

- Employ monitoring and evaluation that disaggregates program data for key populations (KPs) in a way that correctly identifies transgender people.



BACKGROUND

There are no data on HIV prevalence among transgender people in Kenya. Globally, transgender women are 49 times more likely to be living with HIV than are adults in the general population,⁶ and research demonstrates that transgender sex workers in multiple settings have a higher HIV prevalence than their male or female counterparts.⁷ To inform HIV programming for all transgender people, the USAID- and PEPFAR-supported LINKAGES project conducted a gender analysis to examine how gender norms and inequalities affect transgender people's HIV risk and uptake of services across the HIV prevention, care, and treatment cascade.

Why focus on gender in HIV programs for transgender people?

HIV programmers working with the general population are accustomed to thinking about gender norms and inequalities as negatively affecting women and girls in particular (see definitions below). For example, they have long understood that women, who have less access to education and employment and are expected to be submissive to their male

partners, experience difficulty negotiating condom use. Appropriately, HIV programs respond to these realities through gender integration. Gender integration has been shown to improve and sustain HIV programming outcomes.^{2,8,9}

Systematic gender integration has not been widely employed in KP programming.¹⁰ However, this approach is vital because gender norms and inequalities negatively affect KPs, and their effects are often amplified because they occur not only when KPs and those around them conform to gender norms but also when KPs are perceived to be non-conforming. A gender analysis is the first step in the process of gender integration and an important tool for achieving ambitious 90-90-90 targets.

In Kenya, information about the HIV-related needs of transgender people is minimal, HIV programming is limited, and transgender people are not recognized as a KP. In this context, a gender analysis can help explain why transgender people have not traditionally been included in HIV programming and can describe the impacts of stigma, discrimination, and violence on their HIV risk and service uptake.

It can further identify the gender norms and inequalities that cause many of the issues the transgender community faces and help identify ways to approach these long-standing problems by addressing gender-related root causes. Finally, a gender analysis can be used to advocate for transgender people to be recognized as a KP and for their needs to be understood and met in HIV programming.

METHODS

The gender analysis with transgender people was part of a larger gender analysis conducted in Nairobi with the four KPs that are the focus of the LINKAGES Project. The trans portion of the analysis consisted of a desk review of relevant literature and policies, a scan of trans programming in Nairobi, and 18 qualitative interviews with representatives from transgender-led organizations (REP_TG), government officials (GOV), program managers and funders (PROG_TG), and health care workers (HCW_TG) in Nairobi. Many respondents, in particular the government officials, were not familiar with transgender issues or had never worked with transgender people. Of the 13 respondents who had worked with transgender people:

DEFINITIONS

GENDER NORMS:

The expectations of what it means to be a man or woman, including social and political roles, responsibilities, rights, entitlements and obligations, and the power relations between men and women [Adapted from *HPP Gender & Sexual Diversity Training*].¹

GENDER IDENTITY: A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth [*HPP Gender & Sexual Diversity Training*].¹

GENDER EXPRESSION:

The external display of one's gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity [*HPP Gender & Sexual Diversity Training*].¹

GENDER INTEGRATION:

Strategies applied in programmatic design, implementation, monitoring, and evaluation to take gender considerations into account and compensate for gender-based inequalities [Adapted from *IGWG training materials*].²

GENDER AFFIRMATION:

The process by which individuals are affirmed in their gender identity. Gender affirmation typically involves three dimensions: social (i.e., being called by a name and pronouns that are aligned with a person's gender identity); medical (i.e., hormone therapy, surgical procedures); and legal (i.e., changing a person's legal name or sex designation) [*Technical Report: The Global Health Needs of Transgender Populations*].³

GENDER-BASED VIOLENCE:

Any form of violence that is directed at an individual based on biological sex, gender identity (e.g., transgender), or behaviors that are not in line with social expectations of what it means to be a man or woman, or a boy or girl (e.g., men who have sex with men, female sex workers). It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life [*PEPFAR Gender Strategy*].⁴

TRANSGENDER: An adjective to describe people whose gender identity (see definition above) is different from the sex they were assigned at birth. Transgender is an umbrella term that describes a wide variety of cross-gender behaviors and identities [*TRANSIT*].⁶ Transgender women

were assigned male at birth and identify as female. Transgender men were assigned female at birth and identify as male. Gender non-conforming people, in the context of this gender analysis, refers to individuals who do not identify as male or female.

TRANS-COMPETENT:

Provision of services, especially health care services, to trans people in a technically competent manner and with a high degree of professionalism that reflects the provider's knowledge of gender identity, human rights, and the particular situation and needs of the trans individual being served. In addition, trans-competent care is delivered in a respectful, non-judgmental, and compassionate manner in settings free of stigma and discrimination [*TRANSIT*].⁵

- 13 reported working with trans women.
- 12 reported working with trans men.
- 11 reported working with gender non-conforming people.

A task force of KP representatives and government officials provided guidance and helped identify relevant programs and literature. Furthermore, research assistants who identified as trans men or trans women helped design the questionnaire, conducted the interviews, and assisted with the interpretation of the findings. The desk and program reviews and interview guides were designed to cover the five gender analysis domains proposed by USAID: laws, policies, and institutional practices; cultural norms and beliefs; gender roles, responsibilities, and time used; access to and control over resources; and patterns of power and decision making.¹¹

Interview guides included a list of gender-related beliefs potentially relevant to transgender people in Kenya (see **Box 1** for interview prompt about gender-related beliefs). Respondents identified the most common gender-related beliefs and described each belief's impacts on transgender people's HIV risk and HIV service uptake; violence was also discussed in detail because of its impact on each of these outcomes (see **Box 2**). Additionally, respondents recommended activities to counter harmful beliefs and ideas for tailoring programs to meet the needs of all transgender people.

Respondents were asked explicitly about diverse experiences for transgender women, transgender men, gender non-conforming people, and transgender sex workers. In almost all cases, the HIV-related experiences of these groups were perceived as similar — except for transgender sex workers, who were seen as more vulnerable to violence and HIV infection. Thus, instead of conducting an analysis of different needs of each group, we focus on transgender people generally and transgender people currently engaging in sex work specifically.

One weakness of our approach is that, for purposes of easy replicability and in line with most gender analyses' methodology,^{12,13} we did not interview individual transgender people about their personal experiences. Thus, when stakeholders had limited information about transgender people with multiple risks (e.g., transgender people who inject drugs), this information is lacking in our analysis. However, some information on the needs of trans sex workers and trans people who inject drugs can be found in *The Nexus of Gender and HIV among People Who Inject Drugs in Kenya* and *The Nexus of Gender and HIV among Sex Workers in Kenya*.

FINDINGS

Gender norms and inequalities are at the root of much of the increased vulnerability to violence and HIV risk experienced by transgender people, as well as the root of many

BOX 1. INTERVIEW PROMPT ABOUT GENDER-RELATED BELIEFS

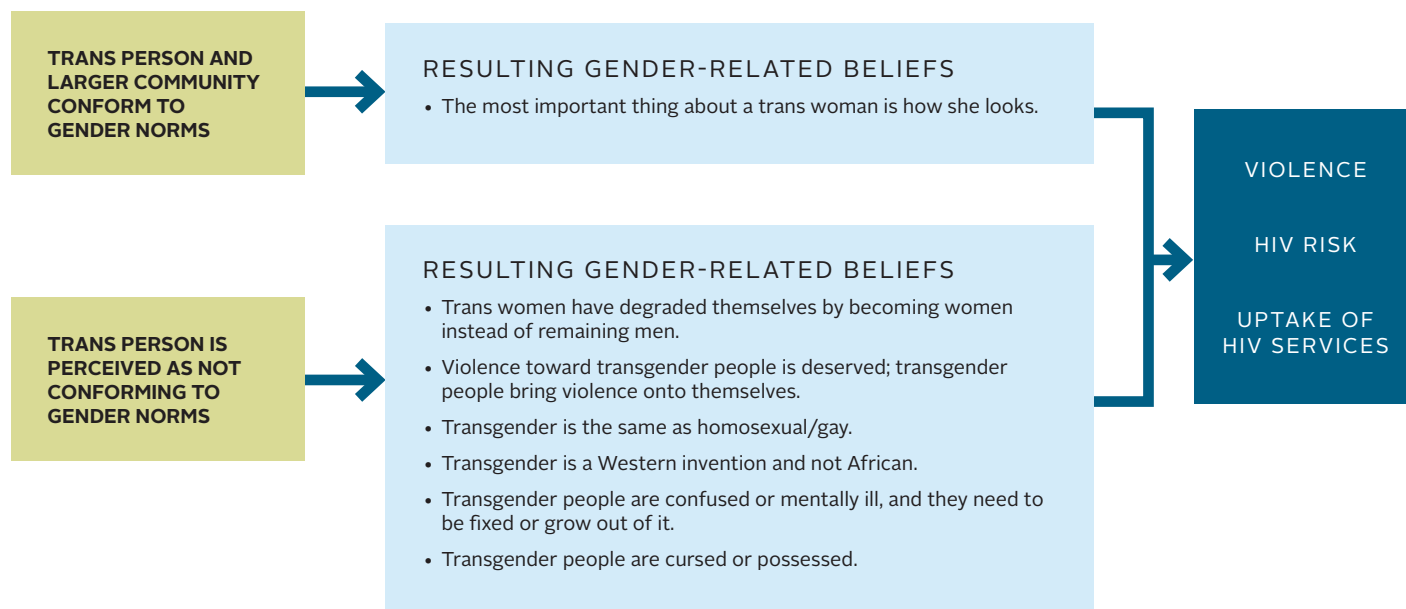
“Evidence shows that **gender-related beliefs** for how men and women should behave can harm trans people's well-being and keep them from accessing HIV services. Gender-related beliefs are not factual statements, but rather common opinions in a specific culture. Which of the following beliefs is common in Kenya?”

of the barriers they face to HIV service uptake. As shown in **Figure 1**, gender norms influence trans people through two primary pathways:

- Pathway 1: Trans people are affected by those gender norms to which they and those around them conform.
- Pathway 2: Trans people experience stigma and discrimination or are not understood/believed to be irrelevant when they are perceived as not conforming to gender norms.

The specific gender-related beliefs that reflect either conforming or being perceived as non-conforming are presented in **Figure 1**. These beliefs were identified by respondents as both common and harmful to

FIGURE 1: The Impact of Gender Norms on Transgender People's Vulnerability to Violence, HIV Risk, and Service Uptake



transgender people in Kenya. Detailed findings below describe how various beliefs affect experiences of violence, HIV risk, and uptake of services for transgender people.

Violence

Gender-based violence and other forms of violence affect all aspects of the lives of transgender people. Violence is a human rights violation that increases HIV risk and decreases the uptake of services (see **Box 2**). It is often perpetrated against transgender people when they are perceived as not conforming to gender norms and expectations (e.g., that someone assigned male at birth must grow up to identify and live as a man). The commonly held beliefs that **violence toward transgender people is deserved** and that **transgender people bring this violence onto themselves** explicitly assign responsibility for violence to the victims. Respondents reported that these beliefs are used to justify physical and sexual violence, as well as stigma, discrimination, and emotional trauma, against transgender people. As noted

by respondent HCW_TG_03: “[Trans people] are told that they are not doing what is normal and that they are going against nature and religion. They are traumatized psychologically, most of them are good people, they don’t harm anyone, and they are just trying to seek their own identity.”

Some transgender people are seen as particularly vulnerable to violence. Young transgender people, trans people living with HIV, trans people who are currently transitioning and are therefore more likely to be identified as transgender, and transgender sex workers are all reportedly highly vulnerable. Transgender sex workers were seen as at greatest risk of violence, particularly sexual violence. This violence comes from clients, police, and other sex workers. As described by respondent PROG_TG_01, “For trans women who are sex workers, many men want to experiment with them — they do not want to use condoms so they can see what happens. They also face challenges when arrested as they are put in male cells and exposed to sexual harassment. They also face violence from other sex workers — they wonder who the transgender sex worker is.”

The underlying causes of violence against specific transgender people are also related to gender. In Kenya, norms about the value of women also affects transgender women and their risk of violence. “Generally, the society treats women as second class” (REP_TG_02). Thus, trans women also experience violence because they are seen as rejecting their perceived superior status as male, documented in the belief that **trans women have degraded themselves by becoming women instead of remaining men**. Respondent PROG_TG_02 explains, “The Kenyan society is patriarchal whereby the place of the woman is lower than that of a man, so when a man decides to be a woman he is seen as demeaning himself. This is harmful because [trans women] face abuse and harassment.”

Transgender women may also suffer emotional violence based on appearance. The belief that **the most important thing about a trans woman is how she looks** often results in experiences of emotional violence. As explained by respondent PROG_TG_02, “When it [pressure to look good] comes from the inside, from the individual, it’s a motivation to be the best they can be, because it encourages one to align their appearance with who they are — the gender they identify with. But when it comes from the outside, it objectifies trans women, which has a negative

psychological impact as it makes it hard for them to find acceptance.”

Fear of being further subjected to stigma and discrimination and being arrested for impersonation (e.g., because their legal documents do not match their appearance/gender) prevents trans people from reporting violence, particularly to the police:

- “Trans people do not report violations because they fear they might be discriminated against or be seen as impersonators, which in turn translates to a more severe punishment by the law” (PROG_TG_01).
- “The main [HIV] risk for trans women is being unsafe. For example, if something happens to them, like violence or rape, they are not able to report to the police because of the stigma and lack of understanding and tolerance towards transgender people” (HCW_TG_01).

Of those trans people who do seek help, they seek it most often from peers and trans organizations: “Currently when an arrest occurs, organizations work closely with the judicial system who mostly hand the case over to us” (REP_TG_05).

For all transgender people, police were identified as the most common perpetrators of violence, both arresting trans people arbitrarily (particularly on charges of impersonation) and physically assaulting them. Police, men, youth (especially young men), and security officers were identified as the most important perpetrators to work with to prevent violence.

HIV Risk

Trans people face increased HIV risk because others perceive them as not conforming to gender-related beliefs. Commonly held beliefs about trans people in Kenya demonstrate how poorly transgender people are understood because they don’t align with rigid views of what it means to be a man or woman: **transgender is a Western invention and not African; transgender people are cursed or possessed; and transgender people are confused or mentally ill, and they need to be fixed or grow out of it**. These beliefs are at the root of isolation, rejection, stigma, and discrimination. According to respondents, the marginalization that these beliefs inspire leads to low self-esteem and depression among trans people. Low self-esteem and depression lead to increased risk behaviors, including substance abuse, which lowers inhibitions

BOX 2. CONNECTION BETWEEN HIV AND VIOLENCE

Global evidence demonstrates that HIV and violence are linked in multiple ways:

- Violence increases the risk of HIV, and living with HIV increases the risk of violence.¹⁴⁻¹⁷
- Experiences of violence limit HIV testing.¹⁸⁻²²
- Experiences of violence decrease disclosure and adherence.¹⁸⁻²²

Evidence also shows that criminalization of sex work increases violence against transgender people, including trans sex workers.²³ “[There’s an] additional layer of doing what’s illegal, so their safety is in danger” (HCW_TG_01).

International guidance states that HIV programs for transgender people should address the issue of violence.⁵ Respondents would welcome more programming on violence response, including through HIV programs.

and increases the risk of acquiring HIV.²⁴ Respondents also noted that marginalization is one of the main reasons that transgender people engage in sex work, potentially increasing their HIV risk, as it may be their only source of income: “They are involved in sex work because they lack other opportunities for making a living” (PROG_TG_01).

Transgender people are also misunderstood because sexual orientation and gender identity are so often conflated, as evidenced in the belief that **transgender is the same as homosexual/gay**. The lack of understanding of trans people, including their conflation with men who have sex with men (MSM), is one reason they are not included as an official “key population” in the *Kenya AIDS Strategic Framework*²⁵ but are grouped with MSM in *The Prevention Revolution Roadmap*.²⁶ The second reason, related closely to the first, is that efforts have not been made to capture information about transgender people in Kenya — making it difficult to advocate for programming for them. As stated by respondent GOV_08, “It is more difficult to get support for transgender people because there is very little data on them. They are very few and not known; most people believe they don’t exist.” The lack of inclusion in policy translates to a lack of programming, and transgender people are not targeted with the information they need to understand and reduce their HIV risks.

Respondents also noted that for many transgender people in Kenya, pressing issues such as transitioning, avoiding violence, and finding ways to support themselves economically are more of a priority than avoiding possible HIV infection. “For transgender people, sex is the least of the issues — they already have identity and acceptability issues to deal with. Similarly, HIV is not an issue for them” (GOV_3).

Service Uptake

Respondents noted that beliefs that reflect the marginalization of transgender people — including **transgender is a Western invention and not African; transgender people are cursed or possessed; and transgender people are confused or mentally ill, and they need to be fixed or grow out of it** — lead to the provision of services that are completely inappropriate and often damaging:

- “Some people take transgender people to witch doctors believing that they are cursed and the demons should be removed from them” (HCW_TG_03).

- “What people don’t understand, in Kenya, is ruled out as witchcraft. This leads to stigmatization of transgender people and makes society unsafe for them, which brings difficulty in accessing safe spaces” (HCW_TG_01).

As a result, transgender people will avoid health services altogether, or not disclose that they are transgender when they do seek care, creating a missed opportunity for service providers to offer referrals or discuss HIV risk. As noted by respondent HCW_TG_02, “Gender presentation hinders trans people to go to a clinic for fear of being recognized not being the gender they present, which might translate to violence.”

Furthermore, within both health and mental health facilities, respondents noted that doctors have limited information on transgender health and often discriminate against trans people. Many psychologists are reportedly unwilling to offer therapy to trans people dealing with depression or other mental health issues. Even those willing to provide HIV-related services to transgender people may not have the information they need. For example, few providers can speak to interactions between antiretroviral drugs and gender-affirming hormone therapies.

These beliefs, as well as the assumption that **transgender is the same as homosexual/gay**, contribute to the idea that there is no need for trans-specific HIV services (e.g., integrating hormone replacement therapy and gender reassignment surgery in HIV programming). This is a missed opportunity for offering trans-competent care, as respondents noted that trans people prioritize gender affirmation services over services related to sexual behavior such as HIV and sexually transmitted infections: “They have less interest in sex as compared to affirming their gender” (REP_TG_04). Offering trans services within MSM services is seen by the transgender community as inadequate and as further evidence that programmers do not understand them. As respondent PROG_TG_02 stated, “The soup is spoiled by the name! If it is designed for MSM let it be for MSM.” Further, respondent REP_TG_05 said, “People think we belong in the same category. Theirs [MSM] is about sexual needs while ours [trans people] is about gender issues!”

The few trans-specific services that are available are expensive and only offered by private providers. Respondents noted that

BOX 3. MULTIPLE VULNERABILITIES

In addition to the violence, stigma, and discrimination stemming from the gender norms that exist in society, vulnerabilities related to age and HIV status were also raised by gender analysis respondents.

Transgender people living with, or perceived to be living with, HIV were described by gender analysis respondents as a group who experiences additional challenges. One health care worker noted, “First of all, when you are trans the community is yet to accept you and when you become HIV-positive it’s even worse” (HCW_TG_02). Another said, “They are double stigmatized. HIV is a stigma and [being] transgender is also not allowed. So the trans women are blamed more on everything that goes wrong” (HCW_TG_03).

Young transgender people were seen by respondents as highly vulnerable to HIV infection when compared with their older counterparts. As respondent REP_TG_01 described: “With young transgender people there is over indulgence in reckless behaviors like unprotected sex, using drugs, and they are also prone to be in the street.” Although respondents did not elaborate on why young transgender people may engage in riskier behaviors, global evidence suggests that violence; isolation from family and friends; and stigma, discrimination, and abuse from their communities contribute to increased HIV risk among young transgender people. These same factors also decrease the uptake of services among transgender youth.²⁷

many trans people, who are often excluded from the workforce, cannot currently afford gender-affirming services from private providers. “Some of the transgender people do not have money to access the services, they can only afford the money for the [hormonal] drugs, they don’t have the consultation fee, and I go an extra mile of giving them free services since they have already come and I cannot chase them away” (HCW_TG_03).

OPPORTUNITIES

Respondents noted that Kenya's constitution accords basic human rights — the right to human dignity, privacy, security, and freedom of expression and association — to everyone, and serves as a foundation for the trans community to build upon in advocacy efforts. Legal opportunities such as the right to form organizations have encouraged trans rights groups in Kenya to begin to mobilize and advocate for inclusion in policies and programming, and some trans-led advocacy efforts are under way. The trans community in Kenya has successfully advocated against condemning litigation, including on the issue of personal identification documents. They are also working to sensitize members of the judiciary and to advocate for legal and policy reforms to improve transgender people's ability to change their official documents to reflect their gender identity. A program based in Nairobi is working to change the public mentality toward transgender people through campaigns to raise awareness, and plans are under way to develop a transgender-led health and HIV program that will provide holistic services, including gender-affirming services and HIV-related services, to trans people in East Africa.

Efforts are also underway to address gaps in data. An Africa Trans* Estimates Survey and a national baseline survey will establish the numbers of transgender and intersex people in Africa and Kenya, respectively, and include other key information to inform trans-specific programming. These surveys are likely to benefit the trans community by confirming the existence of trans people (including to policymakers) and correcting misconceptions about trans people. The national survey will also likely standardize the use of data collection methods to accurately identify transgender people.

Importantly, the Kenya Ministry of Health has begun to work more closely with transgender people, and transgender-led organizations increasingly see HIV as an important concern for their communities — opening new possibilities for collaboration.

It is possible to reach transgender people via social media and direct outreach workers. These are accepted models used by trans-serving organizations and by individual transgender people to identify gender-affirming therapies and information on transitioning.

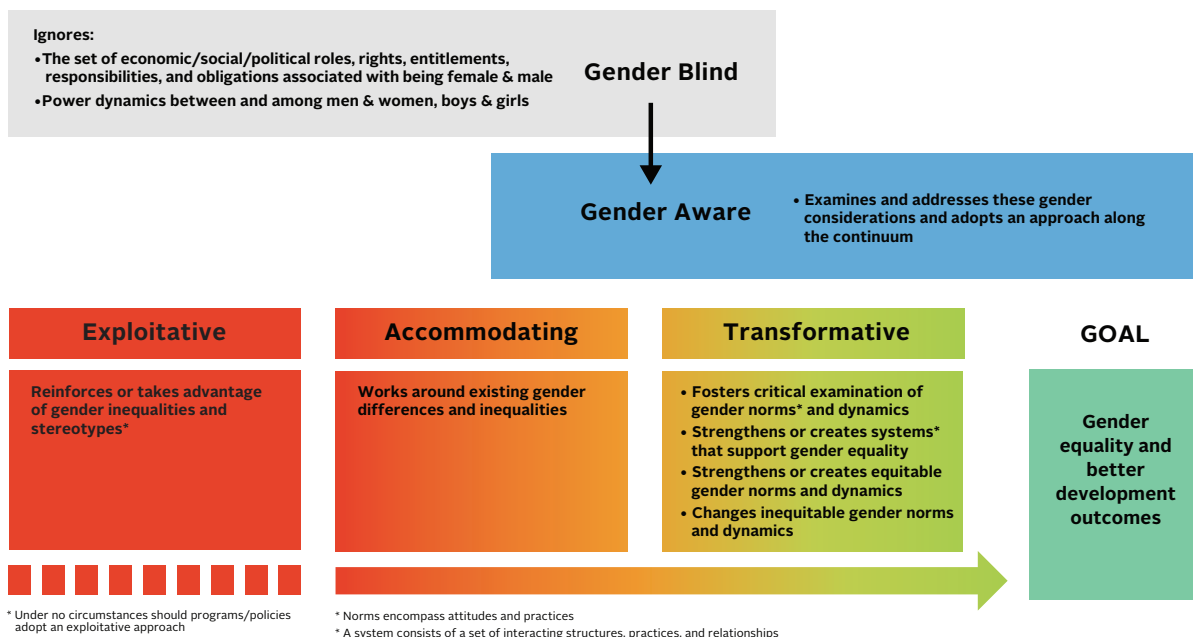
Other opportunities specific to HIV programming are as follows:

- Transgender people prioritize gender-affirming care and mental health care. Offering these services or referrals to trans-competent services via HIV programming would attract transgender clients.
- Transgender sex workers could be made to feel more welcome in existing sex work programs. Although this is unlikely to meet all of their needs, it does present an opportunity to increase service provision to those most at risk.
- Staying healthy, including through knowing your HIV status, makes it easier for transgender people to transition. This message could encourage HIV service uptake.

NEXT STEPS FOR GENDER-INTEGRATED PROGRAMS FOR TRANSGENDER PEOPLE

Knowledge of the ways that gender norms and inequalities affect trans people's vulnerability to violence, HIV risk, and HIV service uptake

FIGURE 2: IGWG Gender Equality Continuum Tool



can inform current and future gender accommodating or gender transformative programming for transgender people in Kenya. As defined in the USAID Interagency Gender Working Group's (IGWG) *Gender Equality Continuum Tool* (see **Figure 2**), **gender accommodating** programs acknowledge, but work around, gender differences and inequalities to achieve project objectives.

Gender transformative programs aim to promote gender equality and achieve program objectives by 1) fostering critical examination of inequalities and gender roles, norms, and dynamics; 2) recognizing and strengthening positive gender-related beliefs that support equality and an enabling environment; and 3) promoting the relative position of marginalized groups and transforming the underlying social structures, policies, and broadly held social norms that perpetuate gender inequalities.

Looking at the gender-related beliefs that should be considered in such programming (presented in **Figure 1**), it is also possible to make connections back to the gender norms that underlie these beliefs. The norms most relevant to the gender-related beliefs affecting transgender people are:

- Sex assigned at birth dictates gender identity and gender expression (i.e., transgender people either do not exist or are simply confused).
- Men are superior to women/masculinity is superior to femininity.
- Sexual orientation and gender identity/ expression are the same thing.
- A woman's value comes from her appearance.
- Violence against women is acceptable.

Gender transformative programming in particular should consider both how to challenge the specific harmful belief that is relevant to transgender people (e.g., transgender people are mentally ill) and the underlying gender norm. The following are our recommendations for both gender accommodating and gender transformative programs serving transgender people in Kenya.

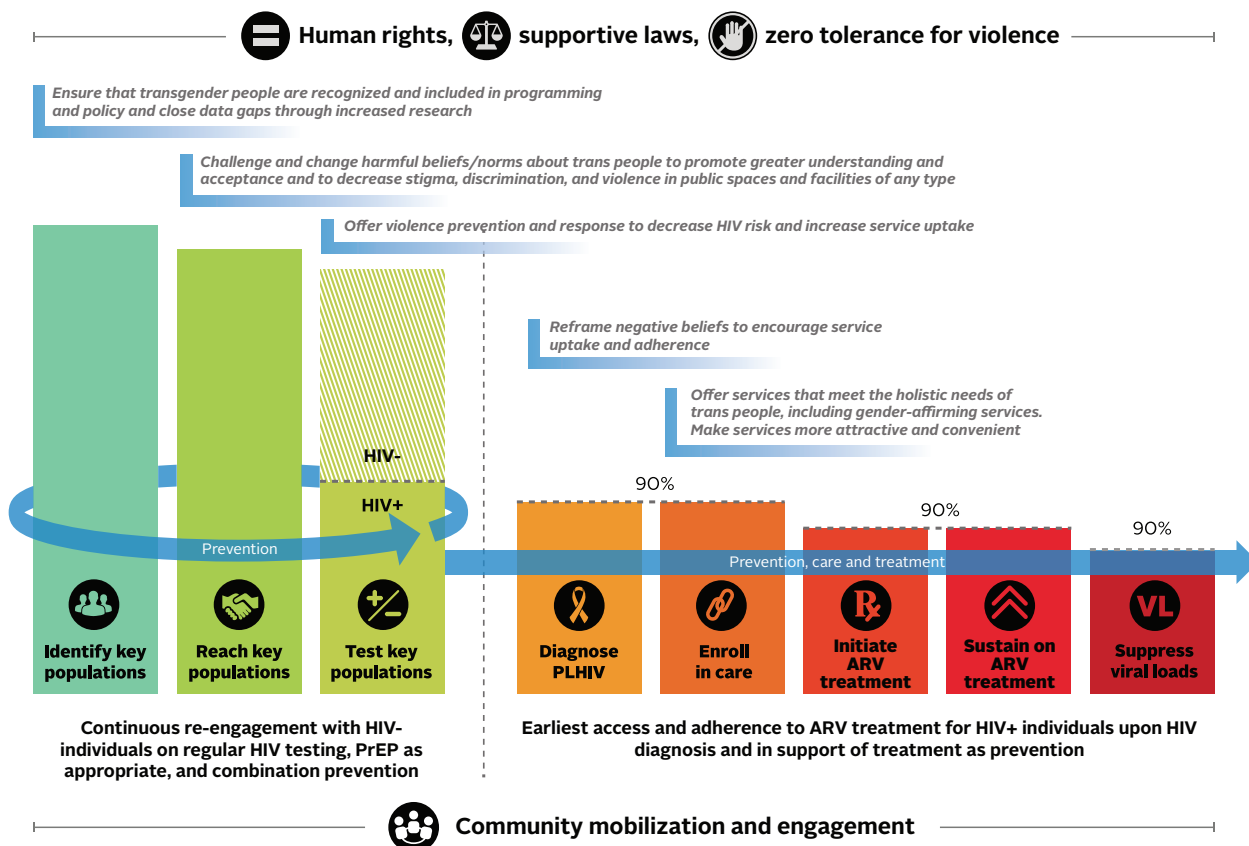
Figure 3 demonstrates the relevance of the recommendations to achieving the 90-90-90 targets.

Recommendations

- **Include transgender people as a key population in the Kenya AIDS Strategic Framework** to promote their visibility and ensure that research and programming efforts with the transgender community are sufficiently funded.
- **Train clinic staff to provide trans-competent care at strategically selected sites offering HIV services.** Advocate to the Ministry of Health for both in-service and pre-service training for clinicians so that they become familiar with who transgender people are. Have trained clinicians at locations that will not immediately “out” someone as transgender when they visit (e.g., if a transgender woman attends an MSM clinic, it will be clear that she is transgender). Clinical services could be offered at specific times to ensure trans-friendly providers are available. See *LINKAGES Health Worker Trainingⁱ and Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions* [the *TRANSIT*].⁵

ⁱUnlinked resources can be requested by writing to LINKAGES@fhi360.org.

FIGURE 3: Application of Gender Analysis Recommendations to HIV Prevention, Care, and Treatment Cascade



- **Increase the provision of holistic care, including the provision of gender-affirming services (see Box 4), in clinical settings that offer HIV services.** Services include contraception, mental health, and services addressing the specific needs of trans sex workers (e.g., pre-exposure prophylaxis), young trans people (e.g., economic strengthening), and trans people living with HIV (e.g., addressing concerns about combining antiretroviral therapy with hormone therapy). Holistic service provision could be facilitated by developing memoranda of understanding with individual clinics that commit to providing trans-competent care. See the *TRANSIT*.⁵
- **Provide support so that community-based organizations and health care facilities that transgender people already know and trust can offer HIV-related information and services.** Work with trans leaders and health care workers (including mental health workers) who support the transgender community to raise awareness about HIV as a concern. Provide access to trans-competent presenters who can come to these organizations and facilities and provide information and training on HIV prevention, care, and treatment. At the same time, HIV-focused programmers and providers should attend events put on or supported by trans-led community-based organizations to learn more about the

community and learn from health care workers that transgender people already trust.

- **Integrate violence response services into HIV-related services for transgender people.** Train all those working with transgender people to provide first-line violence response and develop a network of referral services to meet the needs of transgender people who have experienced violence. Ensure that all referral points in the network, especially those that may be a first point of contact (e.g., the police), can share time-sensitive information on HIV services such as post-exposure prophylaxis. Document incidences of violence experienced by transgender people — including documenting them by gender (i.e., trans men and trans women) — and actions taken to address them. See *LINKAGES Violence Screening and Response Training*.¹
- **Work directly with perpetrators of violence, such as the police, to prevent violence.** Training for the police should include information on ways that gender-related beliefs specifically condone or encourage violence and, ultimately, should counter the belief that transgender people deserve violence. See *Responsive Law Enforcement for HIV Prevention: A Manual for Training Trainers to Sensitize Police on Their Role in a Rights-based Approach to HIV Prevention among Key Populations* for a Kenya-specific training resource.²⁸
- **Explicitly discuss and challenge the gender-related beliefs that put transgender people at risk for HIV and violence as well as limit their uptake of services.** Use peer education to talk about where these beliefs come from, how gender-related beliefs affect individual and collective behavior, and how we can challenge harmful gender norms in our daily lives. At the same time, develop messages that reframe harmful gender-related beliefs to make them positive and conducive to service uptake. For example, use “Being true to yourself takes bravery” instead of “Transgender women have degraded themselves by becoming women instead of remaining men.”
- **Invest in empowerment for transgender individuals and organizations.** Ensure that transgender people have a seat at the table when decisions about KPs are made and

invest in capacity building for transgender-led organizations to ensure their full participation (see the *TRANSIT*).⁵ Build solidarity and encourage collective action by developing support groups for transgender people with common experiences (e.g., individuals living with HIV) and offering spaces where transgender community members can safely come together.

- **Invest in community education and awareness, both inside the transgender community and with the broader community,** to promote greater understanding and acceptance of transgender people. In the process, directly counter the misinformation described under gender-related beliefs. Share these messages through outlets that transgender people already use, such as social media.
- **Employ monitoring and evaluation that disaggregates KP programming data in a way that correctly identifies transgender people.** See *Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care & Services* for a two-step question that can collect accurate information and not discriminate against people whose sex assigned at birth is different from their gender identity.²⁹
- **Conduct further research, in collaboration with the transgender community, to estimate population size and inform programming for transgender people.** Use this information for advocacy, including data-driven decision making regarding the creation of a clinic that is exclusively for trans people.

BOX 4. GENDER-AFFIRMING SERVICES

- Information on transitioning (e.g., where hormones can be accessed, how to determine the required dosage, and the procedures that must be followed to transition in Kenya)
- Information on how hormones interact with antiretroviral drugs
- Provision of hormones or referrals to organizations that provide hormones
- Referrals to organizations that provide legal services to transgender people (particularly around changing official identification)

CONCLUSION

Gender analyses have been conducted in projects working with women and girls for many years. Conducting a gender analysis in the context of transgender people and HIV is a new area of work. Another unique feature of this research is the partnership it created within and across civil society, transgender-led community groups, and the government. Since this research began, transgender groups and the Kenya Ministry of Health have already begun to meet more frequently to ensure that services are also tailored to this key population.

Our research adds to the body of knowledge that shows that harmful gender norms impact HIV-related outcomes. Trans people’s HIV risk,

¹Unlinked resources can be requested by writing to LINKAGES@fhi360.org.

vulnerability to violence, and service uptake are all affected by both conforming to gender norms and being seen as non-conforming. In the context of HIV in Kenya, this research provides evidence that addressing gender norms and the beliefs that stem from them in HIV prevention and care interventions is essential. Recommendations made here will assist both implementers and the government in using the research findings to enhance programs and policies for transgender people.

Kenya is making progress toward improving trans programming, including closing gaps in data through a baseline survey and closer collaboration between trans-led organizations and the Ministry of Health. Transgender-led organizations are advocating for trans visibility in national policy and guidelines and empowering trans people to understand and act upon their rights. Moving forward, specific efforts to include transgender people as a KP in the national HIV strategy is likely to make

the most lasting difference in their access to tailored HIV services. Violence prevention and response are also vitally needed.

Finally, gender transformative programming for trans people could play a role in larger efforts to promote gender equality and end stigma and discrimination. Reducing the rigidity of what it means to be a man or woman and the superiority associated with one gender over another would benefit all Kenyans.

Learn more about LINKAGES by visiting www.fhi360.org/LINKAGES or writing to LINKAGES@fhi360.org.

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