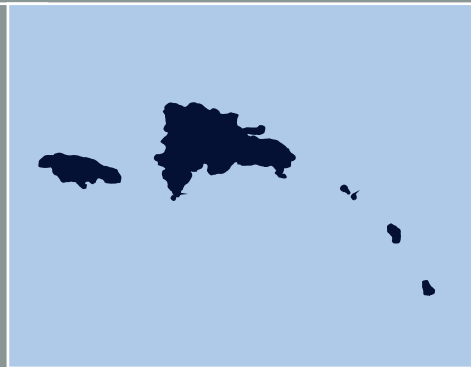


# policy

September 2015

## **TRANSFORMING CARE:**

Tools to understand and meet the health needs of transgender people in Latin America and the Caribbean



*Facilitators' Manual*

This publication was prepared by Marcio Maeda and Madison Mellish of the Health Policy Project

.....

Suggested citation: 2015. *Transforming Care: Tools to understand and meet the health needs of transgender people in Latin America and the Caribbean*. Washington, DC: Futures Group, Health Policy Project.

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). HPP is implemented by Futures Group, in collaboration with Plan International USA, Avenir Health (formerly Futures Institute), Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.

.....

---

# **TRANSFORMING CARE:**

**Tools to understand and meet the  
health needs of transgender people  
in Latin America and the Caribbean**

**Facilitators' Manual**

---



# CONTENTS

Introduction to the manual .....	vii
Session 1: Introduction to gender identity and sexual diversity .....	1
Session 2: Transphobia and stigma faced by transgender people .....	19
Session 3: Meeting the health needs of transgender people .....	31
Session 4: Transgender people and HIV .....	49
Session 5: Deepening our understanding of transgender lives .....	67
Session 6: Planning the way forward .....	77
Appendix A: Handouts and materials .....	87
Appendix B: References and resources .....	117



# TRANSGENDER

*[trans-jen-der, tranz-]*

A diverse group of individuals whose gender identity and/or gender expression differs to varying degrees from the sex they were assigned at birth





.....

# **INTRODUCTION TO THE MANUAL**

.....

# Acknowledgments

The authors would like to thank Esther Corona, Asa Radix (Callen-Lorde Community Health Center), and Cecilia Yoon (Center for Special Studies at the New York-Presbyterian Hospital) for their technical contributions and support in the piloting of clinical information on transgender health. HPP is grateful to Sue Clay (consultant) who developed the didactic content of this manual, and Alexandra Brandes (USAID), Britt Herstad (USAID), and Noah Metheny (USAID) for their technical reviews. This manual is a product of contributions from many HPP technical staff. Specifically, the authors acknowledge: Sandra Duvall for her invaluable contributions to the advocacy content of this manual; Molly Fitzgerald for developing the original technical content for the program that led to the creation of this manual. Several members of transgender communities in Barbados, Dominican Republic, and Jamaica were instrumental in the development of relevant material for this manual, including Kookie Jennings and Laura Garcia in Jamaica, Donovan Emmanuel in Barbados, Christian King and Stephanía Hernández from the Dominican Republic. Most importantly, HPP acknowledges and thanks the participation of transgender civil society organizations across the Latin America and Caribbean region who participated in consultations and activities that made this manual possible. This manual is a product of their valuable time, contributions, and willingness to share their life experience, which is central to the needs and improvements of transgender health.

I am always anxious when I need to see the doctor. When I get the courage to go to a clinic or health center and see staff making fun of me, of the way I look like or talk, and treat me without the respect I see them treat others right next to me, I really feel like never going back. But where am I supposed to go when I feel sick?

*Transgender activist, Dominican Republic*

This training manual has been developed to help organizations and institutions to create greater understanding and increase awareness, particularly among health professionals, about meeting the needs of transgender clients.

In the Caribbean, transgender people are among the groups most affected by HIV; specific risk factors for transgender women include receptive anal sex and lack of access to formal hormone treatments which can result in sharing used needles for hormone injections. Limited employment opportunities due to transphobia lead to greater vulnerability due to homelessness and sex work. Lack of awareness and stigma in health facilities are further barriers to HIV prevention.

Although there is a lack of regional data, a recent global study shows that transgender women are 49 times more likely to have HIV compared to other adults of reproductive age.<sup>1</sup>

In Barbados, the Dominican Republic, and Jamaica, one of the key factors influencing the invisibility of transgender people is the high level of stigma and discrimination (S&D). Stigma reduces opportunities for transgender people in terms of education and employment and can result in isolation and marginalization. While stigma occurs in all spheres of life, the experience of stigma and discrimination in the health system itself can be especially harmful. Global evidence demonstrates that stigmatizing attitudes among health workers undermine access to prevention, treatment, and care.

Transgender people are also much less likely to use health services because of high levels of stigma and discrimination. Very few health professionals know about the needs of transgender clients and there is a lack of targeted training, both in-service and in nursing and medical schools

As understanding of gender identity increases, there is growing recognition for the need to develop programs and

Trans is an adjective used as an umbrella term to refer to persons whose gender identity and/or gender expression does not correspond with the social norms and expectations traditionally associated with their sex assigned at birth.<sup>2</sup>

1. (Baral S.D., Poteat, T., Strömdahl, S., Wirtz, A.L., Guadamuz, T.E., Beyrer, C. 2013. "Worldwide burden of HIV in transgender women: a systematic review and meta-analysis." *The Lancet Infectious Diseases*. 13(3): pp. 214-22).
2. Pan American Health Organization (PAHO), John Snow, Inc., World Professional Association for Transgender Health, et al. 2014. *Blueprint for the Provision of Comprehensive Care for Trans Persons and Their Communities in the Caribbean and Other Anglophone Countries*. Arlington, VA: John Snow, Inc.

resources that address the specific needs of transgender clients, rather than including them in programs designed for other groups, in which transgender issues often get sidelined, or worse still, disregarded.

In response, the USAID- and PEPFAR-funded Health Policy Project (HPP) developed this training manual to support the training of healthcare workers in the Caribbean region and to strengthen their capacity to provide high-quality, stigma-free health services for transgender people.

## Background: Transgender Health in the Caribbean

The actual size of the transgender population in Latin American and Caribbean countries such as Barbados, the Dominican Republic, and Jamaica is difficult to ascertain. Formal studies on the prevalence of HIV among transgender and gender-non-conforming identities in the region have not been conducted, and efforts to achieve realistic estimates are fraught with enormous difficulties.<sup>3,4</sup> However a recent collation of ten studies suggests global prevalence figures range from 1 in 11,900 to 1 in 45,000 for transgender women (male to female) and 1 in 30,400 to 1 in 200,000 for transgender men (female-to-male).<sup>5</sup> Some scholars have suggested that the prevalence is much higher, depending on the methodology used in the research, since data are often collected through specialized gender dysphoria clinics, which either do not exist in many parts of the world or are perceived by most sectors of society to be unaffordable.

Stigma and discrimination (or transphobia) in public health facilities has many consequences on the health of transgender clients:

- Transgender people may avoid the use of health services completely, or report only when they are very sick.
- Some transgender people self-medicate or take medical advice from friends rather than seeking services from licensed providers.
- Transgender people may be fearful of giving too much information about their lifestyle because of discriminatory laws, which can result in misdiagnosis or a lack of correct information and advice.
- Transgender people may report very late to test for sexually transmitted infections (STIs) and HIV or may not test at all.

Collection of HIV data among transgender populations has relied on methods that are too simplistic to accurately and effectively capture critical information to assess incidence, prevalence, and infection trends. The way in which sex and gender are asked of clients and patients—when asked at all—is incomplete. It assumes that all people fit into strictly binary systems identifying individuals as either male or female. Because HIV surveillance and data collection methods do not always capture or understand complexities among diverse people, transgender women are often counted as men who have sex with men (MSM).

Barbados, the Dominican Republic, and Jamaica have made progress over the past decade in reaching out to key populations, but the political and cultural context of high rates of homophobia and transphobia, as well as rigid gender

3. Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W.J., Monstrey, S., Adler, R.K., Brown, G.R., Devor, A.H., Ehrbar, R., Ettner, R., Eyster, E., Garofalo, R., Karasic, D.H., Lev, A.I., Mayer, G., Meyer-Bahlburg, H., Hall, B.P., Pfäfflin, F., Rachlin, K., Robinson, B., Schechter, L.S., Tangpricha, V., van Trotsenburg, M., Vitale, A., Winter, S., Whittle, S., Wylie, K.R., and Zucker, K. 2012. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People. Professional Association for Transgender Health (WPATH).
4. Zucker, K. J., and Lawrence, A. A. (2009). "Epidemiology of gender identity disorder: Recommendations for the standards of care of The World Professional Association for Transgender Health". *International Journal of Transgenderism*, 11(1), pp. 8–18.
5. Olyslager F, Conway L. On the calculation of the prevalence of transsexualism. Paper presented at: World Professional Association for Transgender Health 20th International Symposium; September 5-8, 2007; Chicago. - See more at: <http://www.psychiatrictimes.com/gender-issues/working-transgender-persons/page/0/4#sthash.pk7TKG8q.dpuf>

and social norms and a criminalized environment, make this challenging. Traditional gender norms of masculinity and femininity contribute to homophobia and the related silence, denial, stigma, and discrimination against transgender people. These norms affect access to accurate prevention information, power to negotiate consistent and correct condom use, and, if living with HIV or AIDS, access to treatment, care, and support.

Most clinicians in these countries do not receive any training on transgender health or broader issues of gender identity and sexual diversity. As a result, they are ill-equipped to provide optimal clinical care to transgender people. The Caribbean region, including the governments of Barbados, the Dominican Republic, and Jamaica, recognize the presence of high levels of stigma and discrimination within the healthcare sector and beyond, and that stigma and discrimination present particular barriers relating to HIV and sexual diversity. The need to sensitize and strengthen the capacity of healthcare workers to address the specific needs of transgender people in order to positively impact prevention, care, and treatment outcomes in all three of these countries has been recognized.

## About this Manual

The aim of this manual is to provide a set of tools which will enable clinicians and others involved in the care of transgender clients to increase their knowledge and understanding about the lives of transgender people and their specific healthcare needs, and that this will, in turn, reduce stigma and discrimination to create more open and welcoming services that will improve the health of transgender people.

The manual is written for trainers, and includes a structured training program with a series of training exercises and activities. The training is designed to be as participatory as possible, so that all participants engage in the learning; to support this process, the manual contains notes for trainers about the most effective way to facilitate the training exercises as well as tips about participatory facilitation.

## Overview of the Training Manual

The manual has three sections:

1. **Introduction:** This section includes information about the manual and a section on participatory facilitation skills.
2. **Training Program:** The three-day training program is broken down into six sessions, each containing a series of exercises.
3. **Appendices:** This section includes handouts, resources, and useful links for further training.

## How Did We Develop the Manual?

The manual was developed through an eighteen-month process of piloting materials and testing approaches in Barbados, Jamaica, and the Dominican Republic. This process involved input from stakeholders in all of the countries (including members of government, civil society, healthcare workers, and members of the transgender communities) as well as input from international experts in transgender health.

Some of the exercises contained in this manual are drawn from other training resources<sup>6</sup> which have been used in many other countries; some have been adapted to fit the content of this particular training program, and others are new exercises designed specifically to explore these topics.

6. Corona, E. and Arango, M.C. 2013. Ampliándonos hacia lo diverso: manual de capacitación sobre salud sexual y diversidad sexual para profesionales de atención primaria en salud. Arlington, VA: AIDSTAR-One.

## Who Is the Manual for?

The manual is written for trainers who are familiar with participatory training methods in adult education who wish to deliver training about the health needs of transgender clients to health facility staff.

It is intended for use by individuals and organizations who are working with healthcare staff to make health services in the Caribbean more friendly and accessible for transgender clients.

The manual also contains useful information and exercises for trainers who wish to integrate transgender health issues into existing training programs.

## Involving transgender trainers

One of the most successful strategies for reducing stigma and creating greater understanding is the meaningful involvement of stigmatized populations in decisions and programs that affect them.

The training program in this manual is based on the assumption that, wherever possible, members of the transgender community will be included in the facilitation team. This will ensure that a wide range of expertise and experience around gender and sexual diversity is represented and will help to tackle misperceptions of transgender people among the audience.

Involving transgender facilitators in active roles in the training will help to change attitudes and at the same time provide transgender trainers with opportunities to teach others, thereby reducing their own self-stigma and building their capacity to take a positive role in the community.

We can give people information which may help them understand more about who we are, the discrimination we face, and the ways in which we can be fully welcomed into our workplaces, families and communities. This education is critical to the success of our movement for transgender equality.

*Tanis, J. 2009. Teaching Transgender: A Guide to Leading Effective Trainings. Washington, DC: National Center for Transgender Equality, 2009. Available at [http://transequality.org/Resources/NCTE\\_Teaching\\_Transgender.pdf](http://transequality.org/Resources/NCTE_Teaching_Transgender.pdf)*

If you are an ally training alongside a transgender facilitator remember that it takes courage for your co-facilitator to stand in front of a group of people and share experiences from their life. It is also a very powerful step that has the potential to change hearts, minds, and lives. Your support will be crucial.

Be aware that some participants may hold negative attitudes toward transgender people, so it is important that facilitators can handle the expression of those beliefs and opinions in a sensitive manner, but also be able to support each other to gently challenge hostile comments or ignorance (see Facilitation Tips on *Handling Difficult Questions*).

## Who Is the Training for?

The target audience for the training program is health workers. This includes doctors, nurses, and other clinical staff.

Some of the less technical exercises in the manual can be used with other staff in the health centers like security guards, receptionists, and administrative staff. It is important to train staff at all levels to ensure that they are aware of the importance

of ensuring that the service is friendly and accessible to transgender clients, and to be aware of the role that they can play in combating stigma.

When planning the training, consideration should be given to whether all levels of staff are trained together or separately, according to their role or profession. This should be a decision made with the health center since organizational cultures may differ. It will be best to include no more than 20 trainees per session to ensure greater participation.

In some settings, all staff have been trained together and this proved to be effective in building a sense of solidarity in striving to make services stigma-free. In other settings, however, the inherent hierarchy often present in health settings was viewed as a barrier to the participation of lower-grade staff and separate training sessions were more appropriate.

## The Training Program

The training program is divided into six half-day sessions (approximately three hours each). These sessions can be run consecutively as a three-day training course, or as six half-day separate sessions to accommodate the time available in the health facilities. They follow a logical sequence and should be run in the order they appear in the training program. Each session has a theme and builds on the content of the previous session, so it is important that participants attend all the sessions.

SESSION	THEME
Session 1	Introduction to gender identity and sexual diversity
Session 2	Transphobia and stigma faced by transgender people
Session 3	Meeting the health needs of transgender people
Session 4	Transgender people and HIV
Session 5	Deepening our understanding of transgender lives
Session 6	Planning the way forward

All the exercises use a participatory approach—one based on discussion, small group activities, case studies, and other participatory methods (e.g., role-playing, card storming) to make the learning lively and fun. Participants learn through sharing ideas, discussing and analyzing issues, relating new concepts to their own experiences, trying to find solutions to problems, and planning what they can do to increase access to health services for transgender clients.

This approach fosters a sense of initiative and responsibility on the part of learners and reinforces their ability to think for themselves—a feature needed in building self-reliant action and advocacy. Ideally, through the training the healthcare staff will see the importance of supporting transgender communities by advocating policy change in support of greater access to services.

The training program does contain some PowerPoint presentations to convey new concepts or information, with the proviso that the trainer will make these presentations as interactive as possible.

## How to Use the Manual

The manual is written for trainers. It provides detailed, step-by-step instructions on how you can plan and facilitate the training exercises. Basic facilitation skills are needed to conduct this training. These skills and techniques are explained in the *Participatory Facilitation Skills* section.

### Planning the training sessions

Read through each session with your co-facilitator to ensure you understand the exercises, timing, and sequence. If you are running the training as six separate sessions, remember to include thirty minutes at the beginning of each session for an opening welcome session and some kind of recap or opening round to help the group reconnect. For example, give each participant a turn to say something they remember from the last session, or to say something that has happened since the last session that relates to the training.

Prepare all the materials that you will need for the session in advance and think about the room arrangement needed for each exercise. Additionally, if there is a PowerPoint presentation, practice it ahead of time.

### Layout of the exercises

Each exercise is laid out in the same format so it is easy to follow and facilitate.

**Facilitators' Notes:** A brief note to the facilitators on the aim of the exercise and any extra advice on how to facilitate it.

**Objectives:** The aim of the session; what participants will know or be able to do by the end of the session.

**Time:** Estimated amount of time needed for the session. This will vary according to the size of the group.

**Preparation:** Things to consider before you start the exercise. This includes things like arrangement of the room or chairs, deciding which wall space to use, and setting up the projector.

**Materials:** The materials needed for the exercise, such as copies of case studies or role-plays and handouts. [Basic materials like flipcharts, markers, masking tape are not listed as these should be readily available.]

**Steps:** The activities to implement the exercise step by step.

**Summary Points:** Most of the exercises include some key summary points that you can include as you wind up the exercise. Often the points will already have been brought up by the participants so there is no need to repeat them. Sometimes the exercises finish with a simple set of processing questions and the discussion that follows acts as a summary.



## Participatory Facilitation Skills

The training program uses a participatory approach based on discussion, small group activities, case studies, and other participatory methods to make the learning lively and fun. Participatory methodology has been shown to be the most effective approach for adult learning, particularly when the goal is for the learning to create lasting and profound changes in the participants' knowledge, skills, and attitudes.<sup>7</sup>

Much of the methodology links to the principles of “dialogue education” developed by Jane Vella, which builds on the work of renowned educationalists Paulo Freire and Malcolm Knowles. This approach to adult learning is based on the principle that adults have enough life experience to be in dialogue with any teacher about any subject and will best learn new knowledge, attitudes, or skills in relation to that life experience.

Participatory methodology is based on assumptions that

- Adults are self-motivated.
- Adults expect to gain information that has immediate application to their lives.
- Adults learn best when they are actively engaged.
- Adult learning activities are most effective when they are designed to allow students to develop both technical knowledge and general skills.
- Adults learn best when they have time to interact, not only with the instructor but also with each other.
- Adults learn best when asked to share each other's personal experiences at work and elsewhere.

The idea behind the exercises in this manual is to involve the participants as much as you can. This section includes some tips for ensuring maximum participation as you facilitate the course.

---

7. Vella, J. 1994. *Learning to Listen, Learning to Teach*. San Francisco: Jossey-Bass Publishers.

## Table 1: Tips on Different Methodologies

METHOD	DESCRIPTION/REASON	TIPS
<p><b>Discussion</b></p>	<p>Participants reflect on their own experiences, share with others, analyze issues, and plan for action together.</p> <p>Discussion or dialogue is one of the crucial components for adult learning. It is an important step in any exercise as it gives participants an opportunity to “process” what they are learning. It can be in pairs, small groups, or in plenary.</p>	<ul style="list-style-type: none"> <li>■ Use open questions to start the discussion.</li> <li>■ Observe carefully to ensure everyone is able to participate.</li> <li>■ Use rephrasing skills to increase the group’s understanding and affirm participants’ contributions.</li> <li>■ Ask your co-facilitator to record key points in a large group discussion.</li> </ul>
<p><b>Small group work</b></p>	<p>This technique enables greater participation, especially if some participants find it difficult to participate in large group discussions; small groups can be used to carry out tasks, dividing up topics to cover more aspects of a subject.</p>	<ul style="list-style-type: none"> <li>■ Plan your “group splitters” — divide into groups quickly and efficiently.</li> <li>■ Use fun group splitters that act as energizers at the same time.</li> <li>■ Keep changing the members in a group for each exercise.</li> <li>■ Give clear instructions and check that groups have understood the tasks.</li> <li>■ Plan the report back process (e.g., use “round robin method,” gallery, or individual group presentations—see details below).</li> </ul>
<p><b>Buzz groups</b></p>	<p>Two people sitting next to each other quickly discuss their first thoughts on a topic.</p> <p>A quick way to get a discussion or brainstorm started.</p>	<p>Buzz groups are a trainer’s secret weapon! They get instant participation and create safety so that participants are not working alone.</p> <p>After a few minutes, get a point from each pair to start the brainstorm, then allow others to contribute additional points.</p>
<p><b>Card storms</b></p>	<p>Participants, working individually or in pairs, write words or short phrases on blank cards and tape them to the wall, creating a brainstorm of ideas.</p> <p>Once everyone is finished, the cards are clustered into categories and discussed.</p> <p>Card storms are more flexible than brainstorms, as the cards can be moved around, taken away, or ordered to suit particular topics.</p>	<p>Make sure you give out plenty of cards—don’t limit the number of ideas participants can contribute.</p> <p>Involve the participants in clustering the cards into categories and then reading through or summarizing the categories.</p> <p>Use the categories to take the analysis further, e.g., with small group work or role-plays.</p> <p>Don’t forget to “process” your card storm. For example, ask the group what stands out for them, what do they learn from the points, etc.</p>

METHOD	DESCRIPTION/REASON	TIPS
<b>Case studies</b>	<p>Stories or scenarios based on real-life situations which provide a focus for discussion in small or large groups.</p> <p>Case studies can help to focus participants, and to make abstract ideas real.</p>	<p>Have a range of case studies to tackle different aspects of a topic.</p> <p>Give characters local names to make them more real (change names from the original people to ensure confidentiality).</p> <p>Give participants questions following the case studies to focus the discussions.</p> <p>Ask each group to report back from their case-study discussions.</p>
<b>Role-plays/ Drama</b>	<p>Participants act out the situations or themes, act out analysis of an issue, or try out solutions to a problem as a way of reporting what they have discussed.</p> <p>Role-play can also be used to help with skills practice.</p> <p>Drama helps to make things real.</p>	<p>Give clear instructions or descriptions of what you want to be role-played.</p> <p>Give a time-limit to ensure role-plays are brief and to the point.</p> <p>Always process the role-play. This gets participants to debrief the plays. Ask key questions like <i>What did you see happening? Does this really happen? What would help to solve this situation?</i></p>
<b>Rotational brainstorms</b>	<p>Another form of brainstorming done in small groups; each group is given a topic or question and begins by recording ideas on a flipchart.</p> <p>After a few minutes, each group rotates to the next flipchart and adds points to the existing list; during the exercise, each group contributes ideas to all topics.</p>	<p>Use this technique when there are a range of linked topics or questions.</p> <p>Remember to prepare your group splitter and to stick your questions on flipcharts before you start.</p> <p>Use a gallery report back so that you “rotate” among the answers as a large group.</p>

# 12 Tips for a successful, well-organized training

## 1. Plan together before the training

Make time to plan the training with your co-facilitators or training team. Plan down to the last detail as much as possible, so that you are clear about what each facilitator is expected to do.

If the team includes a transgender co-facilitator, discuss how you can best support each other during the training: are there specific exercises or roles that you are more comfortable leading? Are there some tasks that you would rather not take the lead on? How will you handle challenging comments together?

Read through the training program together and share your thoughts about the different exercises. Share out the roles and decide who will do what and who is responsible for each step. Take time to discuss and learn from each other.

Prepare your materials together—make copies of the case studies, questionnaires, briefing sheets, and handouts. Ensure that you have enough markers, flipcharts, masking tape, and cards.

If possible and relevant, visit the venue for the training beforehand, so you have an idea of the space and layout. Always try to use venues where the chairs and tables can be moved around, and where there is plenty of blank wall space for flipcharts and card storms.

Remember to arrange for a projector and test it out before the training starts.

Make arrangements to invite the panelists in Session 5. If possible, meet together before the training to ensure that they are briefed and know what will be expected of them.

## 2. At the start of the training, do the following:

- Arrive early at the venue to give yourself enough time to get organized.
- Prepare the room and materials; write your initial flipchart headings; make packs for the participants.
- Introduce yourselves as the facilitators and think of a short, simple way for participants to introduce themselves.
- Use ice-breakers, games, or songs to help participants relax, have some fun, and feel free in the group.
- Set ground rules. Agree on rules to ensure that everyone gets an equal chance to participate. Take time to discuss the rule around *confidentiality* so everyone feels safe to share their experiences and feelings. Ensure that participants are aware of the possible harm that breaking confidentiality could bring, including threats to individual safety (in the case of disclosing someone's gender identity or sexual orientation). Also emphasize that respect is an important part of the rules: respect for each participant and respect for different opinions, views, and life experiences.

## 3. Manage the space

Change the space and the organization of the chairs to suit your activity and provide variety:

- Start off with a circle or semi-circle so that everyone can see each other.
- For some activities, such as report backs, use a formation with participants sitting in rows close together—this adds energy and helps everyone hear better.

Change the front of the room from time to time, suited to the activity. Where possible, organize some activities outside the training room in the open air.

## 4. Work as a team

If possible, plan and run the training with another facilitator and take turns in the lead role. Support each other—if one facilitator runs into trouble, the other can help him/her out.

Meet at the end of each day to debrief how the day went and plan for the next session.

Having a team of facilitators helps to keep energy and interest levels high, as well as providing a variety of training styles for the participants.

## 5. Manage energy levels

Use fun energizers and songs to keep the participants engaged.

Check on energy levels at regular points and respond if energy is low.

Observe participants' body language. Are they yawning? Do they look bored? Tired? Ask, *How are you feeling? Is it time for an energizer or a break?*

Use your own energy as a facilitator—communicated through a strong voice and active body language—to energize the group.

Stick to time—if participants think that you will run over time for the sessions, they will find it difficult to stay engaged. Tea or coffee breaks provide a chance for re-energizing, as much as energizers.

## 6. Manage time

In a short training program there is not enough time to go into depth on all the issues. You will need to manage time carefully or your overall objective will be lost.

Agree on how much time you need for each session and work to stick to these time limits. Don't allow sessions to drag on too long, and close on time! Don't drag things on forever at the end of the day.

## 7. Give clear instructions for exercises

- Start off by telling participants what the exercise is, for example: *The first exercise is “What do we know about transgender clients?” This will involve a card storm and then some discussion.*
- Explain one step in an exercise at a time—and get participants to do it. For example, “Divide into pairs,” and then have them do it. Then explain the next step: “Each pair should discuss what they know and then write one point on each card,” and get them to do it. If you take them through all the steps in the exercise before asking them to do any, they may become confused, and it wastes time.
- Keep your instructions simple and clear, and use examples to help with understanding.
- If participants have blank looks, check that they have understood. Ask a participant to explain what he or she has understood.
- Write the instructions or discussion questions on a flipchart and use the same words that you plan to use in explaining the instructions or questions.

## 8. Working with feelings, attitudes, and sensitive topics

Training around transgender issues and stigma involves touching on peoples' long-held beliefs and attitudes, as well as sensitive topics, which can trigger emotions and feelings.

In order to support participants to explore their feelings and share experiences and thoughts openly, it is important to create a safe, non-threatening space.

The following tips may help:

- Set clear ground rules and expectations around confidentiality and listening.
- Be aware of your own feelings and fears about the topics you are going to cover. This will help you feel more confident during the exercise.
- Allow enough time for participants to share their feelings and help create an atmosphere where participants know they will be listened to.
- Remember that no feeling is *wrong*, but some participants may find it difficult to accept certain feelings.
- Feelings are a powerful tool. Use them with the group to develop dramas and role-plays, to build on stories, and as examples for the future.
- After an emotional session, you may want to take a break or do a song to help people come out of the strong emotion and pick up their spirits.

## 9. Divide into groups quickly and efficiently

- For small group work, the aim is to mix participants up—to get them working with different people. Keep changing the members in a group for each exercise.
- For each relevant exercise, plan in advance how you will split people into groups and use fun games that energize the group at the same time.
- If possible, arrange the workspace for the small groups in advance.
- After groups are formed, go around to each group to check that they are clear about the task. Ask them to explain what they are expected to do to see if they understand.

## 10. Organize report backs

After groups have done their work, you need to organize a method of report back. There are different ways of doing this:

- **Round robin reporting:** Each group presents only one point at a time going around the circle until all the points are exhausted. The group reporter should only give new points. This method helps to equalize contributions by different groups and avoids repetition.
- **One group, one topic:** Each group reports on a different topic or question.
- **Creative report:** Groups give their reports in the form of pictures or role-plays.
- **Report back in paired groups:** Sometimes you can have two small groups meet and share what they have learned. The smaller numbers allow for a more intensive discussion. Then you can ask each larger group to report on their discussion.

## 11. Record discussions on flipchart

One facilitator should take notes on the flipchart during plenary discussions. This provides a permanent visual record, helping participants see what has been discussed and what needs to be added. Writing down points triggers other ideas and provides the basis for a summary of the discussion. Here are a few tips on recording:

- Write only **the main points or key words**, not everything that participants say.
- Use **participants' own words** so they recognize their own contributions.
- Write **big and clearly** so people at the back of the room can see.
- Use **different colors**, e.g., black for the main text and red for underlining key words.

## 12. Give effective summaries

At the end of each exercise, after participants have fully discussed the issue, you should give a brief summary of what participants have mentioned that they learned. The summary is important—this is the time you help participants consolidate what they have learned—so make sure you give yourself enough time to do it well.

Use the flipchart points and add anything that was left out.

Sometimes it may be appropriate to ask a participant to summarize and then others can add to it.

Give out handouts which outline the key points and refer group members to further resources.

## Making PowerPoint presentations interactive

There is nothing worse in a training session than a long boring PowerPoint presentation, where the lights are dimmed and participants see an opportunity to take a quick nap! The energy will fall and participation levels decline to zero!

This training program includes three PowerPoint presentations:

- Session 1: Introduction to gender and sexual diversity
- Session 3: Meeting the health needs of transgender people
- Session 4: Transgender people and HIV

These presentations have been included because they help to convey new information that the participants may not have come across before. However, the presentations are designed to be short and interactive and to stimulate further discussion and learning.

Since the presentations are part of a participatory training, here are some tips to help achieve the best results:

- Practice, practice, practice: always read through the slides beforehand and practice the presentation so you know what you will say for each slide and can manage the timing. It is good to practice with your co-facilitator.
- Add your own notes: make your own notes or script as you practice to help you remember important points.
- Think about how you present: always stand up as you present and use your energy to keep interest levels up. Make eye contact with the participants and check if they are following and understanding (and not sleeping).
- Ask questions: as you present new concepts you can ask if any participants have heard of them before, or can explain them. Keep involving the participants rather than acting like a lecturer.
- Allow questions as you present: keep checking whether participants understand and grasp the information. Ask for examples or for someone to rephrase an idea.

- Keep to time: avoid running over time. If there are a lot of questions, ask participants to write them down and save them for the discussion. Stick to the points on the slides and stay on topic.
- Follow each presentation with reflection and discussion: after each PowerPoint there is an exercise that involves participants in some reflection and discussion about what they have learned, which will help to deepen their understanding and identify any areas where they have further questions.

**Please note:** If there is any possibility of a power outage in the venue where you are presenting, always have a “plan B” (e.g., write key points on flipcharts).

## Handling difficult questions

Some participants may find learning about gender and sexual diversity extremely difficult because it can challenge some of their most strongly held beliefs and ideas. This means that as a facilitator you may experience some hostility and resistance and be faced with some difficult questions.

Participants learn better when they are feeling positive and relaxed. Take time to build a sense of safety in the group, so people feel free to ask questions, explore issues, and express themselves—this is part of the process that can lead to changing attitudes and preconceptions. Be aware that some of the content can be controversial or cause some to make negative comments. Bring the tone back to a more pleasant place using your facilitation skills and best judgment.

If you are working with a co-facilitator, brainstorm together all the difficult questions that you think the participants might ask, and how you could handle them.

Here are some tips to help deal with difficult situations:

- Remember that if participants are asking questions it means that they are engaged and are thinking through the things that they are learning during the training course. It also means that you have created a safe space where participants feel comfortable to express their views and explore issues openly.
- Take advantage of opportunities for meaningful, heartfelt exchange. If participants express doubts or challenge the content, this is a chance to help them—and the group—have a deep discussion that allows people to open up their minds and hearts to new ideas.
- Don't silence the questioners—allow them to express themselves, so that any prejudices can come out, rather than be repressed. However don't let discussions get out of hand and do challenge negative attitudes, gently.
- Remember that you will not be able to change everyone's attitudes immediately. Your main focus is to provide information and opportunities for analysis and discussion.
- Keep participants' focus on everyone's right to equal treatment and access to healthcare.
- Don't feel obliged to answer personal questions—keep answers general even if someone seems to be genuinely curious.
- Don't be afraid to say you do not know. You can always refer the question back to the group (*What do others think?*) or promise to find out the answer for a later date.
- If someone asks a religious question, they may be asking in a positive or negative way. Don't feel you have to get into a religious debate; simply state your truth. For example, if someone says, “I believe that it's a sin to cross-dress,” you can simply say, “Well, I don't believe that” and move on.



## The training program

### Table of sessions and exercises

SESSION	EXERCISES
<b>1. Introduction to gender identity and sexual diversity</b>	<p>Setting the climate Pre-course questionnaire</p> <p>What do we know about transgender people? (<i>Card storm</i>)</p> <p>Introduction to concepts of gender identity and sexual diversity (<i>PowerPoint</i>)</p> <p>Attitudes and understanding: Impact on access to healthcare (<i>Small group discussions</i>)</p>
<b>2. Transphobia and stigma faced by transgender people</b>	<p>Naming stigma toward transgender people in different contexts (<i>Card storm</i>)</p> <p>Our own experiences of stigma (<i>Reflection</i>)</p> <p>Outside the boxes (<i>Mock questionnaire</i>)</p> <p>Understanding stigma in health facilities through case studies (<i>Case studies</i>)</p>
<b>3. Meeting the health needs of transgender people</b>	<p>Identifying health issues for transgender people (<i>Rotational brainstorm</i>)</p> <p>Health professionals and health needs of transgender people (<i>PowerPoint</i>)</p> <p>Exploring the psychosocial needs of transgender clients (<i>Case studies</i>)</p> <p>Skills practice role-plays: Consultation skills (<i>Video/Role-plays</i>)</p>
<b>4. Transgender people and HIV</b>	<p>Bingo (<i>Warm-up game</i>)</p> <p>What are the risks and issues around HIV for transgender men and transgender women? (<i>Card storm</i>)</p> <p>Transgender people and HIV (<i>PowerPoint</i>)</p> <p>Breaking the 'sex ice' (<i>Survey game</i>)</p> <p>Skills practice: Talking about sex with clients (<i>Scenarios and Role-plays</i>)</p>
<b>5. Deepening our understanding of transgender lives</b>	<p>Value clarification (<i>Questionnaire and discussion</i>)</p> <p>Secret questions and panel discussion (<i>Round table</i>)</p> <p>What we have learned? What does this mean to us as healthcare providers? (<i>Reflections</i>)</p> <p>Planning a stigma-free health facility</p>
<b>6. Planning the way forward</b>	<p>Introduction to advocacy and policy change (<i>Brainstorm and PowerPoint</i>)</p> <p>Key facilitation skills (<i>Brainstorm and role-play practice</i>)</p> <p>Spreading the messages: planning an awareness-raising talk (<i>Preparation in small groups</i>)</p> <p>Practice sessions (<i>Presentation and feedback</i>)</p> <p>Final evaluation</p>



---

# SESSION 1

Introduction to gender  
identity and sexual diversity

---

## Description of Session 1

Session 1 starts with a series of steps that help to “set the climate” for the training. The opening exercise gives the participants a chance to introduce themselves and share their hopes and fears.

The initial training exercise focuses on what participants know or want to know about transgender people. This is followed by a short PowerPoint presentation and then a chance for the group to reflect on how knowledge and attitudes can help to break down some of the barriers to healthcare.

OBJECTIVES	<ul style="list-style-type: none"> <li>■ To welcome participants and begin to build group norms</li> <li>■ To present an overview of course content and objectives</li> <li>■ To assess experiences, knowledge of, and attitudes toward transgender people</li> <li>■ To introduce core concepts around gender identity and sexual diversity</li> <li>■ To identify how our attitudes and behaviors can impact healthcare services</li> </ul>	
EXERCISE	METHODOLOGY	TIME
<p><b>Setting the climate</b> (pg. 3)</p> <ul style="list-style-type: none"> <li>■ Welcome/introductions</li> <li>■ Warm-up introduction exercise</li> <li>■ Pre-course assessment</li> <li>■ Hopes and fears</li> <li>■ Overview of training program</li> </ul>	<ul style="list-style-type: none"> <li>■ Games</li> <li>■ Buzz and brainstorm</li> </ul>	60 minutes
<p><b>What do we know about transgender people?</b> (pg. 6)</p>	<ul style="list-style-type: none"> <li>■ Card storm</li> </ul>	45 minutes
<p><b>Introduction to concepts of gender identity and sexual diversity</b> (pg. 7)</p>	<ul style="list-style-type: none"> <li>■ PowerPoint and discussion</li> </ul>	45 minutes
<p><b>Attitudes and understanding: impact on access to healthcare</b> (pg. 16)</p>	<ul style="list-style-type: none"> <li>■ Small group discussions</li> </ul>	45 minutes

## 1. Setting the climate

### *Facilitators' Notes*

The beginning of a training course is crucial as it sets the tone for the rest of the course. Some participants may be anxious about the training because they do not know what to expect, others may be feeling resentful that they have to attend the training when they have other work to do. As the facilitators you need to win the participants over, capture their attention, and help them to feel relaxed and valued.

Adults learn best when they relax and feel able to contribute to the learning process.

The opening session helps you to “set the climate”—take time to plan well together and prepare your flipcharts and materials. Arrange the room so that participants can see each other and there is no sense of hierarchy—a semi-circle works best for this.

Use ice-breakers, games, and songs to help participants relax, have some fun, and feel free in the group. If you can demonstrate that this training is different from other trainings, you will keep participants engaged and waiting to see what comes next.

Your aim in the opening session is also to get participants to mix and talk to as many people as possible (the warm-up, introductions and “hopes and fears” all involve partnering with different people). This will help to build group cohesion and break down any barriers that may be present due to work status, gender, class, and so on. You can help to build a spirit of “learning together.”

Take time to listen to participants’ hopes and fears about the course—you will learn a lot about people from what they say and what they see as important. Try to acknowledge all contributions so participants feel comfortable to participate.

As you move into the first exercises about transgender people, reassure participants that this is a new area for many people and that they should feel free to ask questions and not worry about saying the wrong thing. Aim to build an atmosphere where participants learn from each other as much as from the facilitators.

Use the card storm to gauge how much experience and knowledge participants have working with transgender clients and take this into account as you present the PowerPoint slides. Allow plenty of time for discussion. Some of the concepts that you present may challenge participants’ perceptions or long-held beliefs, so be patient and encourage questions. As long as you ensure that people feel safe in the group and that what they say matters, you will help to open hearts and minds.

As you move into the last exercise, you are aiming to get participants to think about what this new knowledge means for their work and how will they use the learning when they get back to the health facility. They also begin to identify some of the barriers to healthcare that transgender people face, which will link neatly to the next session.

Be sure to be prepared, have your materials ready, and set up the room to welcome any participants who arrive early. Plan on giving an opening welcome speech and using a warm-up exercise to help break the ice.

<p><b>OBJECTIVES</b></p>	<ul style="list-style-type: none"> <li>■ To introduce the training and facilitators and understand the aims of the program</li> <li>■ To help participants to feel at ease and agree on the group contract for the training</li> <li>■ To discover participants’ expectations and fears about the training</li> </ul>
<p><b>TIME</b></p>	<p>60 minutes</p>
<p><b>PREPARATION</b></p>	<p>Arrange the room: start with a semi-circle of chairs if possible (no tables) Decide on your warm-up exercise</p>
<p><b>MATERIALS</b></p>	<p>Flipcharts with the questions for “Hopes and fears” activity (step 4) Flipchart with objectives of the training (step 4)</p>
<p><b>STEPS</b></p>	<p><b>1. WELCOME AND INTRODUCTION OF THE FACILITATORS (5 MINUTES)</b> Give a simple greeting and open the training, including an introduction of the facilitation team.</p> <p><b>2. WARM-UP INTRODUCTION EXERCISE (10 MINUTES)</b> Think of a short game that you can use to get participants to meet each other and introduce themselves to the group. Here is one example, but feel free to try out your own!</p> <div style="background-color: #f0f0f0; padding: 10px; margin: 10px 0;"> <p><b>‘Walk around warm-up’</b> Ask participants to walk around the room, mingling freely. Warn them that when you shout ‘STOP!’ they should wait for instructions. Give different instructions each time, and make sure they walk around in between the instructions. E.g., <i>find someone and greet them as if you haven’t seen them for 10 years; find someone and compliment them about what they are wearing; find a partner and do a dance together.</i></p> <p>On the final instruction ask them to find a partner and tell each other about themselves—who they are, where they work, things they enjoy, etc. The pairs should then introduce each other to the larger group.</p> </div> <p><b>3. PRE-COURSE ASSESSMENT (15 MINUTES)</b> Tell the participants that you want to conduct a pre-course assessment of their knowledge and attitudes around transgender issues. Reassure them that this is not an exam, and that their answer sheets will not be shared with anyone outside of the training team, so they should be as honest as possible. Then, hand out the questionnaires and allow enough time for people to complete them. The Pre-Course Assessment is located in Appendix A (pg. 88).</p>

## STEPS

### 4. HOPES AND FEARS ABOUT THE TRAINING (20 MINUTES)

This is a quick way to find out the participants' expectations of the training and to explore any fears or worries they have. Once you have them written on the flipcharts, you can compare them to the course objectives, and address the fears.

- **Buzz in pairs:** Ask participants to turn to the person next to them and ask, *What are some of your hopes/expectations for the training?* Give participants a few minutes and wait until the "buzzing" (talking) has gone quiet
- **Round robin:** Move around the semi-circle and ask each pair to give you one point. The co-facilitator records the points on a flipchart
- **Ask participants to change seats/partners:** Ask participants to then discuss with a new partner, *What are some of your fears about the training?*
- **Round robin:** Collect one point from each pair and record them on flipchart
- **Read through the hopes and fears** and address any points that need clarifying
- **Present** the overall objectives of the training and compare them to the hopes of the participants

### 5. OVERVIEW OF TRAINING PROGRAM (10 MINUTES)

Each participant should have a copy of the training program. Present the program briefly, mentioning the topics that will be covered over the course of the training. You can go in to more detail about Session 1 (and Session 2 if you are running a three-day training) if you would like. Close by asking if there are any questions so far.

## 2. What do we know about transgender people?

### Facilitators' Notes

This is the first exercise about transgender people and the aim is to get participants discussing their experiences, thoughts, and questions about the topic in general. Keep in mind that while some participants may already be working with transgender clients, for others this may be a completely unknown topic. For this reason, it is important that participants work in pairs.

Note: if you have enough wall space you could leave the cards from this exercise up for the duration of the training and refer back to them as topics are discussed.

<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To discuss and share knowledge and experiences related to transgender people</li> <li>■ To assess participants' knowledge levels and identify the range and type of questions that the group has around transgender issues</li> </ul>
<b>TIME</b>	45 minutes
<b>PREPARATION</b>	Arrange chairs in a semi-circle facing a large wall space where you can stick the cards
<b>MATERIALS</b>	<ul style="list-style-type: none"> <li>■ Cards, markers, and masking tape</li> <li>■ Large cards or flipcharts for writing questions</li> </ul>
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. Introduce the exercise by telling the group that the aim of the exercise is to find out what they know—or want to know—about transgender people. This is a chance to share any experiences they have had, discuss particular questions that they want to ask, or explore any myths or misconceptions that they may have heard. For this activity, participants will work in pairs with the person next to them.</li> <li>2. Read through the prompt questions that may help the pairs to start their discussions. You can stick these questions up for participants to refer to:             <ul style="list-style-type: none"> <li>■ <i>What does transgender mean?</i></li> <li>■ <i>What do we know about the health needs of transgender clients?</i></li> <li>■ <i>What do we know about HIV and transgender clients?</i></li> <li>■ <i>Are there any common myths about transgender people that we know about?</i></li> </ul> </li> <li>3. Next, give several cards and a marker to each pair. Ask the pairs to write just one point per card and to write as many cards as possible.</li> <li>4. As the pairs write their cards, the facilitators can start to stick them on the wall. If some participants look as though they have run out of ideas, ask them to come and help you to cluster the cards by putting similar cards together in common themes.</li> <li>5. Once everyone is done, ask those participants who helped with the clustering to read through the cards. The group can ask for clarifications or explain their cards. Encourage participants to share their experiences and discuss their points in more depth. Identify the topics that will be covered by the training program and make note of the questions raised to ensure that they are covered. If possible, leave the cards on the wall so you can refer back to them during the course of the training.</li> </ol>



## 3. Introduction to concepts of gender identity and sexual diversity (PowerPoint presentation and discussion)

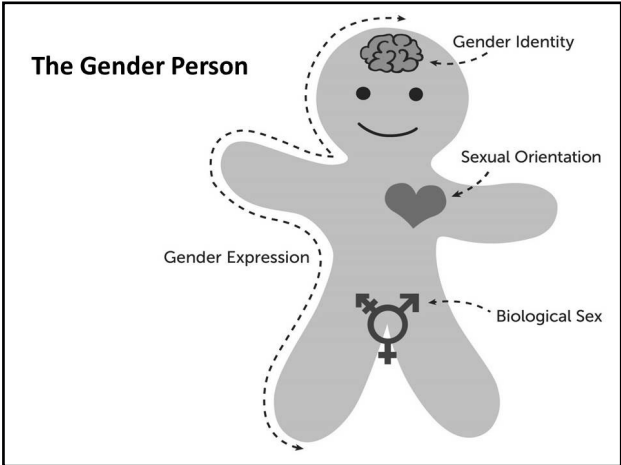
### *Facilitators' Notes*

This is an important session because it introduces the concepts of gender identity and sexual diversity. Remember that these may be new ideas for many of the participants. Ensure that you are comfortable explaining the concepts—you can always practice with a colleague before the training to make sure you are clear. Discuss with your co-facilitator some of the difficult questions that may come up. Go slowly through the presentation and make it as interactive as possible by encouraging questions and discussion if time allows.

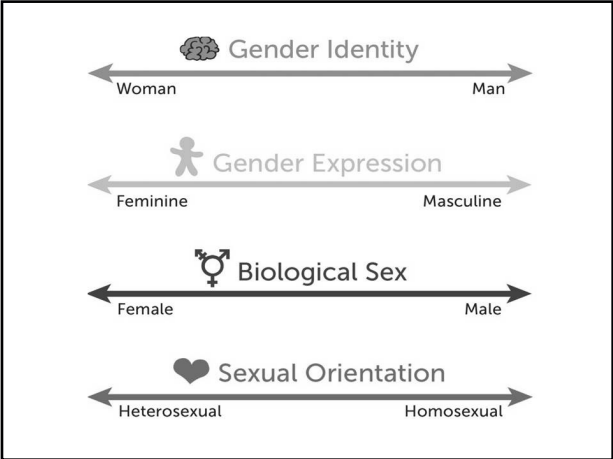
<b>OBJECTIVE</b>	To review gender identity and sexual diversity terminology
<b>TIME</b>	45 minutes
<b>PREPARATION</b>	Set up the projector and check that it works before you start; if possible, arrange participants to sit in small groups/around tables
<b>MATERIALS</b>	Make copies of the handout "Gender Identity and Sexual Diversity" (see Appendix A, pg. 90)

# Session 1 presentation: Introduction to concepts of gender identity and sexual diversity

## Slide Guide

EXTRA NOTES	SLIDE
<p><b>Slide 1</b></p> <p>Introduce the Gender Person—demonstrates four key dimensions of a human being in relationship to gender and sexuality: biological sex, gender expression, gender identity, and sexual orientation.</p>	 <p><b>The Gender Person</b></p>
<p><b>Slide 2</b></p> <p>Typically, when a mother delivers a baby, the baby is assigned a sex based solely on the baby’s visible genitalia (what’s between their legs).</p> <p>However, biological sex is much more complicated than just someone’s genitalia. Biological sex includes a person’s chromosomal, hormonal, and anatomical characteristics. Typical male sex characteristics: testes, penis, more testosterone than estrogen, XY chromosomes. Typical female characteristics: vulva, vagina, ovaries, uterus, more estrogen than testosterone, XX chromosomes.</p> <p><b>So far, most of us know all this—but here’s a variation that is new to many people:</b></p> <p>“Intersex” is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male.</p> <p>For instance, in approximately one in 2,000 births, the genitalia are not clearly male or female. Other times, there may not be any visual indication that someone is intersex. In fact, many people don’t realize they are intersex until they get older (often during puberty) through discoveries not apparent in children. This is more common than you may think—in approximately one in 100 births, there is some deviation in any of the many sex characteristics.</p>	<p style="text-align: center;"><b>Biological Sex</b></p> <ul style="list-style-type: none"> <li>• How would you define <i>biological sex</i>?</li> <li>• A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female or male or intersex.</li> <li>• Has anyone heard of <i>intersex</i>? Can you explain?</li> <li>• <b>Intersex:</b> a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male</li> </ul>

EXTRA NOTES	SLIDE
<p><b>Slide 3</b></p> <p>Gender expression is about how you present and express yourself to the world—it is often the most immediate way that someone learns about your gender. Clothing, mannerisms, gait, pitch of voice, language choices, pronunciation of language, posture, grooming, social interactions, and much more make up what we consider to be a person’s gender expression. Gender norms pressure people of all genders to behave in certain ways. Gender norms change from culture to culture. For example, an occupation that is commonly seen as “normal” for women in one country may, in a different country, be commonly seen as inappropriate for women. Gender expression exists along a continuum and, for many people, changes over time—even within a day—and in different settings.</p>	<div style="border: 1px solid black; padding: 10px;"> <h2 style="text-align: center;">Gender Expression</h2> <p style="text-align: center;">What do you understand by <i>Gender Expression</i>?</p> <p><i>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.</i></p> <p><b>Gender expression is greatly influenced by the gender norms of a society</b></p> <p><b>Gender norms:</b> The roles, responsibilities, rights, entitlements and obligations, associated with being female and male in a society, which are shaped by culture and influence the power relations between people</p> <p><b>What are some typical expectations of men and women in your society?</b></p> </div>
<p><b>Slide 4</b></p> <p>Gender identity is how a person understands their own gender. Deeply felt, it can remain private.</p> <p>Formation of identity is influenced by hormones, environment, biological sex, culture, class, and other personal circumstances. Our latest scientific understanding of gender identity suggests that children can form a gender identity by the age of three (Money, 1994. “The concept of gender identity disorder in childhood and adolescence after 39 years.” <i>Journal of Sex and Marital Therapy</i>, 20, 163–177)</p>	<div style="border: 1px solid black; padding: 10px;"> <h2 style="text-align: center;">Gender Identity</h2> <p style="text-align: center;">What is gender <i>identity</i>?</p> <p><i>A person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth</i></p> </div>
<p><b>Slide 5</b></p> <p>A person typically begins to understand their sexual orientation around the time they experience puberty (when the body changes during adolescence). There are various categories. Around the world different communities divide the continuum into other categories. Some prefer not to think of sexual orientation as categories and instead view it as more fluid. Evidence suggests that efforts to force or coerce a person to change their sexual orientation do not work and they can cause serious psychological damage.</p>	<div style="border: 1px solid black; padding: 10px;"> <h2 style="text-align: center;">Sexual Orientation</h2> <p style="text-align: center;"><i>An enduring emotional, romantic and/or spiritual attraction to people of a particular gender</i></p> <p style="text-align: center;">Heterosexual, gay, lesbian, bisexual, asexual</p> </div>

EXTRA NOTES	SLIDE
<p><b>Slide 6</b></p> <p>Biological sex, gender expression, gender identity, and sexual orientation all exist on separate continuums. We all fit somewhere on those continuums (this is not just for gender and sexual minorities). [You can illustrate different points on the continuum using yourself or an imaginary person as an example.]</p> <p>The four continuums are interrelated in that one may influence the other. For example, one’s biological sex may influence one’s gender identity.</p> <p>One’s sexual orientation might even influence one’s gender expression.</p> <p>However, where a person falls on one continuum does not determine where they fall on another. They are not interconnected.</p>	
<p><b>Slide 7</b></p> <p>Read the definition.</p> <p>Note that identifying as transgender does not have anything to do with a person’s sexual orientation—they are separate dimensions.</p>	<p style="text-align: center;"><b>Trans</b></p> <p>An umbrella term that refers to persons whose gender identity and/or gender expression does not correspond with the social norms and expectations traditionally associated with their sex assigned at birth.</p> <p style="font-size: small;"><small>Source: Pan American Health Organization, 2014. <i>Blueprint for the Provision of Comprehensive Care for Trans Persons and their Communities in the Caribbean and Other Anglophone Countries</i>. Washington DC: PAHO.</small></p>
<p><b>Slide 8</b></p> <p>Read through the slide and check if participants have understood.</p>	<p style="text-align: center;"><b>Transgender</b></p> <p>A diverse group of individuals whose gender identity and/or gender expression differs to varying degrees from the sex they were assigned at birth</p> <p>While some people self-identify as transgender, transgender identity includes many overlapping categories. These include cross-dresser; transvestite; androgynes; gender queer; people who live cross-gender; drag kings; and drag queens; and, frequently, transsexual</p>

EXTRA NOTES	SLIDE
<p>Slide 9</p>	<div style="border: 1px solid black; padding: 10px;"> <h2 style="text-align: center;">Transsexual</h2> <p>This term, often applied by the medical profession, describes individuals who are changing, or have changed, their primary and/or secondary sex characteristics by means of medical interventions (hormones and surgery) to masculinize or feminize the body. Generally these individuals also permanently change their gender role.</p> <p style="font-size: small; text-align: center;">Source: Pan American Health Organization. 2014. <i>Blueprint for the Provision of Comprehensive Care for Trans Persons and their Communities in the Caribbean and Other Anglophone Countries</i>. Washington DC: PAHO.</p> </div>
<p>Slide 10</p>	<div style="border: 1px solid black; padding: 10px;"> <h2 style="text-align: center;">Transvestite</h2> <p>Term used to refer to persons who wear clothes and adopt other forms of gender expression culturally associated with the other sex. Cross dressing may be the initial stage of transition, but not all cross dressers experience discomfort with their sex. Many persons periodically wear clothing and adopt a gender expression associated with the other sex as part of performances, though their gender identity generally corresponds with their sex assigned at birth.</p> <p style="font-size: small; text-align: center;">Source: Pan American Health Organization. 2014. <i>Blueprint for the Provision of Comprehensive Care for Trans Persons and their Communities in the Caribbean and Other Anglophone Countries</i>. Washington DC: PAHO.</p> </div>
<p>Slide 11</p>	<div style="border: 1px solid black; padding: 10px;"> <h2 style="text-align: center;">Alternative genders or third genders</h2> <p>Among some aboriginal or native peoples, gender systems may not be binary but have additional categories</p> <ul style="list-style-type: none"> <li>• Muxes among Zapotecs in Mexico</li> <li>• Tidawinas among Warao in Venezuela</li> <li>• Berdache in North America</li> <li>• Hijra in India</li> </ul> <p>These groups may live, dress, interact, and work in roles different from those associated with their sex assigned at birth</p> <p style="font-size: small; text-align: center;">Source: Pan American Health Organization. 2014. <i>Blueprint for the Provision of Comprehensive Care for Trans Persons and their Communities in the Caribbean and Other Anglophone Countries</i>. Washington DC: PAHO.</p> </div>

**EXTRA NOTES**

**Slide 12**

Biological sex, gender expression, gender identity, and sexual orientation all exist on separate continuums. We all fit somewhere on those continuum (this is not just for gender and sexual minorities) [ You can illustrate different points on the continuum- using yourself or an imaginary person as an example]

The four continuums are interrelated in that one may influence the other. For example, one’s biological sex may influence one’s gender identity.

One’s sexual orientation might even influence one’s gender expression.

However, where a person falls on one continuum does not determine where they fall on another. They are not interconnected.

**SLIDE**

**Terminology**

**Transgender woman**

Born male, identifies as female  
Male-to-female, MTF

**Transgender man**

Born female, identifies as male  
Female-to-male, FTM



Kuper 2012, Lombardi 2001, Operario 2010

**Slide 13**

You can mention that “cis” means *on the same side* and “trans” means *across* (in Latin).

**Terminology**

**Gender nonconformity or gender variance**

The extent to which a person’s gender self--concept and expression differs from the social norms and expectations traditionally associated with her or his sex assigned at birth or gender identity

**Cis-gender**

Refers to persons whose gender identity and expression *does* correspond with their sex assigned at birth. Thus the term “trans” may be contrasted with the term “cis” or “cis-gender”.


**Slide 14**

Transgender people exist in all cultures and societies.

**Who is Transgender?**



Photo credit: A. Radix

EXTRA NOTES	SLIDE
<p><b>Slide 15</b></p> <p>Two-spirit people: children who were assigned male or female at birth but had a tendency toward the opposite gender were encouraged to live out their lives in the gender that suited them best. The role was seen as one which bridged the gap between the spirit and physical worlds.</p> <p>Hijras now have legal recognition in India as 'third gender'</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">History and culture</h3> <ul style="list-style-type: none"> <li>• <i>Transgender people have existed throughout history</i></li> <li>• <i>They exist in all cultures and have often been admired rather than stigmatized</i></li> </ul> <p>Examples include the two-spirit people of some native American tribes who were revered as spiritual guides and the Hijras in India who are recognized now to be of the third gender, neither male nor female</p> </div>
<p><b>Slide 16</b></p> <p>Emphasize that one's gender identity does not determine sexual orientation.</p> <p>Transgender people can identify as gay, lesbian, straight, bisexual depending on who they are attracted to.</p> <p>Gender expression, sexual orientation, and sexual behaviors may be influenced by gender identity, but can also be as varied as in cisgender people.</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Transgender includes a whole range of identities</h3> <ul style="list-style-type: none"> <li>• Remember that gender identity does not determine someone's sexual orientation</li> <li>• Transgender women can be heterosexual, lesbian, bisexual, asexual</li> <li>• Transgender men can be gay, heterosexual, bisexual, asexual and so on...</li> <li>• The gender expressions of transgender people can vary as much as in cis-gender people</li> </ul> </div>
<p><b>Slide 17</b></p> <p>Mention that we will talk more about transition in Session 3.</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Transition</h3> <p>The process of changing gender which takes a person from the way they are identified at birth to the way in which that person understands themselves</p> <ul style="list-style-type: none"> <li>• <b>Social transition</b></li> <li>• <b>Medical/surgical transition</b></li> </ul> <p>Some transitions go from one specific point on the gender spectrum to another</p> <p>Others are lifelong journeys along the spectrum</p>  </div>



EXTRA NOTES	SLIDE
<p><b>Slide 18</b></p> <p>You can decide how to do the quiz—you could read the questions one by one and let participants write down answers. Or just take verbal answers from different participants or groups.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Recap Quiz</b></p> <ul style="list-style-type: none"> <li>• Who can define biological sex?</li> <li>• What does intersex mean?</li> <li>• Name three things that can display your gender expression</li> <li>• What is gender identity?</li> <li>• Who is transgender?</li> <li>• Why do we need to understand these concepts?</li> </ul> </div>

## Frequently Asked Questions

*(From National Centre for Transgender Equality, 2009)<sup>1</sup>*

### Why are people transgender? What causes it?

There are a number of theories about why transgender people exist although there is not yet scientific consensus.

When you look across cultures, you will find that people have had a wide range of beliefs about gender. Some cultures look at people and see six genders, while others see two. Some cultures have created specific ways for people to live in roles that are different from that assigned to them at birth. In addition, different cultures also vary in their definitions of masculine and feminine. In some places, men are expected to be gentle and nurturing, while in others, they are expected to be strong and stoic. Whether we view someone as transgender depends on the cultural lenses we are looking through as well as how people identify themselves.

Biologists tell us that sex is a complicated matter, much more complex than what we may have been taught in school. A person [who] has XX chromosomes is generally considered female, while a person with XY chromosomes is generally considered male. However, there are also people who have XXY, XYY, and other variations of chromosomes; these genetic differences may or may not be visibly apparent or known to the person. Some people are born with XY chromosomes, but are unable to respond to testosterone and therefore develop bodies with a vagina and breasts, rather than a penis and testes. A variation in gender may just be part of the natural order and there are more varieties than we generally realize. People with biological differences in gender may be considered intersex; they may or may not identify as transgender.

1. National Centre for Transgender Equality. 2009. Understanding Transgender: Frequently Asked Questions. Washington, DC: National Centre for Transgender Equality. Available at [http://transequality.org/sites/default/files/docs/resources/NCTE\\_UnderstandingTrans.pdf](http://transequality.org/sites/default/files/docs/resources/NCTE_UnderstandingTrans.pdf)



## Is being transgender a mental illness?

No, but this remains a stereotype about transgender people. *Gender identity disorder* (GID) or *gender dysphoria* is the formal diagnosis used by psychologists and physicians to describe people who experience significant dysphoria (discontent) with the sex and gender they were assigned at birth. *Gender identity disorder* is listed in some medical guides as a psychological condition.

Transgender identity is not a mental illness that can be cured with treatment. Rather, transgender people experience a persistent and authentic difference between assigned sex and understanding of their own gender. For some people, this leads to emotional distress, which is exacerbated by stigmatization. This pain often can be relieved by finding safe ways to freely express our genders, wearing clothing we are comfortable in, and for some, making a physical transition from one gender to another.

## Why do some people chose to transition and others don't?

People decide to transition from one gender to another because they are seeking a sense of well-being and wholeness in their lives. They feel that they will have a better quality of life as a result of this change. For some people, gender transition is the only effective therapeutic treatment for real, disabling distress.

However, some people feel that their lives would not be improved by transitioning and so decide not to. Others are unwilling to risk losing their family, job, or other things that are also very important to them that would be threatened by a decision to transition. Because little is known about the long-term effects of hormone therapy, some transsexuals feel that the medical risks are too high. Others have medical conditions that make it dangerous for them to take hormones or have surgery.

There are a number of reasons why or why not a person may decide to transition, but the important thing to remember is that it does not change their gender identity.

## 4. Attitudes and understanding: impact on access to healthcare

### Facilitators' Notes

This a follow-up exercise to the previous presentation which helps participants process their learning and start to deepen their understanding of the concepts of gender identity and sexual diversity.

Encourage participants to be open and feel free to ask questions and share their thoughts.

<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To reflect on and share thoughts and ideas from the presentation about gender and sexual diversity</li> <li>■ To deepen participants' understanding about why it is important to know more about the needs of transgender clients</li> <li>■ To begin to make the link among knowledge, attitudes, and access to healthcare</li> </ul>
<b>TIME</b>	45 minutes
<b>PREPARATION</b>	Arrange groups to sit around tables for easy report back
<b>MATERIALS</b>	Copies of question sheets for each group
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. Divide participants into groups of five or six people. Give each group a question sheet to discuss (a handout with questions is included below). Ask the groups to record key points from their discussions. Allow twenty minutes for discussions.  <b>QUESTIONS:</b> <ul style="list-style-type: none"> <li>■ <i>What were some of the key learnings for you from the presentation and exercises so far?</i></li> <li>■ <i>Why do you think it is important for health workers to understand more about transgender clients?</i></li> <li>■ <i>What are some of the links between staff attitudes and knowledge and transgender clients' access to healthcare?</i></li> <li>■ <i>What are some of the barriers that may discourage transgender clients from using health services?</i></li> </ul> </li> <li>2. Take one question at a time and ask each group to report the key points from their discussion of that question. Encourage the groups to add new points, rather than repeating what another group has said. One facilitator records the points on a flipchart as the other facilitates the report back.</li> <li>3. Come together as a large group and summarize some of the key points raised by the groups.</li> </ol>

## STEPS

### YOU MAY WANT TO ADD:

Knowing more about the concepts of gender identity and sexual diversity can help us to understand the complex range of identities and sexualities of our clients and how these will have an impact on their different needs.

If we know and understand more about transgender people we will feel more confident to provide a service that will address the needs of all clients.

The more we know about our clients and some of the challenges they face, the more we can empathize with them and work toward making our services welcoming and accessible.

As we learn more about diversity, we can begin to identify the resources that we have to meet clients' needs, and the gaps in our services that must be addressed in order to provide a fully inclusive health service.

In the next session we will explore in more depth how stigma and discrimination can become barriers to healthcare.



---

# SESSION 2

Transphobia and stigma  
faced by transgender people

---

## Description of Session 2

The themes of Session 2 are transphobia and stigma—how and why they are the main barriers to transgender people’s (and other key populations’) access to health services.

The session includes four exercises which help participants move from identifying stigma faced by transgender clients to reflecting on their own experiences of stigma and the powerful impact that it can have on their lives.

The case studies included in this session provide an opportunity for discussing particular examples of transphobia in health settings in more depth.

OBJECTIVES	<ul style="list-style-type: none"> <li>▪ To identify and explore stigma faced by transgender people</li> <li>▪ To increase participants’ understanding of the impact of stigma on individuals, communities and healthcare</li> <li>▪ To identify how stigma and discrimination are barriers to healthcare for transgender clients and begin to explore how to change it</li> </ul>	
EXERCISE	METHODOLOGY	TIME
<b>Naming stigma toward transgender people in different contexts</b> (pg. 22)	<ul style="list-style-type: none"> <li>▪ Rotational brainstorm and small groups</li> </ul>	60 minutes
<b>Our own experiences of stigma</b> (pg. 24)	<ul style="list-style-type: none"> <li>▪ Reflection</li> </ul>	30 minutes
<b>Outside the boxes</b> (pg. 26)	<ul style="list-style-type: none"> <li>▪ Questionnaire and role-play</li> </ul>	45 minutes
<b>Understanding transgender stigma through case studies</b> (pg. 28)	<ul style="list-style-type: none"> <li>▪ Case studies in small group discussions</li> </ul>	45 minutes

## Introduction

Stigma and transphobia are the greatest barriers to healthcare services faced by transgender people. Among the main causes of stigma are lack of knowledge and understanding and lack of realization that certain behaviors are stigmatizing.

While other sessions in the training aim to increase knowledge and understanding of transgender issues, this session focuses on raising participants’ awareness about the main forms that stigma takes and the impact that it has on individuals, communities, and health outcomes.

During the first exercise, participants are asked to identify various types of stigma in different contexts that they have seen, or can imagine (or may even have perpetrated) toward transgender people. This exercise helps to show how familiar we all are with stigma—to bring it down from a “textbook definition” to the way that it presents in nearly every sphere of life. The context of the health facility is included among the others to avoid singling it out, but also to help participants understand the pervasive nature of stigma and how it affects clients.

## TRANSPHOBIA AND STIGMA FACED BY TRANSGENDER PEOPLE

It is important to help participants “name” the stigma in health facilities without creating feelings of defensiveness or being blamed (as health providers), as this will shut the conversation down. Emphasize the importance of recognizing the stigma so it can be changed.

The reflection exercise is a key step in connecting participants to the “feelings” of being stigmatized and the impact that stigma has on people’s lives (sometimes very long-term impact). Handle the exercise sensitively and allow enough time for participants to share their experiences. Build an atmosphere of listening and respect—every experience is relevant.

Use the “Boxes” exercise and role-play as a way of illustrating the need for more flexibility—in administration systems as well as in our thinking. If participants feel the frustration of “not fitting into a box” they can begin to see how simple changes could help to make services more welcoming and accessible.

The case studies are based on real-life experiences and the focus is to get the participants to start thinking about their own role in bringing about changes in their health facility.

# 1. Naming stigma toward transgender people in different contexts

## Facilitators' Notes

In this exercise, participants describe stigma and discrimination toward transgender people in specific contexts, e.g., home, community, faith-based settings, school, health facilities, workplace, public spaces (e.g., bar, market, or bus). You can choose the contexts—or ask the group to brainstorm different places where transgender people might experience stigma. Divide into the same number of groups as you have contexts.

This is a good activity to “break the ice,” get everyone sharing ideas and experiences of stigma and discrimination, and build a common vocabulary around stigma.

<b>OBJECTIVES</b>	<p><b>By the end of this session, participants will be able to:</b></p> <ul style="list-style-type: none"> <li>■ Identify different forms of stigma in different contexts</li> <li>■ Identify how stigma affects transgender people, their families, and their communities</li> <li>■ Begin to understand why stigma happens</li> <li>■ Discuss examples of stigma from their own communities</li> </ul>
<b>TIME</b>	60 minutes
<b>PREPARATION</b>	<p>Identify the best spaces for the flipchart stations. Write definitions of <i>stigma</i>, <i>discrimination</i> and <i>transphobia</i> on flipcharts.</p> <div style="background-color: #f0f0f0; padding: 10px; margin: 10px 0;"> <p><b>DEFINITIONS (write on flipchart)</b></p> <p><b>Stigma</b> is a process in which we (society) create a “spoiled identity” for an individual or a group of individuals. We identify a difference in a person or group, such as a physical difference or a behavioral difference and then mark that difference as a sign of disgrace. This allows us to stigmatize the person or group. Stigmatized people lose status because of these assigned signs of shame that other people consider indications or evidence of sinful or immoral behavior.</p> <p><b>Discrimination</b> Stigma is the belief or attitude that leads to discrimination. The action resulting from stigma is discrimination or unfair treatment, such as transgender people being chased from their home or refused treatment at a clinic.</p> <p><b>Transphobia</b> is treating someone differently because of their gender identity or gender expression. Transphobia can range from negative attitudes toward, or intense hatred of, transgender people and is manifested in many ways, including violence, harassment, and discrimination.</p> </div> <p>Write different contexts (health facility, school, workplace, church, public transportation) on flipcharts and stick them around the room. Place a marker next to each flipchart.</p>
<b>MATERIALS</b>	Flipcharts and markers.



# TRANSPHOBIA AND STIGMA FACED BY TRANSGENDER PEOPLE

## STEPS

1. Ask, “*What do we understand by the term stigma?*” Ask participants to buzz with the person next to them for a couple of minutes and then use round robin method to hear several answers. Present your written definitions of *stigma*, *discrimination*, and *transphobia*.
2. Divide the participants into groups of equal size and assign each group to one of the flipchart stations. Explain that groups should discuss specific forms of stigma or discrimination that may be faced by transgender people in their particular context. Provide a few examples—write one example at the top of each flipchart. Encourage participants to think about both transgender men and transgender women. Explain that after a few minutes the groups will be asked to rotate in a clockwise direction to move to the next flipchart, read the points already written, and then add new points.
3. Then ask groups to start—allow several minutes for the groups to discuss their first context and write points, then shout, “*CHANGE!*” (or use a song or drumbeat) and ask each group to rotate clockwise to the next flipchart. Continue until groups have contributed to all the context flipcharts.
4. Bring all the flipcharts to one wall. Ask each group to present the points from the flipchart they started with and allow other participants to clarify or explain points if needed.
5. Divide the participants into two groups. Give each group some cards (different colors if possible). Ask one group to discuss the different *causes* of stigma in the contexts. Ask the other group to discuss the *effects* of the stigma in the different contexts: *on individuals, families, and communities*. Ask groups to stick the cards on the flipcharts to show the links to the *forms* of stigma.

## EXAMPLE

**Context:** health facility

**Form of stigma:** staff whisper and gossip

**Cause of that stigma:** judgment and ignorance about transgender people

**Effect:** client feels embarrassed and ashamed, and may not return to the clinic

6. **Report back:** Allow time for participants to look through and read the cards, rather than reading each card aloud. Encourage the groups to ask questions or explain where a point is not clear.
7. **Process and summary:** Ask the group, “*What do we learn from this exercise?*” Ask for contributions and summarize using points from the group.

You might add some of the following points:

- Stigma toward transgender people takes place everywhere—homes, schools, communities, clinics, hospitals, workplaces, churches, public places, and in the media
- Transgender people are often isolated and made fun of by their peers, or colleagues at work or school; they are frequently misrepresented in the media; they are often mistreated and misunderstood at health facilities; many are harassed by the police; and they are often banned from religious and social gatherings
- Being rejected by their family is one of the main reasons why many young transgender people leave home and may end up homeless, or dependent on friends for accommodation, which leads to increased vulnerability for risky behaviors
- There are few places where transgender people feel completely safe. They often feel watched and face stigma, hostility, and violence in many places, both public and private
- Transphobia leads to fewer employment opportunities for transgender people and this can result in some transgender people turning to sex work as a means of survival, creating further vulnerability and leading to greater stigma

**STEPS**

- Stigma in health settings can result in transgender people avoiding seeking medical care, and self-medicating or turning to friends for help, rather than seeking professional healthcare
- Stigma toward transgender people is often based on a lack of understanding around gender diversity and gender identity and expression, and on beliefs in rigid or binary gender norms
- Many transgender people experience homophobia as well as transphobia. For example, healthcare providers make assumptions about the sexual practices of transgender clients, and stigmatize them for being gay as well as for being transgender

## 2. Our own experiences of stigma

### *Facilitators' Notes*

This is one of the most important exercises in the manual because it draws on personal experiences of stigma. Participants reflect on their own experience of being stigmatized and how it felt. These feelings help participants get an insider's view of stigma—how it hurts and how powerful those feelings are. Stigma can leave a lasting impact. The idea is to use this experience to help participants to empathize with stigmatized groups.

The exercise requires a lot of trust and openness within the group, so it should not be used as the first exercise.

The exercise explores stigma in general, rather than just transgender-related stigma. Giving clear instructions is important. Emphasize that sharing experiences is voluntary and no one is forced to share; and emphasize the importance of confidentiality, and that what is shared should “stay in the room.”

Set a quiet, serious tone for the exercise. Try to minimize outside interference. Keep the door closed so no one can come in and disturb the group's concentration.

This exercise can sometimes trigger painful memories or experiences for participants. As the facilitator, you should be ready to deal with the emotions raised.

Agree together as facilitators on a way to “bring the group together” at the end—use a song, or activity to bring a sense of togetherness and alleviate any painful memories that may have been raised during the activity.

**OBJECTIVES**

**By the end of this session, participants will be able to:**

- Describe some of their own personal experiences concerning stigma
- Identify some of the feelings involved in being stigmatized

**TIME**

30 minutes

**PREPARATION**

Move the chairs apart so that each participant sits in their own space

# TRANSPHOBIA AND STIGMA FACED BY TRANSGENDER PEOPLE

## STEPS

- 1. Individual reflection:** Ask participants to sit on their own. Then say, *“Think about a time in your life when you felt isolated or rejected for being seen to be different from others.”* Ask them to think about the following questions: What happened? How did it feel? What impact did it have on you? Allow at least five minutes for this.
- 2. Sharing in pairs:** Say, *“Share your experience with someone with whom you feel comfortable.”* Give the pairs a few minutes to share their stories with each other.
- 3. Report-back**
  - Ask participants to arrange the chairs in a close circle, and bring the group back together. Begin by asking, *“How was it to do this exercise? What are some of the feelings that came up?”*
  - Invite a few participants to share their stories in the large group. Give people time to open up. Remind participants that this is not compulsory—they should only share if they feel comfortable. Always remember to thank people for sharing
- 4. Processing:** Ask, *“What do we learn from the reflection exercise? What feelings are associated with stigma?”*
- 5. Summary:** Bring the session to a close by summarizing the main points participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.
  - This exercise helps us get an inside understanding of how it feels to be stigmatized, shamed, or rejected. It helps put us into the shoes of people who face stigma every day. It also helps us understand how painful it is to be stigmatized
  - The activity reminds us that everybody has felt ostracized or been treated like a minority at different times in their lives. We have all experienced this sense of social exclusion and we can use those experiences to raise awareness about the immense effect that stigma can have on people’s lives
  - Stigma destroys our self-esteem. It makes us doubt ourselves and our self-worth
  - The impact of stigma lasts a long time and can be easily triggered anytime that we feel insecure or rejected

*At school I faced even more torment, the rumors, name-calling, etc. I reached a point where I had to put myself into a closet and deny all rumors. I even tried to be more like the boys, dress like them, act like them, all the time I just felt suffocated...*

—Transgender woman, Barbados

*People started calling my mother telling her they were going to beat me, kill me, run me over. I was scared for my life. I stayed home for two months until I got the confidence to go outside again.*

—Young transgender woman, Barbados

### 3. Outside of the boxes

#### Facilitators' Notes

This exercise consists of two consecutive activities followed by some processing questions to get participants to discuss and analyze the importance of developing “gender-sensitive” systems and services.

The first activity is a simple tick-box questionnaire to show participants how restricting and frustrating it can feel if you are asked to “fit into a box” that does not include you. The most effective way to implement the questionnaire is to pretend that this is an administration issue: that you just need to collect some data for training purposes.

The second activity is a short role-play (performed by participants) to illustrate the importance of acknowledging the identity of transgender clients by using their chosen pronouns.

The processing of the activities is crucial to help participants express their feelings about the questionnaire, and to make the link to what is a common experience for transgender clients. Try to get participants to start thinking about steps they can take to make their clinic administration systems more client-friendly.

<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To enable participants to experience how restrictive and alienating some administration systems can be</li> <li>■ To understand the importance of respecting transgender clients through using their chosen pronouns</li> <li>■ To explore initial ideas on how to make systems more inclusive</li> </ul>
<b>TIME</b>	45 minutes
<b>PREPARATION</b>	<p>For the role-play: <i>before the start of the exercise</i>, ask for five volunteers from the group to be in a role-play, give them instructions for their roles and explain that it is a simple role-play that should just take three to four minutes (see role play instructions on pg. 28)</p> <p>Adapt the General Data Form to suit your country</p>
<b>MATERIALS</b>	Copies of data forms for each participant; Copy of role play instructions (pg. 28)
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. <b>Introduce the questionnaire:</b> Tell participants that you need to collect some general data as part of the administration of the training. Give each participant a copy of the <b>General Data Form</b> (see below).</li> <li>2. <b>Collect forms:</b> After a few minutes, ask participants to hand in their forms and say that you hope there were no difficulties. Try to not engage in any discussions at this point.</li> <li>3. <b>Role-play:</b> Ask the volunteers who have been briefed to perform the role-play for the group.</li> <li>4. <b>Processing</b> <ol style="list-style-type: none"> <li>a. Ask, “<i>What did you see happening in the role-play?</i>” Take some answers from participants (Co-facilitator can write points on flipchart)</li> <li>b. Then ask, “<i>Do you think this could happen in real life?</i>”</li> </ol> </li> </ol>

## STEPS

- c. Once you give participants a chance to respond, say, *“Now let’s think back to the questionnaire—how did you feel completing the form?”* If some members of the group say that their name was not included, comment that those are the most common names in the region’s statistical records; if they say that their native language is not listed, tell them that the majority of the world’s population speaks those languages and that they are broad categories; and so on.
- d. Then ask, *“What is the link between the questionnaire and the role-play?”* and, more broadly, *“What do we learn from these activities?”*

**5. Action points:** Ask participants to do a quick buzz with the person next to them on the following question: Based on everything we have covered up to now, what changes would you make in the clinical data formats or the way patients are identified at your health facility? Record points on flipchart.

**6. Summary:** Bring the session to a close by summarizing the main points participants have made during the exercise.

You might also add:

- What seems like a simple administration exercise can often result in feelings of confusion, exclusion and frustration. This can be an everyday experience for transgender clients
- Sometimes we try to “put people into boxes” so we can label them and categorize them along with others in the same “box.” If someone does not automatically fit into a box, or identify with a pre-defined category, we start to feel unsure or afraid, or even dismiss them for standing out from the crowd and they can feel embarrassed, uncomfortable, and like they don’t belong
- If we are unsure of which names or pronouns to use with a client, we should ask the client themselves
- Reviewing the administration systems in our health facilities so they can be more inclusive of diversity can be one step we take to make our services more accessible to transgender people

## Role play instructions

**Before the exercise starts:** Ask for five volunteers to be in a role-play activity. Give them the overview of the role play and copies of this handout to use.

**This is a simple role-play about a client who comes to the clinic to collect her ARVs.**

**She is greeted by the receptionist, who is new to the clinic. The client explains that her medical records are still under her old male name. This confuses the receptionist, who insists on using the name on the records and starts to argue with the client.**

**Other clients in the waiting room can hear what is happening and start to whisper and point fingers. Eventually a nurse comes to see what the noise is about.**

### Characters

**Transgender client:** You have come to the clinic to pick up your ARVs. You have been to the clinic before but today there is a new receptionist. You explain that your records are under a different (male) name as you have not yet legally changed your name.

**Receptionist:** You have recently started working at the clinic and this is the first time you have seen the client. When she tells you her records are under the name she was given at birth, a male name, and not the name she prefers to be called, you feel confused and insist on calling her by the male name—Mr. Jordan. You ask why she is dressed as a woman. You talk so loudly that other staff and clients begin looking at you both.

**Two other clients:** You have come to the clinic and are waiting in the queue to see the doctor. You hear the receptionist arguing with another client and start whispering about what is happening.

**Nurse:** You are working in the busy clinic and have come to the waiting area because you could hear a loud argument. You have come to see what the noise is about.

## 4. Understanding transgender stigma through case studies

### Facilitators' Notes

This is a simple exercise where participants discuss real-life situations faced by transgender people in health services.

<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To develop greater understanding of the types of stigma faced by transgender people</li> <li>■ To discuss some possible ways to challenge the stigma in health facilities</li> <li>■ To explore the role that health workers can play as individuals in changing stigma toward transgender clients</li> </ul>
<b>TIME</b>	45 minutes
<b>PREPARATION</b>	Arrange small group spaces

# TRANSPHOBIA AND STIGMA FACED BY TRANSGENDER PEOPLE

<b>MATERIALS</b>	<ul style="list-style-type: none"><li>■ Copies of case studies (see Appendix A, pg. 97)</li><li>■ Flipchart and marker for each group</li></ul>
<b>STEPS</b>	<ol style="list-style-type: none"><li>1. <b>Case Studies:</b> Divide into groups and give each group one of the case studies. Ask them to read the case study in their individual groups and discuss the following questions:<ol style="list-style-type: none"><li>a. <i>What happened in the case study?</i></li><li>b. <i>What would you do as a health worker in this situation?</i></li><li>c. <i>What changes do you think need to happen to prevent this situation from happening again?</i></li></ol></li><li>2. <b>Report Back and Processing:</b> Ask each group to report back by reading their case study aloud and sharing points from their discussion. Then ask<ol style="list-style-type: none"><li>a. <i>What are the effects of stigma on the health of transgender people?</i></li><li>b. <i>What can we do to make our health facilities more user-friendly and challenge transphobia?</i></li></ol></li><li>3. <b>Summary:</b> Summarize the main points participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants:<ul style="list-style-type: none"><li>■ Common forms of stigma and discrimination in health facilities toward transgender people include: delaying or refusing services or providing poor-quality treatment, gossip and verbal abuse, voyeurism, breaking confidentiality, invasive questioning, and even inappropriate examinations</li><li>■ Stigma fuels the HIV epidemic—stigma may prevent transgender people from accessing information and services needed for prevention, and from accessing treatment. Stigma results in the loss of self-esteem and, as a result, transgender people may take more risks in their behavior (e.g., not using condoms or clean needles), which may lead to HIV infection</li><li>■ Stigma also commonly leads transgender people to refuse or delay medical treatment, instead self-medicating, taking medical advice from a friend, or not getting treatment at all for health issues</li><li>■ Our code of conduct requires us to treat all clients without exception. Every client has the right to be free from discrimination and to access the highest attainable level of physical and mental health</li><li>■ Let us aim to make our health facility a warm, welcoming, and non-judgmental environment that is open to and respectful of all clients, where clients can seek services without fearing discrimination from health workers, and where client privacy and confidentiality are assured</li></ul></li></ol>





---

# SESSION 3

Meeting the health needs  
of transgender people

---

## Description of Session 3

This session focuses on the general health needs of transgender clients and aims to get the participants to explore how to ensure that those needs are met by making services more accessible, improving knowledge of health needs related to being transgender, and considering some of the psychosocial support needs that affect the emotional well-being of transgender clients.

OBJECTIVES	<ul style="list-style-type: none"> <li>■ To identify general and specific health needs of transgender people</li> <li>■ To explore some of the psychosocial issues facing transgender people and begin to discuss how to address these issues</li> <li>■ To practice skills in carrying out initial consultations with transgender clients</li> </ul>	
EXERCISE	METHODOLOGY	TIME
<b>Identifying the health issues of transgender people</b> (pg. 34)	<ul style="list-style-type: none"> <li>■ Card storm</li> </ul>	45 minutes
<b>Health professionals and health needs of transgender people</b> (pg. 36)	<ul style="list-style-type: none"> <li>■ PowerPoint presentation</li> </ul>	45 minutes
<b>Exploring the psychosocial needs of transgender people</b> (pg. 43)	<ul style="list-style-type: none"> <li>■ Small group work (case studies)</li> </ul>	45 minutes
<b>Practicing Initial Consultation Skills</b> (pg. 45)	<ul style="list-style-type: none"> <li>■ Video</li> <li>■ Stop-start role-play practice</li> </ul>	60 minutes

## Introduction

This session focuses on general health needs of transgender people.

Remember to remind the participants that transgender people have the same health needs as everyone else—specific expertise around transgender issues is not required to treat patients with unrelated problems.

However, it is useful for health service providers to learn about the different phases or steps involved in transitioning, so they increase their understanding about possible complications or risks that may be linked.

The first exercise aims to get participants to think about all the different health needs transgender clients may have. You can encourage them to think generally about health needs so they see that the reason a transgender client comes to a health center may have nothing to do with the fact that they are transgender.

The exercise also helps participants identify the knowledge and skills available in their health facility, so that most needs can be met. They are also tasked with identifying different organizations and specialists who may be able to help when specialist care is required. By doing this, the participants will learn more about how to provide a more comprehensive health service to transgender clients.

## MEETING THE HEALTH NEEDS OF TRANSGENDER PEOPLE

The PowerPoint presentation contains more details about transitioning and includes some health issues transgender clients may present with that are linked to transitioning. As facilitators, you can emphasize that health service providers are not expected to be experts in this area, for example, knowing all about hormone therapy or gender-affirming surgery; but some knowledge will enable them to feel more confident asking questions and making referrals as appropriate.

The case studies are based on real experiences and provide an opportunity for participants to explore the complexities of mental health issues affecting transgender people. Some are particular to being transgender, some are issues that affect everybody, but are exacerbated because of stigma and isolation. The key takeaway of the case studies again links to stigma and how it impacts on mental well-being.

The skills-practice exercise is the first time participants are asked to role-play a consultation with a transgender client and the aim is to help to build their confidence and skills to promote a welcoming, non-judgmental atmosphere. Remember to focus on the positive attempts during the feedback as there will be further opportunities for practice in Session 4.

# 1. Identifying the health issues of transgender people

## Facilitators' Notes

This exercise helps participants identify the range of health needs that transgender clients may have—some of which are related to being transgender, others which are more general health needs.

It may be worth reminding participants that transgender individuals have the same medical problems as everyone else. Therefore, specific expertise around transgender issues is not required to treat patients with unrelated problems. Specialists such as endocrinologists can be contacted for referral for clients with specific needs related to transgender care, like needs related to the transition process.

The exercise should emerge as a series of mini-card storms which can form the basis for further discussions.

<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To discuss and identify different health needs that transgender clients may have</li> <li>■ To map out the resources that are available to help meet those needs</li> <li>■ To identify the gaps and possible challenges that may arise when trying to meet the health needs of transgender clients</li> </ul>
<b>TIME</b>	45 minutes
<b>PREPARATION</b>	<p>Write the four different stations on big cards and place them around the room</p> <ul style="list-style-type: none"> <li>■ <i>Sexual and reproductive health</i></li> <li>■ <i>General health needs</i></li> <li>■ <i>Health needs linked to transitioning</i></li> <li>■ <i>Psychosocial needs</i></li> </ul>
<b>MATERIALS</b>	Cards
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. <b>Card storms:</b> Ask participants to work in pairs. Hand out cards and markers. The aim is to think of all the different health issues that transgender clients might have. Write each issue on a separate card. Stick up the cards under the relevant stations. Encourage participants to move around the stations to keep the energy high.</li> <li>2. <b>Small group work:</b> Divide participants into four groups and ask each group to focus on one of the health “stations” and discuss the following questions (record answers on flipchart):             <ul style="list-style-type: none"> <li>■ <i>Do we have the knowledge and resources to meet these health needs?</i></li> <li>■ <i>Are there any local resource people or organizations that can help us to meet the specific needs that we might not be able to provide ourselves?</i></li> <li>■ <i>How can we encourage more transgender clients to use our services to meet these needs?</i></li> </ul> </li> <li>3. <b>Gallery report back:</b> Ask each group to stick up their flipcharts near the mini card storm. Move around the room with the large group and listen as each group reads through their flipcharts. Encourage discussion and questions.</li> </ol>

## STEPS

4. **Summarize** by referring to key points from the discussion and add the following points if they have not already been discussed:
  - Transgender clients need the same kind of healthcare as everyone else
  - We should not assume that we cannot help transgender clients because we lack confidence or feel unknowledgeable about transgender issues. If the patient has a question or issue that we are unsure about, we should not feel uncomfortable telling the patient that we will research it (or ask a specialist) and get back to them
  - We need to know which resources people we can go to, or refer clients to, if we need expertise on specific health needs, like transition (e.g., endocrinologists, surgeons or support groups). We can also be open to learning more ourselves and asking local transgender groups for advice if we need to
  - One of the biggest barriers to meeting the needs of transgender clients is the stigma that clients face in health facilities. This is something we can all work toward changing

### Examples of health needs

**Sexual and reproductive health:** STI testing; HIV counseling and testing; ARV treatment; contraception; fertility advice; cancer screening

**General health needs:** infections; skin problems; allergies; injuries; diarrhea; weight loss

**Health needs linked to transitioning:** hormone treatments; injuries caused by tucking and taping; unsafe injecting; advice and information about gender-affirming surgery; post-surgical care

**Psychosocial needs:** depression; low self-esteem; family rejection; intimate partner violence; sexual violence; eating disorders; drug and alcohol use

## 2. Health professionals and health needs of transgender people (PowerPoint presentation)

### Facilitators' Notes

This presentation introduces the more clinical aspects of transitioning; however, it is important to inform participants that they are not expected to be experts on gender-affirmation surgery or hormone treatment, for example. The reason they need some basic information is so they can be aware of some of the health issues that may arise linked to transitioning. This will enable them to ask the right questions and show more understanding about some of the issues facing transgender clients.

Read through the slide guide carefully before you do the presentation and check that you feel confident to make the presentation. If you know of any specialists in transgender health, you can invite them to assist you for this presentation.

<b>OBJECTIVE</b>	To learn more about the health needs of transgender people
<b>TIME</b>	45 minutes
<b>PREPARATION</b>	Set up projector. Practice the presentation and think about how to make it interactive. See tips at the beginning of the manual.
<b>MATERIALS</b>	Handouts for Session 3 (see Appendix A, pg. 99)

## Session 3 presentation: Health professionals and health needs of transgender people

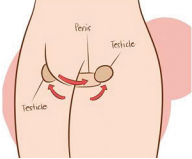
### Slide Guide

EXTRA NOTES	SLIDE
<p><b>Slide 1</b> Remember if the organs are present they still need to be checked</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Preventative Care</b></p> <ul style="list-style-type: none"> <li>• Routine examinations of all organs as long as they are present:               <ul style="list-style-type: none"> <li>– Testicular and prostate exam</li> <li>– Pap smear</li> <li>– Breast exams and mammograms</li> </ul> </li> <li>• STI screen               <ul style="list-style-type: none"> <li>– HIV, gonorrhea/chlamydia screen, syphilis</li> </ul> </li> </ul> </div>

EXTRA NOTES	SLIDE
<p><b>Slide 2</b></p> <p>A healthy lifestyle is important. You should advise clients to eat sensibly and take regular exercise. Drug taking, excessive alcohol consumption, and obesity are all factors that can undermine hormone treatment and heighten the risk of complications, which may affect the chances of having surgery.</p> <p>Smoking, in particular, is a significantly greater risk than hormone treatment.</p>	<div data-bbox="846 394 1458 850"> <h3 style="text-align: center;">Weight Control &amp; Exercise</h3> <p>Standard: screening/counseling recommended</p> <ul style="list-style-type: none"> <li>- Be aware of higher risk of eating disorders in transgender women</li> <li>- Be aware of challenges for transgender men to exercise because of chest binding</li> <li>- Encourage transgender men on testosterone to increase exercise gradually and safely to meet increased metabolic demand</li> </ul> </div>
<p><b>Slide 3</b></p> <p>Transgender people face high rates of harassment and violence, however few data on hate crimes by gender identity exist.</p> <p>They face employment discrimination, lack of economic/housing support from family, and lack of education and training because of harassment or discrimination.</p> <p>Inability to access standard healthcare due to discrimination by providers</p> <p>Unwillingness of insurance companies to cover almost all transgender-related healthcare</p> <p>Discrimination by housing providers</p> <p>Discrimination by social service agencies</p> <p>All of this impacts on health and mental well-being.</p>	<div data-bbox="846 909 1458 1365"> <h3 style="text-align: center;">Putting the Patient in Context</h3> </div>
<p><b>Slide 4</b></p> <p>Ask participants to discuss the questions in pairs for a few minutes and then ask for responses.</p>	<div data-bbox="846 1423 1458 1879"> <h3 style="text-align: center;">Checking In</h3> <ul style="list-style-type: none"> <li>• How many of you have had any training/experience with transgender health?</li> <li>• Is trans health included in your nursing/medical practice?</li> <li>• How equipped do you feel right now to address trans related health concerns?</li> </ul> </div>

EXTRA NOTES	SLIDE
<p><b>Slide 5</b></p> <p>Read through the slide. Ask a participant to explain what they understand by the last point.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Remember ...</b></p> <ul style="list-style-type: none"> <li>• Most medical problems that arise in transgender clients are unrelated to gender affirming therapies</li> <li>• Primary care providers do not have to be experts in transgender medicine to meet the needs of most transgender patients</li> <li>• It is important to provide care for the anatomy that is present regardless of the patients' identification BUT always provide the care in a sensitive, respectful and affirming manner</li> </ul> </div>
<p><b>Slide 6</b></p> <p>Transition is the process transgender people undergo to live in their gender identity.</p> <p>It can involve changes to outward appearance, mannerisms, or changing the name someone uses.</p> <p>It can also involve hormone therapy and surgery.</p> <p>Some transitions go from one specific point on the gender spectrum to another, others are lifelong journeys along the spectrum.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Transition</b></p> <p style="text-align: center;"><i>The process of changing to desired gender</i></p> <ul style="list-style-type: none"> <li>• <b>Social transition:</b> Social transition may include changing the appearance to align with the preferred gender</li> <li>• <b>Medical/surgical transition :</b> includes hormone treatment and / or surgical options</li> </ul> </div>
<p><b>Slide 7</b></p> <p>Ask participants what kind of complaints someone might come to the clinic with, if they have been binding.</p> <p>[Things like back ache or neck ache, breathing problems, or abdominal pain might be linked to binding]</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Binding</b></p> <p style="text-align: center;"><i>Some transgender men use 'binding' to create a male chest</i></p> <ul style="list-style-type: none"> <li>• Binding refers to flattening breast tissue to create a male chest, using a variety of methods and materials</li> <li>• If duct tape and ace bandages are used they can cause physical harm, restricting breathing, causing fluid build-up in lungs, or even broken ribs and severe bruising</li> </ul> <p><b>Tips for transgender men for safe binding:</b></p> <ul style="list-style-type: none"> <li>• If possible use a purpose-made binder (available online)</li> <li>• Don't wear binder for longer than 8-12 hours</li> <li>• Wash and dry binder regularly</li> </ul> </div>



EXTRA NOTES	SLIDE
<p><b>Slide 8</b></p> <p>Balanitis is inflammation of the glans penis.</p>	<div data-bbox="842 392 1458 850"> <h3 style="text-align: center;">Genital Taping and Tucking</h3> <p>Some transgender women hide their genitals by taping or tucking</p> <p>Taping can increase the risk of urinary tract infections and cause skin damage</p> <p>Tucking refers to tucking genitals up into inguinal canal. This can lead to increased risk of inguinal hernia</p>  <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>• For taping, use surgical tape, and avoid duct tape</li> <li>• Check for skin tears, infections &amp; balanitis</li> </ul> </div>
<p><b>Slide 9</b></p> <p>General advice to transgender clients should be to avoid silicone injections. If you think a client may continue with such injections, give the following advice:</p> <ul style="list-style-type: none"> <li>■ Do tiny amounts in several sessions, rather than a huge amount at once</li> <li>■ At the first sign of itchiness, dizziness, or breathing difficulties seek emergency help</li> </ul>	<div data-bbox="842 898 1458 1356"> <h3 style="text-align: center;">Silicone injections</h3> <ul style="list-style-type: none"> <li>• More than 25% of transgender women inject 'silicone' to enhance breasts, thighs, buttocks, lips</li> <li>• Sometimes industrial grade silicone is used and injecting is not sterile</li> </ul> <p><b>Complications</b></p> <ul style="list-style-type: none"> <li>• Local and systemic infections, pulmonary embolism, disfigurement, Hepatitis C, MRSA, mycobacteria</li> </ul> </div>

## EXTRA NOTES

**Slide 10**

These are some of the medical steps that a transgender woman may take if she chooses medical transition. [Read each point and ask participants if they understand the terminology.]

**Estrogen** is the hormone produced naturally in women; it has feminizing effects

**Androgen blockers:** block the production of “male” hormones in the body and may make hormone therapy more effective

**Vaginoplasty/Labiaplasty:** surgical construction of vagina and labia

**Orchiectomy:** removal of one or two testes

**Tracheal shave:** surgical procedure to decrease the size of Adam’s apple

**Rhinoplasty:** cosmetic nasal surgery

**Slide 11**

Hormone therapy is usually the first treatment that transgender people want to have and, for some, it may be the only treatment they need. Some people find that they get sufficient relief from taking hormones so that they do not need to change their gender role or have surgery.

Note: Smoking reduces estrogen’s feminizing effects.

Anti-androgens block the production of testosterone.

## SLIDE

**Male to Female MTF (Feminizing)**

- Hormones (estrogen)
- Androgen blockers
- Breast augmentation
- Vaginoplasty & labiaplasty
- Orchiectomy
- Tracheal shave
- Facial bone reduction
- Rhinoplasty

**MTF hormone therapy****Effects of Estrogen**

- Fat may be distributed on the hips
- The size of the penis and testes may be reduced.  
Decrease in erections
- Muscle bulk and power may be reduced
- Breasts may feel tender and sometimes increase in size
- Growth of facial and body may reduce
- Male pattern baldness may reduce

Estrogen administration can be oral, transdermal, intramuscular, or by implant.

It can be used with anti-androgens or ‘blockers’



EXTRA NOTES	SLIDE
<p><b>Slide 12</b></p> <p>Hormones can have different effects on different people; this is why it is advised that transgender clients access hormone therapy through clinics with supervision, if they are available.</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Adverse effects</h3> <p style="text-align: center;"><i>Risk depends on many factors: the medication itself, the way it is administered, and characteristics of the patient (for example age, other illnesses, family history, and lifestyle)</i></p> <ul style="list-style-type: none"> <li>• Thrombosis                             <ul style="list-style-type: none"> <li>– deep vein thrombosis (DVT)</li> <li>– stroke</li> <li>– pulmonary embolism (block in a blood vessel in the lungs)</li> </ul> </li> <li>• Altered liver function</li> <li>• Hypertriglyceridemia</li> <li>• Type 2 diabetes</li> <li>• Gallbladder disease</li> <li>• Breast cancer</li> <li>• Cardiovascular disease (increased risk from smoking, HIV)</li> <li>• Hypertension</li> </ul> </div>
<p><b>Slide 13</b></p> <p>Read through the terms and check the understanding of each term.</p> <p><b>Hysterectomy:</b> removal of uterus</p> <p><b>Oophorectomy:</b> removal of ovaries</p> <p><b>Phalloplasty:</b> surgical construction of penis</p> <p><b>Metoidioplasty:</b> testosterone-induced enlargement of clitoris</p> <p><b>Vaginectomy:</b> removal of vagina</p> <p><b>Urethroplasty:</b> reconstruction of urethra</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Female to Male FTM (Masculinizing medical transition)</h3> <ul style="list-style-type: none"> <li>▪ Hormones (testosterone)</li> <li>▪ Chest masculinization</li> <li>▪ Hysterectomy, oophorectomy</li> <li>▪ Phalloplasty</li> <li>▪ Metoidioplasty</li> <li>▪ Vaginectomy</li> <li>▪ Scrotoplasty</li> <li>▪ Urethroplasty</li> <li>▪ Testicular prostheses</li> </ul> </div>
<p><b>Slide 14</b></p> <p>Testosterone is the main hormone used by transgender men.</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Masculinizing therapy</h3> <ul style="list-style-type: none"> <li>• Some transgender men take testosterone</li> <li>• Testosterone can be administered by injection or as a patch</li> <li>• If injecting, the patient should be taught how to inject safely and to keep equipment sterile</li> </ul> </div>

EXTRA NOTES	SLIDE
<p><b>Slide 15</b></p> <p>Prolonged use of testosterone will cause deepening of the voice, derangement and eventual cessation of the menstrual cycle, clitoral enlargement, an increase in libido, limited breast size decrease, a redistribution of the subcutaneous fat from the hips to the waist, and an increase in upper body muscle mass and strength, especially with exercise.</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Effects of testosterone</h3> <ul style="list-style-type: none"> <li>• Deepening of the voice</li> <li>• Genital changes               <ul style="list-style-type: none"> <li>• Irregular menses → cessation of menses</li> <li>• Clitoral enlargement</li> <li>• Atrophic vaginitis</li> </ul> </li> <li>• Increased libido</li> <li>• Redistribution of fat from hips to waist</li> <li>• Increased upper body strength</li> </ul> </div>
<p><b>Slide 16</b></p> <p>The most serious risk when taking testosterone is polycythemia (over-production of red blood cells).</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Adverse effects of testosterone</h3> <ul style="list-style-type: none"> <li>• Acne/ oily skin</li> <li>• Migraines</li> <li>• Weight gain</li> <li>• Fluid retention</li> <li>• Androgenic hair loss (<i>balding</i>)</li> <li>• Polycythemia (<i>overproduction of red blood cells</i>)</li> <li>• Hepatotoxicity, worsening of lipid profile</li> <li>• Emotional lability</li> <li>• Fertility decreases after menses cease (<i>recommend in the first few months, use condoms to prevent pregnancy if appropriate</i>)</li> </ul> </div>
<p><b>Slide 17</b></p> <p>Ask participants to write their answers down for this quiz. Then go through the answers verbally at the end, taking contributions from the group.</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Recap Quiz</h3> <ul style="list-style-type: none"> <li>• What is social transitioning? How is it different from medical transitioning?</li> <li>• What are the possible dangers of chest binding?</li> <li>• What complications can arise from silicone injections?</li> <li>• What are some of the desirable effects of estrogen?</li> <li>• What is the greatest risk associated with taking testosterone?</li> <li>• What are some of the social factors that have an impact on transgender health?</li> </ul> </div>

## 3. Exploring the psychosocial needs of transgender people

### Facilitators' Notes

This exercise uses case studies based on real-life experiences to help deepen participants' understanding of some of the factors that may have an impact on the psychosocial/emotional well-being of transgender people.

The main message about the mental health needs of transgender clients is that they face the same challenges as everyone else, as well as others which are exacerbated by stigma and transphobia.

Stigma has a huge impact on self-esteem and feelings of self-worth and if the stigma becomes internalized, this can lead to harmful behaviors such as substance abuse, eating disorders, self-harming, and risk-taking.

Read through the summary points at the end of the exercise which mention some factors related to the psychosocial needs of transgender clients before you start the exercise.

I never knew there was a word for that feeling, nor that it was it possible for a boy to become a girl, so I never told anyone....

There's no winning. There is no way out. I'm sad enough already, I don't need my life to get any worse. People say 'it gets better' but that isn't true in my case. It gets worse.

*Leelah Alcorn USA, 2014*

*[Leelah was a transgender teenager who took her own life]*

<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To explore some of the issues that may have an impact on the psychosocial needs of transgender clients</li> <li>■ To discuss the skills and support needed to provide a more comprehensive health service to transgender clients</li> </ul>
<b>TIME</b>	45 minutes
<b>PREPARATION</b>	<ul style="list-style-type: none"> <li>■ Write WHO statement on flipchart.</li> <li>■ Make copies of handouts (see Appendix A, pg. 99)</li> </ul>
<b>MATERIALS</b>	Flipcharts, markers, copies of case studies (see Appendix A, pg. 100)

## STEPS

1. **Introduce the exercise and then ask participants:** *“What are some of the factors that influence our mental well-being?”* Take some responses and then present the statement from the WHO. Tell the participants that this exercise is to help us explore some of the factors that may have an impact on the psychosocial needs of transgender clients.

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, persistent socio-economic pressures are recognized risks to mental health for individuals and communities. The clearest evidence is associated with indicators of poverty, including low levels of education.

Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence, physical ill-health and human rights violations.

There are also specific psychological and personality factors that make people vulnerable to mental disorders. Lastly, there are some biological causes of mental disorders including genetic factors which contribute to imbalances in chemicals in the brain.

*World Health Organization, 2010<sup>1</sup>*

2. **Divide participants into small groups.** Give each group one of the case studies. Ask groups to read through their case study, discuss the questions, and write answers on a flipchart. Each group should nominate a member to record notes and report back for the group.
3. **Report back:** Each group takes turns reading out their case study to the group and sharing some of their responses to the questions.
4. **Processing:** In the large group, ask:
  - *What have we learned from the case studies?*
  - *What changes in our services need to take place in order to provide a more comprehensive service to transgender clients?*
5. **Summary:** Use points from the participants' discussions and add the following points if they were not raised:
  - Many transgender people have faced rejection by family or friends who do not understand, or cannot accept their gender identity. This rejection has a big impact on emotional well-being, and may mean that some transgender people become isolated and lonely and have little social support
  - Some transgender people—particularly transgender youth—may experience confusion and stress linked to the conflict between their physical body image and their internal gender identity. This can result in feelings of shame and guilt
  - Some studies report that there are higher rates of self-harming and eating disorders among transgender people
  - Bullying at school, violence in the community, and lack of protection from law enforcement all impact self-esteem and may leave transgender people feeling unsafe, insecure, and anxious about their physical safety

1. World Health Organization, 2010 (<http://www.who.int/mediacentre/factsheets/fs220/en/>)

<b>STEPS</b>	<ul style="list-style-type: none"> <li>■ Severe impacts of stigma and transphobia include long-term depression and suicidal feelings</li> <li>■ Some transgender people get caught in a circle of using drugs or alcohol as a way of coping with stress or rejection and then face further marginalization and other problems because of their substance use</li> <li>■ The difficulty of negotiating the tension between a desire to express one’s identity and the fear of being stigmatized for doing so often have a negative impact on the emotional well-being of transgender people and may deter them from seeking guidance and information about gender identity and health issues</li> </ul> <p><b>What can we do as health workers?</b></p> <ul style="list-style-type: none"> <li>■ Increase our awareness of the broader social and legal context in which transgender clients live</li> <li>■ Become familiar with the way in which internalized stigma can affect mental health</li> <li>■ Develop an understanding of the social determinants of both physical and mental health</li> <li>■ Promote family acceptance of transgender individuals and encourage them to connect with support groups and organizations</li> <li>■ Become familiar with the support agencies we can use to refer clients, especially those who are vulnerable and have mental health needs that we are not able to meet</li> </ul>
--------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## 4. Practicing initial consultation skills

### *Facilitators’ Notes*

The aim of this exercise is to give participants an opportunity to practice their consultation skills in light of what they have learned so far about transgender clients.

For any client, their first contact with the staff at a health facility can impact not only the service they receive, but also their future use of this or any other health facility. If a client feels welcomed and able to talk openly about their health problem, they will be more receptive to diagnosis and treatment, and they are more likely to return for follow-up visits.

The exercise has several steps including a brainstorm, role-play, video guide, and small group practice. The role-play uses a stop-start technique which involves using a role-play to demonstrate and practice skills, and stopping at intervals to get feedback from both the players and the audience.

<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To give participants an opportunity to discuss and review the skills involved in an effective initial consultation with clients</li> <li>■ To practice consultation skills and receive feedback from fellow participants</li> <li>■ To develop a set of tips for good consultation skills</li> </ul>
<b>TIME</b>	60 minutes
<b>PREPARATION</b>	Set up video
<b>MATERIALS</b>	Copy of client brief

## STEPS

## READ THROUGH THE FOLLOWING INSTRUCTIONS FOR THE STOP-START DRAMA)

**Stop-start technique**

*This technique is a good way to do a group role-play that involves all participants either in the role-play itself or as a participatory audience who offer suggestions as the play moves forward.*

*Steps:*

1. Ask for volunteers from the group to be in the role-play (in this case three volunteers: a health worker, a transgender client, and an observer)
2. Brief the players about their roles and tell them that once they start the play, when you shout, "STOP!" they must freeze.
3. Ask them to start the role-play. They do not need to practice as it is based on familiar scenes. Allow them to play for a few minutes until you have seen some of the initial consultation skills.
4. Shout, "STOP!" and players "freeze." Ask the audience how the consultation is going and write points on flipchart. Ask the players how they are feeling in their roles. Ask for suggestions on anything that should change. Invite a new player to be the health worker.
5. Play again and continue as above until you have seen some demonstrations of effective consultation skills

**Client brief**

*You are a transgender woman. You have come to the clinic to get an HIV test. You also want to ask some advice about hormone therapy if you feel comfortable with the health worker.*

1. Play out the role-play and remember to record the tips from the discussion with the audience.
2. **Video:** Watch the two video clips of consultation sessions with transgender clients. Then ask the participants, "Any thoughts about the video? What did you learn?"  
<https://www.youtube.com/watch?v=WUnGHQNpxQY> (English subtitles)
3. **Small group practice:** Divide participants into groups of three. One person will be a healthcare worker, one will be a transgender client who has come to the clinic for the first time, and one will be an observer. The role of the observer is to watch the consultation and take notes about the things that work well and any tips for improvement. The client can decide why they have come to the clinic. The aim is for the health worker to practice their consultation skills. Allow ten minutes for the groups to practice and then come back together in the large group.
4. **Processing and summary**
  - Ask the observers from the groups, "How did the practice go?"
  - Ask the whole group "What were some of the things that worked well during the consultations?"
  - Refer back to the flipcharts from the earlier steps (brainstorm, stop-start, and video feedback) and ask, "Are there any other tips we can include about skills for an effective initial consultation?"



## STEPS

### 5. Key points to remember

- Remember that first impressions are really important—always welcome clients as they arrive and be open and friendly. Remember that it may have taken a lot of courage for your client to come to the health center and that they may have had bad experiences attending health facilities in the past
- Take time to build rapport so the client feels relaxed
- Always ask the client which gender pronoun they prefer and whether they want this to be reflected in their written records
- Reassure your client about confidentiality and avoid involving other staff members unless it is necessary
- Ask the client to tell you about themselves and find out why they have come to the health center
- When asking questions, ask yourself, *“Is my question necessary or am I just asking it for my own curiosity, which is not appropriate?”*
- Don’t make any assumptions about gender identity, sexual behavior, or sexual orientation. Ask your client for more information if you need it
- If you do not understand something or need to clarify your understanding, check with your client. Many transgender clients are used to “teaching” health professionals about gender identity issues
- If you are making a referral, check with the client first



---

# SESSION 4

Transgender people and HIV

---

## Description of Session 4

This session focuses on the risks and issues related to HIV that transgender people face. The session begins with a quick mixer game that introduces the idea of talking about “tricky” topics; this is followed by a card storm where participants identify some of the HIV risks facing transgender men and transgender women. Then there is a presentation that goes into further detail about transgender clients and HIV.

The last activity focuses on getting participants to feel more comfortable and confident about talking about sex with clients.

EXERCISE	METHODOLOGY	TIME
<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To identify key issues related to HIV that transgender people face</li> <li>■ To explore different HIV risk factors transgender men and transgender women face</li> <li>■ To begin to identify how healthcare providers can provide greater access to HIV services for transgender clients</li> <li>■ To break down some of the barriers and taboos around talking openly about sex and be able to provide more practical advice to clients</li> </ul>	
<b>Bingo mixer game</b> (pg. 51)	<ul style="list-style-type: none"> <li>■ Fast interactive game and discussion</li> </ul>	15 minutes
<b>What are the risks and issues around HIV for transgender women and transgender men?</b> (pg. 53)	<ul style="list-style-type: none"> <li>■ Card storm and small group work</li> </ul>	30 minutes
<b>Transgender people and HIV</b> (pg. 54)	<ul style="list-style-type: none"> <li>■ PowerPoint presentation</li> </ul>	45 minutes
<b>Breaking the “sex ice”</b> (pg. 60)	<ul style="list-style-type: none"> <li>■ Anonymous “survey” and discussion</li> </ul>	30 minutes
<b>Interview skills practice</b> (pg. 63)	<ul style="list-style-type: none"> <li>■ Role-plays</li> </ul>	45 minutes

## Introduction

HIV is one of the biggest issues facing transgender people and it is critical that healthcare providers understand the importance of reaching out to transgender clients to ensure that they can access prevention, treatment, and care services to mitigate the impact that the virus can have on their lives.

Session 4 starts with a simple game that helps to “break the ice” around talking about sensitive subjects—primarily sex. As facilitators you are aiming to get participants to open up so they will be able to ask questions and give advice about sex effectively—especially to transgender clients in the context of HIV transmission. This game is the first step.

The card storm that follows gets participants to identify the different risks and issues around HIV that transgender people may face. This may not be an easy task, but the aim is to get participants thinking broadly, using the knowledge they have gained thus far, and to examine the different risks facing transgender men and transgender women.

The PowerPoint presentation provides more details about HIV, including both the interpersonal factors and structural factors that impact the risks facing transgender people. Stigma and discrimination are again identified as key barriers to transgender clients' access to healthcare—including impeding early diagnosis, access to ARVs, and even adherence support.

The final exercises focus on the need for healthcare providers to be able to talk openly about sex as an important skill in the prevention of transmission of HIV. By reflecting on their own feelings about and experiences of sex, participants can gauge their own comfort levels in being able to talk to clients. If you can create a safe and open atmosphere where they can ask questions without being ridiculed and share experiences and ideas, this will help to build participants' confidence and enable them to take effective sexual histories and provide practical advice for safer sex to transgender clients.

## 1. Bingo mixer game

### Facilitators' Notes

This is a simple mixer game that helps us to start talking about “tricky” topics and see the assumptions and judgments we make about each other. The game is fun, but make sure you include the debriefing so that participants reflect on their values and assumptions. The bingo sheet includes some questions that are sensitive or linked to taboo topics to start “breaking the ice.” If possible, arrange for a small prize for the winners to create extra motivation!

<b>OBJECTIVES</b>	<p><b>By the end of this exercise participants will be able to:</b></p> <ul style="list-style-type: none"> <li>▪ Understand how some topics are more difficult to discuss than others</li> <li>▪ Reflect on the assumptions and values they hold about other members of the group</li> </ul>
<b>TIME</b>	15 minutes
<b>PREPARATION</b>	<p>Make photocopies of the bingo sheet. Write Rules on Flipchart.</p> <p><b>Rules</b></p> <ul style="list-style-type: none"> <li>▪ <i>You need to get each box signed by someone who is willing to sign for that category</i></li> <li>▪ <i>The aim is to complete all the boxes on the page</i></li> <li>▪ <i>Each player can only sign another player's card once</i></li> <li>▪ <i>Don't feel pressured to give out personal information if you don't want to</i></li> <li>▪ <i>The game ends when someone shouts "Bingo!"</i></li> </ul>
<b>MATERIALS</b>	Copies of the bingo sheet (see Appendix A, pg. 105)

**STEPS**

1. Hand out the bingo sheet to all the participants and explain how the game works. Each person has a sheet with nine boxes. *"Each box has a description. You need to find a member of the group who fits that description and ask them to sign the box. When all your boxes are signed, shout, 'Bingo!' You are racing against each other."*

[Read through the rules on the flipchart]

2. Play the game. When someone shouts "Bingo!" check their sheet and bring the game to a close. Present the prize if you have one.

**Debriefing the game**

3. Ask participants:
  - *How was the game?*
  - *What happened during the game?*
  - *What did you learn?*

**Summarize**

- This is a simple game but it helps us to see what we know about other people in the group
- It shows us some of the assumptions we make about others—we targeted certain people for certain questions
- Some questions are more difficult to ask because they are considered taboo topics, or too sensitive to discuss openly
- It is easier to talk to some people about sensitive topics because they seem to be more at ease, and more open about their own lives
- The game helps to break the ice around topics involving sex, which we will be exploring later in the session. If we feel comfortable talking more openly about sex we will be able to carry out more effective consultations with clients

**Sample responses (from a previous workshop)****How was the game?**

*It was fun*

*It was interesting*

*It was hectic*

*I was really panicking to be the first!*

*It made me think*

**What happened?**

*There was a lot of pressure to sign the boxes*

*Everyone came to me for the sex question*

*Some boxes were more difficult*

*Why does everyone assume I have children?*

*No one thought that I use condoms*

*Everyone went to one person about the gender roles question*

*I wanted someone to ask me about the gender roles box*

*Some people were just signing anything!*

## STEPS

### What do we learn?

*How we make assumptions about each other*

*We can talk to some people more easily than others about certain topics*

*It shows us who we know about and who we don't know so well*

*Some people are embarrassed by certain topics*

*Some people are more open than others*

*Some of us like to keep personal things to ourselves—it is difficult to share some things*

*Some questions are stigmatizing*

## 2. What are the risks and issues around HIV for transgender women and transgender men?

### Facilitators' Notes

This exercise uses a simple brainstorm to get participants to consider all the risks and issues facing transgender men and transgender women around HIV. The idea is to help participants to think quite broadly, rather than to focus just on sexual risks. The exercise leads into the PowerPoint presentation, which outlines some of the key issues in more depth.

### A note about HIV information

Some surveys show that in spite of training and access to information some health workers are still not clear about the way HIV is—and more importantly is NOT—transmitted. It may be important to include some basic information during this session—a quick recap on modes of transmission, and emphasis that HIV is generally transmitted through unprotected anal or vaginal sex, NOT through casual contact (e.g., shaking hands, kissing, hugging, sharing toilets, sharing clothes and so on). Read through the handout for Session 4 so you can provide clear information as a facilitator.

### OBJECTIVES

- To identify the risks and issues around HIV facing transgender people
- To explore the different risks facing transgender women and transgender men

### TIME

30 minutes

### PREPARATION

Write topic on flipchart: *Issues and risks facing transgender people*

### MATERIALS

Flipcharts for groups

**STEPS**

1. Introduce the exercise by explaining that the aim is to explore *all the different issues and risks around HIV that transgender people face*. (You can write this on a flipchart to keep participants focused.) Next, divide the participants into two groups. One group will focus on transgender women, and the other on transgender men. Give out flipcharts and allow ten minutes for each group to brainstorm the issues and risks.
2. Then, ask each group to report back and compare the similarities and differences between the two groups. Lead straight into the following exercise, which is a PowerPoint presentation to explore the issues in greater depth.

**Sample answers: Issues around HIV facing transgender people**

Lack of targeted information; low self-esteem due to rejection/isolation—impact on risk-taking; higher rates of drug use; low condom use linked to gender issues (transgender women find it more difficult to negotiate condom use); greater physical risks from neo-vaginal sex (transgender men); stigma as a barrier to accessing health services; needle sharing during hormone injection; lack of education from health staff; low adherence to ART; higher rates of sex work due to lack of employment opportunities

### 3. Transgender people and HIV (interactive PowerPoint)

#### Facilitators' Notes

Make sure that you have practiced the presentation prior to this session and are ready to discuss the topics covered. You may want to invite someone who is working in HIV to help facilitate the session with you.

<b>OBJECTIVE</b>	To deepen knowledge about transgender people and HIV
<b>TIME</b>	45 minutes
<b>PREPARATION</b>	Make copies of the handout; set up projector; practice the presentation
<b>MATERIALS</b>	Handout: Transgender People and HIV (see Appendix A, pg. 103)
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. Present the PowerPoint slides in an interactive way.</li> </ol> <p><b>Tips for keeping the presentation interactive:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Think about how you present:</b> Always stand up as you present and use your energy to keep interest levels up. Make eye contact with the participants and check if they are following and understanding (and not sleeping)</li> <li>▪ <b>Ask questions:</b> As you present new concepts you can ask if any participants have heard of them before, or can explain them. Keep involving the participants rather than acting like a lecturer</li> <li>▪ <b>Allow questions</b> as you present; keep checking whether participants understand and grasp the information. Ask for examples or for someone to rephrase an idea</li> <li>▪ <b>Keep to time:</b> Avoid running over time. If there are a lot of questions, ask participants to write them down and save them for the discussion. Stick to the points on the slides and stay on topic</li> </ul>



## STEPS

- **Follow each presentation with reflection and discussion:** After each PowerPoint there is an exercise that involves participants in some reflection and discussion about what they have learned, which will help to deepen their understanding and identify any areas where they have further questions
2. Ask participants to discuss in pairs the major things they have learnt from the presentation and the previous exercise.
  3. **Close the activity** by asking for one point from each pair and continue going around until everyone has finished their points.

## Session 4 presentation: Transgender people and HIV

### Slide Guide

EXTRA NOTES	SLIDE
<p><b>Slide 1</b></p> <p><b>Criminalization:</b> in many countries there is overt criminalization of gender nonconformity and a lack of supportive legal structures which can result in the risk of arrest and imprisonment for transgender people.</p> <p>Criminalization of same-sex activities can mean that transgender people who experience violence or sexual abuse are unable to be protected by the police, or face greater harassment and threats from police officers. In prison, transgender people face greater risks of sexual violence and HIV transmission.</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Criminalization</h3> <ul style="list-style-type: none"> <li>Many countries criminalize gender non-conformity and same sex activities</li> <li>Legal environments often do not allow for social transition of gender</li> <li>Without protection from the law, no police protection in cases of violence and sexual assault</li> <li>If criminalization results in imprisonment, transgender people face greater risks of sexual and physical victimization</li> </ul> <p style="text-align: right;">1</p> </div>
<p><b>Slide 2</b></p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Transphobia &amp; Vulnerability to HIV</h3> <pre> graph LR     Transphobia --&gt; Barriers_Education[Barriers to Education &amp; Employment (lack of ID)]     Barriers_Education --&gt; Survival_Sex[Survival Sex Work]     Survival_Sex --&gt; HIV_Risk[HIV/STI Risk]     Barriers_Health[Barriers to Health Care] --&gt; HIV_Risk     Stress_Dep[Stress-Depression] --&gt; Substance_Abuse[Substance Abuse]     Substance_Abuse --&gt; HIV_Risk     Transphobia --&gt; Stress_Dep     Barriers_Health --&gt; Barriers_Education     Barriers_Health --&gt; Survival_Sex     </pre> <p style="text-align: right; font-size: small;">Berredo, 2011; Grant, NTDS 2010; Lambda, 2011</p> <p style="text-align: right;">2</p> </div>

EXTRA NOTES	SLIDE
<p><b>Slide 3</b></p> <p>Many transgender people experience stigma from their families, communities, organizations, and workplaces, which can result in low self-esteem and even depression. This, in turn, has an impact on feelings of self-worth and the likelihood of greater risk-taking.</p> <p>Many young transgender people are chased from family homes, or choose to leave in order to live in their chosen identity. This can cause vulnerability to HIV, e.g., exchanging sex for a place to stay, or food to eat.</p> <p>Many transgender people living with HIV do not disclose their HIV status for fear of increased stigma. This hampers opportunities for support around ARV adherence and healthcare.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Impact of Stigma and Transphobia on HIV Transmission</b></p> <ul style="list-style-type: none"> <li>• Lower self esteem and depression as a result of rejection and isolation</li> <li>• Higher rates of homelessness can lead to risk-taking for survival</li> <li>• Lower adherence to HIV medication (lack of support, fear of being exposed as HIV+)</li> <li>• Higher rates of violence, drug use, HIV risk behaviors</li> <li>• Avoiding care for preventive and urgent/life-threatening conditions because of fear of stigma in health facilities</li> </ul> <p style="text-align: right; font-size: small;">3</p> </div>
<p><b>Slide 4</b></p> <p>We will explore each factor below.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Structural Factors linked to HIV risk</b></p> <ul style="list-style-type: none"> <li>• Stigma and transphobia</li> <li>• Criminalization of gender non-conformity and same sex</li> <li>• Lack of training for health provider staff</li> <li>• Lack of targeted programs</li> </ul> <p style="text-align: right; font-size: small;">4</p> </div>
<p><b>Slide 5</b></p> <p><b>Many transgender clients avoid medical care (we will discuss the reasons for this later)</b></p> <p>28% delayed care when ill</p> <p>33% delayed preventive care</p> <p>Low rates of HIV screening (46% never tested)</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Transgender people and HIV</b></p> <ul style="list-style-type: none"> <li>• Transgender women are 49 times more likely than the general population to be HIV+</li> <li>• Transgender women are <u>2-7 times</u> more likely to acquire HIV than MSM</li> <li>• Between 45-65% HIV+ TGW are unaware of HIV status</li> <li>• Transgender sex workers are four times more likely to be living with HIV than female sex workers</li> </ul> <p style="text-align: right; font-size: small;">5</p> </div>

EXTRA NOTES	SLIDE
<p><b>Slide 6</b></p> <p>Transgender men who have sex with men face the same challenges around HIV risk as MSM.</p> <p>Because of the barriers to healthcare, transgender people are less likely to access ARVs.</p> <p>Some transgender women may have concerns about interactions between gender hormones and ARVs, and may therefore avoid ARVs.</p> <p>Stigma, isolation, and barriers to healthcare impede transgender people's adherence to ARVs.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Transgender people and HIV</b></p> <ul style="list-style-type: none"> <li>• Transgender men are at elevated risk for HIV, because many transgender men identify as men who have sex with men and face similar health risks</li> <li>• Transgender people living with HIV are less likely to access to ARVs</li> <li>• Transgender people experience more problems with adherence to ARVS</li> </ul> <p style="text-align: right;">6</p> </div>
<p><b>Slide 7</b></p> <p>Working as sex workers, transgender women may feel less able to negotiate condom use (also linked to gender expression) and may experience violence and greater risk of sexual transmission.</p> <p>Transgender women are more likely to have anal-receptive sex (linked to gender identity). Some hormones result in erectile dysfunction which adds to the likelihood of transgender women being the receptive partner. HIV transmission is 18 times more likely to occur in receptive anal sex than vaginal sex.</p> <p>There is little research on needle sharing but it has been identified as a possible risk.</p> <p>Some research shows that neo-vaginal sex (surgically created vagina) may increase the risk of HIV transmission.</p> <p>Higher rates of drug/alcohol use are linked to low self-esteem as result of stigma, rejection, and isolation.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Factors linked to HIV risk among Transgender women</b></p> <ul style="list-style-type: none"> <li>▪ Few employment opportunities=High rates of sex work (&gt;40%)</li> <li>▪ Lower rates condom use: for financial reasons, to show 'trust' to primary partner, to affirm gender by being less willing to negotiate</li> <li>▪ Anal receptive sex (condoms usually controlled by 'insertive' partner)</li> <li>▪ Needle sharing for hormones/silicone</li> <li>▪ Neo-vaginal sex</li> <li>▪ Increased rates of STIs</li> <li>▪ Higher rates of drug and alcohol use</li> </ul> <p style="text-align: right;">7</p> </div>

EXTRA NOTES	SLIDE
<p><b>Slide 8</b></p> <p>Less research has been done around transgender men, for example around needle sharing and HIV risk.</p> <p>Condom use may be lower linked to male gender expression</p> <p>High incidence of alcohol and drug use linked to gender expression, impedes perceptions of risk-taking</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Factors linked to HIV risk among Transgender men</b></p> <ul style="list-style-type: none"> <li>• Sometimes partners are MSM or transgender women</li> <li>• Unprotected anal/vaginal sex</li> <li>• Needle sharing for hormones</li> <li>• Higher drug and alcohol use</li> </ul> <p style="text-align: right; font-size: small;">8</p> </div>
<p><b>Slide 9</b></p> <p>Most healthcare staff report that they are uncomfortable providing a service to transgender clients because of their lack of knowledge, understanding, and experience of working with transgender clients.</p> <p>Few healthcare staff receive formal training.</p> <p>Much stigma in health facilities is perpetuated by all levels of staff, including receptionists, guards, nurses, and doctors.</p> <p>If clients feel uncomfortable disclosing information about their sexual practices or hormone treatments, for example, this could have serious impacts on their health.</p> <p>Structural systems may also cause clients to feel unwelcome and unaccommodated at the health facility.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Lack of training for Health Professionals</b></p> <ul style="list-style-type: none"> <li>• Few health care staff are trained to understand gender identity or transgender health issues</li> <li>• Hostile or insensitive treatment by all levels of health staff</li> <li>• Many health care staff cite the lack of knowledge and skills as a reason for not encouraging transgender clients to use services. High levels of discomfort among staff to take sexual history of trans clients</li> <li>• Lack of awareness among staff results in stigmatizing attitudes and behavior in health facilities</li> <li>• Hostility faced by transgender clients may lead to non-disclosure of behavior, status and needs</li> <li>• Structural barriers e.g. admin systems, gendered services</li> </ul> <p style="text-align: right; font-size: small;">9</p> </div>
<p><b>Slide 10</b></p> <p>Only in recent years have the needs of transgender people been recognized in terms of HIV. Before this (and as still happens in many places), they were either ignored or lumped together with MSM or other groups.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Lack of targeted programs</b></p> <ul style="list-style-type: none"> <li>• Only 43% countries include transgender needs in their national strategies</li> <li>• Many MSM programs ‘include’ transgender women, yet do not meet the needs of clients who identify as female</li> <li>• Exclusion from HIV awareness campaigns</li> <li>• Lack of targeted programs perpetuates invisibility of transgender populations from the mainstream</li> </ul> <p style="text-align: right; font-size: small;">10</p> </div>

EXTRA NOTES	SLIDE
<p><b>Slide 11</b></p> <p>The needs of transgender people living with HIV require further research and more appropriate responses.</p> <p>There is a need for wider research on ARVs and hormone use.</p> <p>Health facility staff need to know more about giving harm reduction advice to HIV-positive transgender clients on HIV transmission.</p> <p>Referral systems and linkages to special agencies would provide more comprehensive care to transgender clients.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Transgender people living with HIV</b></p> <ul style="list-style-type: none"> <li>• Need for more research on interaction between ARVs and hormones. Most ARVs decrease estrogen levels (can lead to dangerously high estrogen levels if ARVs are stopped)</li> <li>• Appropriate harm reduction advice for transgender people and their partners needs to be integrated to create more comprehensive services</li> <li>• Referral systems need to be developed to ensure HIV+ transgender clients are linked in to support groups and targeted agencies</li> </ul> <p style="text-align: right; font-size: small;">11</p> </div>
<p><b>Slide 12</b></p> <p>HIV prevention, care, and treatment must be viewed in a wider context for transgender clients because of the multiple challenges that many face.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Other priorities</b></p> <ul style="list-style-type: none"> <li>• For both transgender men and transgender women, HIV is often a low priority</li> <li>• Issues of survival, safety and emotional well-being related to gender identity are at the forefront of day to day life</li> </ul> <p style="text-align: right; font-size: small;">12</p> </div>
<p><b>Slide 13</b></p> <p>Groups of 2 or more participants will discuss the topics on the slide. The group will select a rapporteur who will share key points from the discussion with the entire group.</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Recap Quiz</b></p> <p><i>Discuss with your partner</i></p> <ul style="list-style-type: none"> <li>• What are 3 of the risks of HIV transmission facing transgender women?</li> <li>• What are two structural factors that increase HIV risk for transgender clients?</li> <li>• Why do health staff need training on the needs of transgender clients?</li> <li>• What barriers to HIV prevention and care can you see existing in your department for transgender clients who want to access services from you?</li> </ul> <p style="text-align: right; font-size: small;">13</p> </div>

## 4. Breaking the “Sex Ice”: Anonymous sex survey

### *Facilitators’ Notes*

Sex is often seen as a taboo subject—in particular talking about sex that is viewed as “immoral” or “abnormal” and breaking social norms. Our views about what is “appropriate” sex leads to a lack of acceptance of people who do not conform to our own, or society’s, views about what is proper sexual behavior, and this fuels stigma against key populations, in particular transgender people, MSM, and sex workers.

Many health workers report that they do not feel comfortable talking about sex and in particular feel anxiety about talking to transgender clients about sex because of a lack of information. Yet, in order to carry out effective HIV prevention work, we need to be able to ask tricky questions and create a rapport where clients can be open about sex. One of the barriers to this is the embarrassment we feel when discussing sex, so this exercise breaks down some of that embarrassment and builds greater comfort levels.

When conducting this exercise, emphasize that the survey is completely anonymous and confidential. The most important part of the exercise is the processing discussion, which usually results in an open discussion about sex!

<b>OBJECTIVES</b>	To explore how we feel about sex and what some of the barriers are to talking more openly about it
<b>TIME</b>	45 minutes
<b>PREPARATION</b>	At least two facilitators are needed to run this exercise: one facilitator at the front of the room to read the questions, and another at the back of the room to collect the answer slips and quickly record the results on flipcharts. Write the questions on flipcharts ready for the answers, so you can fill them as you count the results
<b>MATERIALS</b>	Flipcharts for groups

## STEPS

1. Introduce the exercise by saying, *"We are going to do a simple survey about sex. It is completely anonymous—no one will know your answers. There are ten questions; for each question we want you to answer 'Yes' or 'No'. Write the answer to each question on a separate slip of paper."*
2. Read each question out loud and allow a minute or so for participants to write down their answers. Collect the slips after each question and record the results on a flipchart. Do not present these results until all the questions have been answered.

1. Can you talk openly about sex to close friends?

2. Do you enjoy sex?

3. Do you like masturbating?

4. Have you ever taken an HIV test?

5. Have you ever been attracted to someone of the same gender?

6. Do you find pleasure in kissing and cuddling without sex?

7. Do you enjoy oral sex?

8. Have you had more than 10 sexual partners?

9. Do you enjoy watching porn?

10. Did you use a condom the last time you had sex?

3. Once you have recorded the answers, ask the group, *"How was it to do this survey?"* Then present the answers one at a time and give participants a chance to discuss the results. You can probe by asking questions like, *"Is this what you would expect? What do you think of these results?"* Encourage a lively discussion as participants *"break the sex ice."*
4. Once all the results have been read out, debrief the exercise using some of the following questions:
  - *What do we learn from doing this?*
  - *How does this help us in terms of working with transgender clients?*
  - *How can we improve our comfort levels when talking about sex, so we can be more open when discussing safer sex and risk-taking with clients?*

### Notes for debriefing the exercise

Remember the aim of the exercise is to get participants to talk about sex. The results of the survey itself are not so important, they are merely a means to an end—a method of getting participants to reflect on their experiences and share their thoughts. The idea is that if they can feel more comfortable talking about sex, this will help to increase their skills in talking to clients, taking sexual histories and understanding the complexity and diversity involved in all types of sexual practices.

As you present each result allow enough time for a discussion and be sure to use probing questions to encourage participation.

**STEPS**

For some participants this may be the first time that they have talked openly about their feelings about or experiences of sex; for others they may still not feel comfortable discussing much in this group, but they will be listening, and hopefully learning.

If a participant feels that the questions were intrusive you can mention the fact that we often ask clients questions that we ourselves would not be prepared to answer. Having a greater awareness of the need for sensitivity around such questions may improve our skills taking sexual histories.

Some participants will be interested in the results, for example if they show low use of condoms among the participants, or that most members of the group have never tested for HIV. This can be an opportunity to explore some of the reasons with the group, and draw parallels with client groups and the challenges that they face.

You may want to reflect with the group on whether the answers between men and women were very different and what this means in terms of gender roles around sexuality.

Just allow the discussion to flow within your timeframe—there are no right and wrong answers.

**SAMPLE RESPONSES****How was it to do the survey?**

*It really made me think*

*I was conscious that I did not want anyone to see my answers*

*I was wondering what everyone would say about the condom question*

*It was interesting*

*It felt quite intrusive and I was thinking about the way we question our clients sometimes*

*Show us the results!*

**What do you think of the results?**

*So some of us have not tested for HIV, yet we are always encouraging others to come for testing*

*Not many of us use condoms—is it because most of us are married?*

*I've told my husband that we should use condoms, but he refuses*

*I was surprised that so many admit to masturbating*

*I think it is normal to masturbate, but we never discuss it*

*It would be interesting to see how the answers between the men and women differed*

*I can't even remember how many partners I have had!*



## 5. Interview skills practice: Talking about sex

### Facilitators' Notes

This exercise uses role-play as a way of helping participants practice talking more openly about sex with clients. Try to circulate around the small groups to find out how the practice is going. Organize gentle feedback after the large group practice, focusing on what worked well and what could be improved.

<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To provide an opportunity for participants to practice talking about sex more openly with clients</li> <li>■ To explore what helps us to feel more relaxed about asking questions about sex and sensitive issues</li> </ul>
<b>TIME</b>	45 minutes
<b>PREPARATION</b>	<p>Write on a flipchart: <i>What would help us to overcome some of the barriers that prevent us from talking openly about sex to transgender clients?</i></p> <p>Make copies of the scenarios</p> <p>Decide how to split the groups</p>
<b>MATERIALS</b>	Copies of each scenario
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. <b>Buzz and Brainstorm:</b> Ask participants to discuss with the person next to them, <i>“What would help us to overcome some of the barriers that prevent us from talking openly about sex to transgender clients?”</i> Take one answer from each pair and record it on the flipchart.</li> <li>2. Divide into groups of four for role-play practice. Ask the group to decide who will be the client in the role-play and hand out the role-play scenario (see below) to each of the “clients.” Other group members can be staff at the clinic or friends of the client, or observers (depending on the scenario). Give the groups five minutes to practice a consultation which should involve talking and asking questions about sex.</li> <li>3. Ask each group to show their role-plays to the large group. Limit the time to three to four minutes per group—you just want to get a snapshot of some of the language and techniques they are using. After each role-play ask the audience             <ul style="list-style-type: none"> <li>■ <i>What worked well?</i></li> <li>■ <i>What would you do differently next time?</i></li> </ul> </li> <li>4. When all the groups have presented their role-plays, ask             <ul style="list-style-type: none"> <li>■ <i>What have we learned from the role-plays?</i></li> <li>■ <i>Is there any other information we need to feel more comfortable talking about sex with transgender clients?</i></li> </ul> </li> </ol>

**STEPS**

5. To close, summarize the points that have come from the participants and add some of the following if they did not come up:
  - In order to feel more comfortable about talking about sex, we may have to explore our own feelings about it. We can do this by talking to people we trust, practicing with friends, and reflecting alone on our own experiences
  - To provide good, clear information about HIV and prevention, we need to be able to ask clients sensitive questions about sex and relationships. We can explain to clients why this is necessary to help break down the taboo
  - It is better to ask if you are not sure what type of sex a client is having, or if you think they—or you—may not have understood the risks they are taking. Creating a dialogue in a space where clients feel safe to talk openly is one of the best steps toward creating an effective prevention intervention

**Role-play scenarios**

1. You are a young transgender man. You have a girlfriend but occasionally have sex with men. You are worried about HIV and want to talk to the health worker but you are worried he or she won't understand your situation.
2. You are an older transgender woman and work as a sex worker, selling sex to men. You are careful to always use condoms but you think you may have contracted an STI. You have come for a check-up.
3. You are a transgender woman and are in a steady relationship with a man. The man is married but has told you that he really just wants to be with you. However you have heard that he also sleeps with men sometimes and you want to start using condoms. You have come to get an HIV test and to ask about condoms.
4. You are a couple—one is a transgender man, the other is a woman. You want to try and have a baby and to get some advice about how you can do this.
5. You are a young transgender woman who is HIV positive and you have recently met someone who you really like and hope to be with a long time. You are worried about passing on the virus so you want to find out how you can have sex safely with your new partner.





---

# SESSION 5

Deepening our understanding  
of transgender lives

---

## Description of Session 5

This session starts with a simple questionnaire that helps participants to reflect on their values and beliefs. It is followed by a panel discussion with members from the transgender community, who will share some of their experiences and help to deepen participants' understanding of their lives. The final exercise focuses on generating ideas for creating a stigma-free health facility.

EXERCISE	METHODOLOGY	TIME
<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>▪ To explore how our own values can have an impact on access to services and quality of service provision</li> <li>▪ To deepen participants' understanding of the lives of some transgender individuals and the issues they face</li> <li>▪ To identify steps to be taken toward creating a stigma-free health facility</li> </ul>	
<b>Exploring values and beliefs</b> (pg. 69)	<ul style="list-style-type: none"> <li>▪ Questionnaire and reflection</li> </ul>	45 minutes
<b>Secret questions and panel discussion</b> (pg. 70)	<ul style="list-style-type: none"> <li>▪ Panel discussion with invited guests from the transgender community</li> </ul>	60 minutes
<b>Reflections and discussion</b> (pg. 73)	<ul style="list-style-type: none"> <li>▪ Small group work</li> </ul>	30 minutes
<b>Planning a stigma-free health facility</b> (pg. 74)	<ul style="list-style-type: none"> <li>▪ Brainstorm and discussion</li> </ul>	30 minutes

*"As a transgender woman living in Barbados, I always have this to say for myself, 'It's interesting being me, but it is not always fun.' Many of my friends and acquaintances don't always understand what I mean by what I'm saying until they observe or hear about what I go through from day to day."*

*Alexa DV Hoffman  
Barbados*

## Introduction

Session 5 aims to start bringing all the learning from the training together, and really deepen participants' understanding of transgender lives.

The first exercise is an individual reflection on one's own values through the use of a questionnaire. Participants are asked to complete a list of questions with agree/disagree statements. By making their values explicit through reflection and discussion, it is hoped that they will think about which values they want to hold on to, where they come from, and which they think might change. The bottom line for the learning in the exercise is that personal values should affect professional behavior and should not result in impeded access to healthcare for any groups. Greater awareness of our own values helps to increase our awareness of how we treat others.

# DEEPENING OUR UNDERSTANDING OF TRANSGENDER LIVES

The panel discussion provides an opportunity for participants to meet members of the transgender community and to listen to their stories firsthand. Participants are asked to write any questions that they have for the panelists, these questions are then used to guide the facilitated discussion. It is important to include questions about the panelists' experiences of health facilities and to ask them what changes they would like to see to increase access to healthcare.

If this exercise works well it really helps participants to connect with the transgender clients and to empathize with the struggles they face. In past workshops, the panel discussion has had the effect of changing the most stubborn attitudes. If you can schedule the discussion so that there is free time afterward (lunch break?) for participants to mingle and chat further with the panelists, this adds extra value. The reflection that follows the panel helps to deepen participants' learning and understanding.

The final exercise is designed to harness the energy and drive for change that emerges after the panel discussion and to use it to get participants to share ideas about developing stigma-free health services.

## 1. Exploring values and beliefs

### Facilitators' Notes

This is an exercise that helps participants to think through their values and how their values may lead them to judge others. It is important to remind participants that the aim of the exercise is not to change their values and beliefs, but to reflect on them and the way in which they influence our perception of others.

<b>OBJECTIVES</b>	<b>By the end of this exercise participants will be able to:</b> <ul style="list-style-type: none"><li>■ Analyze the link between personal values and the judgments we make about groups in society</li><li>■ Begin to understand how to limit the impact of personal values on service delivery</li></ul>
<b>TIME</b>	30 minutes
<b>PREPARATION</b>	Make a copy of the 'value questionnaire' for each participant. Arrange the chairs so participants cannot see others' answers
<b>MATERIALS</b>	Copies of the 'value questionnaire' (see Appendix A, pg. 107)
<b>STEPS</b>	<ol style="list-style-type: none"><li>1. Hand out the 'value questionnaire' and ask participants to sit alone and fill it in. Reassure them that the questionnaire is confidential and they will not be asked to hand them in.</li><li>2. When everyone has finished, come together in the large group and discuss the following:<ul style="list-style-type: none"><li>■ <i>Do you have any thoughts or comments about the questionnaire?</i></li><li>■ <i>How do our own values and beliefs influence our behavior and attitudes toward other people?</i></li><li>■ <i>Which values do we think might change? Which do we wish to hold on to?</i></li><li>■ <i>How might our values affect the way we work with clients?</i></li><li>■ <i>How do values and judgments link to stigma?</i></li></ul></li></ol>

**SUMMARY**

Close the session by summarizing and referring to the points raised by the participants and add the following:

- Values play a key role in forming judgments. We often judge others based on our values
- Our values are influenced by our upbringing, family, culture, religion, and other social factors. They often change over time or according to our experiences
- The more we are exposed to different cultures and diversity, the more flexible our values may become
- Some values can lead to harsh judgments and cause us to stigmatize others who are different than ourselves
- Transgender people often face harsh judgments because they may challenge our beliefs about gender, or make us question our own identity
- One reason that many institutions have guidelines or “codes of conduct” for staff is to ensure service provision remains constant and professional, regardless of who the client is, and regardless of the staff member’s personal values and beliefs

## 2. ‘Secret’ questions and panel discussion

### *Facilitators’ Notes*

The panel discussion can have a big impact on changing participants’ understanding and attitudes toward transgender people.

This session is often the first time that healthcare workers have listened to transgender people talk about their lives and their experiences of being stigmatized. In some cases it might even be the first time that the healthcare workers have met a transgender person. The panel provides participants with a “safe space” in which to ask transgender participants questions that they may have always had.

During this session, participants write down any questions they would like the transgender panelists to try and answer during the discussion. By getting the questions in advance, the facilitators can have time to sort through them, edit, or rephrase them and remove any offensive, inappropriate, or overly personal questions.

If you can organize a break immediately after the participants are asked to write down their “secret questions” this will allow you to organize and edit the questions and brief the panelists.

**OBJECTIVES**

**By the end of this session, health workers will be able to:**

- Deepen their understanding of what it means to be transgender
- Understand some of the main challenges facing members of transgender people
- Identify some of the key barriers that transgender clients face when accessing health services

**TIME**

60 minutes

**MATERIALS**

Slips of paper for each participant; container to collect the questions



# DEEPENING OUR UNDERSTANDING OF TRANSGENDER LIVES

## PREPARATION

### Panel

The panelists will need to be invited in advance of the training. Try to invite at least one transgender woman and one transgender man. Expect that the panelists may need to be reimbursed with financial support for travel and other costs. Your job as facilitator is to brief the panelists, guide the panel discussion, ask the questions, and ensure that everyone on the panel gets a chance to talk. Make sure that the panelists are well prepared and know what to expect. If you have a chance to spend time with panelists before the exercise, it will help to put them at ease and you can get an idea of their stories. In some cases it may even be appropriate to invite the panelists to join you for part of the training day so that they can get acclimated and understand the training goals and activities.

Give the panelists the following briefing on how to present their stories and information:

- Respond to participants' questions and give examples drawn from your own lives
- Talk about how you have been treated in health facilities and how it made you feel
- Tell your stories in a factual way without blaming or criticizing health workers. This will ensure that the health workers don't become defensive and are more open to listening to you
- You do not have to answer any questions that you are not comfortable with

For the panel discussion, arrange a table (or chairs, if no table is available) at the front of the room

## STEPS

1. Explain to the participants that this session is a panel discussion with members from the transgender community who have agreed to participate in order to raise awareness about transgender issues. Let them know that this is an opportunity for them to ask any questions that they feel will help to increase their understanding of the needs of transgender clients. Ask them write one question on each piece of paper. The questions are anonymous. (It might be appropriate to remind participants to keep the questions respectful and general, rather than personalized. They should not ask questions that they would not be prepared to answer themselves and should keep questions relevant to the training and topics and conversations around the training. Also tell them that there might not be a chance to answer all the questions they have, so the facilitator will choose the most pertinent questions.)
2. Ask participants to fold their slips of paper and collect them in the basket or container. Then give the participants a 15-minute break and tell them the panel will start after the break.
3. During the break, prepare the questions for the panel with your co-facilitator. Sort the questions into different categories; rephrase or reject any that sound offensive; and decide which order to ask the questions. Aim to have around 10 questions, with some extra, if time allows. Show the questions to the panelists so they can prepare answers if needed.

### Panel Discussion

Introduce the panel in the style of a TV chat show. Try to keep the atmosphere light and friendly so you put panelists at ease and help them to feel relaxed about sharing their experiences. Let the panel introduce themselves and then explain that the aim is for the participants to understand the experiences of the transgender panelists to help them improve transgender healthcare in their own healthcare settings.

## STEPS

Allow up to an hour for the panel discussion. Take some short breaks if necessary so the audience is able to sustain their ability to listen, and you can check in with the panelists on how they are feeling. Make sure to allow time for each panelist to talk about their experience of using health facilities and any stigma they have faced. Their experience of sharing is just as important as the participants being allowed to ask questions, so keep that in mind. Just as it may be the first time healthcare workers have had this opportunity, it may also be the first time the transgender panelists have had the opportunity to speak directly to healthcare workers about their experiences.

*"I am not a threat to society. I don't want to spend most of my life hiding who I am from the world. I want you to see how beautiful I am. I want you to see how human I am."*

Witney  
Transgender Woman  
Jamaica  
We are Jamaicans

*"The major problems facing the community in Barbados are abandonment, unemployment, and rejection which then lead to homelessness, prostitution, drug use, and depression. Within the family unit many young LGBT men and women are left without financial support or any support whatsoever to carry on their daily lives.*

*"Many of them are put out of their homes because of their sexual orientation or in most cases because of their refusal to conform with gender norms, i.e., their dress and behavior. Additionally, transgendered persons or gender queer individuals find it extremely difficult to find jobs regardless of their level of education; this makes them more vulnerable to discrimination as they are in many cases unable to support themselves."*

Donnya Pigott  
Barbados  
Generation Change

## 3. Reflections and discussion

### Facilitators' Notes

The aim of this session is to give participants a chance to reflect on and share their thoughts about what they have learned during the panel discussion. If the panelists can stay to listen (or participate) it may enable an even richer discussion.

<b>OBJECTIVE</b>	To reflect on what was learned during the panel discussion
<b>TIME</b>	45 minutes
<b>PREPARATION</b>	None
<b>MATERIALS</b>	Flipchart
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. Divide participants into small groups. Tell the group that you are going to read out a series of questions that you would like them to discuss. They will have five minutes of discussion time for each question and then you will ask for some feedback from each group.</li> <li>2. Read out the first question, allow five minutes for discussion, and then ask each group to report on their key points. Your co-facilitator can record points on a flipchart.</li> </ol> <p>Questions:</p> <ul style="list-style-type: none"> <li>▪ <i>What stood out for you from the panel discussion?</i></li> <li>▪ <i>What was the main thing that you learned?</i></li> <li>▪ <i>Was there anything surprising for you?</i></li> <li>▪ <i>Are there any further questions you have about the needs of transgender clients?</i></li> </ul>

*"I don't have life easy. I feel alienated, always being bashed by society, but that doesn't change who I am or who I want to be... I won't hide my life, nor will I let society choose who I want to be... Whether you like it or not I just want respect, acceptance, and tolerance."*

*Tiana  
Transgender Woman  
Jamaica*

## 4. Planning a stigma-free health facility

### Facilitators' Notes

Having listened to personal experiences on the panel and explored issues of stigma and transphobia in Session 2, this is an opportunity to help participants start to move forward, and think about how they can help to make changes in their health facility.

The aim of the exercise is just to get ideas flowing, not to make big policy decisions. But it is important to encourage discussion about action and to get participants to think who needs to be involved, how they will discuss issues with their colleagues, and what action is needed to start tackling stigma in their health facility.

You can mention that in the next session they will be asked to prepare and present a short talk or session for their colleagues about the needs of transgender clients.

<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To get participants to start thinking about how they can take some of the lessons about the needs of transgender clients back to the health facility</li> <li>■ To get participants to identify some of the key practices involved in providing a stigma-free health facility</li> </ul>
<b>TIME</b>	40 minutes
<b>PREPARATION</b>	<p><b>Write on a flipchart:</b></p> <p><i>What needs to change in our health facilities in order to create a stigma-free environment?</i></p>
<b>MATERIALS</b>	Flipchart, markers, crayons, paper for posters
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. Buzz with a partner sitting next to you about the question, "What needs to change in our health facilities to create a stigma-free environment?" Record points on flipchart.</li> <li>2. Divide into small groups and ask each group to brainstorm points that could be included in a charter for a stigma-free health facility. If you have enough markers, crayons, paper, etc., you could ask the groups to write their charter points as a poster.</li> <li>3. Ask each group to present their points and then the participants should agree on which points from each group should be included in the final charter which could be shared in a staff meeting or with managers and eventually displayed in service areas.</li> </ol>

## Ideas for a Code of Conduct

*Code of Conduct: building a stigma-free, transgender- friendly health facility*

- Treat all clients with equality, respect, dignity, and privacy. Value diversity.
  - Ensure that services for transgender clients are not denied, delayed, or referred elsewhere unnecessarily and that they are the same quality as those provided to other clients.
  - Ensure that all staff have some training about the needs of transgender clients.
  - Ensure that all staff are trained in clients' rights and the rights of transgender clients to equal and confidential service.
  - Challenge stigmatizing words and actions when you hear or see them. Help colleagues to think about how their words and actions can hurt.
  - Encourage staff to talk openly about their concerns about LGBT and sex worker clients and correct myths about them. Talking openly about transgender clients will also empower those clients and help relieve some of their self-stigma.
  - Normalize diversity. Get people to regard LGBTI clients as "people with a different sexual orientation or gender identity," not "people with bad behavior."
  - Avoid using words like "normal" to describe sex between a man and a woman and "abnormal" to describe sex between people of same sex.
  - Once the person reveals that s/he is transgender, help him/her to become aware of his/her rights. If appropriate, refer him/her to the local support group.
  - Build a relationship of trust and make the client feel safe to express himself/herself freely. Remember, it has taken a lot of courage for the client to be open about his/her situation.
  - Educate other clients and the community about gender identity and that transgender clients are like anyone else: deserving of respect, acceptance, and equal treatment.
  - Build working relations between staff and transgender organizations and invite the groups to advise staff on service provision.
-



---

# SESSION 6

Planning the way forward

---

## Description of Session 6

The focus of Session 6 is, “*After the training—so what?*” The aim is to help participants think about what they are going to do, now that they have some awareness of the needs of transgender clients, and of the barriers that they face in accessing healthcare.

The type of action that can be taken by participants after the training will depend on the level of responsibility and power they hold in the health institution; however the message of the session is that everyone can take some action to improve health facilities for transgender clients.

The session begins with an exercise to identify the key messages that participants have learned during the course of the training; this is followed by facilitation skills practice. Participants are then asked to prepare a short talk or exercise that they could use with colleagues in their health facility to share what they have learned about transgender health needs. They are given the opportunity to practice their talks and receive feedback from facilitators and peers.

A list of advocacy resources and ideas is provided as a takeaway from the session.

OBJECTIVES	<ul style="list-style-type: none"> <li>■ To identify key lessons learned from the training and discuss how to translate them into take home messages to be shared with colleagues</li> <li>■ To identify and practice key facilitation skills which will enable participants to share their lessons from the training with health colleagues and other stakeholders</li> <li>■ To prepare and practice a short talk about the health needs of transgender clients, which can be used to build awareness among other healthcare personnel</li> </ul>	
EXERCISE	METHODOLOGY	TIME
<b>Message board</b> (pg. 80)	<ul style="list-style-type: none"> <li>■ Card storm</li> </ul>	20 minutes
<b>Core facilitation skills</b> (pg. 81)	<ul style="list-style-type: none"> <li>■ Brainstorm and practice groups</li> </ul>	45 minutes
<b>Spreading the messages: planning an awareness-raising talk</b> (pg. 83)	<ul style="list-style-type: none"> <li>■ Small group work</li> </ul>	40 minutes
<b>Practice session (delivering the talk)</b> (pg. 84)	<ul style="list-style-type: none"> <li>■ Practice in plenary</li> </ul>	60 minutes
<b>Wrap-up</b> (pg. 85) <b>Post-course assessment</b> (pg. 85) <b>Final evaluation</b> (pg. 85)	<ul style="list-style-type: none"> <li>■ Written questionnaire</li> <li>■ Presentation of certificates</li> <li>■ Closing speeches</li> </ul>	45 minutes



## Introduction

The focus of this session is to help participants think about how they can take the lessons from the training back to their colleagues in the health facilities, with the aim of improving services for transgender clients.

Action after the training could take different forms:

- Sharing knowledge and helping to raise awareness about the transphobia that is a barrier to healthcare.
- Reviewing systems in the health facility to ensure they are inclusive; for example, checking that client record forms and documents are gender neutral and inclusive of transgender.
- Developing a network (and directory) of specialist and transgender-friendly services for referral.
- Planning further in-house training for all staff so that services are welcoming and informed.
- Reviewing policies which guide service provision to explore possibilities of providing more targeted services for transgender clients (for example, providing advice on, or provision of, hormone therapy).

As the facilitator, your aim in Session 6 is to get the participants to discuss and think creatively about the things they can do after the training.

The first exercise is like a group “recap” where participants brainstorm the key messages that they have learned from the training, with the aim of turning these into action points.

The next exercise asks participants to identify—and then practice—some of the core facilitation skills that are essential for facilitating a discussion to ensure maximum participation. Facilitated discussions are one of the most effective methods of sharing ideas, and are a simple way for participants to bring some of the key messages back to colleagues and start the process of improving services for transgender clients.

“Spreading the messages” leaves participants with a “takeaway” that they can use when they return to their workplace, as a way of sharing some of the lessons from the training. Participants are asked to design and develop a talk or short training exercise that involves a discussion that they can use to raise awareness about the needs of transgender clients.

The session provides a space for participants to work in small teams, to practice facilitating the talks and discussions, and to receive feedback from the facilitators and group.

## Wrapping Up the Training

The end of the training is as important as the beginning. As facilitators, consider carefully how you will wrap up the course.

Remember that the participants have been together through the training and may well have formed a close group. They have been acquiring new knowledge and skills, and your aim is to send them back to their health facilities with renewed energy and enthusiasm for ensuring that transgender clients receive better healthcare services. Take time to acknowledge the learning that has taken place and to give each participant a chance to make final contributions.

Ensure that you administer the post-course assessment questionnaire and finish with the final evaluation.

## 1. Message board

### *Facilitators' Notes*

This is a simple starter exercise to help participants review some of the key learning from the training. Encourage each group member to write as many cards as possible.

You can give suggestions for the action points if needed. Some actions may be about thinking how to share messages with colleagues; others may involve reviewing services and policies, or lobbying for changes.

Remember all ideas are valid and the idea is to encourage everybody that they have some responsibility to put their new knowledge to good use improving services for transgender clients.

<b>OBJECTIVE</b>	To review key learnings from the course
<b>TIME</b>	20 minutes
<b>PREPARATION</b>	None
<b>MATERIALS</b>	Cards, markers, tape
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. Hand out several cards and a marker to each participant. Ask them to think of some of the key messages they have learned about transgender health during the training. Encourage them to discuss and consult with one another. Ask them to write one point per card and stick it up on the wall.</li> <li>2. Read through the cards with the group and ask for clarifications if needed.</li> <li>3. Depending on the number of cards and participants, divide into small groups, giving each group at least 5 cards. Ask groups to discuss some simple action points that could go with each message and to write these on corresponding cards.</li> <li>4. Review each group's action points and leave them up on the wall for future reference.</li> </ol>

## 2. Core facilitation skills

### Facilitators' Notes

This is a simple exercise that focuses on core facilitation skills which are particularly important when facilitating a discussion.

Dialogue and discussion are key activities for adult learning, especially when trying to raise awareness and deepen understanding about an issue, so being able to facilitate a discussion is an important skill. This exercise will help to prepare participants to facilitate their talks and awareness-raising exercises after the training.

Many of the participants will not have been trained as trainers and may not be aware of some of the skills that can help to ensure maximum participation. For some this will be simple revision which means they can support those who are less experienced.

The topics for the practice groups are chosen to provoke lively discussions, but you can choose your own topics if you wish. As the groups are practicing, you can circulate and listen in to check on the facilitators' skills.

<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To identify some of the core facilitation skills that help to ensure maximum participation in a discussion</li> <li>■ To provide an opportunity for practice and feedback on core facilitation skills</li> <li>■ To help participants gain key skills to use in their awareness-raising activities after the training</li> </ul>
<b>TIME</b>	30 minutes
<b>PREPARATION</b>	Make copies of handout; write up the core facilitation skills on a flipchart; write each discussion topic on a separate card
<b>MATERIALS</b>	Copies of the handout (see Appendix A, pg. 110)
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. <b>Brainstorm</b> <ol style="list-style-type: none"> <li>a. Buzz: Ask the group to discuss with their partner, <i>"What are some of the skills we use when we are facilitating a discussion, to ensure that everyone can participate?"</i></li> <li>b. Record points on a flipchart.</li> <li>c. Introduce the core facilitation skills, giving examples of each as you do.</li> </ol> </li> <li>2. <b>Mini practice</b> <ul style="list-style-type: none"> <li>■ Split into small groups, with a minimum of six participants in each group. Explain that in each group one person has the chance to facilitate a short discussion, practicing the core skills. The aim is to get maximum participation from the group. Ask the group to decide who will be the facilitator.</li> <li>■ Give each group their topic. Allow 15 minutes for the discussion. Ask group members to give feedback to the facilitators about how they felt as participants during the discussion and whether they used some of the core skills.</li> <li>■ If time allows, you can exchange the topics between the groups and give a chance to a new person in each group to practice facilitating a different discussion.</li> </ul> </li> </ol>

## STEPS

### Discussion Topics:

1. Transgender clients should have special health services separate from other clients.
2. Health workers should not allow personal beliefs to affect the quality of the service they provide.
3. Children should be taught about gender and sexual diversity in school.

3. **Plenary:** Come back together as a large group for reflection and feedback.
4. Ask, *"How did the practice go?"* (Get feedback from the facilitators and the participants. Try to focus on the facilitation skills rather than the content of the discussions.)

### Summarize

- It is important to practice the core facilitation skills to ensure maximum participation in the discussions that you will facilitate during your talks and presentations after the training
- Discussions and dialogue are key in helping adult learning. They allow people to deepen understanding, share ideas, reflect on beliefs and attitudes, and explore new concepts. If you can facilitate the discussion so it feels inclusive and participants respect and listen to each other, you will help to promote greater learning
- Rephrasing is one of the most important skills to learn; if you always rephrase, or praise when a participant speaks, it helps to affirm someone's contribution and encourages others to participate. It also means there will be no awkward silences
- You can use any opportunity to practice the facilitation skills: meetings, staff discussions, presentations on other topics, etc. If you facilitate with a partner or co-facilitate, give each other feedback about your skills so that you can learn together

### 3. Spreading the messages: Planning an awareness-raising talk

#### Facilitators' Notes

The aim of this exercise is to prepare participants to take the lessons from the training back to their colleagues in the workplace, with the hope that this will increase understanding of the needs of transgender clients.

Participants are asked to work in small groups to prepare an exercise and are then given an opportunity to practice presenting part of their exercise to the facilitators and the rest of the group.

Because of the time needed for practice sessions, it is ideal to split participants into four practice groups; if you have a large group or more flexibility with time, you can adapt this to suit the group.

<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To support participants to plan and prepare a short exercise that they can facilitate in their health facility</li> <li>■ To provide an opportunity for participants to practice facilitating their exercise</li> <li>■ To provide feedback to participants on the content and skills of their presentations</li> </ul>
<b>TIME</b>	1 hour and 30 minutes
<b>PREPARATION</b>	Make copies of the briefing sheets
<b>MATERIALS</b>	<ul style="list-style-type: none"> <li>■ Copies of briefing sheets (see Appendix A, pg. 111)</li> <li>■ A selection of materials that participants can use for their presentations</li> </ul>
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. <b>Introduce the exercise:</b> We want you to start thinking about how you can take some of the lessons from the training back to your health facility, in order to create more understanding among your colleagues about the needs of transgender clients.  Your task is to prepare a short exercise for your colleagues on a particular topic. It could be an adapted version of one of the exercises that you have participated in during the training, for example a card storm about different forms of stigma; or you can create an exercise that you think will help to raise awareness about the needs of transgender clients, such as a role-play followed by a discussion.</li> <li>2. <b>Divide into groups:</b> Ask participants to divide into small groups (they may do this according to where they work, or their department, for example). Each group can choose one of the topics on which to base their session. Give each group a briefing sheet. They have 20 minutes to prepare their exercise.  <b>Topics</b> <ul style="list-style-type: none"> <li>■ Explaining gender and sexual diversity</li> <li>■ Identifying stigma faced by transgender clients</li> <li>■ Stigma toward transgender clients in health facilities</li> <li>■ HIV and transgender clients</li> <li>■ Health needs of transgender clients</li> </ul> </li> </ol>

## 4. Practice session (delivering the talk)

<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>■ To reflect on knowledge acquired during the entire course</li> <li>■ To reflect on the impact of stigma</li> </ul>
<b>TIME</b>	60 Minutes
<b>PREPARATION</b>	Arrange groups to sit around tables for easy report back
<b>MATERIALS</b>	Flipchart
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. Each group is given 15 minutes to show a “snapshot” of their exercise. They should aim to involve all the group members. Participants in the other group and the facilitators are their audience.</li> <li>2. After each session arrange a short feedback session. First ask the group members to reflect on how they think their session went; then get some comments from the participants and facilitators—focus on both the structure and content of the session, as well as the facilitation skills of the presenters.</li> <li>3. <b>Summary</b> <ul style="list-style-type: none"> <li>■ Now that the training is coming to an end it is important to think about what it means to you as individuals and as healthcare providers. How will it change your practice at work? How will you share what you have learned with your colleagues? How will you put some of your lessons into action in terms of improving services for transgender clients?</li> <li>■ Are there any policy changes that you can help to advocate for, within your health facility? Whom do you need to involve? Whom can you work with to achieve the change?</li> <li>■ Remember that even small actions can make a difference, for example, the way that you welcome clients; the way that you show respect can demonstrate to colleagues that you aim to treat all clients equally</li> <li>■ You can also think about how to challenge colleagues and clients if you see stigmatizing attitudes and behaviors that might prevent clients from accessing services. Find a way that helps them to reflect and learn, so that they stay open to change</li> <li>■ Finally, plan how you can take the training further by presenting talks and interactive activities to get your colleagues engaged in breaking down some of the barriers that stop transgender clients from receiving high-quality, comprehensive healthcare</li> </ul> </li> </ol>

## 5. Wrap-up: Post-course assessment

<b>OBJECTIVE</b>	To assess participants' knowledge and attitudes around transgender issues
<b>TIME</b>	15 Minutes
<b>PREPARATION</b>	Make copies of the assessment sheet
<b>MATERIALS</b>	Copies of the assessment sheet (see Appendix A, pg. 112)
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. Hand out the copies and allow enough time for participants time to complete the assessments.</li> <li>2. Compare the results with the pre-course assessments for your training report.</li> </ol>

### Closing

Discuss with your co-facilitator how you will bring the training to a close. It is important to acknowledge that the group has come a long way since the beginning of the training, and that you have learned a lot together.

You could include some or all of the following:

- Organize a closing circle where each participant and facilitator can say something to the group (e.g., what they are taking away; how they feel about the end of the training).
- Invite a guest to make a closing speech.
- Ask a participant to speak on behalf of the group.
- Make a closing speech as the facilitators.
- Present certificates to the participants.
- Share a list of contact details (with agreement from the group).
- Finish with a song or a fun game.

### Final Evaluation

A final evaluation administered immediately at the end of the course is used to help the facilitator evaluate the content of the course and its usefulness to the participants' work. It can also encourage participants to begin thinking about how they will apply the new knowledge and skills to their everyday work.

A sample final evaluation is located in Appendix A (pg. 114).





---

# **APPENDIX A**

Handouts and materials

---

## Session 1: Pre-course assessment

1. What do you understand by the term “transgender”?

2. Please tick whether you agree, disagree, or are unsure and add any explanation if you like

	PLEASE TICK				
	STRONGLY AGREE	AGREE	UNSURE	DISAGREE	STRONGLY DISAGREE
If a transgender client came to our health facility I would prefer that someone else attended to them					
I am comfortable providing services to all clients, no matter their sexual orientation or gender identity					
I feel I have enough knowledge to provide service to transgender clients					
I think transgender clients should go to special clinics					
If a transgender client tells me their sex is different from the one on their records I can accept that					
I believe that transgender clients are at greater risk of HIV than other clients					
I would find it difficult if I did not know if a client was male or female					
I have some understanding about how and why some people want to transition from one gender to another					
I think that being transgender is sometimes a phase that people can pass through if they get the right help					

## Session 1: Pre-course assessment (continued)

3. *Name three examples of stigma that transgender clients may face in health facilities*

(a)

(b)

(c)

4. *What kind of health needs do you think transgender clients may have?*

5. *Do you have any ideas for improving services in health facilities for transgender clients?*

## Session 1 Handout: Gender identity and sexual diversity

### Biological Sex

*Biological sex is a medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male, or intersex*

Typically, when a mother delivers a baby, the baby is assigned a sex based solely on the visible genitalia (what's between their legs). However, biological sex is much more complicated than just someone's genitalia. Biological sex includes a person's chromosomal, hormonal, and anatomical characteristics. Typical males sex characteristics: testes, penis, more testosterone than estrogen, XY chromosomes. Typical females characteristics: vulva, vagina, ovaries, uterus, more estrogen than testosterone, XX chromosomes.

“Intersex” is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. For instance, in approximately one in 2,000 births, the genitalia are not clearly male or female. Other times, there may not be any visual indication that someone is intersex. This is more common than you may think—in approximately one in 100 births, there is some deviation in any of the many sex characteristics.

### 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*

Gender expression is about how you present and express yourself to the world—it is often the most immediate way that someone learns about your gender. Clothing, mannerisms, pitch of voice, language choices, pronunciation of language, posture, grooming, social interactions, and much more make up what we consider to be a person's gender expression.

Gender norms pressure people of all genders to behave in certain ways. Gender norms change from culture to culture. For example, an occupation that is commonly seen as “normal” for women in one country may, in a different country, be commonly seen as inappropriate for women. Gender expression exists along a continuum and, for many people, changes over time—even within a day—and in different settings.

### 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*

Formation of identity is influenced by hormones, environment, biological sex, culture, class and other personal circumstances.

## Session 1 Handout: Gender identity and sexual diversity (continued)

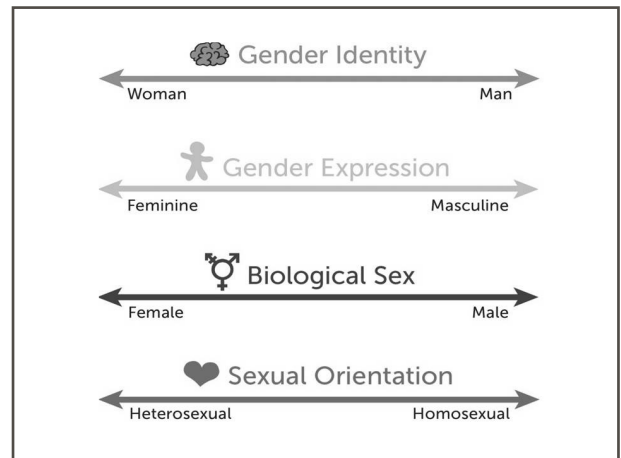
### Sexual Orientation

*An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular sex or gender*

A person typically begins to understand their sexual orientation around the time they experience puberty (when the body changes during adolescence). There are various categories. Around the world different communities divide the continuum into other categories.

Some prefer not to think of sexual orientation as categories and instead view it as more fluid. Evidence suggests that efforts to force or coerce a person to change their sexual orientation do not work and can cause serious psychological damage.

Biological sex, gender expression, gender identity, and sexual orientation all exist on separate continuums. We all fit somewhere on those continuums.



The four continuums are interrelated in that one may influence the other. For example, one's biological sex may influence one's gender identity. One's sexual orientation might even influence one's gender expression.

However, where a person falls on one continuum **does not** determine where they fall on another. They are not interconnected.

### Trans

*An umbrella term to refer to persons whose gender identity and/or gender expression does not correspond with the social norms and expectations traditionally associated with their sex assigned at birth*

### Transgender

*A diverse group of individuals whose gender identity and/or gender expression differs to varying degrees from the sex they were assigned at birth*

### Transsexual

*This term is often used by the medical profession to describe individuals who are changing or have changed primary and/or secondary sexual characteristics by means of medical interventions (hormones and surgery) to masculinize or feminize the body*

## Session 1 Handout: Gender identity and sexual diversity (continued)

### Transvestite

*This term refers to persons who wear clothes and adopt forms of gender expression culturally associated with the other sex; not all cross dressers experience discomfort with their sex and some persons adopt a gender expression associated with the other sex as part of a performance, though their gender identity generally corresponds with their sex assigned at birth*

### Terminology

*“Transgender woman” refers to a trans person who identifies as female (who was assigned male at birth); sometimes “MTF” is used*

*“Transgender man” refers to a trans person who identifies as male (who was assigned female at birth); sometimes “FTM” is used*

## Session 1: Discussion question sheet

*What were some of the key learnings for you from the presentation and exercises so far?*

*Why do you think it is important for health workers to understand more about transgender clients?*

*What are some of the links between staff attitudes and knowledge and transgender clients' access to healthcare?*

*What are some of the barriers that may discourage transgender clients from using health services?*

## Session 2 Handout: Understanding the health needs of transgender people

### Participants general data form

Please put an "X" next to the box that corresponds to you.

<b>1. First Name</b>	Lisa	
	Mark	
	Ashley	
	Chad	
	Lola	
	Juan	
<b>2. Age</b>	10–16	
	16–21	
	22–28	
	29–35	
<b>3. Occupation</b>	Engineer	
	Teacher	
	Technician	
	Farmer	
	Business woman	
<b>4. Native Language</b>	Mandarin Chinese	
	Hindi	
	English	
	Spanish	
	Bengali	
<b>5. Favorite hobby</b>	Football	
	Knitting	
	Baking	
	Running	



## Session 2 Handout: Stigma and transphobia as barriers to healthcare

### Stigma

Stigma is a process in which we (society) create a “spoiled identity” for an individual or a group of individuals. We identify a difference in a person or group, such as a physical difference or a behavioral difference and then mark that difference as a sign of shame or disgrace. This then leads to stigmatization of the person or group. Stigmatized people lose status because of these assigned signs of shame that other people consider indications or evidence of “sinful” or “immoral” behavior. Stigma often results in, or promotes the marginalization of particular groups from society.

### Discrimination

Stigma is the belief or attitude that leads to discrimination. The action resulting from stigma is discrimination. Discrimination can take many forms, from preventing someone from accessing services, to refusing someone employment, to perpetrating hatred and violence.

### Transphobia

Transphobia is treating someone differently because of their gender identity or gender expression. Transphobia is fear, rejection, or aversion, often in the form of stigma and discrimination toward people who identify as, or are assumed to be, transgender. It can range from negative attitudes toward, or intense hatred of, transgender people and is manifested in many ways including violence, harassment, and rejection.

Some of the roots of transphobia link to the way that transgender challenges people’s beliefs around gender norms and the gender binary (belief in only male and female genders).

Stigma and transphobia are the **greatest barriers** to healthcare services faced by transgender people.

The main causes of stigma are fear, based on lack of knowledge and understanding, and moral judgments based on cultural and/or religious beliefs. It has also become evident that a lack of realization that certain behaviors are stigmatizing is also a cause.

Stigma toward transgender people is often based on a lack of understanding around gender diversity and gender identity and expression, and on beliefs in rigid or binary gender norms.

Common forms of stigma and discrimination in health facilities toward transgender people include: delaying or refusing services or providing poor-quality treatment, gender-insensitive administration systems, gossip and verbal abuse, voyeurism, breaking confidentiality, invasive questioning, and even inappropriate examinations.

Many transgender people experience homophobia as well as transphobia. For example healthcare providers make assumptions about the sexual practices of transgender clients, and stigmatize them for being gay as well as for being transgender.

Stigma and transphobia impede access to HIV prevention, treatment, and care services for transgender clients.

## Session 2 Handout: Stigma and transphobia as barriers to healthcare (continued)

Stigma in health settings can result in transgender people avoiding or delaying seeking medical care, and self-medicating or turning to friends for help, rather than seeking professional healthcare. Transgender women face greatly increased risk of HIV compared to other populations; stigma and transphobia in health services exacerbates this risk and often results in clients only presenting to health services when they are very sick.

### Transphobia impacts on health and well-being

There are few places where transgender people feel completely safe. Transgender people are often isolated and made fun of by their peers or colleagues at work or school; they are frequently misrepresented in the media; many are harassed by the police; and they are often banned from religious and social gatherings. Transphobia can have a huge impact on health—both physical and psychological—as transgender people often feel watched and face stigma, hostility, and violence in many places, both public and private.

Family rejection can lead to young transgender people leaving home and becoming isolated. Some may end up homeless and face increased vulnerability in terms of their health and safety. Some may depend on others for shelter and take risks for survival.

Transphobia leads to fewer employment opportunities for transgender people and this can result in some transgender turning to sex work as a means of survival, creating further vulnerability and leading to greater isolation and stigma.

Rates of depression and suicide, as well as alcohol and drug use, are often high among transgender people, undoubtedly linked to transphobia.

## Session 2 Handout: Case Studies

**Before the exercise starts:** Ask for five volunteers to be in a role-play activity. Give them the overview of the role-play and give each character their briefing.

### 1. Alesha

Alesha is a transgender woman and has become very sick with nausea and diarrhea. After seeing the doctor she is admitted to a male ward in the hospital. Alesha asks to be allowed to go in the female ward but the nurses refuse. In the male ward a lot of people stare at Alesha and keep asking her if she is a “he” or a “she.” One doctor even suggests Alesha should be referred to the department of psychiatry and mental health.

*What happened in the case study?*

*What would you do as a health worker in this situation?*

*What changes do you think are needed to prevent this situation from happening again?*

### 2. Jade

Jade has been working as a sex worker for the last six months after her father chased her from home. Jade was assigned as male at birth but identifies as a woman.

Jade goes for regular check-ups to a clinic where she knows one of the nurses, who always treats her with respect.

One day Jade goes to the clinic because she thinks she has an STI. The nurse she knows is on leave, so she sees a different nurse. When Jade explains her problem and mentions that she works as a sex worker, the nurse is shocked and refuses to treat Jade, saying she should go and find a specialist clinic. The nurse tells Jade that the way she is living is sinful and she must pray to be saved.

Jade resolves never to go to the clinic again.

*What happened in the case study?*

*What would you do as a health worker in this situation?*

*What changes do you think are needed to prevent this situation from happening again?*

### 3. Emilio

Emilio was assigned as female at birth but he has never felt like a girl or a woman and since he moved to the city he lives as a man.

Yesterday someone in the community found out about Emilio’s past from an old friend and a group of young men attacked him outside of his house. Emilio escaped but is badly bruised and has an open cut on his face. His friend Ajay persuades him to go to the hospital.

The receptionist at the hospital looks at Emilio suspiciously and starts whispering to one of the nurses. Emilio and Ajay wait for a long time and watch as other clients are called for treatment. After two hours, Ajay asks a nurse why they are not being attended to and is told that it might be better if they try a different clinic.

*What happened in the case study?*

*What would you do as a health worker in this situation?*

*What changes do you think are needed to prevent this situation from happening again?*

## Session 2 Handout: Case Studies (continued)

### 4. Sofia

Sofia is a transgender woman living in the city. One day, she was badly attacked by a man on the street as she walked home from work. Her friends rushed her to the hospital as she had a very serious stab wound and was bleeding profusely.

When the nurses in the ER saw her, they told her she was a man, and that she needed to cut her hair and nails and remove all of her makeup before they would treat her, despite seeing her life-threatening injuries.

With no other choice, Sofia cut her hair and nails and returned to the hospital, feeling ashamed.

*What happened in the case study?*

*What would you do as a health worker in this situation?*

*What changes do you think are needed to prevent this situation from happening again?*

### 5. Mark

Mark went to see a provider for a routine physical exam for the first time since his transition to a transgender man.

When the doctor arrived, she looked at him, looked at his records (which still showed his name assigned at birth), and walked out of the room.

A few minutes later, the nurse opened the door, looked at Mark, and then shut the door.

A few minutes after that, the receptionist opened the door, looked at Mark, shut the door and walked out.

Mark, humiliated, left the examination room, and heard all the other clients in reception whispering about him as he left.

*What happened in the case study?*

*What would you do as a health worker in this situation?*

*What changes do you think are needed to prevent this situation from happening again?*

## Session 3 Handout: Transgender health needs

Remember: Transgender people have the same health needs as everyone else—specific expertise around transgender issues is not required to treat patients with unrelated problems.

### Transitioning

*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*

Some transgender people will have health needs linked to transitioning. Transitioning is the process people go through to live in their gender identity. It can involve changes to outward appearance, mannerisms, or changing the name someone uses—this is social transitioning. Transitioning can also involve hormone therapy and surgery (medical/surgical transitioning).

Some transitions go from one specific point on the gender spectrum to another, others are lifelong journeys along the spectrum.

### Transitioning Practices that can lead to health problems

#### *Chest binding*

Some transgender men use chest binding to create a male chest. This involves flattening the breasts using various materials like tape and bandages. Complications that can arise include breathing problems from binding too tightly; buildup of fluid in the lungs; skin tearing and bruising; and back and neck ache.

Health workers should advise clients to use purpose-made binders (available online) and to not wear them for long periods.

#### *Genital tucking*

Some transgender women hide their genitals by taping or tucking. Complications include urinary tract infections; skin damage; inguinal hernia; and balanitis. Advise clients to use surgical tape (rather than duct tape) and check for skin damage.

#### *Silicone injections*

Some transgender people inject silicone to enhance their breasts, thighs, buttocks, lips, or cheeks.

#### Complications

- Local and systemic infections
- Pulmonary embolism
- Hepatitis C

Advise clients to avoid injecting silicone if possible, but harm minimization advice is to only inject small amounts over time, to check the type of silicone (avoid industrial grade), use sterile injecting equipment, and at the first signs of itchiness or dizziness seek medical help urgently.

## Session 3 Handout: Exploring the psychosocial needs of transgender people: Case studies

**Before the exercise starts:** Ask for five volunteers to be in a role-play activity. Give them the overview of the role-play and give each character their briefing.

### Mia

Mia is a young transgender woman who works for a catering company in the city. Mia has recently met Javel, a guy she really likes and they have been out several times together. It is Mia's first relationship and she is happy that Javel accepts her for who she is; she is starting to feel really good about herself.

Last week Javel asked Mia to stay over and they had sex for the first time. Mia asked Javel about condoms, but he just laughed and said that condoms spoil sex for him. He reassured Mia that she is the woman for him and that he will not be seeing anyone else.

Mia is worried about HIV, but she is scared that if she keeps talking about condoms, Javel might leave her. She really wants to stay with him for a long time.

*What are some of the issues Mia faces?*

*What kind of help does Mia need?*

*How do you think the health center staff can help?*

### Gerome

Gerome is a transgender man and injects testosterone every two weeks, which he buys from a friend at the gym. Gerome left home when he was 15 years old after his family told him that they could not accept that he wanted to live as a boy. He was close to his young brother and often calls him, but his parents will not let Gerome visit.

Gerome has a large group of friends and they go to clubs where they drink and occasionally take drugs. Gerome often gets into fights, especially if he drinks too much.

*What are some of the issues Gerome faces?*

*What kind of help does Gerome need?*

*How do you think the health center staff can help?*

### Delsye

Delsye is a 30-year-old transgender woman who lives alone in the city. Delsye is saving up money to have gender-affirmation surgery and, although she has had other jobs, she chooses to sell sex because she can earn more money and people don't ask many questions.

Delsye often feels depressed. She worries that she will never look like a real woman if she cannot have the surgery. She does not enjoy selling sex and worries about HIV. Although she always tries to insist on condoms, some clients refuse and she feels unable to negotiate.

*What are some of the issues Delsye faces?*

*What kind of help does Delsye need?*

*How do you think the health center staff can help?*

## Session 3 Handout: Exploring the psychosocial needs of transgender people: Case studies (continued)

### **Oria**

Oria is a 17-year-old who left home to go and live with her cousin. When her cousin found out that she often dressed as a woman, he told her to find somewhere else to stay. Oria is now homeless—she sometimes sleeps on the street, and sometimes stays with friends or with men she meets in the bars.

On good days, Oria dreams of going to college and one of the older men whom she stays with sometimes is promising to sponsor her. On bad days she feels really lonely and low and sometimes thinks about killing herself.

*What are some of the issues Oria faces?*

*What kind of help does Oria need?*

*How do you think the health center staff can help?*

### **Winston**

Winston is a 27-year-old transgender man. He used to have boyfriends but has been living with his partner Sandra for the last three years. They have a good relationship and support each other through difficult times. However, since finding out that he is HIV positive, Winston has become depressed and spends more and more time alone. He was hoping that he and Sandra could have children one day but all he can think about is the HIV and how his life may be cut short. He is also scared that other people might find out that he is HIV positive.

Winston is taking ARVs but sometimes misses a dose because he thinks it would be better if he died.

*What are some of the issues Winston faces?*

*What kind of help does Winston need?*

*How do you think the health center staff can help?*

## Session 3: Brief for Exercise 4

### Client brief

*You are a transgender woman. You have come to the clinic to get an HIV test. You also want to ask some advice about hormone therapy if you feel comfortable with the health worker.*



## Session 4 Handout: Transgender People and HIV

### Handout

Transgender people are at heightened risk for HIV transmission, even when compared to other key populations at high risk of contracting the virus:

- Transgender women are 49 times more likely to be HIV positive than other adults of reproductive age
- Transgender sex workers are four times more likely to be living with HIV than female sex workers
- Transgender men are at elevated risk for HIV as well, because many transgender men identify as men who have sex with men and face health risks similar to those faced by other key populations

Both structural and interpersonal factors contribute to the increased risk of HIV infection for transgender people.

### Structural Factors

- **Stigma and discrimination:** Stigma and discrimination hinder access to health services, education, employment, and housing. Discrimination in education and employment opportunities limits access to economic stability and may help explain why some transgender people often pursue high-risk activities, including sex work, to meet their basic survival needs. Stigma impacts self-esteem, which can lead to greater risk taking. Fear of stigma and rejection may prevent a transgender person living with HIV from disclosing their status to sexual partners, or from insisting on condom use. Stigma can also hamper adherence to ARVs, because of fear of being exposed as HIV positive.
- **Criminalization:** In many countries there is overt criminalization of gender nonconformity and a lack of supportive legal structures, which can result in the risk of arrest and imprisonment for transgender people. Criminalization of same-sex activities can mean that transgender people who experience violence or sexual abuse are unable to be protected by the police, or face greater harassment and threats from police officers. In prison, transgender people face greater risks of sexual violence and HIV transmission.
- **Lack of training for health workers on transgender identity and health issues:** This lack of training is a barrier for transgender people's access to healthcare and can have a big impact on HIV prevention and treatment, including low levels of HIV testing and STI testing.
- **Lack of targeted programs:** Only 43 percent of countries address the needs of transgender clients in national strategies. Many programs which target men who have sex with men aim to include transgender clients, yet the majority of transgender women do not identify as men. Transgender people remain invisible from mainstream HIV services.

## Session 4 Handout: Transgender People and HIV (continued)

### Interpersonal Factors

#### *Risks from Sex*

- Feelings of low self-esteem and disempowerment can make it difficult for transgender women to insist on condom use and unprotected anal sex carries a high risk of HIV transmission.
- Transgender women may engage in receptive rather than insertive sex in order to affirm their feminine identity. In many settings, condom use is often controlled by the insertive sexual partner, so transgender women who have sex with men can feel unable to instigate condom use.
- Hormones, which some transgender women use, can lead to erectile dysfunction, increasing the likelihood of taking the receptive role during sex with a man.
- Transmission of HIV is 18 times more likely to occur through unprotected receptive anal sex than through unprotected vaginal intercourse.
- Like other people, some transgender women consider unprotected sex a way to demonstrate trust in their partner, even if they do not know their partner's HIV status.
- Currently, there is not enough research on HIV infection and unprotected neo-vaginal sex (sex between a man and a woman who has a surgically constructed vagina) for the transmission risk to be fully understood. It is possible that this carries a higher risk than unprotected vaginal sex.
- Many transgender women who have a neo-vagina find that sexual health services often cater only to birth-assigned men and women, and healthcare professionals don't have adequate knowledge about transitional healthcare.
- For some transgender men, unequal power dynamics, low self-esteem, and the desire for affirmation of their gender identity present barriers to negotiating safe sex with male partners.

#### *Risks from Injecting*

- Some transgender people inject substances (hormones, silicone) for gender enhancement and this may pose a risk for HIV transmission if safe injecting practices are not followed. In many places, it is the norm for transgender people to obtain injectable hormones informally, rather through prescription, and for them to inject themselves.

#### *Drugs and Alcohol Use*

- High rates of drug and alcohol use are often found among transgender groups, because of heightened social pressures, isolation caused by stigma, and low self-esteem. Some transgender men also use alcohol and drug use as a gender-affirming social activity.
- Using drugs and alcohol can impair people's judgment of risk and ability to negotiate condom use. Dependency on drugs can also lead to riskier behavior if, for example, selling sex is the source of income generation and clients offer more money for sex without a condom.
- Injecting drug use poses yet further risk if needles are shared with a person living with HIV.

Session 4: Sample BINGO sheet

<p><b>Someone who likes to go out dancing</b></p>	<p><b>Someone who is keeping a secret</b></p>	<p><b>Someone who uses condoms</b></p>
<p><b>Someone who has more than two children</b></p>	<p><b>Someone who finds it easy to talk about sex</b></p>	<p><b>Someone who speaks more than two languages</b></p>
<p><b>Someone who does not believe in rigid gender roles</b></p>	<p><b>Someone who remembers their first kiss</b></p>	<p><b>Someone who likes to talk about politics</b></p>

## Session 4 Handout: Role-play Scenarios

**1** **You are a young transgender man.** You have a girlfriend but occasionally have sex with men. You are worried about HIV and want to talk to the health worker but you are worried he or she won't understand your situation.

**2** **You are an older transgender woman and work as a sex worker,** selling sex to men. You are careful to always use condoms but you think you may have contracted an STI. You have come for a check-up.

**3** **You are a transgender woman and are in a steady relationship with a man.** The man is married but has told you that he really just wants to be with you. However you have heard that he also sleeps with men sometimes and you want to start using condoms. You have come to get an HIV test and to ask about condoms.

**4** **You are a couple:** one is a transgender man, the other is a woman. You want to try and have a baby and to get some advice about how you can do this.

**5** **You are a young transgender woman who is HIV positive** and you have recently met someone who you really like and hope to be with a long time. However you are worried about passing on the virus so you want to find out how you can have sex safely with your new partner.

### Session 5: Value questionnaire

Take a few minutes to sit on your own and read through the questions. Tick the box that describes your answer.

	AGREE	DISAGREE	NOT SURE
I believe that everyone has a right to access good healthcare			
I feel uncomfortable discussing sex with people I don't know			
I think transgender people should have special clinics, separate from the rest of the public			
I think that people should be encouraged not to tolerate violence in a relationship			
I think it is important to treat girls and boys differently when they are children			
I think it is a good thing that some countries are recognizing a "third gender"			
I think that sex should only really be between a man and a woman			
I think that health workers should be trained to meet the needs of transgender clients			
I want my partner to be faithful to me			
I don't understand gay relationships			
I think young transgender people need support and understanding			
I think it is important that men and women have clear roles in society			
I think I would like to try out living as a different gender for a day			
I am keen to learn more about the needs of transgender clients			
If my partner was HIV positive I would keep it a secret			
I think that religious leaders should welcome everybody regardless of gender identity and sexual orientation			

## Session 5: Value questionnaire (continued)

	AGREE	DISAGREE	NOT SURE
If I found out that my son or a male relative wears women's clothes sometimes, I would be shocked			
I think that some transgender women sell sex because there are no other opportunities for work			
I think it is better to stay married even if you are not happy than to get divorced			
I think that men who have sex with men have the same rights as heterosexuals			
If a baby is born intersex, I think it is better to decide on the sex as soon as possible			
I think it is important to hold on to the values you are taught by your family			
If a child in my family turned out to be transgender I would try to support them as much as I could			
I think that TV and the internet have a big influence on people's moral values			
I think that hormone therapy should be free and available for transgender people who want it			
I think that using condoms spoils sex			
I think I am an open-minded person			
I think it is better to talk openly about sex and gender to young people so they can ask questions and find out information			
I think teenagers should be taught about gender identity and sexual orientation at school			
I believe that it is good for girls to try out things that are traditionally done by boys			
If I have the right skills I am happy to provide a service to transgender clients			
I think everybody would feel more free and be more accepting of diversity if gender roles were not so rigid			

## Session 6 Handout: Advocacy and Policy Change

Advocacy can be defined as *an action directed at changing the policies, positions, or programs of any type of institution*. It is the deliberate process, based on demonstrated evidence, to directly and indirectly influence decisionmakers, stakeholders, and relevant audiences to support and implement actions that contribute to the change you are advocating.

Policies are a plan, course of action, or set of regulations adopted by a government, business, or institution, designed to influence and determine decisions or procedures.

Advocacy can be used in both small ways and bigger ways to bring change to health institutions in order to improve services for transgender clients.

Important components of advocacy include

- Belief and passion in the change that you are lobbying for
- Identifying all the stakeholders affected by the issue
- Identifying solutions: what will be the result of the change?
- Identifying the most effective people or institutions to lobby for the change
- Using clear and simple messages
- Using data and research to support your cause
- Presenting ideas for action

### Policy change

Advocating for changes in policy can be one of the most effective ways of achieving change. Policies have an impact on nearly all areas of our lives—they help to protect human rights, to guide the way institutions function, and to ensure that services are provided. It is important to identify which policies influence the change that you are advocating.

One example of how policy change could help to reduce stigma and discrimination in health facilities would be if a hospital put a policy in place that all health professionals working there must be trained in gender and sexual diversity.

## Session 6 Handout: Core Facilitation Skills

- 1 ASK OPEN QUESTIONS:** Use simple, clear, and “open” questions which stimulate many different responses and start the discussion.
  - 2 WAIT FOR RESPONSES:** Give people time to think and come up with an answer. Don't bombard them with more questions. “Sit with silence” (don't panic!).
  - 3 ENCOURAGE EVERYONE TO CONTRIBUTE:** Make eye contact, use your hands and body language, walk close to people, learn and use people's names.
  - 4 LISTEN ACTIVELY:** Do this to show that you understand the discussion; use eye contact and body language to show you are listening; praise and encourage the participants.
  - 5 USE MINIMAL ENCOURAGERS:** To encourage more responses, nod your head and find small phrases to encourage without interrupting. For example, “Yes...I see...and then? Tell me more....” They help to keep the person talking.
  - 6 REPHRASE:** Briefly restate what people say in your own words, to make sure you (and others) have heard and understood. This helps to clarify understanding and shows appreciation.
  - 7 PROBE:** Ask follow-up questions to explore an issue and make it clearer: “Why? Can you tell me more? Can you explain further?” This helps to dig deeper and get more information for greater understanding.
  - 8 REDIRECT:** To get others to contribute, move the attention of the group away from someone if they have talked a lot or are starting to dominate the discussion. Do this by literally walking toward another part of the group and using phrases like, “Pat is saying \_\_\_\_\_, do you agree? What do others think?” or, “We've heard a lot from the men, what do the women think?”
  - 9 OBSERVE:** Look around and see who is participating and who is left out. Are people still interested? How are the energy levels?
  - 10 SUMMARIZE:** Restate what people have said in a simple, brief form. This will help the participants to reach agreement and bring the discussion to a close.
-



### Session 6 Handout: Spreading the messages

#### Planning an awareness-raising talk: briefing instructions for participants

In this session you are working with a group of fellow participants. However, when you get back to your health facility you may have to deliver the exercise alone, so even if you are not taking a big role in the group, ensure that you are fully involved in the planning and preparation.

1. Work as a group to prepare your session. Discuss the topic, decide if you will use an exercise or give a presentation. Aim to make the session as participatory as possible. An exercise could involve a role-play or asking participants to do a card storm, for example, or a brainstorm to get ideas flowing.
2. Share tasks to make sure that you all have a role in the practice session so that you practice your facilitation skills and will be able to deliver your exercise back in your health facility.
3. Prepare any materials that you need. Make sure you are ready for the practice session, with any materials you need for the exercise.
4. Although you are planning a 45-minute session to take back to your workplace, you will only be given 15 minutes to demonstrate the exercise during your practice sessions. Think about what you want to show for the 15 minutes—it could be a short discussion focusing on a particular element of your topic, or a quick card storm. Think of the practice session as a “snapshot” of your exercise.
5. Ask the facilitators if you need any help with planning the exercise.

## Session 6: Post-course assessment

1. What do you understand by the term “transgender”?

2. Please tick whether you agree/disagree or are unsure

	PLEASE TICK				
	STRONGLY AGREE	AGREE	UNSURE	DISAGREE	STRONGLY DISAGREE
If a transgender client came to our health facility I would prefer that someone else attended to them					
I am comfortable providing services to all clients, no matter their sexual orientation or gender identity					
I feel I have enough knowledge to provide service to transgender clients					
I think transgender clients should go to special clinics					
If a transgender client tells me their sex is different from the one on their records I can accept that					
I believe that transgender clients are at greater risk of HIV than other clients					
I would find it difficult if I did not know if a client was male or female					
I have some understanding about how and why some people want to transition from one gender to another					
I think that being transgender is sometimes a phase that people can pass through if they get the right help					

## Session 6: Post-course assessment (continued)

3. *Name three examples of stigma that transgender clients may face in health facilities*

(a)

(b)

(c)

4. *What kind of health needs do you think transgender clients may have?*

5. *Do you have any ideas for improving services in health facilities for transgender clients?*

## Session 6: Final evaluation

1. *How well did the course meet your expectations? Please explain in what ways it succeeded and how it could have been improved.*
  
2. *Which sessions were the most useful to you and your work? Explain.*
  
3. *Which sessions were the least useful to you and your work? Explain.*
  
4. *What did you find particularly effective about the teaching/learning approach?*
  
5. *What could have been improved about the teaching/learning approach?*
  
6. *What other comments or suggestions would you like to share?*

<b>HOW DO YOU RATE YOUR CONFIDENCE TO APPLY SKILLS IN:</b> <b>Scoring: 1= Low 2= Moderate 3= Good 4= Excellent</b>	<b>STATUS NOW</b>	<b>STATUS PRIOR TO WORKSHOP</b>
a. Participatory facilitation skills		
b. Training methodologies (adult education)		
c. Overall technical knowledge on transgender health		

## Session 6: Final evaluation (continued)

### Overall course evaluation

RATE THE QUALITY OF THIS COURSE	PLEASE TICK			
	1 POOR	2 MODERATE	3 GOOD	4 EXCELLENT
Session 1				
Session 2				
Session 3				
Session 4				
Session 5				
Session 6				
Overall Workshop				

### Applying New Knowledge and Skills

7. *What are 2-3 actions you can take to apply the knowledge and skills learned at the workshop to your work?*



---

# **APPENDIX B**

References and resources

---

## REFERENCES

Baral S.D., Poteat, T., Strömdahl, S., Wirtz, A.L., Guadamuz, T.E., Beyrer, C. 2013. “Worldwide burden of HIV in transgender women: a systematic review and meta-analysis.” *The Lancet Infectious Diseases*. 13(3): pp. 214-22.

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W.J., Monstrey, S., Adler, R.K., Brown, G.R., Devor, A.H., Ehrbar, R., Ettner, R., Eyler, E., Garofalo, R., Karasic, D.H., Lev, A.I., Mayer, G., Meyer-Bahlburg, H., Hall, B.P., Pfäfflin, F., Rachlin, K., Robinson, B., Schechter, L.S., Tangpricha, V., van Trotsenburg, M., Vitale, A., Winter, S., Whittle, S., Wylie, K.R., and Zucker, K. 2012. *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*. Professional Association for Transgender Health (WPATH).

Corona, E. and Arango, M.C. 2013. *Ampliándonos hacia lo diverso: manual de capacitación sobre salud sexual y diversidad sexual para profesionales de atención primaria en salud*. Arlington, VA: AIDSTAR-One.

Health Policy Project. 2013. *Understanding and Challenging HIV and Key Population Stigma and Discrimination: Caribbean Facilitator’s Guide*. Washington, DC: Futures Group, Health Policy Project.

Institute of Medicine. 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press. Available at <http://www.ncbi.nlm.nih.gov/books/NBK64806/>.

Pan American Health Organization (PAHO), John Snow, Inc., World Professional Association for Transgender Health, et al. 2014. *Blueprint for the Provision of Comprehensive Care for Trans Persons and Their Communities in the Caribbean and Other Anglophone Countries*. Arlington, VA: John Snow, Inc.

Tanis, J. 2009. *Teaching Transgender: A Guide to Leading Effective Trainings*. Washington, DC: National Center for Transgender Equality, 2009. Available at [http://transequality.org/Resources/NCTE\\_Teaching\\_Transgender.pdf](http://transequality.org/Resources/NCTE_Teaching_Transgender.pdf).

UNFPA Uruguay and Colectivo Ovejas Negras (2012). “¿Cuál es la diferencia?” Available at: <https://www.youtube.com/watch?v=WUnGHQNpxQY>

Vella, J. 1994. *Learning to Listen, Learning to Teach*. San Francisco: Jossey-Bass Publishers.

Zucker, K. J., and Lawrence, A. A. (2009). “Epidemiology of gender identity disorder: Recommendations for the *standards of care* of The World Professional Association for Transgender Health”. *International Journal of Transgenderism*, 11(1), pp. 8–18.



## RESOURCES

## Training tools and toolkits

*Ampliándonos hacia lo diverso: manual de capacitación sobre salud sexual y diversidad sexual para profesionales de atención primaria en salud*

Corona, E. and Arango, M.C., 2013

Training tool developed by the USAID-funded AIDSTAR-One project intended for use training healthcare professionals. Available only in Spanish.

*Sexual Diversity Toolkit*

International Planned Parenthood Federation, Western Hemispheres Regional Office, 2008

Toolkit developed by IPPF for assessing agency readiness (i.e., health care systems and services) for working with sexually diverse populations, including trans persons.

Available at [https://www.ippfwhr.org/sites/default/files/English\\_SD\\_Tool\\_Kit\\_PDF.pdf](https://www.ippfwhr.org/sites/default/files/English_SD_Tool_Kit_PDF.pdf)

*Teaching Transgender: A Guide to Leading Effective Trainings*

Tanis, J., National Center for Transgender Equality

Available at <http://transequality.org/issues/resources/teaching-transgender-guide-leading-effective-trainings>

*Understanding and Challenging HIV and Key Population Stigma and Discrimination: Caribbean Facilitator's Guide*

Health Policy Project, 2013

Training tool developed by the USAID-funded Health Policy Project to train individuals in stigma-reduction techniques to reduce HIV and key population stigma and discrimination, including trans.

Available at <http://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubId=134>

## Protocols, guidelines, frameworks

*Primary Care Protocol for Transgender Patient Care*

Center of Excellence for Transgender Health, University of California, San Francisco, Department of Family and Community Medicine, 2011

Available from <http://transhealth.ucsf.edu/trans?page=protocol-00-00>

*The Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*

The World Professional Association for Transgender Health, 2011

Available in ten languages from [http://www.wpath.org/site\\_page.cfm?pk\\_association\\_webpage\\_menu=1351&pk\\_association\\_webpage=4655](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655)

*Blueprint for the provision of comprehensive care for trans persons and their communities in the Caribbean and other Anglophone countries*

Pan American Health Organization, 2014

Available from <http://www.who.int/hiv/pub/transgender/blueprint-trans-paho/en/>

## RESOURCES

### Protocols, guidelines, frameworks (continued)

*Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*

World Health Organization, 2014

Available from <http://www.who.int/hiv/pub/guidelines/keypopulations/en/>

*Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach*

World Health Organization, 2011

Available from [http://www.who.int/hiv/pub/guidelines/msm\\_guidelines2011/en/](http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/)

### Resource centers and information portals

*Center of Excellence for Transgender Health*

University of California, San Francisco

Includes guidelines, articles and online learning materials collected on trans health issues from a variety of sources in one location.

Available from <http://transhealth.ucsf.edu/>

*Transgender Europe*

Available from <http://tgeu.org/>

Covers a variety of resource topic areas, including health. They also conduct research, such as the trans murder monitoring project (<http://tgeu.org/tmm/>).

### Research

*The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*

Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, Washington, DC: National Academies Press.

Available from <http://www.ncbi.nlm.nih.gov/books/NBK64806/>

*TransRespect-Transphobia*

<http://www.transrespect-transphobia.org/>



