

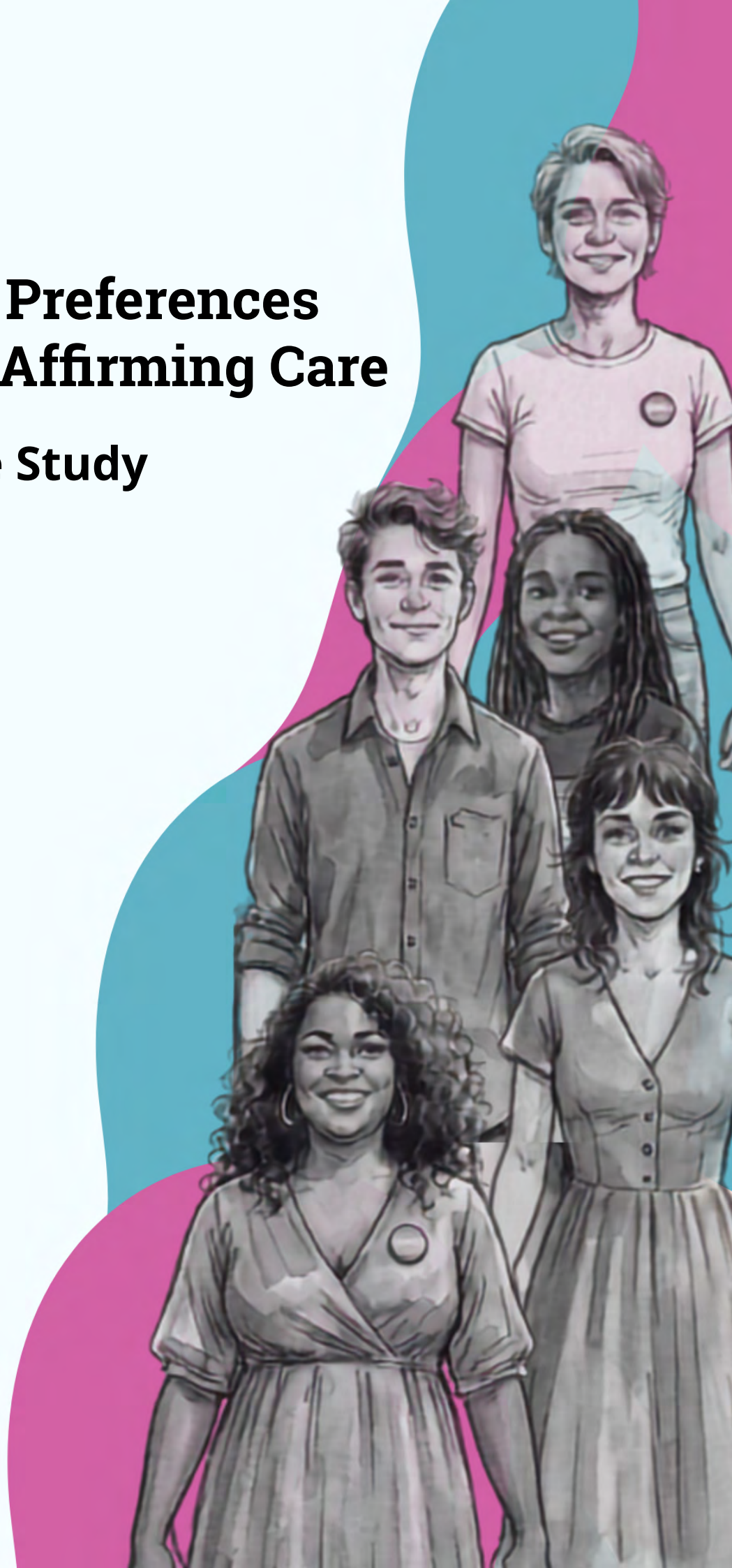
# Values and Preferences for Gender-Affirming Care

## A Qualitative Study



**GATE**

Global Action for Trans Equality



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## About GATE

GATE works to advance global justice for trans and gender diverse communities. Our vision is a future where trans and gender diverse communities live freely, safely, and with dignity. We are community-led and community-centered, working with integrity and innovation to create opportunities for shared learning and resource equity in order to advance global solidarity across borders and movements.

Find out more about GATE by visiting [www.gate.ngo](http://www.gate.ngo)

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## Abbreviations

<i>ARV</i>	<i>Antiretroviral</i>
<i>GAC</i>	<i>Gender-Affirming Care</i>
<i>HIV</i>	<i>Human Immunodeficiency Virus</i>
<i>HRT</i>	<i>Hormone replacement therapy</i>
<i>LGBTIQ+</i>	<i>Lesbian, Gay, Bisexual, Trans, Intersex, Queer +</i>
<i>PEP</i>	<i>Post-Exposure Prophylaxis</i>
<i>PrEP</i>	<i>Pre-Exposure Prophylaxis</i>
<i>WHO</i>	<i>World Health Organization</i>

# 1. Introduction

**Trans and gender diverse** are terms used to describe a wide range of identities for people whose gender identity differs from the gender identity typically associated with the sex assigned at birth. **Gender** exists as a spectrum, and people may or may not identify as men or women; some may identify as gender diverse. Across cultures, in addition to non-binary gender expressions and identities, many other terms are used to describe gender identities and expressions that differ from the sex assigned at birth. In this study, the terms trans and gender diverse are used as broadly as possible and include **“people who have culturally specific and/or language-specific experiences, identities or expressions, which may or may not be based on or encompassed by Western conceptualizations of gender or the language used to describe it.”**<sup>1</sup>

Trans and gender diverse individuals encounter unique and complex challenges that impact their well-being, quality of life, life expectancy, and realization of their human rights, including the right to health and informed consent for medical procedures. Additionally, they face political, social, and economic barriers that hinder their access to healthcare services. Discrimination, stigma, violence, and limited availability of gender-affirming and gender-inclusive care are common challenges experienced by trans and gender diverse community members.

**Gender-inclusive care** refers to trans and gender diverse people’s inclusion in and access to all aspects of healthcare free of stigma and discrimination. It involves avoiding assumptions about clients’ gender, accepting gender fluidity and non-traditional presentations, and treating all clients with compassion.<sup>2</sup> According to the [Gender Inclusive Care Toolkit](#), gender-inclusive care seeks to eliminate healthcare disparities and implicit biases tied to gender identity and sexual identity.<sup>3</sup> The toolkit recommends educating healthcare providers and training medical and nursing students to achieve gender-inclusive care. Practical steps involve engaging with LGBTIQ+ organizations, fostering unbiased environments in electronic medical record (EMR) systems, and incorporating sexual and gender identity data fields. The toolkit suggests active listening, culturally appropriate language, and respecting privacy. Patient and family education is critical in fostering culturally competent care, emphasizing trust-building. It also stresses the importance of a diverse healthcare workforce in enhancing healthcare delivery for the LGBTIQ+ community.

**Gender-affirming care** is aimed at assisting trans and gender diverse persons in accessing “safe and effective pathways to achieving lasting personal comfort with their gendered selves to optimize their overall physical health, psychological well-being, and self-fulfillment.”<sup>4</sup> The objective of gender-affirming care is to collaborate with trans and gender diverse individuals to comprehensively attend to their social, psychological, and medical health requirements, all while respectfully affirming their gender identity.<sup>5</sup>

1 Coleman, E. et al, 2022. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. International Journal of transgender Health, Vol. 23, p. S5.

2 Planned Parenthood of the Southern Finger Lakes Sexuality Education & Training Center, 2006. Providing Transgender-Inclusive Healthcare Services. Available online: [https://www.plannedparenthood.org/files/4414/0606/9716/PPSFL\\_Providing\\_Transgender\\_Inclusive\\_Healthcare\\_Handbook.pdf](https://www.plannedparenthood.org/files/4414/0606/9716/PPSFL_Providing_Transgender_Inclusive_Healthcare_Handbook.pdf).

3 Dhillon G., Grewal H., Monga V., Munjal R., Buddhavarapu VS., Verma RK., Sharma P., Kashyap R., 2023. Gender inclusive care toolkit for hospitals. Lancet Reg Health Am. 2023 Sep 3;26:100583. doi: 10.1016/j.lana.2023.100583. PMID:

4 Ibid.

5 Ibid. p. S7

Gender-affirming care involves many different interventions; it may include hormonal and surgical treatments, voice and communication therapy, reproductive and sexual health, endocrinology, hair removal, preventive care, chronic disease management, puberty suppression, and mental health support.<sup>6</sup> It is important to note that the various components of gender-affirming care are well-established in clinical practice.<sup>7</sup> Still, each individual has unique health needs, and rather than adopting a linear approach, gender-affirming care should be tailored to meet the specific health needs of the individual.<sup>8</sup> It is also essential to recognize that not all trans and gender diverse individuals wish to pursue or undergo these medical interventions.<sup>9</sup>

As clearly stated in the [Standards of Care for the Health of Transgender and Gender Diverse People, Version 8](#), **“healthcare systems should provide medically necessary gender-affirming health care for trans and gender diverse people.”**<sup>10</sup> Some countries acknowledge the rights of trans and gender diverse individuals and offer them gender-affirming care; in other countries, however, such care may be fragmented or insufficient.<sup>11</sup> In contexts where access to gender-affirming care is limited and where transphobic attitudes are prevalent, especially in the medical systems, trans and gender diverse individuals may avoid seeking formal health services and resort to informal practices like unregulated hormone usage, industrial-grade silicone injections, and non-medical-grade fillers, particularly in low and middle-income countries.<sup>12</sup> Unfortunately, these interventions can lead to severe adverse effects and, in some extreme cases, even to death.

**Gender-affirming interventions**, such as hormone therapy, can significantly improve the quality of life, sexual functioning, and mental health outcomes for trans and gender diverse individuals. It is crucial to ensure accessible and regulated gender-affirming care to safeguard their well-being and health. Addressing these multifaceted issues requires comprehensive measures to promote equality, protect human rights, and ensure inclusive and accessible healthcare for all individuals.<sup>13</sup>

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6 Ibid.

7 Coleman, E. et al, 2022. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. International Journal of transgender Health, Vol. 23, p. S5

8 Reisner, S. L., Radix, A., & Deutsch, M. B. (2016). Integrated and Gender-Affirming Transgender Clinical Care and Research. Journal of Acquired Immune Deficiency Syndromes, 72(Suppl 3), S235-S242. <https://doi.org/10.1097/QAI.0000000000001088>

9 Puckett, J. A., Cleary, P., Rossman, K., Mustanski, B., & Newcomb, M. E. (2018). Barriers to Gender-Affirming Care for Transgender and Gender Nonconforming Individuals. Sexuality Research and Social Policy, 15, 48-59.

10 Coleman, E. et al, 2022. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. International Journal of transgender Health, Vol. 23, p. S7.

11 Ibid.

12 Puckett, J. A., Cleary, P., Rossman, K., Mustanski, B., & Newcomb, M. E. (2018). Barriers to Gender-Affirming Care for Transgender and Gender Nonconforming Individuals. Sexuality Research and Social Policy, 15, 48-59.

13 Bouman W. P., Claes L., Brewin N., Crawford J. R., Millet N., Fernandez-Aranda F., Arcelus J., 2017. Transgender and anxiety: a comparative study between transgender people and the general population. Int J Transgenderism 18(1):16–26. Also see: Foster Skewis L., Bretherton I., Leemaqz S. Y., Zajac J. D., Cheung A. S., 2021. Short-term effects of gender-affirming hormone therapy on dysphoria and quality of life in transgender individuals: a prospective controlled study. Front Endocrinol 12: 717766 & White Hughto J. M., Reisner S. L., 2016. A systematic review of the effects of hormone therapy on psychological functioning and quality of life in transgender individuals. Transgender Health 1(1):21–31.

However, the **lack of adequate inclusion in data collection** makes it challenging to understand the experiences of trans and gender diverse individuals. This community demonstrates a broad spectrum of realities across various geographical and cultural regions. The disparities in country legislation concerning legal gender recognition and, in some instances, the unjust criminalization of trans and gender diverse individuals profoundly impact their lives.<sup>14</sup> There is a pressing need for comprehensive data collection to gain insights into their challenges and current obstacles in delivering accessible and affirming health care to trans and gender diverse populations.

To address these issues, **GATE conducted a qualitative study** involving global trans and gender diverse community members to understand the needs of trans and gender diverse individuals better. The study focused on critical areas agreed upon with the trans and gender diverse community and experts. These areas were categorized into three strategic entry points: **Service Delivery, Health Sector, and Legal Sector**. The interview questions explored the community's values and preferences, clinical considerations related to gender-affirming care, and information on health services' acceptability, feasibility, and resource utilization.

This qualitative study was conducted closely with the [World Health Organization](#) (WHO) and trans and gender diverse community-led organizations. These organizations were responsible for recruiting and conducting fieldwork within their communities. Collaborating organizations included [APCOM](#) (Asia-Pacific), [EATHAN](#) (Africa), [RED MEXICANA DE MUJERES TRANS](#) (Mexico), [TGEU](#) (Central Asia and Eastern Europe), [UCTRANS](#) (Caribbean), and [REDLACTRANS](#) (Latin America).

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<sup>14</sup> Park B. C., Das R. K., Drolet B. C., 2021. Increasing Criminalization of Gender-Affirming Care for Transgender Youths—A Politically Motivated Crisis. *JAMA Pediatr.* 175(12):1205–1206. doi:10.1001/jamapediatrics.2021.2969

## 2. Research Methodology

The research **explored the values and preferences** surrounding gender-affirming care among trans and gender diverse individuals and health workers. Its primary objective was to gain deep insights into the experiences of the trans and gender diverse community regarding gender affirmation and to understand the perspectives and challenges faced by health professionals in this context.

The research report was subject to trans and gender diverse community review and validation to ensure the opportunity to correct any researcher bias or misinterpretation.

### 2.1 Research Strategy, Methods of Data Collection and Analysis

A qualitative approach was chosen as the most suitable due to the limited number of existing studies in this area, enabling in-depth exploration of challenging topics. Unlike quantitative methods, which often rely on numerical data and statistical analysis, qualitative research offers the advantage of unpacking individuals' and groups' underlying meanings, perspectives, and experiences. This approach generates rich and contextually situated insights, enabling a more profound understanding of the social phenomena at play. Qualitative research offers flexibility in investigating and analyzing data through words and meanings.<sup>15</sup>

The study employed qualitative methods: in-depth semi-structured interviews with health workers and focus groups involving trans and gender diverse individuals. The research used a pre-designed focus group and interview guidelines with open-ended questions (see Annex 1 and Annex 2) to facilitate meaningful discussions. These guidelines were carefully crafted to ensure that relevant information in the subject area was collected. The focus group and interview guidelines were similar to each other. They were divided into three strategic entry points: Service Delivery, Health Sector, and Legal Sector. The interview questions were around values and preferences from the perspective of the trans and gender diverse community and the health workers concerning clinical considerations connected to gender-affirming care and information on acceptability, feasibility, costs, and resource use of health services. Simultaneously, the guidelines allowed participants the freedom to share their unique experiences, feelings, and thoughts in their own words.<sup>16</sup> By incorporating open-ended questions, the research aimed to create a supportive and inclusive environment where participants felt comfortable expressing their perspectives and contributing to the study. This approach enabled a comprehensive exploration of the topics under investigation, capturing the nuances and diversity of experiences within the trans and gender diverse community and among health workers.

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<sup>15</sup> Bryman A., 2016. *Social Research Methods: 5th Edition*. Oxford: Oxford University Press.

<sup>16</sup> Ibid

To maintain consistency and uphold ethical considerations, all representatives of community organizations underwent thorough training led by the principal investigators before commencing the fieldwork. The data collection process lasted four months, from March to June 2023, and was carried out by local community-led organizations, spanning regions across Africa, Asia, the Caribbean, Eastern Europe, Latin America, and the Pacific.

The data presentation reflects the geographical scope and expertise of the trans and gender diverse community-led organizations that carried out the fieldwork and categorizes findings into distinct regions: Asia-Pacific, Africa, Eastern Europe and Central Asia, and Latin America and the Caribbean. The data collection process ensured a principled approach to data collection, safeguarding the integrity of the study. Each organization had its approach to sampling and recruitment of the participants - some of them relied more on the snowball approach to sampling, and others on purposive sampling. Most organizations relied on their professional connections and established trust to encourage and recruit participants.

The study involved 121 participants, all 18 years or older. In total, 15 focus groups were conducted with 104 participants. Table 2.1 details the number of focus group participants in each region.

Region	Number of Focus Groups	Focus Group Participants
Asia-Pacific	4	30
Africa	4	25
Eastern Europe and Central Asia	3	26
Latin America and the Caribbean	4	23
Total	15	104

Table 2.1. The number of focus groups and the number of focus group participants in each region

In-depth interviews were conducted with 17 healthcare professionals in total. The participants were currently employed and had different levels of information about gender-affirming care. The detailed number of the interviews is shown below in Table 2.2.

Region	Number of Interviews
Asia-Pacific	2
Africa	2
Eastern Europe and Central Asia	5
Latin America and the Caribbean	8
Total	17

Table 2.2. The number of in-depth interviews in each region

## 2.2 Data collection and analysis: challenges and limitations

All countries involved in the research were low-and middle-income countries. This study report will not explicitly identify the specific countries due to ethical considerations. Given the sensitive nature of our research, many participants emphasized that confidentiality was paramount to allow them to discuss gender-affirming care in their regions. It is essential to acknowledge that certain participants face potential exposure due to the distinctive stories they share. As such, they have requested that we not disclose their countries of origin. This was agreed upon before the start of the fieldwork and is part of the consent they provided to us. For this reason, many participants did not specify their countries of origin, especially during the focus groups, making it impossible to determine the number of countries represented in these discussions accurately.

Avoiding data homogenization presented a significant challenge in this study because most participants were reluctant to disclose personal information, as they feared being recognized. This hesitancy was unsurprising, given the prevalent levels of transphobia, discrimination, and violence in many of the regions where the fieldwork was conducted. Considering this, the research allowed participants to disclose as much or as little information as they were comfortable with. Despite distributing the Demographics Sheet across all regions, many participants opted to skip it. As a result, it proved challenging to analyze variations among individuals from diverse socio-demographic backgrounds.

The data was recorded online (if the meeting was via Zoom) and using physical audio recorders (if the meeting was face-to-face). Where it was not possible because of the consent-related issues, the moderators/interviewers took notes. However, the notes were never used as quotes in the analysis.

This document analyzes the participants' data (i.e., the interview and focus group data). It does not analyze or interpret the existing literature. However, the existing literature is sometimes used to explain the data and is referenced accordingly to clarify that these are not the participants' accounts. The data analysis followed a thematic approach. Lead researchers coded the transcripts to identify recurring patterns and insights. Through this rigorous process, the main themes and subthemes within the data emerged, providing valuable and relevant findings for further examination.

## 2.3 Cross-Cultural Research

One of the key challenges encountered during this research project revolved around the intricacies of navigating diverse languages and cultures. The study collected data in four different languages: English, French, Spanish, and Russian. This multilingual approach was essential to ensure that participants could express themselves comprehensively and respond within the context and cultural framework that resonated with them. To make this data accessible to a global audience, transcripts in languages other than English underwent a careful translation process.

Translators carried out the translation process and underwent a thorough review by local community organizations responsible for conducting fieldwork in their regions. These local organizations possessed a nuanced understanding of the accurate meanings and cultural nuances embedded in the materials, reducing the risk of misinterpretation. Nonetheless, it's essential to acknowledge that translation introduces inherent risks, primarily concerning the fidelity of conveying participants' authentic voices.

The study employed several strategies to mitigate these risks. Firstly, when dealing with materials that already existed in English, such as laws, policies, and government documents used by the participants, the study relied on their official English translations. Secondly, the study employed different translation styles to present various types of information. Participant quotes aimed to preserve informal, spoken, and literal expressions, whereas formal materials, such as laws, reports, and concepts without English versions, were translated using formal terminology.

In the context of data analysis, we prioritized retaining the emotional aspects of participants' narratives while ensuring accessibility for an English-speaking audience. Bridging the gaps and tensions arising when translating across different cultures presents inherent challenges. Despite our best efforts, it remained impossible to eliminate these challenges, acknowledging the complex nature of cross-cultural research.

## 2.4. Ethical Considerations

Gender-affirming care is a complex topic to study due to its sensitive nature, both in terms of the profoundly personal information shared by many participants and the hostile legal and social contexts across the participating regions. To address these concerns, the researchers prioritized the safety and comfort of all participants throughout the study.

Before the interviews and group discussions, participants received a Plain Language Statement (see Annex 3 and Annex 4) detailing the study's purpose and objectives, ensuring full informed consent. They were explicitly told that they could withdraw from the study at any point without providing a reason, reinforcing their autonomy and agency. They were informed that they could pause discussions or change topics if/when needed. Additionally, participants were assured that they could decline to answer any question they found uncomfortable or intrusive.

Ethical considerations also extended to maintaining the participants' confidentiality. Before the sessions, participants were explicitly advised only to share information they felt comfortable disclosing and to withhold any personal issues they did not wish to be published. All personal information and names were carefully removed from the research analysis to ensure maximum confidentiality during data analysis. Participants who requested complete anonymity will not be mentioned in any of the reports produced by GATE. Furthermore, all participants provided informed consent (see Annex 5), obtained at the start of each interview, ensuring their complete understanding and agreement to participate.

By adhering to stringent ethical guidelines and prioritizing participant well-being and confidentiality, this research aimed to uphold the trust and respect of the trans and gender diverse community and healthcare professionals, contributing to a more responsible and comprehensive study of gender-affirming care.

## 2.5. Research Limitations

While successful in collecting rich and diverse data, in addition to the methodological challenges already noted above, the study has some limitations that should be acknowledged. Firstly, the sample size was relatively small, considering the broad area this research covered. The recruitment process was also constrained as community organizations responsible for conducting the fieldwork relied primarily on their professional connections. This may have impacted the overall diversity and representation within the sample.

The differences in sampling procedures across the participating organizations can also be considered a limitation. Each organization involved in the research employed its distinct recruitment strategy, introducing a potential source of inconsistency in the gathered data. The absence of a uniform approach in participant selection might have led to variations in the demographic profiles and perspectives represented within the sample. Moreover, **the participants' socio-demographic profiles might have influenced the values and preferences communicated during the fieldwork**; for example, some did not talk about certain aspects of the study (e.g., gender-inclusive care policy) while focusing on factors such as gender-inclusive care. Consequently, some themes included in the analysis are richer in data than others.

Another limitation of this study was the diversity of fieldwork experiences, as different individuals across various regions conducted it. Even though they received training from the lead researchers before starting their work, they still faced challenges in their respective areas. These specific problems related to different regions affected how data was collected and understood, which could have made the study's results less consistent.

As mentioned, the research methodology relied on recorded interviews to gather participant insights. However, a noteworthy limitation emerged as some interviews were not transcribed but documented using notes. This deviation from the standardized transcription process introduces potential challenges in data analysis. While transcription captures the richness of participants' expressions, notes may abstract crucial nuances, impacting the depth/quality of interpretation. The decision to employ notes instead of transcribing certain sections was driven by practical considerations concerning participants' consent and confidentiality. However, careful consideration of its implications for data quality is required. Disclosing this limitation ensures transparency and allows for a critical assessment of the study's methodological rigor. Despite efforts to mitigate the impact, it is crucial to acknowledge the potential consequences on the overall robustness of the study's findings, emphasizing the importance of interpreting results with caution.

**Despite these limitations, the study has provided valuable insights about gender-affirming care.** By acknowledging these constraints, we can better understand the context in which the research was conducted and interpret the findings with appropriate considerations for the scope and implications of the study. Future research could build upon these insights and overcome some limitations to gain a more comprehensive understanding of the complex issues surrounding the experiences of trans and gender diverse individuals in diverse cultural contexts.

### 3. Data Analysis

This chapter will present the research data analysis to shed light on the various aspects of gender-affirming and gender-inclusive care and its profound impact on the trans and gender diverse community.

We begin by **investigating the availability and accessibility of gender-affirming care services**. Exploring the distribution and reach of such services is crucial to addressing disparities and fostering inclusivity within healthcare systems.

We then investigate the **barriers that hinder the trans and gender diverse community's access to gender-affirming care**. These obstacles emerge as significant challenges individuals face in pursuing adequate and affirming healthcare. Identifying these barriers is vital to creating strategies that enhance accessibility and reduce disparities. A focal point of this research lies in **understanding the impact of gender-affirming care on the mental health and overall well-being** of trans and gender diverse individuals.

Within the gender-affirming care realm, we focus on the significance of surgical interventions. **By examining the role of gender-affirming surgeries, we uncover their profound influence on identity affirmation and the improvement of the overall quality of life** for many individuals within the trans and gender diverse community. Moreover, we explore the importance of gender-affirming hormone therapy as a pivotal aspect of gender-affirming care for many trans and gender diverse community members. Through this analysis, we strive to examine the **physical and psychological impact of hormone therapy** on individuals seeking gender-affirming care. We also discuss additional medical and non-medical gender-affirming interventions.

We then focus on the **health sector, evaluating health worker education and training on inclusive care**. Understanding the level of preparedness and awareness of healthcare providers is essential in improving the overall healthcare experience for trans and gender diverse individuals. Simultaneously, we investigate the impact of gender-inclusive care policies within healthcare settings.

Finally, we explore the **legal sector, examining the implications of gender identity recognition laws on the health and well-being** of trans and gender diverse populations. Understanding the effects of legal recognition offers insights into the importance of supportive legal and policy environments for the trans and gender diverse community.

## 3.1. Gender-Affirming Care

**Gender-affirming care is a critical component of comprehensive healthcare** for trans and gender diverse communities, aimed at supporting and affirming their gender identities. However, despite the progress in recognizing the importance of gender-affirming care, its availability and accessibility remain significant challenges across different countries and regions. This subchapter will explore trans and gender diverse people's and healthcare workers' perspectives regarding gender-affirming care in various target regions. The findings **highlight the barriers faced** by the trans and gender diverse community in accessing gender-affirming care services that are essential to the health, well-being, and human dignity of trans and gender diverse individuals.

The subchapter examines different themes that emerged from the data. Firstly, it examines the availability and accessibility (including barriers to accessibility) of gender-affirming care services in various regions. This section **emphasizes the importance of comprehensive and gender-affirming care policies** to bridge the gap in gender-affirming care services and cater to the specific needs of the trans and gender diverse community. Secondly, it looks at each major component of gender-affirming care, such as gender-affirming surgery, gender-affirming hormone therapy, and other interventions and behavioral adaptations. The experiences of the trans and gender diverse community underscore the significance of providing tailored services to meet the specific needs of trans and gender diverse individuals. Collectively, these sections **emphasize the need for a comprehensive and inclusive healthcare system that addresses the diverse needs of the trans and gender diverse community**, ultimately fostering a supportive and affirming environment for trans and gender diverse individuals worldwide.

### 3.1.1. Availability of Gender-Affirming Care Services

In recent decades, there has been increasing recognition of the importance of gender-affirming care as a crucial aspect of comprehensive healthcare for the trans and gender diverse community. However, despite this progress, the availability and accessibility of gender-affirming care vary significantly across different countries. In this context, this section examines the perspectives of trans and gender diverse individuals and health workers regarding gender-affirming care in their respective regions. The findings shed light on the challenges faced by the trans and gender diverse community in accessing essential gender-affirming care services and underscore the importance of an inclusive healthcare system to ensure access to healthcare for trans and gender diverse individuals.

The participants (trans and gender diverse community members and health workers) were asked to assess the availability, access, and quality of gender-affirming care in their regions. Trans and gender diverse people **highlighted the limited availability of gender-affirming care** in all the target regions. In each region, **several countries do not offer gender-affirming care services at all**. According to participants, only a few countries offer such care:



*“We have gender-affirming care in our country. [You will need] an endocrinologist, confirmation from a urologist, and a commission for issuing the certificate [...] and changing the gender marker if the person wants to change it. The [identity] documents currently cannot be changed.”*

*Trans and gender diverse participant, Eastern Europe*

For example, participants stated that Namibia and Sri Lanka offer such care. However, in most hospitals in Sri Lanka, gender-affirming services function under mental health clinics, which indicates that the government of Sri Lanka considers gender-affirming care as a component of mental health.

In most countries in the target regions, only a limited number of gender-affirming care services are offered. For example, Nepal only offers hormone therapy, breast implants, top surgeries, hysterectomies, and laser hair removal services. For other gender-affirming care services, trans and gender diverse people have to go to neighboring countries that have a better range of services. Many trans and gender diverse individuals across all target regions **were forced to seek gender-affirming care outside their countries, which can be costly and difficult to access.** In some countries, trans and gender diverse people are offered gender-affirming care in secret, without any public attention or without framing it as ‘gender-affirming care’:

*“While it’s available in [my country], it’s not framed as gender-affirming care. [This] sometimes hinders people from accessing it. So, it’s available, but it’s not accessible. That’s one of the issues.”*

*Trans and gender diverse participant, the Caribbean*



According to the participants, in some countries, gender-affirming care services were available, but there is no available data on these services:



*“There is no evidence of trans people accessing these services, even from private health facilities and even in public health facilities. [...] For instance, [...] there are trans people who have had surgeries done at public health facilities and even in private health facilities. But, there is no documentation or clear guidelines on what then this procedure looks like and how are these services rendered to trans people. So, evidence building is the biggest gap that I think we need to take up [...].”*

*Trans and gender diverse participant, Africa*

The health workers also discussed the significance of the lack of gender-affirming care. In some countries, **health workers mentioned that the lack of understanding of gender concepts contributes to the absence of such care.** Thus, such services are usually provided by LGBTIQ+ associations or Non-Governmental Organizations.

The health workers highlighted the importance of multidisciplinary gender-affirming care services, including mental health services, endocrinologists, and support organizations. They acknowledged that such an interdisciplinary approach was rarely possible or accessible to trans and gender diverse people.

Trans and gender diverse individuals mentioned that even when some services (e.g., psychological assistance) were available for the community, they were not specifically tailored to their needs. The trans and gender diverse participants also underlined the importance of the dedicated spaces for receiving gender-affirming care services. They talked about a lack of specialized clinics catering to the needs of the trans and gender diverse community, depriving them of essential facilities. The absence of specific departments within hospitals that addressed their mental health concerns left them without a safe option to seek assistance. **The study showed that the community lacked a dedicated space to receive comprehensive support in many countries.**

It must be noted that in some cases, there was a disparity between the perspectives of healthcare professionals and trans and gender diverse individuals. While healthcare professionals may have believed gender-affirming care services were available, the trans and gender diverse participants stated they were unavailable (i.e., inaccessible). They said they often faced barriers, such as financial constraints, a lack of access to friendly administrative staff, and a need for more information (these topics will be covered below). This and other accounts from the participants **suggest that the presence of formal procedures and documents alone does not guarantee accessible gender-affirming care.** The trans and gender diverse participants' experiences highlight the need for gender-affirming care services that are free of stigma and discrimination.

### *Reflections for Recommendations*



In all regions, existing legislation should ensure that gender-affirming care is recognized as an essential component of healthcare.



Healthcare policies should also prioritize gender-affirming care for the trans and gender diverse community.



Policies should ensure equitable access to essential gender-affirming care services, including hormone therapy, surgeries, and mental health support.



Policies should address the unique healthcare needs of the community and ensure that gender-affirming care is available and accessible to them.



Clear regulations and guidelines are needed to provide gender-affirming care services to ensure consistency and safety in healthcare practices.



Guidelines should be regularly updated and implemented across healthcare facilities. Gender-affirming care services should be available in rural and remote areas as well. This can be achieved by establishing specialized clinics or outreach programs in underserved regions.

### 3.1.2. Barriers to Accessibility of Gender-Affirming Care

Accessing quality healthcare is a fundamental right that should be available to all individuals, regardless of gender identity and sex assigned at birth. However, for trans and gender diverse individuals, the journey to accessing gender-affirming care is fraught with numerous challenges and barriers. This section explores the perspectives of both trans and gender diverse participants and healthcare workers, shedding light on the difficulties faced by the trans and gender diverse community in obtaining gender-affirming care. The trans and gender diverse participants identified multiple barriers to accessing gender-affirming care services; the main barriers were present in most countries and all target regions.

#### *Lack of Geographic Access*

As mentioned earlier, often, trans and gender diverse people cannot receive the appropriate care in their countries at all. According to the participants, this limitation forced people to seek gender-affirming care in other countries, which can be costly and logistically challenging. The participants' accounts highlighted a significant disparity in most countries' healthcare facilities and access between urban and rural areas. Usually, while there were doctors and services available in urban centers (especially in bigger cities or in capital cities), **rural areas lacked such provisions:**



*"[In my country] there are many regions, and internal movement is difficult. [...] Thus, there are regions where some services are not available. Or, of course, they [people who live in these regions] can go, fly to [bigger cities]. [...] In places further away, the quality of care is worse. As for surgical care, it is concentrated almost entirely in [the capital city]."*

*Trans and gender diverse participant, Eastern Europe*

As a result, trans and gender diverse individuals often had to travel to different cities for gender-affirming care, leading to increased expenses and additional challenges. Furthermore, community members living in areas far from large urban centers are less likely to be able to access information on available services. They are less likely to be aware of their health rights:

*"In addition to these points, residing in a province or city geographically distant from the federal or national government might contribute to the lack of awareness and absence of comprehensive regulations concerning the healthcare rights of the transgender community. There is a dearth of dedicated hospitals where transgender individuals can access necessary facilities."*

*Trans and gender diverse participant, Asia-Pacific*



The disparity between urban and rural areas indicates an urgent need to expand gender-affirming care, not only to urban centers of all countries in the target regions (and, more broadly, in all countries in the world), but to rural regions to ensure equitable access for all.

## Lack of Healthcare Coverage

Both healthcare providers and trans and gender diverse participants viewed the healthcare systems in the target regions as inadequate in providing gender-affirming care. Some trans and gender diverse participants mentioned the **absence of such care within the public healthcare system, necessitating reliance on private doctors or clinics, which can be financially inaccessible** for many community members. According to healthcare providers and trans and gender diverse participants' accounts, private sector options may exist in some countries, but accessibility remains an issue. They indicated that accessing these services requires financial resources and/or knowledge of specific channels or connections within the healthcare system. In some countries, **health insurance does not cover gender-affirming care**.



*“The State [...] does not provide certain aspects of healthcare because they believe it’s cosmetics and [...] it’s not essential.”*  
*Trans and gender diverse participant, Asia-Pacific*

Trans and gender diverse participants expressed the need for research, advocacy, and awareness to improve access to gender-affirming care within State healthcare systems.

The same point was raised in the interviews with health workers:

*“Cost is a big barrier. Insurances will not [cover gender-affirming care]. [...] It is not seen as a medical need. It is seen as a cosmetic need, a self-proclaimed desire. It is not. [...] First of all, none of us can fill insurance forms for any of the, you know, any of our clients. So, it’s very sad and very unfair.”*

*Health worker, Africa*

The medical professionals pointed out that the absence of gender-affirming care interventions in national health service packages was the main barrier to accessibility. Especially in circumstances when most trans and gender diverse people do not have private insurance:

*“We know that 80% of the transgender population does not have private health coverage.”*

*Health worker, Latin America*

They underlined a need for policy changes to ensure better access to such care. The healthcare system was described as being in limbo, with a call for more strides to be made to support trans and gender diverse individuals. The health workers in most of the regions claimed that it is challenging to get support from insurance providers and for gender-affirming care, as these services face limitations even for other healthcare needs. However, some countries offer public insurance for gender-affirming care. According to the health workers, getting such care covered under public insurance took some time.

## Financial Constraints

As mentioned above, due to the lack of coverage by medical insurance and public health systems, **gender-affirming care was reported to be expensive** in all countries in all regions, especially when considering the economic vulnerability of the community. It should be noted that the financial inaccessibility of gender-affirming care was one of the major themes in all focus groups. As one of the health workers noted, treatment can be expensive, and to support the community members, she has to ask for favors:

*“Sometimes it would become like a bargain, you know [...]. ‘Can it be free, the test? Can you reduce the price? Can you help these patients who cannot afford it?’ By now, the labs know when I start calling [them], and I say, ‘Please, I have a favor to ask’, they know, and say it’s okay because I have goodwill with the labs. Same with the pharmacies, when I call them, I’m like, ‘this patient doesn’t have insurance and is not employed. Can you please help? Can you please help me? Just for two months? Just for three months?’”*

*Health worker, Africa*

The participants’ narrative indicates that some community members can’t cover the costs of gender-affirming care, especially in situations when this service is not included in health insurance schemes. For this reason, many trans and gender diverse people **try to save money for relevant care or sometimes even give up on their plans to affirm their gender.**

## Limited Access to Reliable Information about Gender-Affirming Care

Because of the lack of available and accessible gender-affirming care, the trans and gender diverse community **often has limited awareness and education surrounding gender-affirming care.** Many trans and gender diverse participants noted that they consulted different doctors who provided conflicting advice, leading to wasted time, money, and emotional distress. They emphasized the importance of proper guidance from medical professionals to prevent such hardships.

Some of the participants stated that due to the lack of access to gender-affirming care in the healthcare system, they initially **accessed hormones without medical supervision.**

*“When I started my transition, I didn’t have much information. So, to seek help, I came across a few people; some shared correct information, and some misguided me. Back when I started my transition, I started taking the hormone injections without any prescription, and later, I was scared of all the changes in my body because I was getting bulkier. So, I reached out to another trans man who guided me to consult an endocrinologist and get the prescribed dose. He told me the doctor would run blood tests on me and would let me know my tailored dosage that would fit my body type to have better results and lesser side effects. Ever since that, if any trans man asks me about the procedure to start hormone therapy, I suggest to them the same process and ask them not to take injections without an endocrinologist’s advice.”*

*Trans and gender diverse participant, Asia-Pacific*



While the participant found help from another trans man who directed him to consult an endocrinologist for proper guidance, the account highlights that the community has limited access to accurate medical information and credible sources. The participants expressed frustration with the limited availability of knowledgeable and competent medical professionals. As a result, they noted that they often resorted to self-research or relied on non-medical professional sources like illicit hormone sellers or friends, despite the potential health risks.

**The lack of educational resources** also came into focus during the discussion. The absence of materials, pictures, or credible information related to gender-affirming care on online and social media platforms was noted. According to the participants, this further contributes to the information gap and adds to the community's struggles in making informed decisions about their healthcare. The participants, both the trans and gender diverse community and health workers, said that initiating campaigns to raise awareness about gender-affirming care among both medical professionals and the trans and gender diverse community is important and that these campaigns should focus on disseminating accurate and up-to-date information.

### *Limited Expertise among Healthcare Providers*

Another theme that emerged from the focus groups and interviews was the lack of healthcare professionals who had enough experience or expertise concerning hormone therapy or surgeries. In all countries, the participants said that there were only a few qualified medical professionals:



*“First, you can count the number of surgeons performing full-scale gender-affirming surgeries on the fingers of one hand, no jokes. So, there are 3-4 individuals for the whole country, maybe 5. And they have very different experiences. Thus, some options are actually not available because of quantity and quality.”*

*Trans and gender diverse participant, Eastern Europe*

The research revealed that in some countries, there were no health professionals who could offer gender-affirming care:

*“We don’t really have an endocrinologist. They [...] need to bring an endocrinologist in[to] the country. And this conversation has [...] been put on pause.”*

*Trans and gender diverse participant, The Caribbean*



The availability of medical professionals was often influenced by cultural, economic, or political changes in the countries. For example, the participants from Russia and Ukraine complained that the number of experienced medical professionals decreased after the start of the war, as medical professionals left both countries.

Several participants focused on the quality of the service more than on the quantity of the health professionals:

*“Regarding healthcare in general, the feeling is that a lot of specialists don’t really know what they are dealing with. So, it’s really hit-and-miss on what kind of person you will run into. Some are okay, others want to basically put you into a mental institution or ask you to stop taking [...] antidepressants if you want to do hormone therapy and stuff like that. So, it’s really a mixed bag.”*

*Trans and gender diverse participant, Eastern Europe*

The participants mentioned that the absence of knowledgeable professionals and ethical guidelines in the healthcare system adds to the difficulties faced by trans and gender diverse individuals seeking appropriate care. Trans and gender diverse community members spoke about this issue in almost every focus group discussion. They noted that **medical professionals often do not understand the various components of gender-affirming care**. For example, a trans man from the Asia-Pacific region shared his experience of informing a doctor about his asthma issues. He told the doctor that binding was complex for him, and he wanted to get top surgery instead. The doctor advised against the surgery and said that it would be impossible for him to get surgery unless he underwent hormone therapy first. The community member in question expressed frustration about this advice, which he later discovered was not medically correct, and which was not the best solution for him. This example illustrates how the lack of expertise among healthcare providers impacts the ability of community members to access appropriate information to make informed choices about gender-affirming care. This problem is also relevant to psychologists and psychiatrists who work with trans and gender diverse people, specifically in countries where trans and gender diverse community members are required to undergo a psychiatric evaluation to access gender-affirming care. Participants from Eastern Europe mentioned that in the case of gender diverse people, the situation is particularly difficult because many psychologists and psychiatrists have a limited understanding of gender diversity and **expect people requesting gender-affirming care to be transitioning within a gender binary**:

*“Non-binary people have to basically lie [...] to get the diagnosis.”*

*Trans and gender diverse participant, Eastern Europe*



*“These doctors also have been known to keep some people for up to seven years on the evaluation and force them to be institutionalized as psychiatric cases and will generally prohibit hormone therapy before they are [institutionalized].”*

*Health worker, Eastern Europe*

Other participants also mentioned that sometimes psychiatrists asked trans and gender diverse individuals to choose between antidepressants and hormone therapy. These accounts show that psychiatric and mental health care is not adequately regulated in relation to the trans and gender diverse community in most countries. This topic will be discussed in depth in the following subchapter.

## Lack of Guidelines and Regulations

The participants discussed the **lack of policies, regulations, and guidelines around gender-affirming care**. According to the trans and gender diverse participants, legal constraints, such as laws that criminalize same-sex relationships, contribute to the lack of access to gender-affirming care. In addition, standardized guidelines and regulations for gender-affirming care need to be more consistent in the quality and approach of healthcare professionals. Participants indicated that most countries included in the study did not have specific guidelines and protocols concerning gender-affirming care.

*“Actually, if I formulate it in one sentence, the gender-affirming interventions are not regulated in [my country]. So, there are no laws or any policies that somehow can reflect what gender-affirming procedures are present or available in the country and how [...] to use the services. [...] Concerning legal changes, it is possible to change one’s name and picture on the passport, but it is not [possible] to change the gender marker. The only way to change the gender marker is to undergo gender-affirming surgeries and to present a certificate of conducting that surgery from a medical institution. And only then you can change your gender marker. This is actually not even possible because gender-affirming surgery is not on the list of available medical interventions in the decree of the Ministry of Health, which is approved by the government. So, in practice, it is not available legally to undergo that surgery. And the only way to change the gender marker is to undergo surgery, which is not possible.”*



*Trans and gender diverse participant, Eastern Europe*

The participants called for standardized protocols and regulations to ensure the safety and well-being of individuals seeking gender-affirming care. They noted that even when such regulations and guidelines exist, healthcare professionals often do not comply with them. Several participants noted that *“the availability of guidelines does not guarantee their implementation” (Health worker, Asia-Pacific)*.

The data revealed that **some countries require a written diagnosis of gender dysphoria, provided by a psychiatrist**, for trans and gender diverse people to access gender-affirming care. **This requirement creates an additional barrier**, as accessing medical specialists such as psychiatrists is challenging in many countries, and the few psychiatrists working in the State sector may lack understanding of or be prejudiced against trans and gender diverse persons. Both trans and gender diverse participants and health workers **highlighted that the requirement for a diagnosis of gender dysphoria pathologizes trans-specific healthcare**.

**Gender dysphoria** is a diagnostic category in the [Diagnostic and Statistical Manual of Mental Disorders](#)<sup>17</sup>, but requiring trans and gender diverse persons to be diagnosed with a mental disorder to access gender-affirming care leads to trans and gender diverse persons being viewed as inherently mentally ill. It reinforces stigma and prejudice on both trans and gender diverse people and/or those living with mental illnesses. As a health professional from Eastern Europe suggests, this approach does not consider contemporary understandings and scientific findings about gender identity and diversity.

<sup>17</sup> American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>

The [WHO ICD-11](#) provides an alternative route to accessing gender-affirming care by placing diagnostic categories related to gender incongruence in the chapter on Conditions related to sexual health rather than the chapter on Mental and behavioral disorders.<sup>18</sup>

Participants also highlighted the **importance of guidelines on including trans and gender diverse persons in data collection in medical systems**. These guidelines would generate data to support advocacy efforts to ensure the representation and recognition of trans and gender diverse individuals in official documents and statistics.

### *Stigma and Discrimination*

The participants stated that **stigma and discrimination** against the LGBTIQ+ community, including trans and gender diverse people, **contribute to a hostile environment that hinders access to appropriate health care**. The most significant problems that trans and gender diverse communities face derive from the stigma that exists in broader society in all target regions. Participants talked about how the stigma towards trans and gender diverse people was **influenced by beliefs spread by religious institutions in their countries** - sometimes, they were even denied services based on the personal beliefs of healthcare professionals; others focused more on how these beliefs influenced stigma. The political situation was also considered to have a significant impact on discriminative attitudes towards the community, where the State often deliberately intensified societal transphobia and/or homophobia.

The participants suggested that political, social, cultural, and economic **factors influencing attitudes** toward the trans and gender diverse community **should be considered when planning the implementation of gender-affirming care services**.

Confidentiality within the healthcare system emerged as an essential issue in the context of stigma discrimination. Some health workers noted in the interviews that they shared an office with another doctor, and each had appointments with two patients simultaneously. To solve the issue of confidentiality, the participant had to work on Saturdays and have appointments with trans and gender diverse people only. **Ensuring confidentiality is essential for enabling access to gender-affirming care services for communities subject to discrimination**.

### **3.1.3 Impact of Gender-affirming Care on the Mental Health and Well-being of the trans and gender diverse Community**

The trans and gender diverse participants stressed the **crucial impact of gender-affirming care on their mental health, self-perception, and overall well-being**. The participants agreed that providing access to gender-affirming care would **positively influence the mental health and well-being** of trans and gender diverse individuals. Access to gender-affirming care was seen as instrumental in improving emotional well-being. Participants also indicated that improved access to gender-affirming care **could reduce vulnerability to violence among the trans and gender diverse community**. Health workers added that access to gender-affirming care not only improved mental health and sexual health but also **positively influenced various aspects of trans and gender diverse people's lives**, such as relationships, academic performance, and job satisfaction.

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<sup>18</sup> World Health Organization (2019). International Statistical Classification of Diseases and Related Health Problems (11th ed.). <https://icd.who.int/>

The participants who had access to gender-affirming care expressed a sense of empowerment and self-acceptance. Some participants indicated that access to gender-affirming care **reduced self-harm and suicidal thoughts**. Access to gender-affirming care allowed the participants to be identified in terms of their actual gender identity and led to increased quality of life. Moreover, according to trans and gender diverse participants from Asia-Pacific, receiving gender-affirming services would make it easier for them to explain their gender identity to their family members.

Several trans and gender diverse participants recognized the potential negative consequences of receiving gender-affirming care, including stigma, discrimination, physical risks, financial challenges, family rejection, and isolation. Despite this, the trans and gender diverse participants **unanimously agreed that the absence of gender-affirming care had a significant negative impact on the health and well-being of trans and gender diverse individuals. It could lead to dysphoria, mental health problems, suicidal thoughts, self-harm, malnutrition, and a sense of self-denial.** Moreover, the health workers indicated that the lack of care left trans and gender diverse people vulnerable to violence and economic hardship. The trans and gender diverse participant said that they could not access gender-affirming health care:



*“For me, personally, it’s a whole mental breakdown. I do get mental breakdowns sometimes. And it used to be very extreme when I was young. Now it’s also still there. But, you know, I’m trying to keep it in control... Sometimes I feel like my body is disrespecting me and my body is not respecting me in a way that I should be affirming to it and that I should be feeling good. And, you know, hence this whole gender-affirming healthcare is so, so important [...] to sustain our livelihoods and [...] to sustain and maintain our mental health and how we navigate spaces in society and in the social sphere.”*

*Trans and gender diverse participant, Africa*

In this example, the participant’s narrative reflects a profound sense of disconnect between their gender identity and the way they perceive their body, which can cause distress and mental anguish. They emphasize the critical role of gender-affirming healthcare in addressing these challenges.

### 3.1.4. Gender-Affirming Surgery

**Gender-affirming surgeries** are a crucial aspect of gender-affirming care for many trans and gender diverse people. Analyzing the data on gender-affirming surgeries from different regions reveals several common themes and issues, including challenges related to availability, access and quality.

It is important to note that the experiences and perspectives shared by individuals may vary based on cultural, legal, and healthcare system differences in each region.

Participants consistently emphasized the **positive impact of gender-affirming surgeries on mental health and feelings of safety**. However, these surgeries **often are unavailable or inaccessible** to trans and gender diverse people. According to the participants, first, such surgeries were **expensive in all countries**. Moreover, in many countries, different health service providers charge different amounts for the same services. Second, there was

a **lack of hospitals or surgeons offering these services** in almost every country included in this study. As mentioned in the previous subchapters, people who wanted to undergo surgery **often had to seek the appropriate service in the capital or larger cities in their own countries** (most often, in a private hospital) or outside their country *“because before they [healthcare professionals in my country] even start treating you, they will start judging you at the doorstep”* (trans and gender diverse participant, Africa).

Some participants indicated that in their countries, they had the **opportunity to undergo surgeries conducted by visiting surgeons from abroad**. However, this possibility existed in only a few countries. As a trans and gender diverse participant from Eastern Europe explained, in their country, doctors are invited from other countries. It might seem like a good option. However, after the doctor conducts the surgery, **they usually leave the same day, and nobody bears any responsibility for how the surgery was done**.

In several countries, surgeries **were available only clandestinely**, especially if gender-affirming care was not legally recognized. One trans and gender diverse participant from Asia-Pacific provided an example that in one of the clinics, gender-affirming procedures are registered under the pretext of cancer, *“stating that the removal of testicles was necessitated by the cancer.”* In this way, doctors avoided reporting the actual cause of the surgery. However, the disadvantage is that in such circumstances, the doctors do not bear any responsibility for the quality of the surgery.

There were countries in which outdated surgical procedures were still being performed. In some countries, castration is still practiced as an alternative to penile inversion surgery or other surgical techniques. Castration can be painful and can lead to side effects and potentially life-threatening complications:

*“Despite experiencing immense pain themselves and enduring its lasting effects until death, some individuals [trans and gender diverse people who were castrated] still impose the same procedure on others, considering it an act of bravery.”*

*Trans and gender diverse participant, Asia-Pacific*



The participant **refers to castration as a medical procedure offered by some doctors in their country**. The same participant suggested that there must be information on risks and benefits provided and counseling offered to the people who had undergone castration or to those who want to pursue this procedure.


Another major issue that participants mentioned was that healthcare professionals were sometimes inexperienced and approached their patients *“as mere subjects for experimentation and learning, without the necessary expertise to ensure proper care”* (trans and gender diverse participant, Asia-Pacific). This account **reveals several issues** - a lack of experienced surgeons (which is unpacked in more detail in the following subchapter 3.2); the lack of accountability for botched surgeries, especially in contexts where gender-affirming surgery is not legally recognized; and the lack of proper information to allow patients to make informed choices.

The surgeries in these contexts were not always successful:

*“[the] doctor won’t give [us] any surety of the results. Doctors still can assure us verbally, but if the surgery goes wrong, the doctor can ghost us.”*

*Trans and gender diverse participant, Asia-Pacific*

Many participants shared **accounts of surgeries that went wrong, sometimes with life-threatening consequences.** This relates to the lack of expertise among service providers, as well as the lack of accountability for botched surgeries in contexts where access to gender-affirming surgery is not provided for in law and policy and is, therefore, not subject to the appropriate medical regulatory systems. The information shared by trans and gender diverse participants implied that they were aware of the surgical complications in a faulty health system and, at the same time, were concerned about such complications. Participants also highlighted the lack of information provided on the risks and benefits of surgery in these contexts:



*“In my personal experience, top surgery [was] messed up because [I was] told that this is a simple procedure, you know, it is going to be fine. I lost feeling in all my top parts. You know, after the top surgery and this is something that I was never told. This is something that was never discussed. It was just you’re willing to do this, you are ready. And this is important because you need this, you know, for your health. But nobody mentioned the loss of feeling. So, there are some things that might be small, but if you put them together, it’s also a problem.”*

*Trans and gender diverse Participant, Africa*

The participant emphasizes the importance of the surgery for their overall health and their own psychological readiness for the procedures, but also stresses the importance of adequate information on risks and benefits to allow patients to provide informed consent. **This lack of informed consent is concerning, as patients have the right to be fully informed about the potential outcomes and complications associated with any medical procedure.** The participant’s experience highlights the need for gender-affirming surgery to be integrated into the legal, policy and regulatory frameworks of health care systems. The absence of pre- or post-operative care in some contexts further exacerbates the issue. All participants, trans and gender diverse community members and health workers stated that the **patients should be provided with guidance on how to care for themselves after surgeries.** Many participants complained that healthcare providers were not responsible enough to provide post-operative care, and this needed to change. They stated that strict regulations and licensing should be implemented to ensure that all surgeries are performed under appropriate guidelines, allowing individuals to receive the necessary pre- and post-operative care.

The participants **highlighted the significance of mental health support** when referring to gender-affirming surgeries. They emphasized that mental health professionals, particularly those with expertise in issues relating to gender, are essential in providing appropriate care before, during, and after surgeries. This recognition is vital in promoting the mental well-being and mental health of trans and gender diverse individuals as they navigate their transition journey.

Participants emphasized the **positive impact of the surgeries on mental and physical health and feelings of safety.** However, accessibility remains a significant barrier. The high costs and limited availability of skilled surgeons contribute to the challenges faced by individuals seeking gender-affirming care. The narratives shared by participants underscore the need for informed consent, comprehensive pre- and post-operative care, and the importance of mental health support throughout the surgical process. Stigma and discrimination are subtly woven into the discourse, with mentions of judgmental attitudes and the secretive nature of some procedures highlighting the broader societal challenges that impact the healthcare experiences of trans and gender diverse individuals in different contexts.

### 3.1.5. Gender-Affirming Hormone Therapy

**Gender-affirming hormone replacement therapy (HRT)** is a crucial aspect of gender-affirming care for many trans and gender diverse individuals. Several key themes emerged from the focus groups and the interviews. There were some significant similarities across all target regions. For example, most of the trans and gender diverse participants saw HRT as a way to “become the person which you’ve always wanted to be” (trans and gender diverse participant, Africa).

Like gender-affirming surgeries, HRT is inaccessible in many countries. In such cases, the participants needed to visit other countries to get medical prescriptions for hormones. Many participants noted that trans and gender diverse community members often resort to obtaining hormonal treatments from illicit markets (often buying from their friends or sellers online), leading to potential health risks. Also, because these medications are not offered by government agencies or other entities that sell the medication openly, the cost of hormones in such countries is unacceptably high (only a few countries offer hormones free of charge). It should also be noted that, sometimes, specific medications are subject to frequent or prolonged shortages or stockouts, and trans and gender diverse people must wait for weeks or months for the medication or go to other cities to buy the hormones. Some focus group participants said that they had to live without hormones for three years due to the unavailability of reliable products in their country. The lack of proper storage conditions and maintaining the cold chain contribute to this issue. The lack of availability of hormones for HRT, as opposed to the use of contraceptives (which are not safe and effective for gender-affirming care), is another major concern in many countries:

*“It’s not really hormones that we’re receiving. It’s just contraceptive pills. And I don’t think they understand that it still doesn’t benefit the trans community. From our younger years, we know that using these contraceptive pills or injections was the only means to somewhat gain feminine characteristics. However, it’s not healthy. And with no one guiding us or taking us through the process, it can be very harmful to our bodies. [...] So, it’s basically at your own risk.”*



*Trans and gender diverse participant, The Caribbean*

The participant’s account highlights the inadequacy of the hormone-related treatments provided by certain family agencies or government entities for trans and gender diverse communities. **Using contraceptive pills instead of appropriate HRT treatment can be harmful and may not yield the desired results for gender affirmation.** On top of the inaccessibility of HRT, the absence of guidance from competent healthcare professionals can add to the risks involved, leaving individuals to take responsibility for self-administering the hormones without medical support.

#### *Involvement of Medical Professionals in HRT*

As health worker participants noted, before prescribing a hormonal therapy, it is necessary to assess the patient’s full health profile first (e.g., hypertension, bone profile, complete blood count, diabetes, asthma history, breast cancer history and condition of the liver) and only after that prescribe a therapy, dosage, and the appropriate duration for hormone intake. Moreover, even after starting hormones, it is essential to repeat these tests every several months. In addition, HRT should be tailored to each person according to their individual needs.

Despite this, several trans and gender diverse participants expressed their concern about community members' lack of access to healthcare professionals and indicated that in contexts where access to medical care is inaccessible due to cost, community members see the self-sourcing of HRT as a cost-effective and empowering solution that allows for greater individual decision-making:



*“It [involving healthcare professionals] is disadvantageous for the transgender community, it poses risks for the transgender community because not everyone can go to a doctor, even taking into account telemedicine and [everything] else. In addition, it makes people more responsible. I think people should make these important decisions on their own and study related information. Additionally, the drugs produced by people on their own are much cheaper. [...] So, it’s an easy, [...] uncomplicated option to get it, without any problems.”*

*Trans and gender diverse participant, Eastern Europe*

The main assumption of this argument is that the healthcare system is inaccessible to trans and gender diverse communities. A more favorable solution for the vast majority of participants was to make the healthcare system more accessible to trans and gender diverse community members in all countries. In this way, access to HRT with medical supervision would be facilitated.

The participants also expressed their **struggle in finding trans-friendly healthcare providers who understand the specific needs and requirements** of trans and gender diverse individuals:

*“We would really want to access the services from people that have the interest of us at their heart.”*

*Trans and gender diverse participant, Africa*

According to the participants, some medical professionals **lack knowledge and experience in providing HRT** and other gender-affirming care, **leading to misinformation and ineffective treatment plans**. This lack of understanding often results in delays in accessing appropriate care and mental health support, exacerbating the emotional challenges faced by the community.

The participants emphasized the crucial role of medical practitioners who are knowledgeable and sensitive to the needs of trans and gender diverse individuals. Participants stress the importance of having a supportive and competent healthcare provider who can guide them through their transition journey, provide accurate dosages, manage side effects and address their specific health concerns. **The absence of such guidance and the lack of appropriate community support can lead to inappropriate dosing, health risks, uncertainties, and emotional distress**, impacting the overall well-being of trans and gender diverse individuals.

Trans and gender diverse participants emphasized the importance of addressing mental health concerns alongside HRT. **Some forms of HRT can have significant effects on mood and emotions, and participants highlighted the need for transparent discussions about these potential side effects**. According to participants, frequent checks with mental health services in relation to mental well-being are necessary. Almost all trans and gender

diverse participants who had experience with HRT spoke about their impact on mood and emotions. They described mood swings, emotional changes, heightened sensitivity and, in some cases, depression. Because of this, it is important to have access to professional mental health support as a crucial part of gender-affirming care. In addition to involving health professionals, according to trans and gender diverse community members, it is crucial to raise awareness in the community about different aspects of HRT. Currently, trans and gender diverse participants noted a lack of reliable information available to the community in almost every country involved in the study.

Some trans and gender diverse and health worker participants thought that HRT services should be provided in general healthcare facilities. However, due to stigma and discrimination experienced in the healthcare system, some participants suggested establishing separate gender-affirming care clinics or community centers in major cities. Theoretically, these centers would have healthcare professionals, such as endocrinologists and psychologists, who would be able to provide proper counseling and medication to trans and gender diverse individuals who want to affirm their gender. Such community centers already exist and function in several countries. However, some participants argued against focusing on the provision of HRT in specialist facilities.

*“they [the population of the country] won’t let it work. Definitely. [...] There will be vandalism, they will destroy everything, and won’t let the doctors work. It’s better to do it quietly.”*

*Health worker, Eastern Europe*

The participant implies that having a specific clinic for trans and gender diverse health would be too visible and risk making the provision of gender-affirming care a target of transphobic violence in some countries.

Other participants noted that it would be good if they could receive HRT services from existing non-governmental or community organizations because, in this case, it would be easier for trans and gender diverse communities to access the medication. Moreover, participants said it would reduce the chances of facing stigma at healthcare facilities. This approach does not imply less involvement of healthcare professionals; according to participants, the best way would be if health workers started providing HRT, but trans and gender diverse individuals collected the hormone vials from community-based or non-governmental organizations and even got their blood tests done there as well. In this case, it would be important to consider where the organization is located (e.g., accessible neighborhoods). Other participants disagreed with this idea. They claimed that while these organizations play a vital role in advocating for trans and gender diverse people’s rights and access to healthcare, **funding limitations may hinder their long-term ability to provide consistent and reliable support:**

*“We know that organizations just are not sustainable. That has always been a concern for me in terms of providing such services because if we, as a country, are advocating for the government to include access to the right to health as a constitutional right, then we are to provide services that the government should provide. Yet, we are a non-profit making organization. How sustainable are we? Because we might say to people, come to us for hormonal therapy, and then come to us for psychotherapy. And then, after a year, the funding is gone.”*

*Trans and gender diverse participant, Africa*



Instead, this participant raised questions about the responsibility of the government and the need for sustainable and non-discriminatory healthcare services, including gender-affirming care.

### *Administering HRT*

A recurring theme in the discussion is the **prevalence of self-medication among trans and gender diverse individuals**, which can be due to the lack of accessible and appropriate gender-affirming care services. Participants expressed concern that a lack of proper guidance, whether from healthcare providers or competent community members and healthcare experts, may contribute to inadequate dosages, the use of incorrect medication, and potential side effects. However, this does not dismiss self-medication as a community practice. **Self-medication in contexts of peer-support groups and community support can be safe, informed and empowering.** The accounts of several trans and gender diverse participants revealed that sometimes self-medicating was promoted by community-based organizations, particularly in the context of high levels of stigma and discrimination in healthcare systems:

*“So, I must admit that I have guided a few trans women into starting self-medicating because although we would have done some training [...] and we had [doctor visiting from another country, to] train medical providers. He created a list of hormone regimens and broke it down into, I think it was low dose, medium dose, and high dose. And although we have all that information, the personal, the individual stigma is still there. So, people prefer to have the information online or learn from another trans person who would have gone through the process and started. So, I’ve guided a few trans women, and they started hormone therapy, self-medicating.”*



*Trans and gender diverse participant, The Caribbean*

This quote **illustrates the complexities surrounding trans and gender diverse healthcare and hormone therapy.** Despite efforts to provide training and medical provider support, there remain several instances where many trans and gender diverse individuals avoid seeking formal medical guidance. Multiple factors can be considered, including the persistence of individual experience of stigma and prejudice in healthcare settings, understanding self-medication as a collective practice and an opportunity for community building and socialization, or the belief in health democracy, medical self-defense, and community empowerment. **The presence of a supportive community, where experienced individuals assist newcomers in starting self-medication, highlights the importance of peer support in the trans and gender diverse community.**

There were trans and gender diverse participants who felt that self-administering hormones was a high-risk practice, especially where there were potential drug interactions with other medications, such as ARVs, whether these potential interactions are evidenced in the scientific literature or not. For this reason, **some participants felt that hormones should be administered under the care of a health professional, preferably in community-based healthcare facilities or clinics.** Thus, it’s essential to recognize that self-medication carries risks and that accessing knowledgeable healthcare professionals remains crucial to ensure informed decision-making when self-medicating and, hence, the safety and well-being of all trans and gender diverse individuals undergoing hormone therapy.

A distinction should be drawn between self-medication (i.e., initiating and administering HRT without the formal involvement of a medical professional) and self-injecting, a common practice in HRT administration, where patients initiate treatment under the care of a health professional and undergo regular medical monitoring but receive training by their medical caregiver to administer hormone injections themselves at home. Self-injecting is more cost-effective, as patients do not need to travel to a healthcare facility each time they need to receive an injection and do not have to pay additional service fees. Some participants like the idea of self-administering the hormones, with training and support from a healthcare professional, on the basis that it allows for more privacy and autonomy:



*“As someone who is [self-injecting], I would say that [...] I don’t know if I’m sure it is the best practice, but [...] I love that I administer for myself with the support of professional health personnel. This is because of privacy. [...] I’m not so much comfortable with someone being in my space, especially when it has to do with something that is sensitive. I have to inject myself. So, sometimes, I prefer to be naked, and I don’t want someone to be there. So yes, I would prefer a medical professional to train me, teach me how to inject myself properly, teach me the effect, tell me the effects, tell me the advantages and the disadvantages. Always check on my vitals, always check on my body, and check on my hormonal levels when I actually administer the hormones myself. So, I go with the option that says to administer by yourself while you have someone watch over you.”*

*Trans and gender diverse participant, Africa*

Other participants who also favored self-administration of medication spoke about the necessity of follow-up medical checks to ensure that the process was going as planned. Several participants said that they were not comfortable with frequent clinic visits because they had experienced discriminatory attitudes and unfair treatment there. The health workers interviewed generally favored an approach that combined these two perspectives:

*“Self-administration can be a double-edged sword, and I think especially when somebody is new to this, they need somebody to guide them. Not one shoe size fits all, but what would work for somebody of a certain way with a certain medical background or a certain medical history may not be relevant to their friend or their partner or their colleague. So, I think people should not become doctors for other people just because they are in an organization, but they can point them to specialists. I think initially, just to get the ball rolling, it’s very important that a person wishing to transition should see a psychologist and an endocrinologist or a competent physician who has good knowledge of hormonal therapy and then, you know, at some point, they can self-administer, once they are competent and be assured, they are competent, of course, they need to see us regularly for monitoring.”*

*Health worker, Africa*

The health worker, therefore, advocates for a comprehensive approach to hormonal therapy, with initial consultations with suitably qualified medical professionals. This approach ensures that individuals receive proper evaluation, support, and medical advice from professionals before they consider self-administration. In essence, this quote **highlights the need for a balanced approach to gender-affirming HRT, where professional and competent guidance and expertise are valued, and individuals are empowered to take control of their journey with the required knowledge and support.**

Additionally, the trans and gender diverse participant from Eastern Europe suggested the following: *“In a perfect world, there should be options, like if you are not comfortable or you do not trust your aim, you should have options of getting them administered for you.”*

The discussion of HRT reveals widespread challenges faced by trans and gender diverse individuals across different regions. **While HRT is perceived as a crucial aspect of gender affirmation, its accessibility remains a major issue, prompting some individuals to resort to obtaining hormones from illicit markets.** The involvement of healthcare professionals in HRT is a topic of debate, with some participants expressing concerns about the accessibility of health services and preferring individual decision-making. Other participants preferred an approach that combined medical supervision with patients taking an active role in their care, receiving information and education, and being able to exercise autonomy, particularly with regard to administering hormone injections at home. Stigma and discrimination in the healthcare system persist, and participants share their struggles in finding trans-friendly healthcare providers who understand the specific needs of the community.

### *Reflections for Recommendations*



HRT should be administered according to guidelines and standards to ensure high-quality care.



Stigma, discrimination and other barriers to access to the healthcare system should be addressed to ensure that trans and gender diverse community members are able to access care.



There is a need for competent and comprehensive medical support for community members to enable them to make informed choices about their own healthcare. Including gender-affirming care services in public healthcare systems would solve this problem.



Developing financial support mechanisms, such as subsidies and insurance coverage or regulating the costs of the services, would make gender-affirming care more affordable for trans and gender diverse individuals.

### 3.1.6. Other Gender-Affirming Interventions

The data also provided valuable insights into the experiences, perspectives, and challenges faced by trans and gender diverse people in target regions related to gender-affirming interventions (other than surgeries and HRT). The participants also discussed the different methods involved in the process, such as facial hair removal, speech and communication interventions, genital tucking or packing, chest binding and the administration of industrial-grade silicone or other illicit subcutaneous injections, including non-medical-grade fillers. These practices may help trans and gender diverse individuals' gender affirmation:

*“Being trans is behavioral too, and I think that trans people need to know that it doesn’t necessarily have to be a medical experience, there can be a behavioral experience as well. You choose your trans journey. You choose whether or not you want to include hormones, you’re no less trans if you take hormones or you don’t. [...] And I think that there are behavioral adaptations that can occur that allow people to be fully who they are in a way that is best for them.”*

*Health worker, The Caribbean*

The data reveals a **strong connection between how one’s body is perceived, gender affirmation, and mental health**. Many trans and gender diverse individuals seek procedures and transition-related therapies to improve their self-esteem, confidence, and overall mental well-being. Participants reported that **these interventions help them feel more comfortable and accepted in public spaces, reducing feelings of vulnerability and the fear of discrimination**. However, according to some trans and gender diverse participants, the pressure to conform to societal beauty standards and the desire for immediate results can lead to hasty decisions and potentially adverse outcomes.

Participants indicated that financial limitations led some individuals to seek cheaper options (e.g., opt for the illicit market), even if it meant compromising on the quality of service. Moreover, some trans and gender diverse people resorted to administering poor-quality products, for example, Botox, fillers, and industrial silicone, leading to harmful consequences. Many participants spoke about the dangers of administering silicone of poor quality without adequate supervision. They shared accounts of trans and gender diverse people who seriously suffered from the side effects of silicone.

The data underscored the importance of competent professional consultation when considering procedures and the importance of being informed about the risks, side effects, and aftercare of any procedures before making a decision. Several participants stressed the need to seek services from certified professionals and reputable hospitals to ensure safe and effective procedures. They advocated for informed decision-making, proper consultations, and an understanding of the long-term implications of cosmetic interventions. The lack of proper aftercare and monitoring from healthcare professionals can lead to unsatisfactory outcomes. Furthermore, it is important to note that, even in cases where trans and gender diverse individuals knew about the risks, many of them still decided to undergo low-quality procedures. This decision-making was based on a costs/benefits calculation weighing the vital need to affirm their gender against, for the most financially precarious trans and gender diverse individuals, the financial impossibility of obtaining the quality procedures they would have wished for.

The data revealed that the above-mentioned interventions can enhance self-esteem and mental well-being. Participants also noted that some procedures, particularly self-administering Botox injections, fillers, and industrial silicone, carry risks associated with the health and well-being of trans and gender diverse individuals. **The narratives highlight the importance of professional consultation, informed decision-making, and proper aftercare.** Stigma, discrimination and economic precarity persist as an overarching theme, influencing the choices individuals make.

## 3.2 Health Sector

In recent years, there has been growing recognition of the critical importance of targeted education and training interventions for healthcare workers to provide gender-inclusive care for trans and gender diverse individuals.<sup>19</sup> This sub-chapter explores the data revealing significant challenges faced by this community in accessing gender-affirming care and sheds light on the persistence of stigmatization and discrimination within healthcare settings. **The lack of specialized training and awareness among healthcare professionals has been identified as a major obstacle hindering the provision of appropriate care to this marginalized population.**

Moving forward, the second section of this sub-chapter focuses on the perceptions and experiences of both trans and gender diverse individuals and health workers regarding trans and gender diverse-informed provisions within healthcare policies, regulations, and protocols. It underlines the crucial significance of trans and gender diverse-informed provisions in positively influencing the health and well-being of this vulnerable population.

Within this context, a subsection is dedicated to exploring the experiences and perspectives of trans and gender diverse participants concerning their access to gender-affirming care and vital HIV prevention services like Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) for HIV. Additionally, the perspectives of healthcare workers on HIV service accessibility are presented, offering valuable insights into potential barriers and opportunities for improvement in this essential aspect of healthcare.

Furthermore, the sub-chapter also examines the diverse experiences of trans and gender diverse individuals, along with the perspectives of health workers, concerning their access to healthcare services in cases of violence. Through focus group discussions with the trans and gender diverse community, valuable insights have been gathered, shedding light on the vulnerability and stigma experienced by individuals when seeking healthcare services due to physical, sexual, and psychological violence.

By exploring these critical aspects, this sub-chapter provides a comprehensive understanding of the challenges faced by trans and gender diverse individuals in accessing healthcare services and the measures that can be taken to improve their access to high-quality care. Ultimately, it highlights the importance of fostering an inclusive, equitable, and supportive healthcare system for all individuals, regardless of their gender identity.

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<sup>19</sup> See for example: Juarez P. D., Ramesh A., Reuben J. S., Radix A. E., Holder C. L., Brown K. Y., Tabatabai M., Matthews-Juarez P., 2023. Transforming Medical Education to Provide Gender-Affirming Care for Transgender and gender diverse Patients: A Policy Brief. *Ann Fam Med.* 2023 Feb;21(Suppl 2):S92-S94. doi: 10.1370/afm.2926. PMID: 36849474; PMCID: PMC9970676.

### 3.2.1. Health Worker Education and Training on Gender-Inclusive Care

This section explores the critical importance of targeted education and training interventions for healthcare workers in providing gender-inclusive care for trans and gender diverse individuals. The data presented reveals significant challenges faced by this community in accessing gender-affirming care and highlights the presence of stigmatization and discrimination within healthcare settings. The lack of specific training and awareness among healthcare professionals hinders the provision of appropriate care to this marginalized population.

The core of providing equitable and high-quality care that respects human rights and embraces gender diversity lies in involving the healthcare workforce and fostering a supportive environment. This study illustrates that it is crucial to prioritize educating and training healthcare providers in delivering trans and gender diverse-informed and gender-inclusive care to enhance access to healthcare services, well-being and health outcomes of trans and gender diverse individuals. **A gender and equity lens in health worker education can have a long-lasting, transformative effect on health outcomes.**<sup>20</sup>

During the focus groups, trans and gender diverse individuals shared their experiences with healthcare professionals and evaluated the quality of care received in their respective countries. **Some participants indicated that doctors do not respect confidentiality and do not provide services for the LGBTIQ+ community.** As a result, trans and gender diverse community members **may avoid healthcare facilities due to the high levels of stigma, discrimination and mistreatment** experienced in hospitals or clinics:

*“Many trans girls have to stay at home enduring pain, seeing what to do, [...] to avoid mistreatment in hospitals. Because [of this] they rarely go there [to healthcare services].”*

*Trans and gender diverse Participant, Latin America*



A trans and gender diverse participant elaborated on the complex challenges confronted by individuals within the community when navigating healthcare services:

*“I can tell you the story about Alex [pseudonym]. [...] Alex was sick. She was having trouble breathing. [...] Alex went to our public health system to get an ECG done and to be checked out. And, apparently, when Alex revealed her chest, the nurse basically just walked out and did not give her what she had seen and sought to get. And we don't know if Alex left signing the discharge medical advice form, but Alex returned to her house and by the next morning, Alex was dead. That says it all.”*

*Trans and gender diverse Participant, The Caribbean*

This tragic outcome is a reminder of the pressing need to create a healthcare system that fosters equality and human rights and thus embraces the diversity of trans and gender diverse people and their needs.

<sup>20</sup> World Health Organization, 2022. Global competency and outcomes framework for universal health coverage. WHO: Geneva, p.3. Available on <https://apps.who.int/iris/handle/10665/352711>

**Transphobia**, whether it is through stigmatization or discrimination, was a recurring theme in the experiences shared by trans and gender diverse individuals seeking healthcare services. Healthcare providers often focus on their gender expression rather than their medical needs, leading to uncomfortable, humiliating experiences and inadequate care - if care is provided at all. Some of the participating health workers stressed the need for healthcare providers to be aware of their own prejudices and biases and how these can influence healthcare provision. Healthcare professionals from Africa mentioned that the stigma and discrimination are explicit within the sector since the health workers do not know how to handle trans and gender diverse-specific issues. They mentioned that even in discussion groups with fellow doctors, bringing up the topic of gender-affirming care can lead to conflict and dismissive responses:

*“We are in some discussion groups of doctors where [...] sometimes when a doctor is willing to bring up the subject, it brings problems instead. The others reply like, “We don’t want to hear about it; it’s a foreign thing; leave us alone.” If the healthcare workers are already resistant to this kind of thing, you can imagine the general population.”*

*Health worker, Africa*

Some health workers indicated that younger doctors tended to be more trans-friendly and open-minded, while others acknowledged that not all doctors were ready to advocate for trans rights due to fear of negative consequences from homophobic or transphobic administration or colleagues.

Participating health workers referred to a lack of understanding and knowledge about gender affirmation-related issues within the healthcare system, **which results in incorrect treatments, prescriptions, and even denial of treatment**. Participating health workers reported that the attitude of some health providers is discriminatory and disrespectful, leading to trans and gender diverse community members experiencing humiliation and stigma in healthcare facilities. The trans and gender diverse participants recalled being mocked, subjected to degrading treatment, and facing biased beliefs from healthcare providers.

*“[...] some members of the hospital staff still exhibit biased beliefs and mock us”.*

*Trans and gender diverse Participant, Asia-Pacific*

The participants expressed their concerns about the lack of professionalism among health workers. They described encountering doctors who lack knowledge about hormonal treatments and appropriate care for trans and gender diverse individuals. **This knowledge gap has a significant impact on the quality of care provided** to the trans and gender diverse community:


*“I would propose standards of care, at least ethical standards. Plus, maybe about health peculiarities, because there are more intersections than may seem at first glance. For example, if there are intersections with some chronic diseases [...] But I haven’t heard from all of them that they know about it. So, if a person doesn’t decide to get tested for it themselves, they can remain under-examined.”*

*Trans and gender diverse Participant, Eastern Europe*



Health workers also emphasized the importance of adopting an interdisciplinary approach to healthcare provision for trans and gender diverse communities. This approach involves assembling a team of specialists, such as endocrinologists and mental health professionals, to cater to the specific healthcare needs of this population. By working collaboratively, these experts can address the diverse medical and psychological needs of trans and gender diverse individuals.

In the Caribbean, trans and gender diverse participants acknowledged that while some healthcare workers have received targeted education, **there are disparities in the degree to which this training is absorbed and implemented in practice.** Additionally, even if the professional is educated, they do not share this knowledge with colleagues:




*"I always tell them [...] that the participant was over on the day of the training day. [...] The knowledge and information are owned by one person. [They] don't share, don't share [...] with other employees or nurses from that clinic."*

*Trans and gender diverse participant, The Caribbean*

A similar situation was discussed in Eastern Europe and Central Asia, where many doctors **still rely on outdated practices and local traditions instead of adhering to international standards for gender-affirming care.** These participant narratives highlight the **urgent need to enhance and standardize the education and training** of healthcare professionals to ensure that trans and gender diverse individuals receive competent and respectful gender-affirming care services worldwide.

While some positive experiences with well-trained healthcare workers were reported, sustainability becomes a challenge when the training is temporary due to exchange programs or other limitations. There is a desire for continuity and ongoing education within healthcare facilities to ensure consistent positive interactions with trans and gender diverse individuals:



*"So, basically, healthcare workers in my country need re-evaluation, they need retraining, they need sensitization, they need to, as a matter of fact, if possible, if you ask me, I would see the issue is to sack everybody and employ new people. But since that is actually very, very impossible out here, re-sensitization and re-education are actually very important."*

*Trans and gender diverse participant, Africa*

Follow-up training was also mentioned as a critical element to ensure that health professionals consistently provide inclusive healthcare and gender-affirming care for trans and gender diverse communities.

Overall, trans and gender diverse participants and healthcare professionals emphasized the importance of training and sensitization for healthcare providers and medical students to improve the quality of care offered to trans and gender diverse individuals. Participants acknowledged that current efforts (if any) to provide education and training on trans and gender diverse healthcare are often fragmented and limited in scope. They stressed the need for comprehensive and systematic educational initiatives that are integrated into the broader healthcare system. Trans and gender diverse individuals believed that educating health workers about gender-inclusive issues would lead to better understanding and more inclusive care. **They mentioned that such training would positively impact their quality of life, as they would feel more comfortable sharing their health issues and accessing healthcare services without hesitation.** It is important to note that some trans and gender diverse individuals mentioned that community-based organizations had taken the initiative to train specific health workers to provide gender-affirming care. While these efforts are commendable, they are limited in scope and need to be more widespread to meet the needs of the trans and gender diverse community.

The health professionals also acknowledged the need for specific training modules to address the challenges faced in providing inclusive healthcare and gender-affirming care. Some of the **suggested modules included hormone therapy, surgeries, sexuality, mental health support, and gender-based violence.** They expressed that the training should also cover gender identities, in general, and trans and gender diverse identities specifically, to enhance understanding and sensitivity among healthcare providers.

Some trans and gender diverse individuals pointed out that doctors who received their training abroad demonstrate a more comprehensive understanding of gender-affirming and gender-inclusive care. Specifically, one of the participants emphasized a noteworthy observation regarding doctors with specialized training in the UK, who exhibit a deeper understanding of trans and gender diverse issues, encompassing hormone application, testing, and diagnosis:

*“I’ve noticed that most doctors who have left their country and did an internship or did a specialty in the UK are trained with transgender issues. They are trained with the procedure on how to apply hormones, how to decide and test what you need in order for them to diagnose you, and to decide and test what they need to help you calibrate your hormones or to administer any type of hormone.”*

*Trans and gender diverse participant, The Caribbean*

The interviews with health workers emphasized the importance of collaboration and communication with the trans and gender diverse community. Some participants referred to the **importance of symposiums, meetings, and discussions organized by or with trans and gender diverse individuals and community organizations:**

*“We have to be there as trans people, as gender non-conforming people, to let healthcare workers see us and let them know that we exist. And see we don’t have to always be in a frock or what they perceive us to be. We need to sit there on a panel, have a conversation with them, and let them ask us questions.”*

*Trans and gender diverse participant, The Caribbean*

Adopting this approach would significantly enhance healthcare workers' understanding of the needs and challenges faced by the trans and gender diverse community, thereby leading to improved healthcare provision. Participants emphasized that **involving the trans and gender diverse community in training healthcare professionals would be invaluable in enhancing the quality of the training provided.** In addition, translated guidelines, educational materials, and training resources focused on gender-inclusive care were mentioned as necessary resources.


The context of stigma, discrimination and a lack of access to healthcare services contribute to mental health issues and vulnerability within the trans and gender diverse community:

*“The situation is so bad that it affects mental health. And even just trans persons to access the basic and necessary affirming health care [is impossible here]. It gets so bad that it affects a person’s mental health and ability to function on a daily basis.”*


*Trans and gender diverse participant, Africa*

### *Reflections for Recommendations*

The study emphasizes that more attention needs to be paid to systematic educational initiatives on gender-inclusive care within the broader healthcare system. Training and sensitization are needed to ensure that healthcare professionals are competent to create safe spaces and provide appropriate general healthcare to trans and gender diverse community members. Governments and institutions should:


-  Develop targeted training courses that address stigma and discrimination, and also cover topics such as hormone therapy, surgeries, mental health support, and gender-based violence.

Trans and gender diverse individuals and communities should be actively involved in the process of developing these training initiatives. It would also be beneficial if **follow-up training were offered to healthcare professionals** to ensure they consistently provide inclusive healthcare and gender-affirming care for trans and gender diverse communities.

-  Such educational initiatives should target raising awareness among healthcare workers about their own prejudices and biases that may influence healthcare provision.




Healthcare workers should strive to provide high-quality, human rights-based, culturally and clinically adapted care to trans and gender diverse individuals.

As detailed in other sections of the report, high levels of discrimination and violence make trans and gender diverse community members particularly vulnerable to HIV, and it is, therefore, **important to ensure that HIV services are gender-inclusive.**

-  Integrating PrEP and PEP into routine healthcare services is important for HIV prevention for trans and gender diverse individuals.

Moreover, awareness campaigns are essential to promote the understanding and utilization of PrEP and PEP within the trans and gender diverse community, fostering a proactive approach to HIV prevention.

The establishment of mental health support systems for trans and gender diverse communities is crucial. Beyond mere acknowledgment, mental health professionals should

-  adopt a trauma-informed approach when working with this community, acknowledging the unique challenges stemming from discrimination, violence, or rejection.
-  Suicide prevention programs, specifically tailored for trans and gender diverse individuals, should also be implemented.
-  Sensitization training for healthcare providers should be implemented for in-service mental health professionals in State and private healthcare sectors, as well as in academic and other healthcare professional training institutions.

### 3.2.2. Gender-Inclusive Care Policy

This section analyzes the perceptions and experiences of trans and gender diverse individuals, as well as the insights of health workers, concerning gender-inclusive provisions within healthcare policies, regulations, and protocols. It highlights the significance of trans-inclusive policies in positively impacting the health and well-being of trans and gender diverse people.

Many participants expressed dissatisfaction with the lack of recognition of trans and gender diverse individuals within the healthcare system. This lack of recognition results in a lack of inclusive healthcare services. Trans and gender diverse individuals across different regions stated that **the majority of healthcare policies in their respective countries are not trans-inclusive**. This absence of inclusivity poses significant challenges for accessing appropriate healthcare, as many **healthcare facilities do not adequately provide services that meet the needs of trans and gender diverse persons**. During the focus groups, the participants argued that the lack of recognition and inclusion in healthcare policies can have negative implications for the health and well-being of trans and gender diverse individuals, as they may face barriers in accessing appropriate healthcare services:

*“So, currently, it is not inclusive. So, healthcare is not the best or there’s no way you could probably even go to a facility and identify as trans and be able to get health care because then there is no inclusivity in their policy.”*

*Trans and gender diverse participant, Africa*

Another recurring theme in the data was the lack of resources. Health workers talked about the necessary resources and support. The availability of proper medical equipment and medications was seen as essential for accurate diagnoses and effective treatment. Some health workers mentioned the need for financial support as well:

*“There is a funding barrier, finances, it’s always a problem. Especially, I think, in low-income and middle-income countries, and here as well.”*

*Health worker, Eastern Europe*

Furthermore, one health professional highlighted the importance of clear communication and referrals within the healthcare system. **They argued that implementing a centralized directive or designating a contact person in each healthcare facility could greatly improve coordination and ensure better healthcare provision in public and private systems.** Such an arrangement would enhance the seamless transfer of information and continuity of care, ensuring that trans and gender diverse individuals receive comprehensive and consistent support throughout their healthcare journey.

The study highlighted that **inclusive policies offer protection for trans and gender diverse people and foster a supportive environment, enhancing the quality of healthcare delivery.** Across all countries, health workers emphasized the significance of having guidelines and protocols in place to guide care for trans and gender diverse individuals. These documents are considered crucial as they provide a formal basis for healthcare decisions, ensuring that treatments are evidence-based and aligned with international standards:

*“It’s important to have strategic and targeted knowledge on trans issues for healthcare providers. This can only happen when we have a non-discriminatory policy in the healthcare to curb the stigma and discrimination.”*

*Trans and gender diverse participant, Asia-Pacific*

Health workers also stressed the importance of adapting such guidelines and policies to **the specific context of their country.** Each country may have its own healthcare practices, availability of medications, and cultural considerations, necessitating localized adjustments. Trans-inclusive provisions create an environment that encourages medical practitioners to conduct more research on trans and gender diverse health issues. Consequently, this leads to improved treatments, interventions, and overall healthcare for the community.

According to participants, despite the lack of inclusive policies at the State level, **progress has been made through the efforts of non-governmental organizations and individual educators.** They have played a crucial role in sensitizing and educating healthcare workers to provide services to the trans community. However, trans and gender diverse community participants expressed a preference for implementing gender-inclusive policies at the State level to ensure recognition of the State’s obligation to provide for the community’s healthcare needs and to ensure its sustainability.

Additionally, health worker participants raised the effectiveness of peer-to-peer education when training healthcare professionals. They **highlighted the value of involving both activists and experienced healthcare providers in training sessions.** This approach helps bridge the gap between reluctant healthcare workers and those who are already competent in providing care to trans and gender diverse patients.

## Access to HIV Prevention Services

The comprehensive approach to HIV prevention entails a diverse range of services targeted at individuals who are at risk of HIV. These services include HIV testing, ARV treatment and prevention services, including Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP). The primary goal of this comprehensive approach is to reduce new HIV infections and enhance the overall well-being of individuals who are vulnerable to the virus.<sup>21</sup> This subsection focuses on the **experiences and perspectives of trans and gender diverse participants regarding their access to gender-affirming care and HIV prevention services, specifically PrEP and PEP for HIV**. Additionally, the perspectives of healthcare workers on HIV service accessibility are presented.

While most trans and gender diverse participants were aware of available HIV services, some trans and gender diverse participants and health workers from Eastern Europe and Asia-Pacific **mentioned a lack of information about PEP**. Additionally, participants from the Caribbean expressed that they had not heard of PEP before the focus group discussions. In the Philippines, there was a perceived lack of knowledge about PrEP/PEP, and participants suggested awareness campaigns within the trans and gender diverse community to increase understanding and promote PEP as an essential tool for HIV prevention.

Trans and gender diverse participants from various countries discussed common barriers to accessing PEP and PrEP. These barriers include the **limited availability of PEP and PrEP in healthcare facilities and geographical constraints**. Health workers also talked about the **stock shortages and administrative delays as obstacles**. However, they emphasized that healthcare providers are generally willing and inclined to dispense antiretroviral drugs (ARVs) and provide care to those in need, including the LGBTIQ+ community.

In certain countries like Uzbekistan, accessing PEP for HIV prevention presented challenges. Despite its supposed availability by law, individuals seeking PEP in Uzbekistan are required to introduce their partners, risking legal repercussions if their partner is found to be living with HIV.<sup>22</sup> This situation highlights the urgent need for healthcare reform and advocacy to ensure equitable access to PEP without discrimination.

Legal issues and contradictions in legislation further complicate the accessibility of services, including PEP, making it difficult for trans community members to receive appropriate healthcare. Participants from Asia-Pacific mentioned the **additional barrier of requiring passports to access PEP, which can be problematic** for trans and gender diverse individuals in contexts without legal gender recognition who cannot access identification documents or passports.

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<sup>21</sup> World Health Organization, 2016. Global Health Observatory (GHO). World Health Organization, Geneva, Switzerland.

<sup>22</sup> Note: "Uzbekistan had been repeatedly urged by international human rights bodies to repeal Article 120 of the Criminal Code, which criminalizes consensual same-sex conduct between men. Under Article 113, which criminalizes the transmission of HIV infection and is used to persecute LGBT people, those detained and charged under Article 120 continued to be subjected to mandatory HIV tests"; ILGA EUROPE, 2022. Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in Uzbekistan Covering the Period of January to December 2021, p.1 available at: <https://www.ilga-europe.org/files/uploads/2022/06/UZBEKISTAN.pdf>

Trans and gender diverse participants cited other barriers to accessing PEP, including eligibility criteria in some countries:

*“PEP could only be administered to people who are actually rape victims, accident victims, and then health workers who have been probably exposed. That is the only way you can be given PEP. So, if you are a trans person and you don’t fall into all these three categories [you can’t get PEP].”*

*Trans and gender diverse participant, Africa*

To overcome barriers and improve access to PEP and PrEP, some trans and gender diverse participants from Africa advocated for community-based approaches. They emphasized the importance of having PEP and PrEP available in community-led clinics and drop-in centers. The presence of friendly and knowledgeable personnel within these community spaces would make it more comfortable for trans and gender diverse individuals to seek HIV prevention services without fear of discrimination or stigmatization:



*“The hospital staff, who are predominantly heterosexual, often lack an understanding of the specific needs and dynamics of the transgender community.”*

*Trans and gender diverse participant, Asia-Pacific*

Participants emphasized the importance of having dedicated healthcare services catering specifically to the trans and gender diverse community. They suggested the establishment of organizations, or health centers, that are focused on providing comprehensive healthcare, including PEP, to trans and gender diverse individuals. Such services could offer a safe and non-discriminatory environment for seeking sexual health services. This position is also supported by other studies, which indicate that the lack of trans-friendly services and previous experiences of transphobia in the healthcare system are barriers to access to HIV testing and treatment.<sup>23 24</sup> However, as the participants noted, providing PrEP and PEP outside of medical facilities requires service providers to inform the trans and gender diverse community about the potential side effects and benefits of these preventive measures. Education on the proper use of PrEP and PEP, along with guidance on adherence to prescribed regimens, becomes crucial in ensuring their effectiveness. In non-medical settings, it becomes important to simplify PEP and PrEP administration.

Health workers highlighted stigma as a challenge to the utilization of PEP for HIV prevention. They indicated that the stigma surrounding HIV is a significant barrier, as it may cause individuals to avoid getting tested and disclosing their HIV status to others. This lack of testing and disclosure can hinder timely access to PEP. Additionally, health providers might not always consider the broader implications of managing HIV exposure, often focusing solely on persons who test positive, without considering the potential benefit of PEP or PrEP for those who test negative.

23 Sevelius J. M., Patouhas E., Keatley J. G., Johnson M. O., 2014. Barriers and facilitators to engagement and retention in care among transgender women living with human immunodeficiency virus. *Ann Behav Med.* 2014;47(1):5–16. <https://doi.org/10.1007/2Fs12160-013-9565-8>. & Sevelius J. M., Poteat T., Luhur W. E., Reisner S. L., Meyer I.H., 2020. HIV testing and PrEP use in a national probability sample of sexually active transgender people in the United States. *J Acquir Immune Defic Syndr.* 2020;84(5):437–42. <https://doi.org/10.1097/QAI.0000000000002403>.

24 James S. E., Herman J. L., Rankin S., Keisling M., Mottet L., Anafi M., 2021. The report of the 2015 U.S. Transgend Surv. Available at: <https://transequality.org/sites/default/files/docs/usts/USdiscriminatorydiscriminatoryTS-Full-Report-Dec17.pdf>.

Many healthcare providers believed they could play a crucial role in educating patients about PEP and its benefits. However, some trans and gender diverse individuals indicated that when seeking PEP, instead of health workers being supportive, they faced discriminative, insensitive, and judgmental treatment from them. For example, a trans and gender diverse participant from Asia-Pacific stated:

*“They judge us and ask intrusive questions, such as why we need PEP and why we don’t get married or engage in sexual activities with a single partner. They label and mock us. [...] They even go as far as threatening us, saying that our families will find out about our actions and shame us.”*

*Trans and gender diverse participant, Asia-Pacific*

Trans and gender diverse persons’ **fears of their gender identity being disclosed to others** were also mentioned as a barrier to accessing PEP. Participants indicated that cultural competency and sensitivity training are necessary for service providers to deliver appropriate care. Health workers also referred to the effectiveness of peer services in reaching and engaging trans and gender diverse communities. It is clear that peer-led education and support can help reduce stigma and discrimination and encourage the use of prevention measures like PEP and PrEP.

Most participants indicated that PEP and PrEP should be integrated into routine care and made a standard of care for individuals at risk of HIV, regardless of their gender identity or sexual orientation. The provision of accurate information on the risks, benefits and time frames for the administration of PEP and PrEP is important, and community-led responses can be effective in providing trans-friendly services, information and peer support. In addition, participants thought that guidelines should be developed for healthcare providers to ensure the appropriate provision of PEP and PrEP to key communities.

### *Access to Gender-Inclusive Care Services for Survivors of Violence*

This subsection explores the experiences of trans and gender diverse individuals and the perspectives of health workers regarding their **access to healthcare services in cases of violence**. Through focus group discussions with the trans and gender diverse community, valuable insights were gathered on the vulnerability and stigma experienced when seeking healthcare related to physical, sexual, and psychological violence.

The discussions exposed instances of discrimination and insensitivity from healthcare professionals when providing care to trans and gender diverse individuals who have experienced violence. The practice of victim-blaming, such as asking about attire during assaults, only exacerbates the challenges of accessing appropriate healthcare services for trans and gender diverse individuals:

*“So, you know, when it comes to you with a case of violence and for something like rape and the first question you asked them is, what were you wearing? You already set that person off, you already made that person uncomfortable to talk to you.”*

*Trans and gender diverse participant, Africa*



Health workers stated that **failing to address trauma can lead to adverse effects** on the mental health of trans and gender diverse persons, **contributing to depression and suicide risk**. They highlighted the **psychological abuse** faced by many trans and gender diverse community members, such as bullying, harassment, rejection and isolation, which further aggravates their vulnerability to violence.

Healthcare providers added that the health sector is ill-equipped to handle cases of violence against trans and gender diverse individuals. Health workers have limited **knowledge of resources** such as shelters, NGOs, or psychologists that could provide support to trans and gender diverse survivors of violence. They do not know how to approach and support trans and gender diverse individuals experiencing violence. Examples were given of cases in which healthcare workers blamed the survivors, asking what they did to deserve the violence rather than providing compassionate care and support.

In response, participants emphasized the need for **non-judgmental and trans-specific healthcare services**. It became evident that recruiting and training healthcare providers who understand the unique needs and experiences of trans and gender diverse individuals is essential for providing empathetic and appropriate care. Trans and gender diverse individuals highlighted that the healthcare system in many countries does not adequately address the needs of trans and gender diverse survivors of violence. Even though some psychological and legal support might be available through NGOs, they often do not have sufficient reach or funding to comprehensively meet the needs of survivors. Stigma and discrimination within the healthcare system, once again, result in a lack of access to care.

The findings from **health workers' interviews suggested that they are aware of the cases where healthcare providers perpetrated violence against trans and gender diverse and LGBTIQ+ individuals themselves**. They mentioned cases of healthcare professionals engaging in sexual harassment, assault, and even rape. One of the health workers in Africa mentioned that she often heard about cases of physical violence towards the LGBTIQ+ community, including those who are underage:





*"I encountered many cases, even involving children, young girls aged 17, 18, who were raped and beaten up by their families because they may be homosexual. When they come in for a medicolegal certificate from the medical staff, they have suffered from severe injuries and damage. Shockingly, instead of receiving support and care, the doctors and colleagues pass judgment and even attempt to exploit them sexually. They proposition them, trying to convince them to have sex with men, saying things like, 'You are still young; come and find out how good it can be. That's what we are here for.' It's deeply distressing."*

*Health worker, Africa*

The trans and gender diverse participants also recounted instances of violence and mistreatment from healthcare professionals. These experiences led to feelings of humiliation and discouraged them from seeking medical care, ultimately impacting their overall well-being.

Focus group participants, as well as health workers, stressed the importance of sensitization and education to improve healthcare professionals' understanding and response to violence faced by trans and gender diverse individuals. Sensitization efforts should extend to the healthcare system as a whole and involve the government and private health sectors. Healthcare providers proposed introducing comprehensive curricula on human rights, gender-based violence, and non-discriminatory care in academic and professional training programs for healthcare workers. This would create a shift in attitudes and behaviors towards more rights-based and supportive care.

### *Reflections for Recommendations*

-  The development of clear protocols and clinical practice guides explicitly tailored to the unique needs of trans and gender diverse individuals is crucial for ensuring equitable access to healthcare.
-  Financial support should be directed towards the creation and dissemination of these guidelines.
-  Promoting research and data collection on trans and gender diverse health issues is also critical for informed policy development.
-  Detailed data, encompassing aspects such as access to healthcare, experiences of violence, HIV prevention, and gender-affirming care services, will form the foundation for evidence-based interventions.

### 3.3. Legal Sector: Gender Identity Recognition Law

**Legal gender recognition** is a fundamental right that allows individuals to have their gender identity legally recognized and affirmed. However, the procedures and policies surrounding gender recognition vary widely across different countries and regions, leading to significant disparities in the experiences of trans and gender diverse individuals. This sub-chapter presents insights from focus group discussions with trans and gender diverse individuals and interviews with health workers, highlighting the procedural requirements for legal gender recognition and the impact of gender recognition laws on their health and well-being. Several key themes emerged from the data and will be unpacked in more detail below.

Trans and gender diverse participants talked about the importance of legal gender recognition and expressed frustration with the lack of clear and accessible legal procedures in many countries. In some regions, there are no specific legal procedures or requirements for obtaining legal gender recognition, while in others, the existing procedures are overly complex and convoluted. Where there is provision for legal recognition, the procedures vary between countries and regions, with some imposing cumbersome processes that include finding advocates, undergoing compulsory surgery and hormonal therapy, and engaging in court proceedings. Some countries lacked clear guidelines, leaving individuals uncertain about the specific requirements, which may involve obtaining letters from surgeons and mental health professionals. Additionally, participants raised concerns about gender-affirming care and how legal recognition affected access to such care. Some countries that required certain medical interventions, like hormonal therapy or surgery, as prerequisites for legal gender recognition, potentially excluded individuals who did not wish to undergo such treatments. While some countries have made positive advances in that they no longer require compulsory sterilization as a condition for gender marker changes, in many countries, administrative barriers that impede access to legal recognition and name changes still persist.

Participants noted that while some countries are making progress in recognizing the rights of trans and gender diverse persons, others seem to be taking steps backward. For example, in Russia, for a long time, despite the existence of “propaganda” laws targeting LGBTIQ+ organizations, the option to change one’s gender marker remained intact. However, in 2023, the Russian parliament banned gender-affirming surgery for trans and gender diverse people. As surgery is a requirement for accessing a gender marker change in Russia, this represents a significant setback for trans and gender diverse rights and access to essential gender-affirming care services.<sup>25</sup>

Another significant concern raised during the discussions was the geographical disparity in accessing legal recognition procedures. In some countries, the necessary procedures were only available in capital cities, placing significant burdens on individuals living in remote areas. This geographical barrier posed a substantial obstacle for those seeking legal recognition, further exacerbating feelings of exclusion and isolation.

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<sup>25</sup> Note: Russian parliament banned gender reassignment surgery for trans people in July 2023 (after the end of the research fieldwork). See: The Guardian, 2023. Russian Duma passes draft law banning gender change, 14 July, 2023. Available at: <https://www.theguardian.com/world/2023/jul/14/russian-duma-passes-draft-law-banning-gender-change>

In some countries, procedures are available but are provided covertly:

*“In general, like in practice, there are some interventions that are available, but they are conducted either hidden or illegally, something like this. I know it might sound strange for other countries, like more European countries [...] but this is what’s the practice in [here].”*

*Health worker, Eastern Europe*

The participants also talked about the **disparity between laws and policies on paper and their practical implementation**, as participants reported facing continued violence and discrimination:

*“So, there are quite a lot of loopholes in terms of policy provision within our government. They say one thing on paper, but when it comes to action, there is another thing.”*

*Trans and gender diverse participant, Africa*

Trans and gender diverse participants expressed frustration over the existence of policies without effective systems or mechanisms to evaluate their implementation. While there might be policies in place to provide legal gender recognition, they are often insufficiently supported or lack follow-through from the government. This lack of support hinders the effective access to rights.

A participant explained that the legal recognition procedure in their country was complicated due to the attitude of service providers. They pointed out that there is a need for better dissemination of information and improved attitudes among service providers to facilitate the process effectively.

According to the participants, due to bureaucratic hurdles, lack of specific procedures, and the need for financial resources and even personal connections, many trans and gender diverse individuals are left without official documentation that reflects their gender identity, leading to challenges in accessing various services and rights. In addition, some participants mentioned that they faced difficulties with official documents that did not reflect their true gender identity, leading to problems, especially during international travel or interactions with authorities.

The experiences of trans and gender diverse individuals illustrated several other pressing challenges as well, emphasizing the crucial importance of advocacy and policy reform to effectively address their needs. For example, the data from the African region indicates significant challenges encountered by trans and gender diverse individuals. One participant referred to efforts to engage with parliamentarians and healthcare workers to discuss issues related to healthcare and gender-affirming services, where officials conflated gender identity with sexual orientation and equated trans and gender diverse advocacy with “promoting homosexuality.” Other participants also indicated that the confusion of gender identity and sexual orientation is also prevalent among government officials in their country contexts. In contexts where same-sex relationships are criminalized, trans and gender diverse community members are often targeted by these laws, which makes it difficult for trans and gender diverse-led organizations to advocate for health rights and for community members to access healthcare services.

A participant from Central Asia shared an example of the criminal code equating trans women with same-sex relationships, regardless of their actual sexual orientation, resulting in them being criminalized by the legal framework:



*“We have several articles that limit the existence of transgenderism [...] A transgender woman is equaled to homosexual relationships.”*

*Trans and gender diverse participant, Central Asia*

Criminalization is also a challenge in terms of other intersecting identities. Participants discussed how socio-economic vulnerability exacerbates the violence faced by trans and gender diverse individuals. In many countries, trans and gender diverse people experience a lack of employment opportunities. In many contexts, sex work is one of the few economic avenues open to trans and gender diverse community members. While many trans and gender diverse individuals engaging in sex work emphasize that it is a source of economic independence, community solidarity and pride, criminalization and discrimination result in high risks of exploitation and abuse from law enforcement, clients and/or employers, impacting their physical and mental well-being.

Trans and gender diverse individuals from the Caribbean emphasized that societal prejudice and discrimination often prevent individuals and organizations from challenging discriminatory laws. They also mentioned the influence of religion over the State as an obstacle to advocacy.

*“We need to first figure out how we’re to make the government separate religion, Church from State. [...] what will be better for us because, at the end of the day, religion creates separation. Because if you don’t believe what I believe, it’s a problem.”*

*Trans and gender diverse participant, The Caribbean*

Participants argued that the separation of religion from the State will foster more inclusive healthcare policies. They also acknowledged the importance of considering cultural context when addressing the challenges faced by trans and gender diverse people.

Health workers, as well as some trans and gender diverse individuals, highlighted the positive impact of advocacy and grassroots organizations that provide support, resources, and guidance to trans and gender diverse individuals. According to the participants, these organizations play a vital role in connecting individuals with appropriate healthcare providers and navigating legal recognition processes. The trans and gender diverse participants emphasized the significance of community engagement and the ongoing involvement of stakeholders in advocating for legal reform and increasing awareness about the challenges faced by trans and gender diverse communities. They highlighted the need to introduce, review, or reform procedures and protocols to be more inclusive and sensitive to the needs of trans and gender diverse individuals. Moreover, they stressed the importance of collecting data and conducting research to inform policy changes and promote greater inclusivity. Health workers also underscored the urgent necessity for legal reforms to safeguard the rights and well-being of trans and gender diverse individuals:

*“We should not downplay. The journey is difficult. And for whoever can help make the journey easier, I think we need to bring in all the players on board. I think let’s do it!”*

*Health worker, Africa*

Many participants highlighted the **need for legal gender recognition to be separate from medical interventions, advocating for self-identification as a basis for the legal process.** Moreover, the disconnect between policies on paper and their practical implementation perpetuates a cycle of discrimination and violence. **Societal perceptions, transphobic beliefs spread by religious institutions, and cultural contexts** were identified as challenges that must be navigated for effective legal reforms.

### 3.3.1. The Impact of the Gender Identity Recognition Laws on the Health and Well-Being of trans and gender diverse Populations.

The impact of gender identity recognition laws on the health and well-being of trans and gender diverse individuals emerged as a multifaceted and pivotal theme that dominated the discussions in the focus groups. Participants passionately shared their experiences, shedding light on the profound consequences of such laws on various aspects of their lives. One significant aspect that emerged from the narratives was how **the recognition or lack thereof of their gender identity directly affected their mental well-being.** Some trans and gender diverse individuals spoke about their experiences of **facing rejection and isolation from their families and friends due to a lack of gender recognition.** This social exclusion took a toll on their mental health, leaving them grappling with feelings of isolation and abandonment, highlighting the role that legal and policy change plays in creating greater social acceptance and understanding.

Moreover, the connection between legal gender recognition and access to healthcare services became increasingly evident during the discussions. Trans and gender diverse participants voiced their struggles in obtaining essential healthcare, such as access to life-saving HIV medication, primarily due to the barriers imposed by their gender identity. Discrimination and prejudice within healthcare settings were reported as distressingly common, leading to reluctance to seek medical help, thus exacerbating poor health outcomes within the trans and gender diverse community.

The legal frameworks of certain countries were found to play a crucial role in shaping the well-being of trans and gender diverse individuals. These frameworks have a direct impact on access to healthcare, as well as employment opportunities and social acceptance:

*“I think the presence of adequately documented guidelines would help prevent such case scenarios and mental health issues of anxiety and depression in the community.”*

*Trans and gender diverse participant, Asia-Pacific*

Cases of workplace discrimination and stigmatization were also shared, illustrating the severe challenges faced by trans and gender diverse individuals in pursuing their careers and securing a stable livelihood. The lack of comprehensive legal protections for trans and gender diverse communities in many regions created a prevailing sense of fear and vulnerability among the participants, who felt constantly at risk of discrimination and injustice.

The voices of healthcare professionals echoed these concerns, as they highlighted the far-reaching consequences of the absence of legal procedures for gender recognition on the well-being of trans and gender diverse individuals. They talked about the significant emotional distress and mental health impact that often accompanied the absence of legal recognition. A participating health worker described how legal gender recognition has contributed to the well-being of their patients:

*“[Gender recognition] changed the game at all for a person, because yes, finally, a person can have official work, rent a flat, can be in any legal relationship with the government. I had a patient, a trans man who finally was able to marry a woman who he loved for 10 years. And of course, it makes people more happy, more mentally healthy, more stable and so on.”*

*Health worker, Eastern Europe*

Navigating societal and institutional barriers can be an arduous and emotionally draining task for trans and gender diverse individuals. **Denied the validation of their true gender identity, they found themselves caught in a dissonance**, which led to profound internal struggles and contributed to anxiety and depression.

Health professionals also indicated that **the marginalization and exclusion created by the lack of legal recognition could contribute to suicide ideation and suicide risk**. They highlighted the urgent need for substantial measures to recognize the legal rights of trans and gender diverse persons.

Participating health workers emphasized the transformative power of access to legal gender recognition. When trans and gender diverse individuals had the opportunity to undergo the process of legal recognition, they reported experiencing a positive shift in their lives. The validation provided by legal recognition brought with it a newfound sense of stability and acceptance. Legal recognition allows them to feel more secure in their identity and creates a greater sense of belonging:

*“And then when you are around people and they just looking at you in a certain way, you get so uncomfortable... and maybe feel unsafe. So, the aspect of safety and being mentally well is... well taken care of [when your gender is recognized].”*

*Trans and gender diverse participant, Africa*



Throughout the discussions, the link between legal gender recognition and the overall quality of life for trans and gender diverse individuals was emphasized. The absence of legal recognition created a formidable barrier, compounding the challenges of stigma and discrimination faced by the community. Conversely, **accessible legal gender recognition was shown to have a transformative impact, providing a sense of stability, acceptance, and belonging.**

### *Reflections for Recommendations*



It is important to have clear and accessible legal procedures for gender recognition that do not impose unnecessary and burdensome medical, administrative and financial requirements on individuals.



The legal gender recognition procedures should be accessible to all individuals, regardless of their socio-economic position and geographic location.



Gender recognition should be based on self-determination rather than requiring specific medical procedures, allowing individuals to have their gender identity legally recognized without undergoing unwanted treatments or depending on the authorization of third parties.



Legal systems should recognize and protect the rights of trans and gender diverse individuals and ensure protection from discrimination and equal access to employment, education, healthcare, and social services.



Legal frameworks should address discrimination in the workplace and educational institutions, which will address the precarious socio-economic position of trans and gender diverse community members and contribute to greater safety, security and inclusion.



Governments should monitor and evaluate the implementation of gender recognition policies to ensure they are effectively supporting the well-being of trans and gender diverse individuals.

### 3.4. Conclusion

In conclusion, the data analysis chapter has explored the complex and interlinked aspects of gender-affirming care, gender-inclusive care and legal gender recognition and their impact on the health and well-being of trans and gender diverse communities. The chapter examined and discussed the main themes that emerged from the data.

**The assessment of gender-affirming care across different global regions revealed a concerning lack of availability, accessibility, and affordability for trans and gender diverse people.** Many countries do not offer gender-affirming care services at all, leaving the trans and gender diverse community with limited options. In countries where some form of gender-affirming care is available, there are barriers to access, including geographic disparities, financial constraints, stigma, and discrimination. In all the target regions, the struggle for comprehensive and inclusive healthcare is a great challenge for the trans and gender diverse community. The absence of standardized guidelines and regulations further compounds the situation, highlighting the need for policy changes and appropriate training for healthcare professionals.

The experiences shared by trans and gender diverse participants underscored the **need for more inclusive and competent healthcare policies and services addressing the specific needs of this community.** For example, more efforts are required to ensure that gender-affirming care is accessible, affordable, and tailored to meet the specific needs of trans and gender diverse individuals. Multidisciplinary gender-affirming care services, specialized clinics, and dedicated support spaces are viewed as important for the provision of comprehensive and holistic healthcare for the trans and gender diverse community. Participants indicated that gender-affirming care should not be limited to surgical and hormonal treatment but should include mental wellness services and interventions such as facial hair removal, speech and communication interventions, genital tucking or packing, and chest binding.

The data revealed the **importance of accessing competent professional advice, informed decision-making, and proper aftercare to ensure safe and effective gender-affirming interventions.** Targeted education and/or training interventions for health workers are crucial to achieving care that is inclusive of trans and gender diverse people. Ongoing educational initiatives involving trans and gender diverse communities in training and providing necessary resources and support were key steps toward achieving equitable and inclusive healthcare for all.


The data also demonstrated the critical **importance of trans-inclusive provisions within healthcare policies for trans and gender diverse individuals.** The positive influence of such policies has been largely demonstrated in increased access to healthcare, reduced stigma and discrimination, and enhanced social acceptance. Policymakers and healthcare authorities should take these insights into account and work towards creating more inclusive and supportive healthcare systems. By implementing trans-inclusive provisions, countries can create a healthcare environment that is truly inclusive and supportive of all, regardless of their gender identity.


**Stigma and discrimination emerged as significant barriers to the health and well-being of trans and gender diverse people.** Data from trans and gender diverse participants underscores how stigma and discrimination hinder access to appropriate care. Stigma is interlinked with cultural, religious, and political factors, influencing discriminatory attitudes towards the trans and gender diverse community. The absence of legal recognition and protection not only compounds challenges in accessing services but also exposes individuals to discrimination, violence and economic precarity.


Legal gender recognition is a critical right for trans and gender diverse individuals. Across regions, trans and gender diverse individuals experience barriers to access ranging from criminalization and an absence of legal gender recognition to limited recognition with geographical, financial and administrative barriers and problematic medical requirements for procedures that trans and gender diverse individuals may not want or be able to access. The data highlighted participants' frustrations with complex or unclear procedures in many countries. The data also provided valuable insight into the links between legal gender recognition and the well-being of trans and gender diverse individuals, with **access to legal recognition being associated with improved mental and physical health outcomes.**

## 4. Main findings


### Availability of Gender-Affirming Care Services


 Gender-affirming care is a priority for many trans and gender diverse community members. However, gender-affirming care services are not widely available in countries across the target regions. Several countries do not offer gender-affirming care at all, while some offer limited services. Due to limited availability, many trans and gender diverse individuals are forced to seek gender-affirming care outside their countries.


 The importance of a multidisciplinary approach to gender-affirming care, including mental health services, medical professionals and support organizations, was emphasized. However, there was a recognition that in some contexts, it may not be possible to provide care via multidisciplinary teams and that alternative ways of linking trans and gender diverse community members to different components of care should be sought in these contexts.

 The presence of legislation alone does not guarantee accessible gender-affirming care. Comprehensive and inclusive healthcare policies and services are essential to ensure equitable access for trans and gender diverse communities.

### Barriers to Accessibility to Gender-Affirming Care

 Trans and gender diverse individuals face geographical barriers in accessing gender-affirming care, with limited availability of services in rural areas compared to urban centers. Many individuals must travel to different cities to access appropriate care, leading to increased expenses and logistical challenges.

 Gender-affirming care is often not included in public healthcare systems, requiring reliance on private doctors or clinics. This can be financially inaccessible for many community members, especially since gender-affirming care is generally not covered by private health insurance. Due to socio-economic marginalization, the lack of access to affordable services via public health systems is a significant barrier, which results in many trans and gender diverse community members delaying or forgoing gender-affirming interventions.

 Lack of access to reliable sources of information on gender-affirming care is a barrier to informed decision-making for many trans and gender diverse community members. Access to credible information and guidance from competent medical professionals and peer support from community-led organizations with appropriate expertise is essential to ensure that trans and gender diverse individuals are able to make informed decisions about medical interventions.



The lack of competent healthcare professionals contributes to difficulties faced by trans and gender diverse individuals seeking appropriate care. Some medical professionals lack training in the provision of gender-affirming care, leading to inappropriate advice and treatment.



The absence of standardized guidelines on gender-affirming care creates inconsistencies in the quality and approach of healthcare professionals.



Stigma and discrimination against the LGBTIQ+ community, including trans and gender diverse individuals, create a hostile environment that hinders access to appropriate healthcare. Social, cultural, religious, and political factors can also influence discriminatory attitudes toward trans and gender diverse communities. Stigma and discrimination within the healthcare system are major barriers to accessing healthcare for trans and gender diverse communities.

### Impact of Gender-affirming Care on the Mental Health and Well-being of trans and gender diverse Communities



Gender-affirming care has a profoundly positive impact on the mental health and overall well-being of trans and gender diverse individuals. Access to gender-affirming care is linked to improved mental and physical health.



The absence of gender-affirming care has significant negative consequences for the health and well-being of trans and gender diverse individuals.



The experiences shared by both trans and gender diverse participants and healthcare workers underscore the importance of gender-affirming care in sustaining mental health and well-being, promoting social and economic participation, and the realization of equality and human dignity for trans and gender diverse persons.


### Gender-Affirming Surgery




Gender-affirming surgeries were often unavailable or inaccessible due to factors including the high cost of surgeries, a lack of hospitals offering these procedures, or the lack of surgeons with appropriate expertise in many countries. As a result, many trans and gender diverse community members have no access to surgery or have to travel to larger cities or other countries to access surgery. Traveling for surgery also impacts access to pre- and post-operative care. Legal and cultural barriers also contributed to the limited availability of gender-affirming surgery.





Participants expressed concerns about the lack of expertise among some healthcare professionals performing gender-affirming surgeries and the lack of accountability mechanisms, especially where there is no legal provision for gender-affirming surgery.


 Participants emphasized the importance of providing comprehensive information on the risks and benefits of procedures to allow community members to give informed consent. They also highlighted the importance of providing pre- and post-operative care, which is crucial for ensuring a successful and safe recovery after surgery.


## Gender-Affirming Hormone Therapy


 Gender-affirming hormone therapy is inaccessible in many countries, resulting in many trans and gender diverse individuals seeking treatment in other countries or resorting to obtaining hormones outside of the healthcare system.


 Some countries experience regular stock-outs of hormones, resulting in delays or interruptions to treatment. In some contexts, trans women are provided with contraceptive pills rather than HRT, which can be harmful and ineffective for gender affirmation.

 Due to the lack of access to gender-affirming care services, many trans and gender diverse individuals resort to self-medication. The lack of medical supervision can lead to potential health risks, even though this is a source of community support and empowerment for many trans and gender diverse individuals.


 Participants indicated that access to competent health professionals is crucial for providing guidance, support, and monitoring during hormone therapy. The lack of knowledgeable and trans-friendly healthcare providers can lead to community members receiving misleading information and suboptimal care.


 Mental health support should be an integral part of gender-affirming care to address the psychological challenges faced during the transition.

 In many contexts, there is a lack of reliable information available to trans and gender diverse community members about hormone therapy. Providing accurate and comprehensive information is essential to enable individuals to make informed decisions about their healthcare.


 Community members expressed a preference for healthcare providers who support active participation in healthcare, provide education and information, and enable community members to make informed choices regarding treatment options and delivery methods (such as self-injection). They also emphasized the importance of peer support.


## Other Gender-Affirming Interventions


 Trans and gender diverse individuals may seek various gender-affirming interventions beyond surgeries and hormone therapy, including plastic surgery, facial hair removal, speech and communication interventions, genital tucking or packing, and chest binding. Financial limitations may lead some individuals to seek cheaper options, which may compromise the quality of care and pose health risks. Unsupervised procedures and low-quality products, such as injecting industrial silicone, can lead to harmful consequences.


 The data emphasized the importance of receiving comprehensive information from competent health professionals on the risks and benefits of gender-affirming interventions to enable informed decision-making.

## Health Worker Education and Training on Gender-Inclusive Care


 The lack of training received by healthcare providers on the provision of care to trans and gender diverse persons results not only in a lack of gender-affirming care but also in the lack of access to the health system for trans and gender diverse community members.

 Stigmatization, transphobia, and discrimination are recurring themes in the experiences shared by trans and gender diverse individuals seeking healthcare services. Stigma and discrimination are major barriers to access to care, including HIV testing, treatment and prevention services, and even life-saving emergency care. The attitudes of some health workers were reported to be discriminatory and disrespectful. In some healthcare contexts, confidentiality is not protected, leading trans and gender diverse individuals to delay or avoid seeking medical treatment. Rights violations in the healthcare system also have a negative impact on mental wellness.


 Many healthcare workers lack understanding and knowledge about gender-affirming care, resulting in community members receiving incorrect information and treatment, including denial of treatment.


 Training for healthcare providers is essential to ensure that trans and gender diverse community members are able to access the healthcare system. Involving trans and gender diverse communities in training healthcare professionals is invaluable in enhancing the quality of the training. There is a need for training on gender and gender-affirming care to be included in the curricula of academic and other professional training institutions. Ongoing training should also be provided to in-service healthcare professionals in healthcare facilities.


 The availability of standardized guidelines, appropriately translated and adapted for local contexts, is essential for providing appropriate care.


 The data reveals instances of violence and rights violations perpetrated by healthcare professionals against trans and gender diverse individuals. Mechanisms for reporting violations need to be put in place.


### Gender-Inclusive Care Policy


 The lack of gender-inclusive provisions within healthcare policies, regulations, and protocols results in trans and gender diverse persons experiencing barriers to accessing health rights.


 Marginalization and exclusion within the healthcare system negatively impact the health and well-being of trans and gender diverse people.

 Non-governmental organizations and individual educators have made progress in providing sensitization, training and education to healthcare workers. However, there is a preference for implementing gender-inclusive policies at the State level for sustainability.


 Healthcare providers emphasize the need for guidelines and protocols to guide their care for trans and gender diverse individuals, tailored to the specific context of each country.

 There is inadequate information and knowledge about PEP and PrEP for HIV prevention among trans and gender diverse persons in some regions, and the need for awareness campaigns specifically targeting the trans and gender diverse community. Barriers to accessing PEP and PrEP include limited availability, geographical constraints, hostile legal contexts, and limited eligibility criteria in some countries.

 The impact of stigma surrounding HIV, fears regarding disclosure, and discriminatory treatment from healthcare providers are also barriers to accessing PEP and PrEP.

 There is an urgent need for cultural competency and sensitivity training to enable healthcare providers to deliver appropriate care to trans and gender diverse individuals. Health policies should also include provisions for training.

### Legal Gender Recognition

 The data reveal significant disparities in legal gender recognition procedures across different countries and regions. Some countries lack provisions for legal gender recognition, while in others, provisions exist but are not implemented or accessible. In many instances, provisions impose cumbersome administrative processes or require applicants to undergo surgery or hormonal therapy, which functions to exclude community members who do not want or cannot access these medical interventions.



In some countries, geographical barriers exist, with trans and gender diverse individuals outside of capital cities or major urban areas being unable to access legal gender recognition.



The lack of legal gender recognition contributes to social marginalization and has a negative impact on the mental health of trans and gender diverse community members. It also results in a lack of access to social security, education and employment opportunities for trans and gender diverse community members, which in turn contributes to poor health outcomes.



Legal recognition plays a crucial role in ensuring greater economic opportunities and social acceptance for trans and gender diverse individuals.



Accessible legal gender recognition positively impacts the lives of trans and gender diverse individuals, providing a sense of stability, acceptance, and belonging. It is a fundamental human right that allows community members to access other basic rights, including health rights.

## References

- American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- Bouman W. P., Claes L., Brewin N., Crawford J. R., Millet N., Fernandez-Aranda F., Arcelus J., 2017. Transgender and anxiety: a comparative study between transgender people and the general population. *Int J Transgenderism* 18(1):16–26.
- Bryman A., 2016. *Social Research Methods: 5th Edition*. Oxford: Oxford University Press.
- Coleman E., Radix A. E., Bouman W. P., Brown G. R., de Vries A. L. C., Deutsch M. B., Ettner R., Fraser L., Goodman M., Green J., Hancock A. B., Johnson T. W., Karasic D. H., Knudson G. A., Leibowitz S. F., Meyer-Bahlburg H. F. L., Monstrey S. J., Motmans J., Nahata L., Nieder T. O., Reisner S. L., Richards C., Schechter L. S., Tangpricha V., Tishelman A. C., Van Trotsenburg M. A. A., Winter S., Ducheny K., Adams N. J., Adrián T. M., Allen L. R., Azul D., Bagga H., Başar K., Bathory D. S., Belinky J. J., Berg D. R., Berli J. U., Bluebond-Langner R. O., Bouman M.-B., Bowers M. L., Brassard P. J., Byrne J., Capitán L., Cargill C. J., Carswell J. M., Chang S. C., Chelvakumar G., Corneil T., Dalke K. B., De Cuypere G., de Vries E., Den Heijer M., Devor A. H., Dhejne C., D'Marco A., Edmiston E. K., Edwards-Leeper L., Ehrbar R., Ehrensaft D., Eisfeld J., Elaut E., Erickson-Schroth L., Feldman J. L., Fisher A. D., Garcia M. M., Gijs L., Green S. E., Hall B. P., Hardy T. L. D., Irwig M. S., Jacobs L. A., Janssen A. C., Johnson K., Klink D. T., Kreukels B. P. C., Kuper L. E., Kvach E. J., Malouf M. A., Massey R., Mazur T., McLachlan C., Morrison S. D., Mosser S. W., Neira P. M., Nygren U., Oates J. M., Obedin-Maliver J., Pagkalos G., Patton J., Phanuphak N., Rachlin K., Reed T., Rider G. N., Ristori J., Robbins-Cherry S., Roberts S. A., Rodriguez-Wallberg K. A., Rosenthal S. M., Sabir K., Safer J. D., Scheim A. I., Seal L. J., Sehoole T. J., Spencer K., Amand C. St., Steensma T. D., Strang J. F., Taylor G. B., Tilleman K., T'Sjoen G. G., Vala L. N., Van Mello N. M., Veale J. F., Vencill J. A., Vincent B., Wesp L. M., West M. A., Arcelus J. 2022. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, *International Journal of Transgender Health*, 23:sup1, S1-S259, DOI: [10.1080/26895269.2022.2100644](https://doi.org/10.1080/26895269.2022.2100644)
- Dhillon G., Grewal H., Monga V., Munjal R., Buddhavarapu VS., Verma RK., Sharma P., Kashyap R., 2023. Gender inclusive care toolkit for hospitals. *Lancet Reg Health Am*. 2023 Sep 3;26:100583. doi: 10.1016/j.lana.2023.100583. PMID: 37876668; PMCID: PMC10593560.
- Foster Skewis L., Bretherton I., Leemaqz S. Y., Zajac J. D., Cheung A. S., 2021. Short-term effects of gender-affirming hormone therapy on dysphoria and quality of life in transgender individuals: a prospective controlled study. *Front Endocrinol* 12: 717766.
- Grasswick H., 2011. *Feminist Epistemology and Philosophy of Science: Power in Knowledge*. London: Springer.
- ILGA EUROPE, 2022. Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in Uzbekistan Covering the Period of January to December 2021, p.1 available at: <https://www.ilga-europe.org/files/uploads/2022/06/UZBEKISTAN.pdf>.
- James S. E., Herman J. L., Rankin S., Keisling M., Mottet L., Anafi M., 2021. The report of the 2015 U.S. Transgender Surv. Available at: <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>.
- Juarez P. D., Ramesh A., Reuben J. S., Radix A. E., Holder C. L., Brown K. Y., Tabatabai M., Matthews-Juarez P., 2023. Transforming Medical Education to Provide Gender-Affirming Care for Transgender and gender diverse Patients: A Policy Brief. *Ann Fam Med*. 2023 Feb;21(Suppl 2):S92-S94. doi: 10.1370/afm.2926. PMID: 36849474; PMCID: PMC9970676.
- Park B. C., Das R. K., Drolet B. C., 2021. Increasing Criminalization of Gender-Affirming Care for Transgender Youths—A Politically Motivated Crisis. *JAMA Pediatr*. 175(12):1205–1206. doi:10.1001/jamapediatrics.2021.2969.
- Planned Parenthood of the Southern Finger Lakes Sexuality Education & Training Center, 2006. Providing Transgender-Inclusive Healthcare Services. Available online: [https://www.plannedparenthood.org/files/4414/0606/9716/PPSFL\\_Providing\\_Transgender\\_Inclusive\\_Healthcare\\_Handbook.pdf](https://www.plannedparenthood.org/files/4414/0606/9716/PPSFL_Providing_Transgender_Inclusive_Healthcare_Handbook.pdf).

- Puckett, J. A., Cleary, P., Rossman, K., Mustanski, B., & Newcomb, M. E., 2018. Barriers to Gender-Affirming Care for Transgender and Gender Nonconforming Individuals. *Sexuality Research and Social Policy*, 15, 48-59.
- Reisner, S. L., Radix, A., & Deutsch, M. B. (2016). Integrated and Gender-Affirming Transgender Clinical Care and Research. *Journal of Acquired Immune Deficiency Syndromes*, 72(Suppl 3), S235-S242. <https://doi.org/10.1097/QAI.0000000000001088>.
- Sevelius J. M., Poteat T., Luhur W. E., Reisner S. L., Meyer I.H., 2020. HIV testing and PrEP use in a national probability sample of sexually active transgender people in the United States. *J Acquir Immune Defic Syndr*. 2020;84(5):437–42. <https://doi.org/10.1097/QAI.0000000000002403>.
- Sevelius J. M., Patouhas E., Keatley J. G., Johnson M. O., 2014. Barriers and facilitators to engagement and retention in care among transgender women living with human immunodeficiency virus. *Ann Behav Med*. 2014;47(1):5–16. <https://doi.org/10.1007/2Fs12160-013-9565-8>.
- The Guardian, 2023. Russian Duma passes draft law banning gender change, 14 July 2023. Available at: <https://www.theguardian.com/world/2023/jul/14/russian-duma-passes-draft-law-banning-gender-change>.
- White Hughto J. M., Reisner S. L., 2016. A systematic review of the effects of hormone therapy on psychological functioning and quality of life in transgender individuals. *Transgender Health* 1(1):21–31.
- World Health Organization, 2022a. Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. Geneva. P. 54.
- World Health Organization, 2022b. Global competency and outcomes framework for universal health coverage. WHO: Geneva. Available on <https://apps.who.int/iris/handle/10665/352711>.
- World Health Organization (2019). International Statistical Classification of Diseases and Related Health Problems (11th ed.). <https://icd.who.int/>
- World Health Organization, 2016. Global Health Observatory (GHO). World Health Organization, Geneva, Switzerland.

# Annex 1

## KEY INFORMANT INTERVIEWS TOPIC GUIDE

### Interview with health workers

#### Values and Preferences for Gender-Affirming Care: A Qualitative Study

*This guide is intended for generating and guiding an interview discussion with health workers.*

Interview Date

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Start Time

---

End Time

---

Interviewer Name

---

Verbal Consent

Yes

No

**Researchers:** Anna Bochorishvili, Sopio Davituri, Anwar Ogrm, Anil Padavatan, Abhina Aher, Paty Betancourt, Amanita Calderón-Cifuentes, Alexis D'Marco, Marcela Romero, Barbra Wangare

**Organization:** Global Action for Trans Equality - GATE

**Sponsors:** Elton John AIDS Foundation and the Love Alliance

## Instructions to interviewer

1. **Ensure that the participant is interested and has given their consent to take part in this interview.** Please make sure that you have properly undertaken and documented the informed consent process with the interviewee.
2. **Please ensure that the participant knows that the interview will be audio-recorded.** All recordings will be handled and deleted according to current data security regulations. Access to data and recordings is only permitted to people involved in the research project, and no data (especially no personal information and identifiers) will be shared outside this research project. All personal information collected during the group interview will be anonymized, and personal identifiers will be removed.
3. Emphasize to the participant that although they will be discussing questions related to gender-affirming care services, no one is expected to talk about their own personal experiences regarding the topic. **Participant does not have to disclose their experiences if they do not wish to.**

## Interviewer Notes

**First, introduce this research project briefly:** *Based on a scoping review of scientific literature and the concerns raised by trans and gender diverse communities and health experts, this first global WHO guideline on trans and gender diverse peoples' health aims to contribute to the implementation and/or improvement of the quality, safety, access, and utilization of health care services by and for trans and gender diverse people with specific considerations to low and middle-income country settings.*

*In this sense, the guideline will cover critical focus areas, which were previously agreed upon with the trans and gender diverse community and experts. These focus areas are divided into three strategic entry points following the guideline framework: Service Delivery; Health Sector; Legal Sector. The guideline will be underpinned by newly commissioned systematic reviews on the above critical focus areas, values and preferences studies from the perspective of the community and of health workers, clinical considerations related to gender-affirming care, as well as information on acceptability, feasibility, costs, and resource use of health services. It will also build upon previous WHO guidelines and refer to, consolidate, and adapt relevant WHO recommendations, good practice statements and considerations (within the above-described scope). Guidelines that already contain specific recommendations for trans and gender diverse people will also be referenced.*

**There will be 17 questions addressed, and these will help us to inform recommendations in the new guidelines.** *Please consider making recommendations about gender-affirming care, gender-affirming hormones, and other interventions or behavioral adaptations.*

## INTERVIEW QUESTIONS

### Interview Notes

*The transition from the explanation about the project to the first questions by telling the participant that you would now like to ask some questions so that you can hear what they think.*

*Please start by explaining the terms trans and gender diverse people and gender-affirming health care.*

*“trans and gender diverse people” is an umbrella term for those whose gender identity, roles or expression does not conform to the norms and expectations traditionally associated with the sex assigned to them at birth; it includes people who are transsexual, transgender, or otherwise gender nonconforming or gender incongruent. Transgender people may self-identify as transgender, female, male, trans woman or trans man, transsexual or one of many other gender nonconforming identities. They may express their genders in a variety of masculine, feminine and/or androgynous ways.*

*Gender-affirming health care in this proposal is understood as medical and psychological (clinical) interventions specifically designed to support and affirm an individual’s gender identity, following the definition in the online WHO FAQ on the 11th edition of the WHO International Classification of Diseases and Related Health Problems (ICD-11), which states that “gender-affirmative health care can include any single or combination of a number of social, psychological, behavioral or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual’s gender identity”.*

### **Q1. Is there gender-affirming care available in your country/region?**

#### Prompts/probes:

- If yes, what gender-affirming care components are available in your country/region?
- If yes, how accessible is gender-affirming care for trans and gender diverse people? How do you know this? Is the information you have based on statistical data, satisfaction surveys, or other feedback mechanisms?
- If not, can you think of why it is not accessible in your country/region?
- If yes, do you think it needs to be improved?
  - If yes, how?
- Are gender-affirming interventions included in national health service packages in your country/region?

### **Q2. What are the barriers to receiving gender-affirming care in your country/region?**

#### Prompts/probes:

- Is cost a barrier? Stigma? Discrimination? What else?

- What can be done to overcome these barriers?

### **Q3. Do you think that providing gender-affirming care for trans and gender diverse people influence their health and well-being?**

Prompts/probes:

- How? What aspects of their life does it influence (examples: quality of life, sexual and reproductive life, emotional well-being, mental health, substance use, stigma, discrimination, access to health services, etc.)?

**Interviewer Notes:** *Please explain the difference between ‘gender-affirming care’ and ‘gender-affirming hormone therapy’. Gender-affirming health care is a medical and psychological (clinical) intervention, including any single or combination of a number of social, psychological, behavioral, or medical interventions to support and affirm an individual’s gender identity. Gender-affirming hormone therapy is one of these interventions. Such treatment allows the acquisition of secondary sex characteristics more aligned with an individual’s gender identity.*

### **Q4. Does providing gender-affirming hormone therapy for trans and gender diverse people influence their health and well-being?**

Prompts/probes:

- How? What aspects of their life does it influence (examples: quality of life, sexual and reproductive life, emotional well-being, mental health, substance use, stigma, discrimination, access to health services, etc?)

### **Q5. What is the best practice for trans and gender diverse people to receive gender-affirming hormones?**

Prompts/probes:

- Should hormones be (1) self-administered with support of/linkage to the health system, (2) self-administered without connection to the health system, or (3) administered by a health worker? Why?
- What is the preferred place of service delivery, including clinic and community-based delivery?
  - Why do you prefer that?
- How trans and gender diverse people should be informed about the side-effects of hormones (examples: health workers, internet, seller, instructions of the medicine, or other sources)?
- Do you think engagement with the health system for following up on side effects is important? How should this be done (e.g., at clinics, specifically gender clinics, community centers, online, etc.?)

**Q6. Do other interventions or behavioral adaptations influence trans and gender diverse people's health and well-being?**

Prompts/probes:

- Which interventions or behavioral adaptations? How? What aspects of their life do they influence (examples: quality of life, sexual and reproductive life, emotional well-being, mental health, substance use, stigma, discrimination, access to health services, etc?)
- How do they influence self-perception, including satisfaction with body image?

**Q7. Do you think receiving any peer/community support in relation to gender-affirming interventions or behavioral adaptations is important?**

Prompts/probes:

- If yes, does it influence a person's well-being?
- What type of formal or informal peer/community support might be helpful to trans and gender diverse people during this process?

**Q8. What are your thoughts on trans and gender diverse people using online tools and platforms to gain information about gender-affirming care?**

Prompts/probes:

- How does (or could) the use of online tools affect the access to services for trans and gender diverse people?
- How does (or could) the use of online tools affect the ability to stay in treatment for trans and gender diverse people?
- Which types of online tools and/or platforms would be most helpful?

**Interviewer Notes:** *Please explain PEP. HIV PEP (Post-Exposure Prophylaxis) is an emergency medical treatment to prevent the transmission of HIV after potential exposure to the virus. It involves taking anti-HIV medications as soon as possible, but no later than 72 hours after exposure, and continuing them for a 28-day course.*

**Q9. In your professional opinion, what more can be done to ensure that PEP is utilized to its full potential in preventing HIV for trans and gender diverse people and others?**

Prompts/probes:

- What barriers have you observed to health care providers prescribing PEP for HIV? Have you observed any good practices in providing PEP for HIV?
- What role do health care providers play in educating patients about PEP and its benefits?
- How can the availability and accessibility of PEP be improved for those in need?
- How can PEP be integrated into routine care and made a standard of care for those at risk of HIV?

- What can be done to overcome any misconceptions or misperceptions about PEP among health care providers and clients?
- Have you ever prescribed PEP to a patient? If yes, what was the patient's experience, and what was the impact of PEP?

**Interviewer Notes:** *Please explain PrEP. Pre-exposure prophylaxis (PrEP) is the use of anti-retroviral drugs by HIV-uninfected individuals to reduce the risk of an HIV infection. WHO recommends daily oral PrEP containing tenofovir as an additional prevention choice for people at substantial risk of HIV infection since 2015. Taking a daily PrEP pill is a barrier for some people, and there is a pipeline of longer-acting PrEP products, which are potentially more discreet, could, once more widely available, expand HIV prevention choices for PrEP users for whom oral PrEP is not suitable or desirable. This could help to overcome some of the barriers observed with the uptake and continuation of oral PrEP.*

- What do you think can be done to strengthen the linkages between PEP and PrEP?

**Q10. What are your thoughts in relation to health care professionals providing care to trans and gender diverse people with respect to physical, sexual or psychological violence by an intimate partner or anyone else?**

Prompts/probes:

- Do you have any information about trans and gender diverse people who have experienced physical violence by an intimate partner or anyone else? Sexual violence (including sexual harassment)? Psychological violence? Could you give us some examples without disclosing any personal information about the people involved?
- Have you ever heard about trans and gender diverse people who have experienced physical violence by healthcare professionals? Sexual violence (including sexual harassment)? Psychological violence? Could you give us some examples without disclosing any personal information about the people involved?
- Has any of the trans and gender diverse victims of violence approached you for healthcare services? Could you please tell us more about this? How did you deal with these cases? Specifically, do you think you were well-equipped to provide professional support to these people? Was it emotionally challenging for you?
- What do you think the healthcare system can offer to trans and gender diverse survivors of violence?
- What do you think 'the health care tailored to the needs of trans and gender diverse survivors of violence' looks like?
- Do you think it is possible to prevent sexual, physical or emotional violence against trans and gender diverse people? How?

**Q11. Generally, how would you assess the healthcare system in relation to gender-affirming care in your country/region?**

Prompts/probes:

- How the healthcare system in relation to gender-affirming care can be improved in your country/region?

- How would you assess the technological and other material resources in relation to gender-affirming care in your country/region?

**Interviewer Notes:** *Please explain health workers: Health workers are all people primarily engaged in actions with the primary intent of enhancing health (which includes people from the community trained to perform out-reach care, health services receptionists, nurses, clinical officers, doctors, support staff, security personnel, among others).*

### **Q12. How would you assess the health workers in your country/region?**

- How would you assess their competencies (including knowledge and skills) in relation to gender affirmation-related issues?
- How would you assess their attitudes and behaviors towards trans and gender diverse people?

### **Q13. What barriers do health workers face in administering high-quality healthcare services for trans and gender diverse communities?**

**Interviewer Notes:** *Please explain (1) gender inclusive health care: Gender inclusive health care (or inclusive health care for trans and gender diverse people) refers to structural (health policy and law) and/or health services level interventions that increase trans and gender diverse people's inclusion in and access to healthcare (including but not limited to gender-affirming care services) free of stigma and discrimination.*

*Please explain (2) health worker education: Health worker education is defined by WHO as any structured learning activity for persons already employed or that takes place prior to and as a prerequisite for employment in a service setting.*

### **Q14. Do targeted education and/or training interventions for health workers lead to care that is inclusive of trans and gender diverse people? How?**

Prompts/probes:

- What kind of skills, targeted education, and/or training interventions for health workers can lead to inclusive care (examples: skills-oriented training, knowledge-oriented training, training related to health workers' attitudes and behaviors (including stigma and discrimination) towards trans and gender diverse people)?
- How do education and training interventions for health workers influence the quality of life of trans and gender diverse people?
- What aspects of their life does it improve (examples: quality of life, emotional well-being, mental health, access to health services, etc.)?

### **Q15. What kind of resources are needed for health workers to be enabled to administer high-quality healthcare service for trans and gender diverse communities?**

**Q16. How do gender-inclusive provisions within healthcare policies, regulations, and protocols influence the health worker's ability to deliver care for trans and gender diverse communities?**

**Q17. How do gender identity recognition laws, policies, and administrative procedures affect trans and gender diverse people's health and well-being?**

Prompts/probes:

- Do these procedures in your country/region have any physical/mental health outcomes (such as involuntary sterilization, hormonal, surgical or related interventions)?

**Q18. Is there anything you would like to add?**

**\*\*\* End of group discussion \*\*\***

#### **Instructions to interviewer**

1. Thank the participant for their time and effort in this interview.
2. Remind them again that all discussions will be kept confidential.
3. Instruct the participant about the following steps of this interview (i.e., what happens with the outcomes, how will the participant get informed about the outcomes, etc.)
4. Let the participant know how they can get in contact with us, in case they have any follow-up questions or experience any kind of discomfort in the aftermath of the group discussion (this is not expected to happen, but potential contact options should be provided).
5. Find an acknowledging closure for the interview (it's been an intense process, and it would be good to let the participant go with a proper closure).
6. Please ask the participants if they want to be contacted to see the study results when the draft report becomes available. If they want to be contacted, write down their contact information. Once the report draft is ready, there will be a Zoom call where participants will be able to give their feedback.

# Annex 2

## FOCUS GROUP DISCUSSION TOPIC GUIDE

### Focus Group Questions for trans and gender diverse People Values and Preferences for Gender-Affirming Care: A Qualitative Study

*This discussion guide is intended for generating and guiding a focus group discussion with trans community members.*

Focus Group Date

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Start Time

---

End Time

---

Moderator Name

---

Verbal Consent

Yes

No

**Researchers:** Anna Bochorishvili, Sopia Davituri, Anwar Ogrm, Anil Padavatan, Abhina Aher, Paty Betancourt, Amanita Calderón-Cifuentes, Alexis D’Marco, Marcela Romero, Barbra Wangare

**Organization:** Global Action for Trans Equality - GATE

**Sponsors:** Elton John AIDS Foundation and the Love Alliance

### Instructions to moderator

1. **Ensure that all participants are interested and have given their consent to take part in this discussion.** Please make sure that you have properly undertaken and documented the informed consent process with each participant.
2. **Please ensure that all participants know that the group discussion will be audio-recorded.** All recordings will be handled and deleted according to current data security regulations. Access to data and recordings is only permitted to people involved in the research project, and no data (especially no personal information and identifiers) will be shared outside this research project. All personal information collected during the group discussion will be anonymized, and personal identifiers will be removed.
3. **At the start of this discussion, guide participants through the setting of “ground rules” for this discussion, including a reminder that all discussions are to be kept confidential** (i.e. nothing discussed in the group about the personal experiences and opinions will be shared with others outside of this group; participants should let each other finish their sentences/do not interrupt each other; everyone is entitled to have their personal opinion/even if opinions do not align, we treat each other with respect, etc.).
4. Emphasize to the group that although they will be discussing questions related to gender-affirming care services, no one is expected to talk about their own personal experiences regarding the topic. **Participants do not have to disclose their experiences if they do not wish to.**

### Moderator Notes

**First, introduce this research project briefly:** *Based on a scoping review of scientific literature and the concerns raised by trans and gender diverse communities and health experts, this first global WHO guideline on trans and gender diverse peoples’ health aims to contribute to the implementation and/or improvement of the quality, safety, access, and utilization of health care services by and for trans and gender diverse people with specific considerations to low and middle-income country settings.*

*In this sense, the guideline will cover critical focus areas, which were previously agreed upon with the trans and gender diverse community and experts. These focus areas are divided into three strategic entry points following the guideline framework: Service Delivery; Health Sector; Legal Sector. The guideline will be underpinned by newly commissioned systematic reviews on the above critical focus areas, values and preferences studies from the perspective of the community and of health workers, clinical considerations related to gender-affirming care, as well as information on acceptability, feasibility, costs, and resource use of health services. It will also build upon previous WHO guidelines and refer to, consolidate, and adapt relevant WHO recommendations, good practice statements and considerations (within the above-described scope). Guidelines that already contain specific recommendations for trans and gender diverse people will also be referenced.*

**There will be 18 questions addressed, and these will help us to inform recommendations in the new guidelines.** *Please consider making recommendations about gender-affirming care, gender-affirming hormones, and other interventions or behavioral adaptations.*

## DISCUSSION QUESTIONS

**Moderator Notes:** *The transition from the explanation about the project to the first questions by telling the participant that you would now like to ask some questions so that you can hear what they think.*

*Please start by explaining the term gender-affirming health care.*

*Gender-affirming health care in this proposal is understood as medical and psychological (clinical) interventions specifically designed to support and affirm an individual's gender identity, following the definition in the online WHO FAQ on the 11th edition of the WHO International Classification of Diseases and Related Health Problems (ICD-11), which states that "gender-affirmative health care can include any single or combination of a number of social, psychological, behavioral or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity".*

### **Q1. Is there gender-affirming care available in your country/region?**

Prompts/probes:

- If yes, what gender-affirming care components are available in your country/region?
- If yes, how accessible is gender-affirming care for you or your fellow trans and gender diverse individuals?
- If not, can you think of why it is not accessible in your country/region?
- If yes, do you think it needs to be improved?
  - If yes, how?
- Are gender-affirming interventions included in national health service packages in your country/region?

### **Q2. What are the barriers to receiving gender-affirming care in your country/region?**

Prompts/probes:

- Is cost a barrier? Stigma? Discrimination? What else?
- What can be done to overcome these barriers?

### **Q3. Does providing gender-affirming care for trans and gender diverse people influence their health and well-being?**

Prompts/probes:

- How? What aspects of their life does it influence (examples: quality of life, sexual and reproductive life, emotional well-being, mental health, substance use, stigma, discrimination, access to health services, etc.)?

- How does gender-affirming care influence self-perception, including satisfaction with body image?

**Moderator Notes:** *Please explain the difference between ‘gender-affirming care’ and ‘gender-affirming hormone therapy’. Gender-affirming health care is a medical and psychological (clinical) intervention, including any single or combination of a number of social, psychological, behavioral, or medical interventions to support and affirm an individual’s gender identity. Gender-affirming hormone therapy is one of these interventions. Such treatment allows the acquisition of secondary sex characteristics more aligned with an individual’s gender identity.*

#### **Q4. Does providing gender-affirming hormone therapy for trans and gender diverse people influence their health and well-being?**

Prompts/probes:

- How? What aspects of their life does it influence (examples: quality of life, sexual and reproductive life, emotional well-being, mental health, substance use, stigma, discrimination, access to health services, etc?)
- How does gender-affirming care influence self-perception, including satisfaction with body image?

#### **Q5. What is the best practice for trans and gender diverse people to receive gender-affirming hormones?**

Prompts/probes:

- Should hormones be (1) self-administered with support of/linkage to the health system, (2) self-administered without connection to the health system, or (3) administered by a health worker?
- What is the preferred place of service delivery, including clinic and community-based delivery?
  - Why do you prefer that?
- What are the side effects of the hormones trans and gender diverse people are having?
- How should trans and gender diverse people be informed about the side effects of hormones (examples: health workers, internet, seller, instructions of the medicine, or other sources)?
- Do you think engagement with the health system for following up on side effects is important? How should this be done (e.g., at clinics, specifically gender clinics, community centers, online, etc.?)

#### **Q6. What are your experiences of any other interventions or behavioral adaptations (such as surgery, administration of industrial-grade silicone or**

**other illicit subcutaneous injections, including non-medical-grade fillers, facial hair removal, speech and communication interventions, genital tucking or packing, and chest binding) to affirm your gender identity?**

Prompts/probes:

- Should these interventions be (1) self-administered with support of/linkage to the health system, (2) self-administered without connection to the health system, or (3) administered by a health worker?
- What are the side effects of these interventions?
- How trans and gender diverse people should be informed about the side-effects of these interventions (examples: health workers, internet, seller, instructions of the medicine, or other sources)?
- Do you think engagement with the health system for following up on side effects is important? How should this be done (e.g., at clinics, specifically gender clinics, community centers, online, etc.?)

**Q7. Do other interventions or behavioral adaptations influence trans and gender diverse people's health and well-being?**

Prompts/probes:

- Which interventions or behavioral adaptations? How? What aspects of their life do they influence (examples: quality of life, sexual and reproductive life, emotional well-being, mental health, substance use, stigma, discrimination, access to health services, etc?)
- How do they influence self-perception, including satisfaction with body image?

**Q8. Do you think receiving any peer/community support in relation to gender-affirming interventions or behavioral adaptations is important?**

Prompts/probes:

- If yes, does it influence a person's well-being?
- What type of formal or informal peer/community support might be useful for trans and gender diverse people during this process?

**Q9. What are your thoughts on trans and gender diverse people using online tools and platforms to gain information about gender-affirming care?**

Prompts/probes:

- How does (or could) the use of online tools affect the access to services for trans and gender diverse people?
- How does (or could) the use of online tools affect the ability to stay in treatment for trans and gender diverse people?

- Which types of online tools and/or platforms would be most useful?

**Moderator Notes:** *Please explain PEP. HIV PEP (Post-Exposure Prophylaxis) is an emergency medical treatment to prevent the transmission of HIV after potential exposure to the virus. It involves taking anti-HIV medications as soon as possible, but no later than 72 hours after exposure, and continuing them for a 28-day course.*

**Q10. What are your preferences for receiving PEP for HIV prevention, particularly regarding where it is provided, who provides it to you and what other services are provided?**

Prompts/probes:

- Have you ever accessed or attempted to access PEP?
- What factors are important to you when accessing PEP?
- Have you had any challenges or barriers when trying to get PEP in the past? Have you experienced anything that made it easier to get PEP?
- What changes would you like to see in the distribution and accessibility of PEP for trans and gender diverse people?
- If you could choose, where and who would you prefer to get PEP from? What role do you think healthcare providers should play in the distribution of PEP for trans and gender diverse people?
- Have you heard of any community-led initiatives for distributing PEP, and what are your thoughts on these initiatives?
- What services would you like to get at the same time as PEP?

**Moderator Notes:** *Please inform the participants about the Trigger Warning:*

*Trigger Warning for the next section of this discussion, where we will be talking about violence. If right now or at any time you feel triggered by the discussion, please feel free to leave the space at any time. We will call you when moving on to the next section!*

**Q11. What are your thoughts in relation to trans and gender diverse people seeking care with respect to physical, sexual, or psychological violence by an intimate partner or anyone else?**

Prompts/probes:

- Do you have any information about trans and gender diverse people in your community who have experienced physical violence by an intimate partner or anyone else? Sexual violence (including sexual harassment)? Psychological violence? Could you give us some examples without disclosing any personal information about the people involved?
- Do you have any information about trans and gender diverse people in your community who have experienced physical violence by healthcare professionals? Sexual violence (including sexual harassment)? Psychological violence? Could you give us some examples without disclosing any personal information about the people involved?
- To your knowledge, how do the survivors of violence usually respond to any form of violence in your community? For example, do they report the cases to anyone (including

the healthcare system, police, their family members, community, local organizations, etc.)?

- Do you think the establishment of gender identity influences trans and gender diverse people's experiences of violence? Do you think the experiences of violence are any different before the establishment of gender identity?
- What do you think the healthcare system can offer to trans and gender diverse survivors of violence?
- What do you think 'the health care tailored to the needs of trans and gender diverse survivors of violence' looks like?
- What do you think community-based healthcare on the provision of services for survivors would look like?
- Do you think it is possible to prevent sexual, physical, or emotional violence against trans and gender diverse people? How?

## **Q12. Generally, how would you assess the healthcare system in relation to gender-affirming care in your country/region?**

### Prompts/probes:

- How would you assess the technological and other material resources in relation to gender-affirming care in your country/region?
- How the healthcare system in relation to gender-affirming care can be improved in your country/region?

**Moderator Notes:** *Please explain health workers: Health workers are all people primarily engaged in actions with the primary intent of enhancing health (which includes people from the community trained to perform out-reach care, health services receptionists, nurses, clinical officers, doctors, support staff, security personnel, among others).*

## **Q13. How would you assess the health workers in your country/region?**

- How would you assess their competencies (including knowledge and skills)?
- How would you assess their attitudes and behaviors towards trans and gender diverse people?

**Moderator Notes:** *Please explain (1) gender inclusive health care: Gender inclusive health care (or inclusive health care for trans and gender diverse people) refers to structural (health policy and law) and/or health services level interventions that increase trans and gender diverse people's inclusion in and access to healthcare (including but not limited to gender-affirming care services) free of stigma and discrimination.*

*Please explain (2) health worker education: Health worker education is defined by WHO as any structured learning activity for persons already employed or that takes place prior to and as a prerequisite for employment in a service setting.*

**Q14. Have you encountered a health worker who had received targeted education and/or specialized training intervention?**

**Q15. Do targeted education and/or training interventions for health workers lead to care that is inclusive of trans and gender diverse people? How?**

Prompts/probes:

- What kind of targeted education and/or training interventions for health workers can lead to inclusive care (examples: skills-oriented training, knowledge-oriented training, training related to health workers' attitudes and behaviors (including stigma and discrimination) towards trans and gender diverse people)?
- How do education and training interventions for health workers influence the quality of life of trans and gender diverse people?
- What aspects of their life does it improve (examples: quality of life, emotional well-being, mental health, access to health services, etc.)?

**Q16. How do gender-inclusive provisions within healthcare policies, regulations, and protocols influence the health and well-being of trans and gender diverse people?**

**Q17. Do you know what are the procedural requirements in your country/region that must be followed to obtain legal gender recognition (if at all)?**

Prompts/probes:

- Is the information about the legal procedures available for trans and gender diverse people?
  - How accessible is this information in terms of the physical location (e.g., internet, law, brochures, need to go to a designated government entity, etc.)?
  - How accessible is this information in terms of language?
  - How accessible is this information in terms of findability?
- Are these procedures accessible for trans and gender diverse people?
- How would you assess these legal procedures?
- What are the barriers to legal gender identity recognition?
- What can be done to overcome these barriers?

**Q18. How do gender identity recognition laws, policies, and administrative procedures affect trans and gender diverse people's health and well-being?**

Prompts/probes:

- Do these procedures in your country/region have any physical/mental health outcomes (such as involuntary sterilization, hormonal, surgical or related interventions)?
- Are these procedures free from discrimination?

**Q19. Is there anything you would like to add?**

**\*\*\* End of group discussion \*\*\***

**Instructions to moderator**

1. Thank all participants for their time and effort in this group discussion.
2. Remind people again that all discussions will be kept confidential.
3. Instruct participants about the following steps of this group discussion (i.e., what happens with the outcomes, how will the participants get informed about the outcomes, etc.)
4. Let participants know how they can get in contact with us, in case they have any follow-up questions or experience any kind of discomfort in the aftermath of the group discussion (this is not expected to happen, but potential contact options should be provided).
5. Find an acknowledging closure for the group (it's been an intense process, and it would be good to let people go with a proper closure).
6. Please ask the participants if they want to be contacted to see the study results when the draft report becomes available. If they want to be contacted, write down their contact information. Once the report draft is ready, there will be a Zoom call where participants will be able to give their feedback.

# Annex 3

## PARTICIPANT INFORMATION SHEET

### (focus group participants)

*This is an informed consent form for trans people aged 18 and over invited to participate in focus group discussions to share feedback on values and preferences regarding gender-affirming care.*

#### **Study Information**

Study Name: *Values and Preferences for Gender-Affirming Care: A Qualitative Study*

Researchers: *Anna Bochorishvili, Sopio Davituri, Anwar Ogrm, Anil Padavatan, Abhina Aher, Paty Betancourt, Amanita Calderón-Cifuentes, Alexis D'Marco, Marcela Romero, Barbra Wangare*

Organization: *GATE - Global Action for Trans Equality*

Sponsors: *Elton John AIDS Foundation and the Love Alliance*

#### **Introduction**

Greetings!

My name is \_\_\_\_\_ and I am a moderator for a study conducted by GATE. GATE, Global Action for Trans Equality, is an international NGO working on trans, gender diverse and intersex issues at a global level. I am talking with trans and gender diverse people from different regions of the world to get their opinions on gender-affirming care. I would like to give you more information and invite you to participate in a discussion. This is completely voluntary at all stages, and you can leave the discussion if you begin to feel uncomfortable. If there is anything that is unclear in this form, please stop me as we go through the information, and I will explain until it is clear. If you have any questions at any time, you can ask me or one of my colleagues.

#### **Purpose of the research**

Based on a scoping review of scientific literature and the concerns raised by trans and gender diverse communities and health experts, this first global WHO guideline on trans and gender diverse people's health aims to contribute to the implementation and/or improvement of the quality, safety, access, and utilization of health care services by and for trans and gender diverse people with specific considerations to low and middle-income country settings.

In this sense, the focus group will cover critical focus areas, which were previously agreed upon with the trans and gender diverse community and experts. These focus areas are divided into three strategic entry points: Service Delivery; Health Sector; Legal Sector. The focus group questions will be around values and preferences from the perspective of the community, clinical considerations related to gender-affirming care, as well as information on the acceptability, feasibility, costs, and resource use of health services.

There will be 16 questions addressed in this focus group, and the information you provide will lead to new policy recommendations in relation to gender-affirming care.

### **Type of Research Intervention**

This activity will involve your one-time participation in a focus group discussion that will take up approximately 90 minutes.

### **Research Participants**

GATE is conducting focus group sessions with trans and gender diverse people and key informant interviews with health workers. You are being invited to participate in a group discussion because you are a trans or gender diverse person. Trans and gender diverse people have perspectives and opinions that are important to this research.

### **Voluntary Participation**

Taking part in this research project is entirely voluntary. The research will give you the space to express your perspectives and discuss your experiences. You are free to withdraw the consent at any time without prejudice and without giving a reason. If you withdraw your data after the interview, the audio file will be destroyed, and the consent form will be shredded.

### **Procedures**

If you choose to participate, you will be part of a focus group discussion with other trans and gender diverse people. For the FGD, the group will be no more than ten persons in total. You might already know some of the other trans people. Before we begin the discussion, we will remind everyone that everything we discuss together must be treated as confidential. That means each person in the discussion group must agree that they will not talk about what is said in the group with other people outside the group. We will ask the group questions and invite everyone to provide their observations and opinions. We will tell the group to please feel free to ask questions at any time during the discussion.

*You do not have to answer any questions and are free to leave the discussion at any time.*

### **Risks**

We are asking you to share your thoughts on topics about gender-affirming care. Some people can feel uncomfortable talking about these topics. You do not have to answer any questions or take part in the discussion if you do not wish to do so, and that is okay. If you feel uncomfortable at any time, you can also leave the room/online meeting, stop participating altogether, and/or ask us not to use

any information that you shared. Stepping out of the group discussion will cause no negative consequences for you.

### **Benefits**

There are no direct benefits to you, but your opinions are important for the World Health Organization to know as they are developing the guidelines on the health of trans and gender diverse people.

### **Confidentiality**

All information which is collected about you during the research will be kept strictly confidential. Any information about you will have your name and address removed so that you cannot be identified from it. Moreover, we will not share anything about your participation with anyone outside of the research team. Also, for ensuring the confidentiality of the data, it will be stored on a secure computer. Only the research team will have access to this. The general views and opinions shared by you and others in the group discussion and interviews will only be used by people on our team at GATE to prepare a report for the World Health Organization and in creating advice for health workers.

We will ask you and others in the group not to talk to people outside the group about what was said in the group. We will ask each of you to keep what was said in the group confidential. Before we begin the discussion, we will remind everyone that everything we discuss together must be treated as confidential. That means each person in the discussion group must agree that they will not talk about what is said in the group with other people outside the group. However, you should know that once the discussion is finished, we cannot stop or prevent participants who were in the group from sharing things that should be confidential, even if they have said that they would not do so. For this reason, you should not share personal experiences or information that you would not want to have shared outside the group.

### **Data collection and storage**

All data collected by the moderator will be stored in the first instance on a password-protected computer belonging to the moderator. Data will then be transferred to Principal Investigators from the respective key population network and will be permanently deleted from moderators' computers. Only members of the research team from the network will have access to data. Audio recordings of the discussions will be stored in a protected digitized format without any personal identifying information attached and will be destroyed after data analysis is complete.

### **Sharing the Results**

Once the report draft is ready, there will be a Zoom call where the participants will be able to give their feedback (if they want to be contacted when the draft report becomes available) about the data.

### **Right to Refuse or Withdraw**

You do not have to take part in this discussion if you do not wish to do so. You may stop participating in the discussion at any time.

**Who to Contact?**

If you have any questions, you can ask them at any point. If you would like to ask questions later, you may contact Anna Bochorishvili at [anna.bochorishvili@glasgow.ac.uk](mailto:anna.bochorishvili@glasgow.ac.uk) or Sopio Davituri at [sopio.davituri@glasgow.ac.uk](mailto:sopio.davituri@glasgow.ac.uk).

# Annex 4

## PARTICIPANT INFORMATION SHEET

### (key informant interviews)

*This is an informed consent form for trans people aged 18 and over invited to participate in focus group discussions to share feedback on values and preferences regarding gender-affirming care.*

#### **Study Information**

Study Name: *Values and Preferences for Gender-Affirming Care: A Qualitative Study*

Researchers: Anna Bochorishvili, Sopio Davituri, Anwar Ogrm, Anil Padavatan, Abhina Aher, Paty Betancourt, Amanita Calderón-Cifuentes, Alexis D'Marco, Marcela Romero, Barbra Wangare

Organization: *GATE - Global Action for Trans Equality*

Sponsors: Elton John AIDS Foundation and the Love Alliance

#### **Introduction**

Greetings!

My name is \_\_\_\_\_ and I am an interviewer for a study conducted by GATE. GATE, Global Action for Trans Equality, is an international NGO working on trans, gender diverse and intersex issues at a global level. I am talking with trans and gender diverse people from different regions of the world to get their opinions on gender-affirming care. I would like to give you more information and invite you to participate in a discussion. This is completely voluntary at all stages, and you can stop the interview if you begin to feel uncomfortable. If there is anything that is unclear in this form, please stop me as we go through the information, and I will explain until it is clear. If you have any questions at any time, you can ask me or one of my colleagues.

#### **Purpose of the research**

Based on a scoping review of scientific literature and the concerns raised by trans and gender diverse communities and health experts, this first global WHO guideline on trans and gender diverse peoples' health aims to contribute to the implementation and/or improvement of the quality, safety, access, and utilization of health care services by and for trans and gender diverse people with specific considerations to low and middle-income country settings.

In this sense, the interviews will cover critical focus areas, which were previously agreed upon with the trans and gender diverse community and experts. These focus areas are divided into three strategic entry points: Service Delivery; Health Sector; Legal Sector. The interview questions will be around values and preferences from the perspective of the community, clinical considerations related to gender-affirming care, as well as information on acceptability, feasibility, costs, and resource use of health services.

There will be 15 questions addressed in this focus group, and the information you provide will lead to new policy recommendations in relation to gender-affirming care.

### **Type of Research Intervention**

This activity will involve your one-time participation in an interview that will take up approximately 60 minutes.

### **Research Participants**

GATE is conducting focus group sessions with trans and gender diverse people and key informant interviews with health workers. You are invited to participate in an interview because you are a health worker. Health workers have perspectives and opinions that are important to this research.

### **Voluntary Participation**

Taking part in this research project is entirely voluntary. The research will give you the space to express your perspectives and discuss your experiences. You are free to withdraw the consent and your interview at any time without prejudice and without giving a reason. If you withdraw your data after the interview, the audio file will be destroyed, and the consent form will be shredded.

### **Procedures**

If you decide to take part in this research project, our conversation will be audio-recorded. Your consent will be obtained at the start of the interview in written form. The interview will have the form of a conversation, there will be questions about general topics on which you can suggest your perspectives. You are free to provide as much information as you want, and if you do not want to respond to any particular question, it is your right not to do so.

*You do not have to answer any questions and are free to leave the discussion at any time.*

### **Risks**

We are asking you to share your thoughts on topics about gender-affirming care. You do not have to answer any questions if you do not wish to do so, and that is okay. If you feel uncomfortable at any time, you can also leave the room/online meeting, stop participating altogether, and/or ask us not to use any information that you shared. Stepping out of the interview will cause no negative consequences for you.

### **Benefits**

There are no direct benefits to you, but your opinions are important for the World Health Organization to know as they are developing a guideline on the health of trans and gender diverse people.

### **Confidentiality**

All information which is collected about you during the research will be kept strictly confidential. Any information about you will have your name and address removed so that you cannot be identified from it. Moreover, we will not share anything about your participation with anyone outside of the research team. Also, for ensuring the confidentiality of the data, it will be stored on a secure computer. Only the research team will have access to this. The general views and opinions shared by you and others in the group discussion and interviews will only be used by people on our team at GATE to prepare a report for the World Health Organization and in creating advice for health workers.

### **Data collection and storage**

All data collected by the moderator will be stored in the first instance on a password-protected computer belonging to the moderator. Data will then be transferred to Principal Investigators from the respective key population network and will be permanently deleted from moderators' computers. Only members of the research team from the network will have access to data. Audio recordings of interviews will be stored in a protected digitized format without any personal identifying information attached and will be destroyed after data analysis is complete.

### **Sharing the Results**

Once the report draft is ready, there will be a Zoom call where the participants will be able to give their feedback (if they want to be contacted when the draft report becomes available) about the data.

### **Right to Refuse or Withdraw**

You do not have to take part in this interview if you do not wish to do so. You may stop participating in the interview at any time.

### **Who to Contact?**

If you have any questions, you can ask them at any point. If you would like to ask questions later, you may contact Anna Bochorishvili at [anna.bochorishvili@glasgow.ac.uk](mailto:anna.bochorishvili@glasgow.ac.uk) or Sopio Davituri at [sopio.davituri@glasgow.ac.uk](mailto:sopio.davituri@glasgow.ac.uk).

# Annex 5

## CONSENT FORM

Study Name: *Values and Preferences for Gender-Affirming Care: A Qualitative Study*

Researchers: *Anna Bochorishvili, Sopio Davituri, Anwar Ogrm, Anil Padavatan, Abhina Aher, Paty Betancourt, Amanita Calderón-Cifuentes, Alexis D'Marco, Marcela Romero, Barbra Wangare*

Organization: *GATE - Global Action for Trans Equality*

Sponsors: *Elton John AIDS Foundation and the Love Alliance*

- I confirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.
- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
- I acknowledge that I will be referred to by pseudonyms in any publications based on this data.
- I acknowledge that the material will be treated as confidential and kept in secure storage at all times.

I agree to take part in this research study

I do not agree to take part in this research study

Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of Moderator/Interviewer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Values and Preferences for Gender-Affirming Care

## A Qualitative Study



**GATE**

Global Action for Trans Equality