



The SAGE Encyclopedia of Trans Studies

Health in Non-Western Contexts

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Worldwide, there are an estimated 25 million trans people—that is, persons identifying in a gender other than that matching their birth-assigned sex. “The West” (often called the global North and broadly comprising the United States and Canada, most of Europe, and a scattering of high-income countries across Asia and Australasia) comprises around a quarter of the global population. It is likely home to a similar proportion of trans people, with the remainder living in low- and middle-income countries of Latin America and the Caribbean, Africa, and much of Asia and Oceania (the global South). Historically, the global North has accounted for most of the scholarly literature on trans people, their health and health care. Notwithstanding, nearly half of the top 30 countries linked to trans health research since 1990 are from the global South. This entry examines trans people, as well as their health and health care, in these regions.

Trans People in the Global South

Trans people form large communities across much of the global South, for example, across Latin America, South and Southeast Asia, and the Pacific. Their social visibility in some cases is associated with, and may stem from, indigenous “gender pluralist” cultures in which those who nowadays would be called trans enjoyed acceptance and inclusion, as well as performed important and valued roles as teachers, mediums, healers, or performers. Westerners were sometimes shocked by, and attempted to suppress, the gender diversity they encountered on first contact with such cultures. Colonization and Christianization, as well as modernization, involving industrialization and Westernization (in more recent years framed as a process of globalization) have all taken their toll on gender pluralism. Old ideas on health and morality have been replaced by newer Western ones. Gender pluralism has declined, along with many of the roles earlier played by gender-diverse people in their traditional societies. Nonetheless, trans communities in the global South survive and are often characterized by a social vibrancy and activism not seen across much of the global North.

Across much of the global South, trans people nowadays experience stigma. They are viewed by others as contradicting nature, contravening divine law, and being sexually perverse, deceptive, and/or mentally sick. These stigmatizing beliefs affect trans people’s lives in numerous ways. Trans people commonly face prejudice and discrimination (both interpersonal and institutional) across multiple aspects of their lives, including in their home, school, workplace, accommodation, social services, and health care. Many experience harassment and abuse and often encounter violence, including sexual violence. Youth are often rejected by their families, are unable to live at home, and drop out of education early. Trans people find themselves marginalized, barred from social and economic opportunities, deprived of legal rights, and living in comparative poverty. Across much of the world, trans people face challenges in gaining employment. When they can find work, it is often in the beauty industry or as performers, sex workers, or (in much of South Asia) in ritual and alms collection. Many difficulties faced by trans people are compounded by absence of legal protections against discrimination or poor enforcement of existing laws.

Across much of the global South, additional challenges arise from the failure of governments to allow for easy access to legal gender recognition. Large numbers of trans people are unable to change their identity documents, either because it is prohibited, because there are no laws or regulations that allow it, or because laws allowing it impose stringent medical and other conditions that act as barriers. Trans people lacking gender-affirming documentation are at heightened risk of discrimination in their daily lives.

Excluded from mainstream society, trans people commonly experience relative isolation and poor mental and physical health and well-being, and they often become involved in life situations and behavior patterns that put them in harm’s way. In particular, many trans women become involved in sex work, often as a means to survive and under conditions that leave them vulnerable to sexually transmitted infections, as well as violence, harassment, and extortion (often from law enforcement). Minority ethnicity, poverty, involvement in sex work, and HIV infection (or perceptions thereof) add additional layers of stigma. Poor health services, which are especially ill-matched to the needs of trans people, exacerbate the health challenges that trans people face.

Trans Health in the Global South

Much of the trans health research in the global South originates in South, Southeast, and East Asia and Latin

America. Comparatively fewer studies (in English at least) are from Africa, the Middle East, the ex-Soviet bloc, or the Pacific and Caribbean small island nations. The available literature reveals numerous health challenges for trans people. In common with their counterparts elsewhere, trans people in the global South commonly experience poor mental health. They experience high levels of depression, stress and anxiety, suicidal ideation, and self-harm. These difficulties appear to stem from daily stigma-related experiences, rather than from gender issues per se. Trans people in the global South also have high levels of alcohol and drug abuse, and they may engage in higher levels of health risk behaviors (e.g., because of low self-esteem or poor mental health). Unregulated health care and self-medication are common across much of the global South, putting many trans people at risk of poor physical health. Health care service avoidance may further exacerbate health risks.

Numerous studies reveal high prevalence rates for sexually transmitted infections, particularly for trans women and those trans people engaged in sex work. Rates of HIV infection among trans women may average as high as 18% across much of low- and middle-income Latin America and Asia, around 50 times higher than the corresponding rate for adults of reproductive age in the general population. Some individual studies in Asia and Latin America show much higher prevalence rates.

Violence against trans people (verbal, sexual, and physical) is a problem across much of the global South. Between 2008 and 2019, more than 2,900 murders of trans people were documented in the global South (out of over 3,300 worldwide). Of these, Latin America and Caribbean accounted for the vast majority (around 2,600), with over 1,200 from Brazil. Community groups play an important role in collecting these statistics. Practical difficulties in data collection, particularly in conflict zones and in countries in which civil society is under stress, mean that these figures likely represent an undercount of actual killings. In any case, these figures do not reflect nonlethal violence, in itself a common source of trauma for trans people.

Health Care for Trans People in the Global South

Countries across the global South are generally low and middle income. Health care systems are often comparatively poorly developed and resourced, and so most people (cisgender as well as transgender) encounter difficulties accessing a range of services. Publicly funded “universal” health care is often absent and not free of charge. Specialized and ongoing health care, or the health care insurance that can enable access to it, is beyond the reach of many individuals.

However, trans people often encounter additional difficulties not experienced by their cis counterparts. First, health care workers often lack cultural competence and are insensitive, unsupportive, or hostile toward trans people and their needs. At worst, there are reports of trans people being denied health care. Second, many health care providers are untrained in trans health care and so lack the clinical competencies that would enable them (a) to assess patients’ needs and provide gender-affirming health care, (b) to address issues that might arise in relation to that care (e.g., managing cardiovascular conditions or “legacy” conditions such as prostate issues in trans women), (c) to manage sexual health care needs (e.g., regarding anal or neovaginal intercourse), and (d) to offer counseling and therapy related to their patients’ stigma-related experiences. Third, specialists (e.g., mental health professionals, endocrinologists, and surgeons) competent in trans health care may be especially scarce or not available at all.

For all these reasons, trans people commonly report avoiding health care services. Where they do access services of any kind, they tend to use private health care rather than government clinics. Many turn to parallel health care arrangements. They access hormones that have been recommended (and sometimes provided) by other trans community members and take them without medical monitoring. In some places, particularly in Latin America and some parts of Southeast Asia, some trans women employ injected silicone to alter their body, with the procedure often performed by another member of the community. Nonmedical silicone or nonsilicone substances are sometimes used. Some South Asian hijra engage in ritual removal of the penis and testicles. All these practices present health risks to those involved.

The World Professional Association for Transgender Health (WPATH) Standards of Care (SOC), intended to guide the delivery of trans health care worldwide, has been criticized for a global North focus that assumes well-resourced health care systems of the sort not common in low- and middle-income countries. Since

2010, various health care resources aimed at global South audiences have been published, most notably for the English-speaking Caribbean (under the sponsorship of the Pan American Health Organization, PAHO) and Asia and the Pacific (under the sponsorship of the Asia-Pacific Transgender Network [APTNI]). These resources focus more heavily on health care in low-resource settings, as well as on the impact of stigma-related experiences on trans people's health.

WPATH's eighth SOC revision (published in 2021) attempts greater relevance for trans people in the global South, as well as for their health care providers. Developed with the participation of trans health leaders worldwide, the SOC list a number of principles to be followed wherever trans health care services are provided and regardless of the level of resourcing available. They include that health care providers (a) appreciate the impact of attitudes, laws, economic circumstances, and health care provision on the experiences of trans people, as well as their willingness to access services; (b) work to lessen stigma and enable access to health care; (c) respect diversity and avoid pathologizing the trans experience; (d) respect basic rights to patient autonomy, self-determination, freedom from discrimination, and the highest attainable level of health; (e) involve trans people in the development of services; (f) provide health care that is gender affirmative, rejecting reparative approaches; (g) become knowledgeable about trans people and their health needs; (h) match health care to the individual needs of clients; (i) promote overall health and well-being, beyond reduction of gender dysphoria; (j) adopt harm reduction approaches where needed; (k) engage clients fully in decisions about their own health and well-being; (l) improve clients' experiences of all aspects of the health service, including administrative staff; (m) put clients in touch with communities and other sources of support; and (n) act as advocates for clients where appropriate.

Sam Winter

See also [Gender Clinics Outside the United States](#); [Hijras](#); [Indigenous People](#); [Muslim People](#); [Philippines](#); [Gender Categories](#); [Sex Work](#); [Sex Workers](#); [South Asian Trans People](#); [Violence](#)

Further Readings

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