

Transgenders in Asia: sexual health

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IMPROVING LIVES
WORLDWIDE



Acknowledgements

Family Health International: Philippe Girault,
Elizabeth Pisani

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Yayasan Pelangi Kasih Nusantara, Save the Children
in Papua New Guinea

Images: Simon's Cabaret, Time, Nong Tum

Sexual Health Issues –Transgenders

Feminization

Hormones

Gender re-assignment surgery

Cosmetic surgery

STIs including HIV

Ano-rectal conditions

Sexuality

Relationships

Children

Drug use

Depression

Sex work

Legal

Disclosure – acceptance

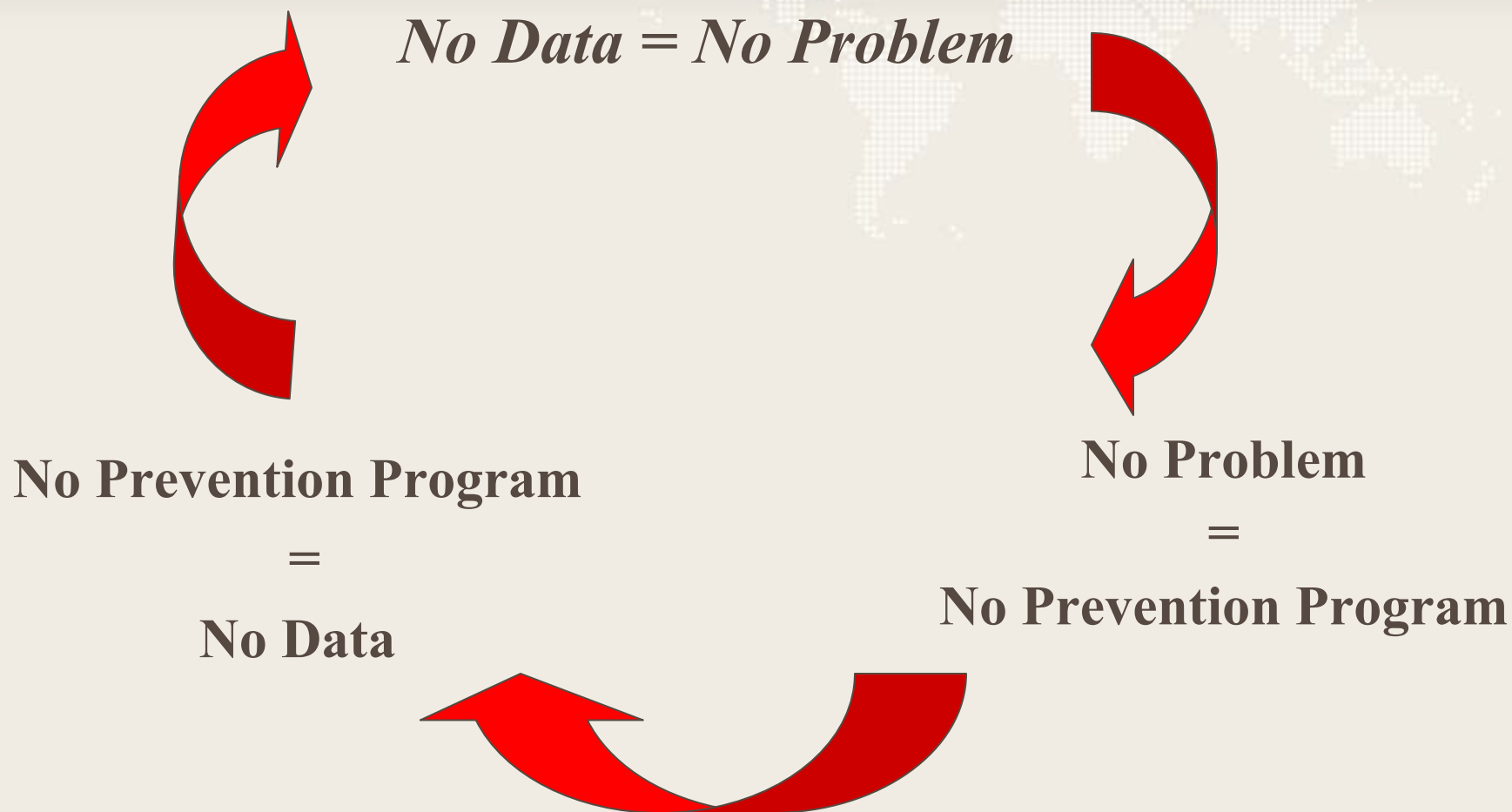
Aging



Background

- **TGs marginalized**
- **High risk of HIV & other STIs**
- **Few data – especially STIs**
- **Role as “bridge populations”**
- **Fragmented identities & communities**
- **Criminalization, stigma & discrimination**

The Vicious Circle



Surveillance and TGs

Now included in National Surveillance

Cambodia, Indonesia, Bangladesh & Pakistan

Special Surveys

Cambodia and Nepal

Years of Neglect Leads To ...

High levels of risk behavior:

- Multiple partners

- High rates of unprotected anal sex

- Poor access to commodities and services

- High rates of HIV & STIs in many countries

Challenges in Programming

Defining TG populations

Reaching the TG populations

Including TGs in National Strategic Plans; lack of advocacy at high-level

Challenges in Programming

Finding/establishing appropriate services responding to TG needs

Poor capacity and low number of NGOs & CBOs

Insufficient technical resources at regional & national level

Challenges in Service Delivery

- **Poverty**
- **Needs assessments in priority areas – identifying barriers to access**
- **Access to HIV clinical care, treatment & support**
- **Payment**
- **Guidelines**
- **Outreach activities**
- **Research & surveillance**
- **Human rights concerns**



Sexually Transmitted Infections

Acknowledgments

National partners

Philippe Girault, FHI, Thailand

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Kryisia Lindan, CDC

Outline

Basic issues

Syndromic management and ano-rectal infections

Prevalence of ano-rectal STIs

TGs – epidemiology, clinical guidelines

Summary

Ano-rectal STIs: Issues

High prevalence of asymptomatic infections

High prevalence of ano-rectal symptoms (e.g., burning, itch, bleeding and discharge)

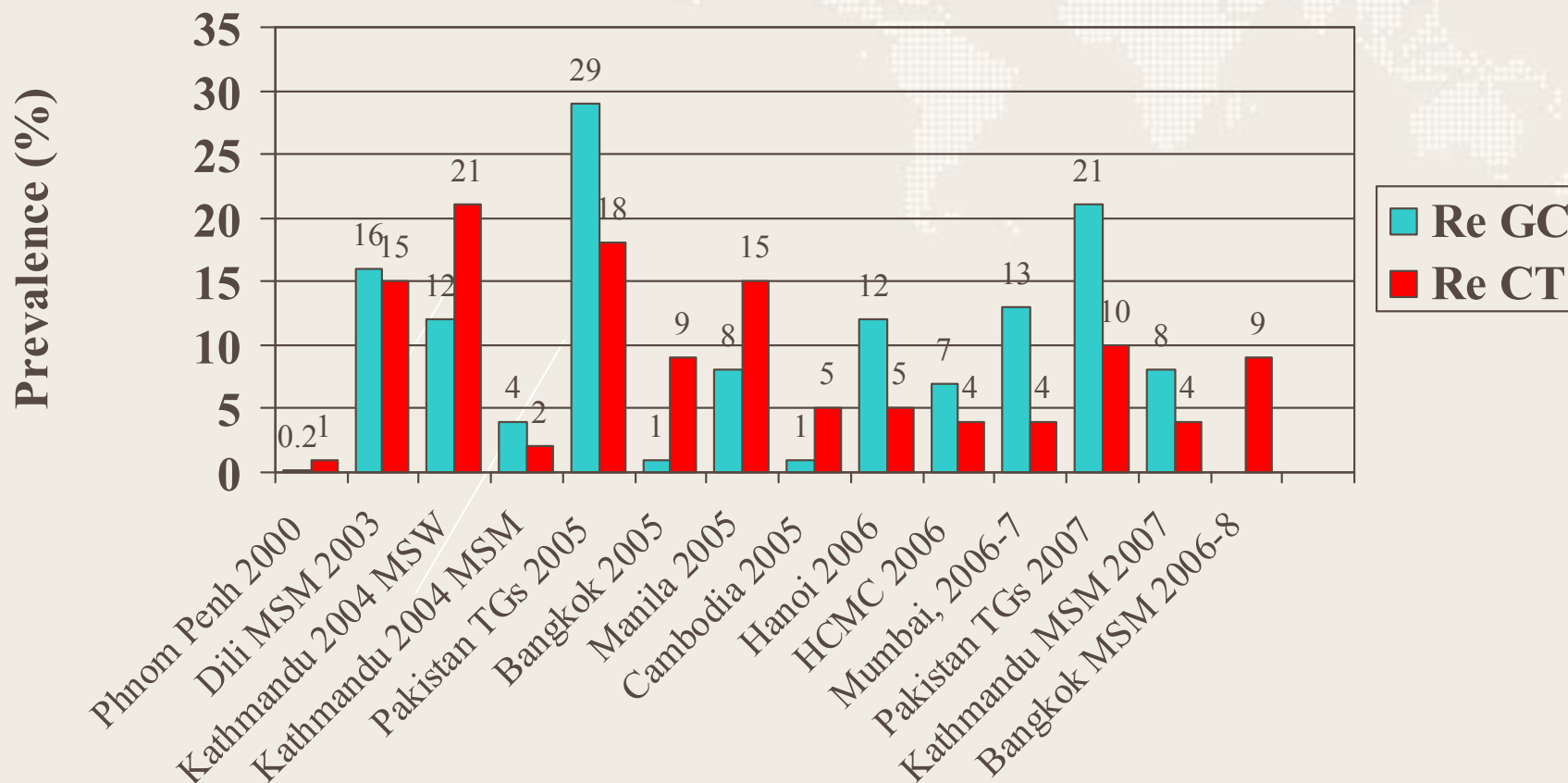
Poor correlation between symptoms and STIs

Incomplete history taking and lack of ano-rectal examination (poor training, negative attitudes)

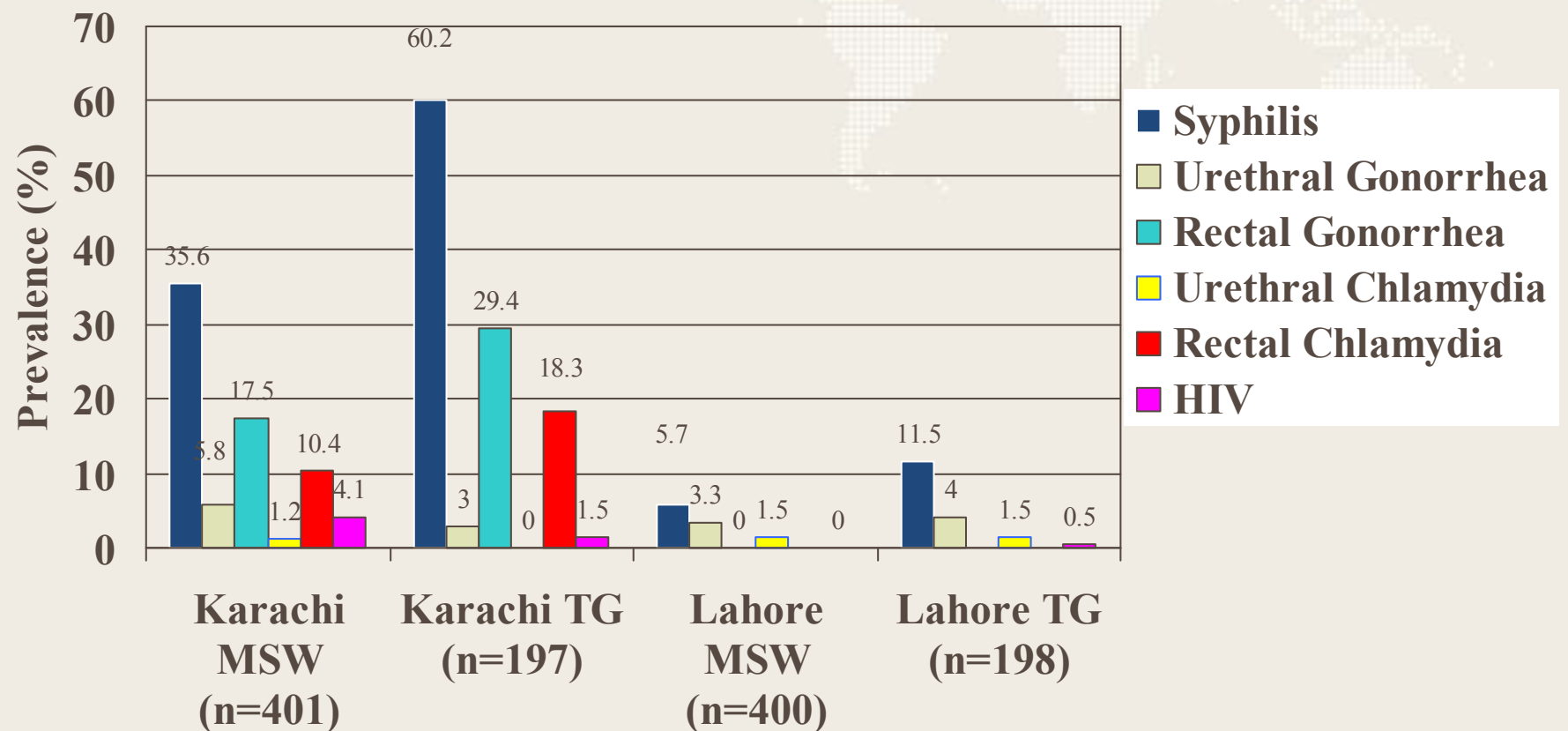
Lack of testing for GC and CT

Some conditions already covered by existing guidelines (e.g., GUD)

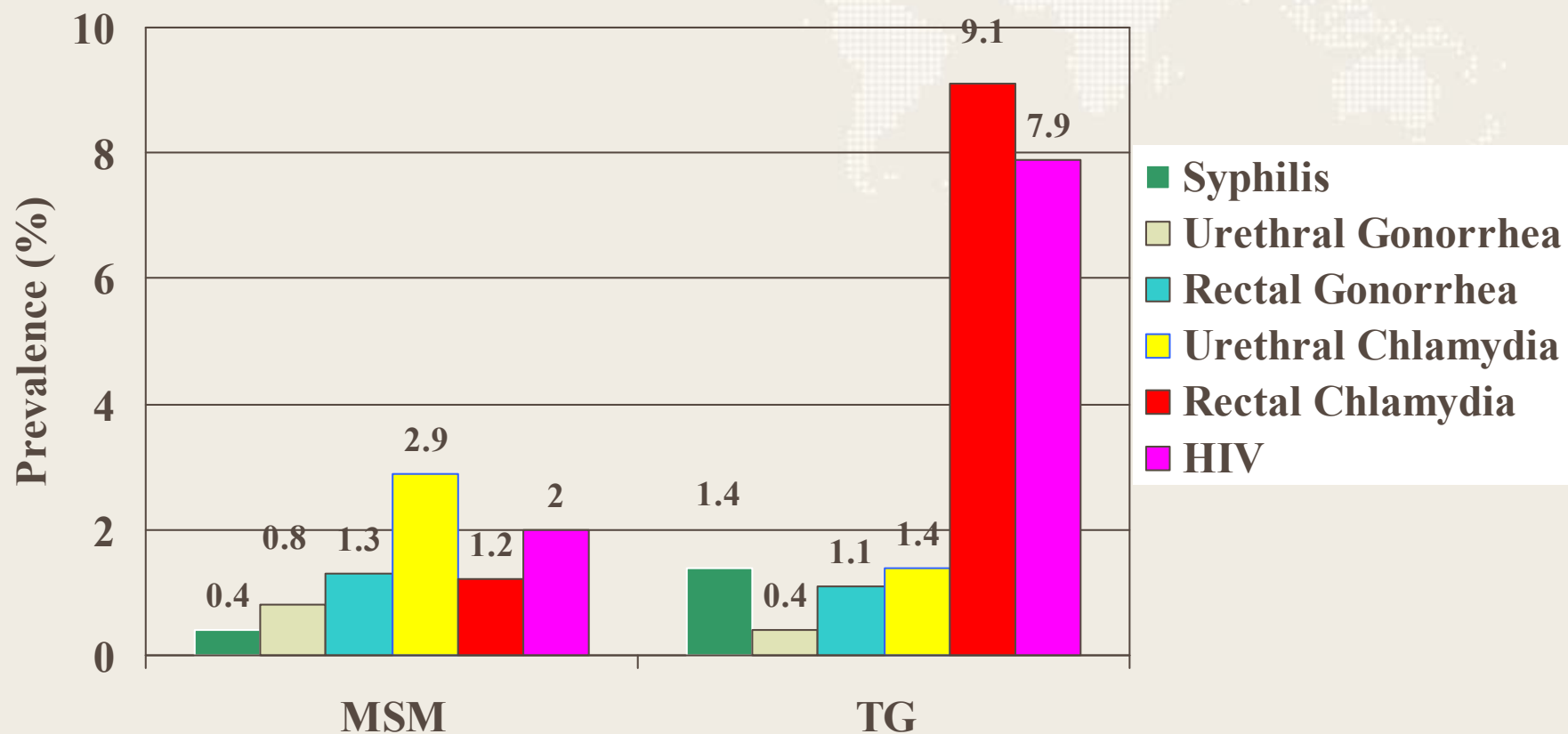
Rectal gonorrhea and chlamydia prevalence, MSM and TGs in Asia, 2000-8



STI prevalence, MSWs and TGs, Pakistan, 2005

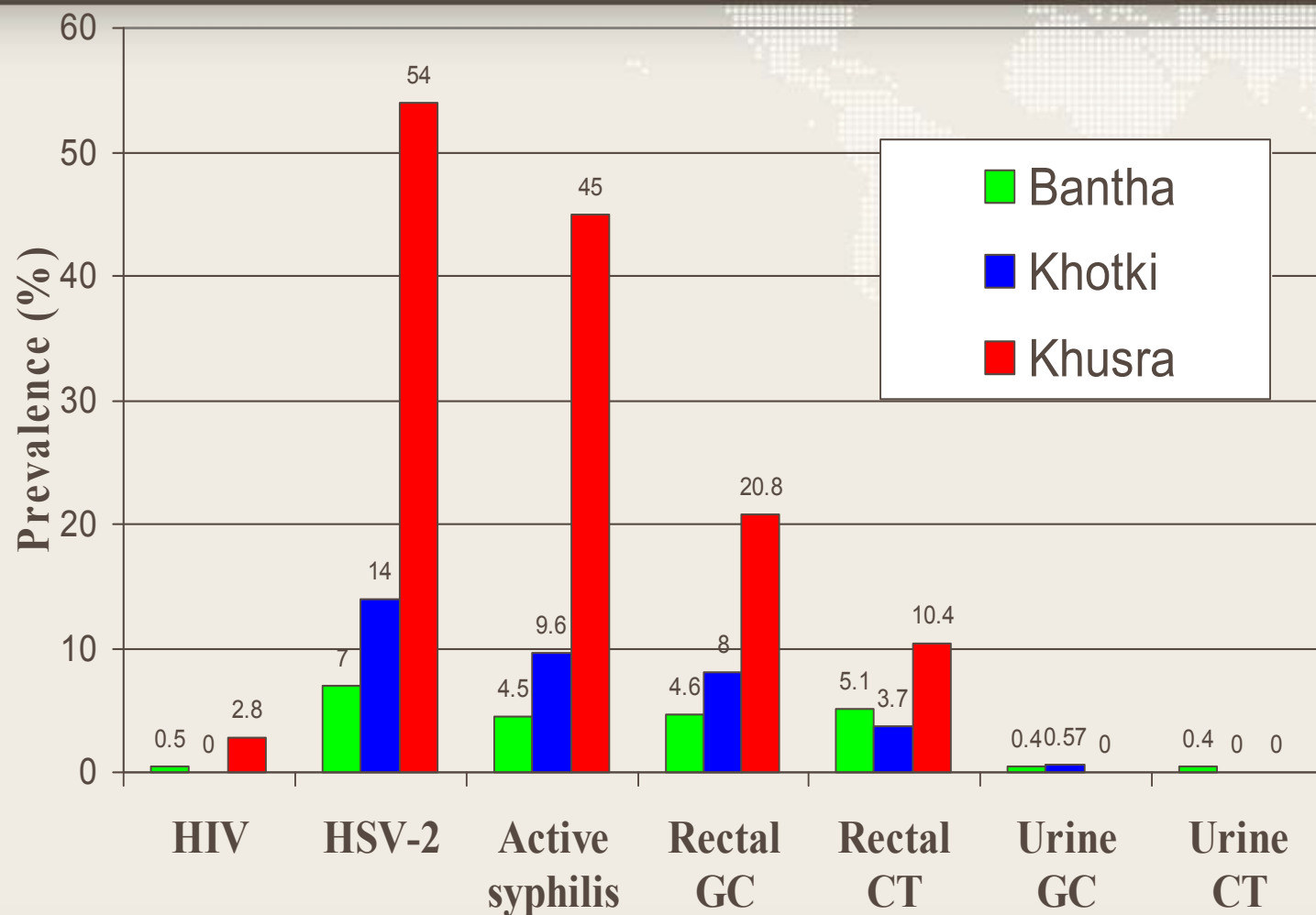


STI prevalence among MSM, Cambodia, 2005

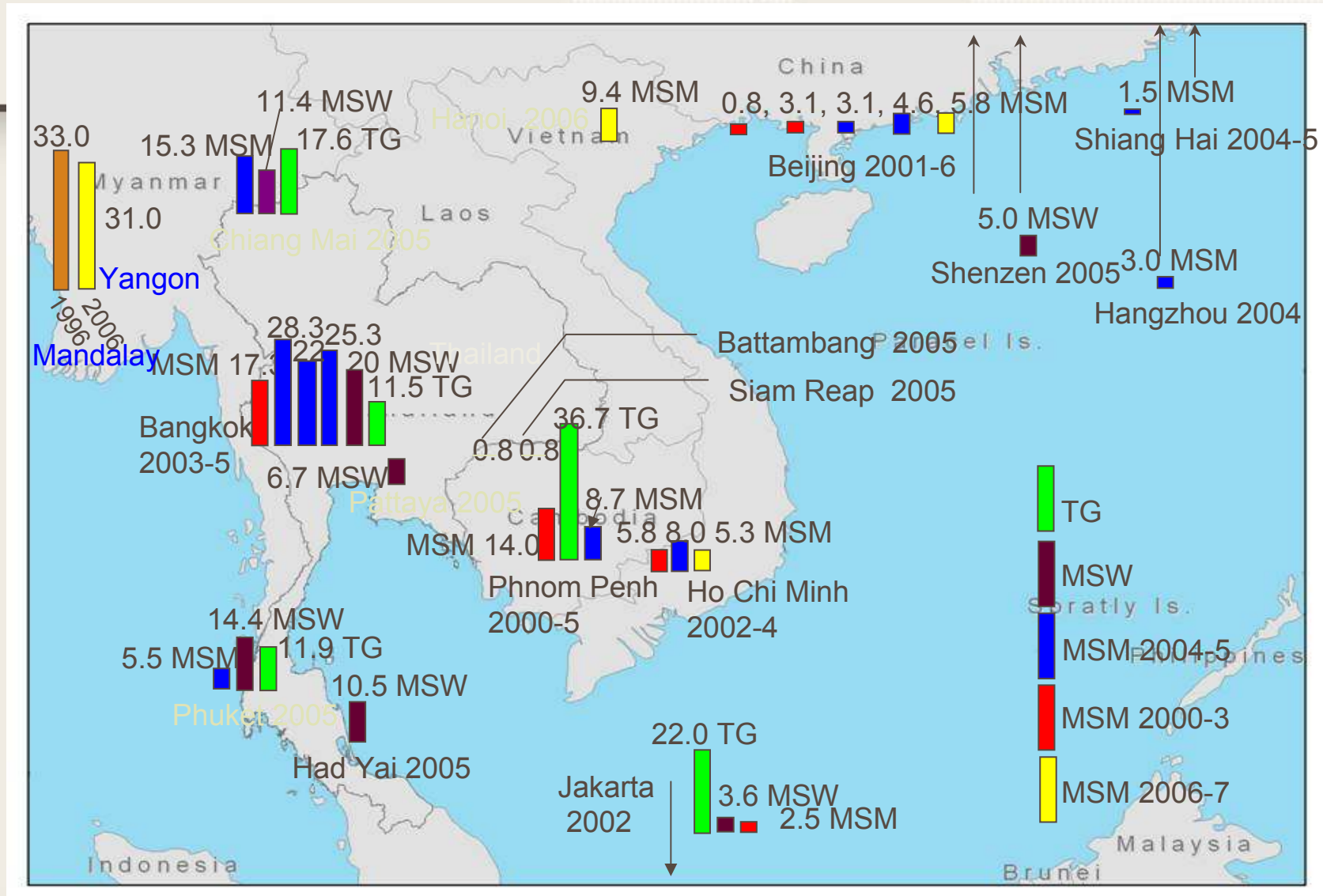


Three sites: Phnom Penh (n=300); Battambang (n=124); and Siem Reap (n=124).

STI Prevalence among MSWs, Rawalpindi and Abbotabad, Pakistan, 2007

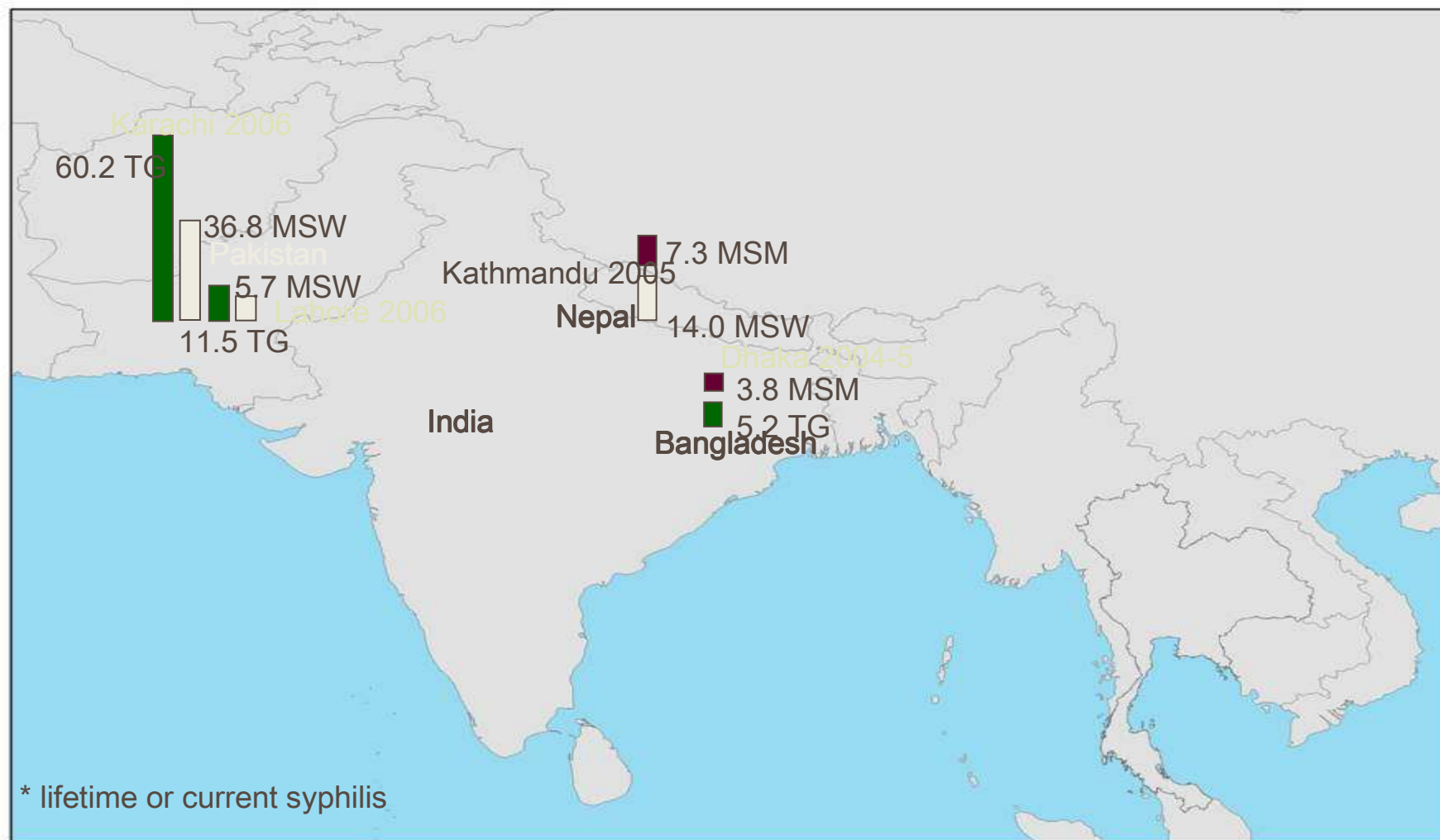


HIV prevalence among MSM and TGs in Asia



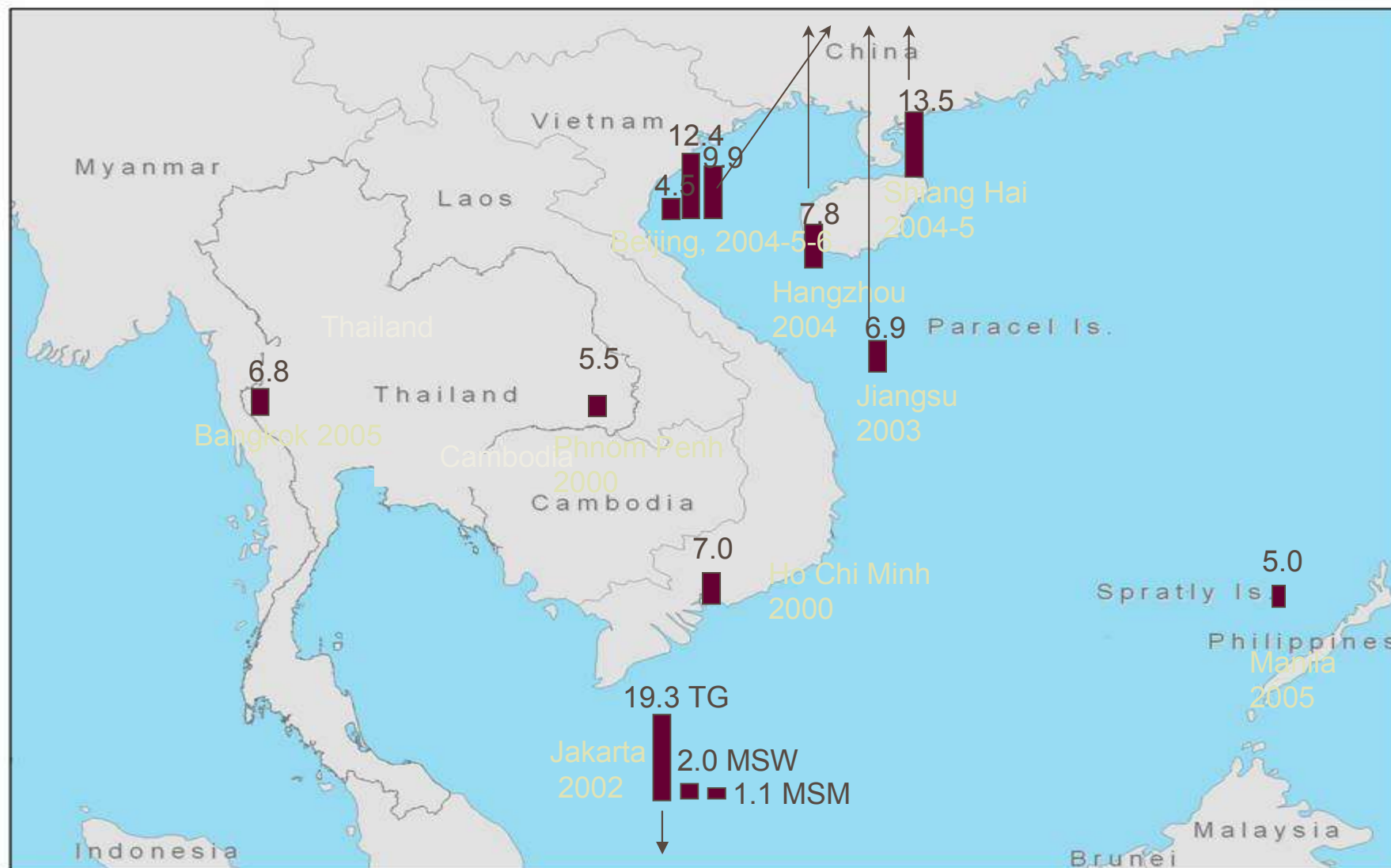
Van Griensven. Sources: NBC, 2006; UNAIDS, 2006b, 2006b; FHI, 2006a, 2006b; Choi, 2003; MAP, 2005; van Griensven, 2005; MMWR, 2006; Ma, 2006; NCHADS, 2006.

Syphilis* prevalence, MSM and TGs in Asia



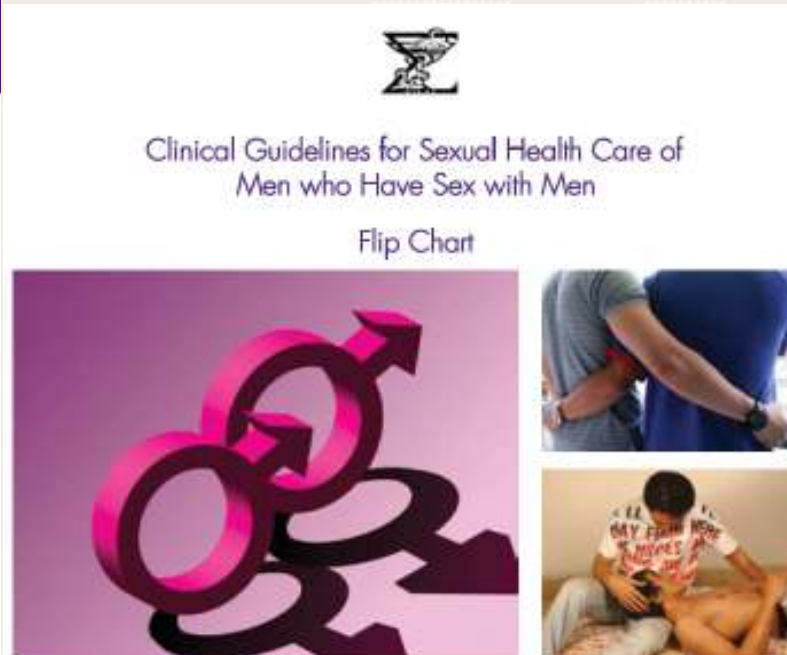
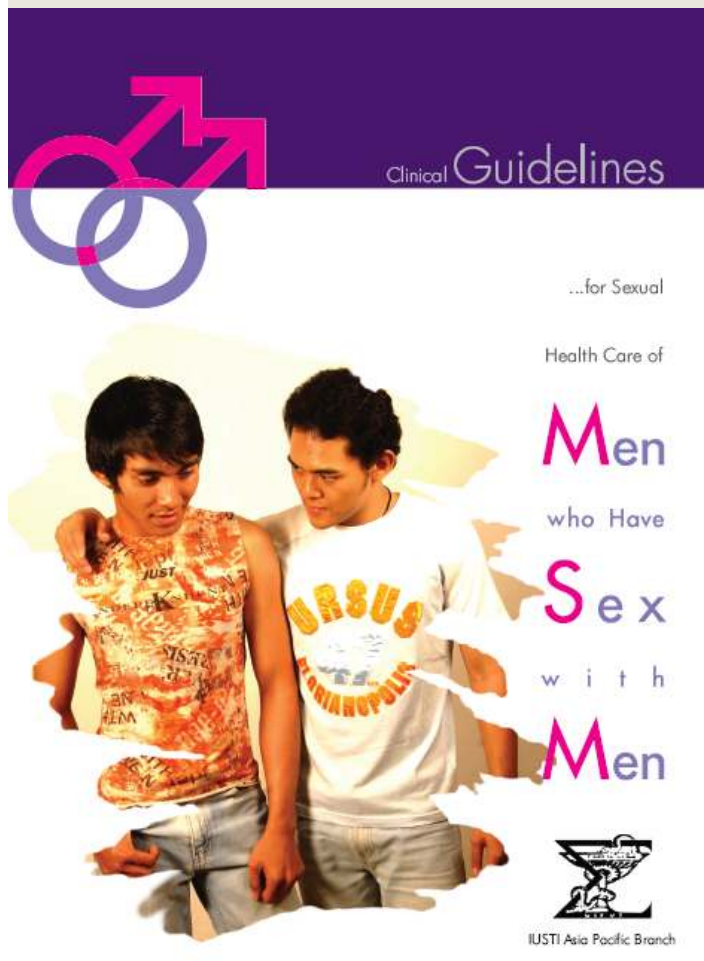
After van Griensven - Sources: NCAP, 2006, CREPHA, FHI, 2005, NAP, 2006.

Syphilis prevalence among MSM and TGs in Asia



After van Griensven. Sources: Girault, 2004; FHI, 2002, 2004, 2005; Pisani, 2004; Jiang, 2006; Lui, 2006; van Griensven, 2007; Ma, 2007; Ruan, 2007.

MSM Clinical Guidelines



Guidelines: www.iusti.org/sti-information/
Curriculum: www.go2itech.org/itech?page=co-09-01

Summary

Wide range of prevalence of rectal GC/CT – implications for presumptive treatment

Highest rates seen in transgenders

No data on neovaginal STIs

Very few data on other rectal STIs – e.g., anal syphilis, LGV, anal warts and other HPV disease (AIN)

Feminization

Major life focus of transgenders vs. STIs/HIV

Mostly poorly managed

Low priority in clinical services



Feminization – Hormone Therapy

Anarchy in Asia

Need for guidance for clinicians

Need for community acceptance of standards



Hormone Therapy – Risks & Effects

Physical changes

Reversibility

Bones, height

Handouts

Consent form



Hormone Therapy – Contraindications

1. Known or suspected cancer of the breast
2. Known or suspected oestrogen-dependent neoplasia
3. Undiagnosed abnormal genital bleeding
4. Active thrombophlebitis or thromboembolic disorders
5. Past history of thrombophlebitis, thrombosis, or thromboembolic disorders associated with previous oestrogen use

Hormone Therapy – Goals

1. Stimulate feminisation of secondary sex characteristics with oestrogen
2. Reduce androgen (male hormone) effects with spironolactone
3. Augment breast development with progesterone (controversial)
4. Doses and optimal regimens not yet established

Hormone Therapy

How Choices Are Made

1. Availability (local regulations, pharmaceutical marketing)
2. Local traditions
3. Side effects
4. Preferred route of administration
5. Costs
6. Patient and peer group beliefs

Hormone Therapy – Oestrogens

Expected effects in biological males

1. Breast growth
2. Re-distribution of body fat to female form
3. Loss of upper body strength
4. Softening of the skin
5. Decrease in body hair & slowing or stopping of loss of scalp hair
6. Decreased fertility & testicular size
7. Less frequent, less firm erections
8. Sense of well-being & of emotional sensitivity
9. Changes mostly reversible, but breast enlargement will not completely disappear if treatment is stopped

Hormone Therapy – Typical Costs

Medication	Bangladesh	Thailand
Estradiol (Estrace [®] , Estrofem [®] , Estriol [®] , Proginova [®])	\$21	\$14–\$60
Conjugated estrogens (Premarin [®])	\$7–\$18	\$22–\$41
Estradiol valerate (Progynon [®] , Estrofem [®])	Not available	Not available
Spironolactone (Aldactone [®])	\$5–\$8	\$18
Medroxyprogesterone (Provera [®])	\$10	\$7
Costs calculated as US\$1 = 42.1 Thai Baht or 58.6 Bangladeshi Taka.		

Gender Re-assignment Surgery



NOT experimental
NOT investigational
NOT elective
NOT cosmetic
NOT optional

YOKO
 • Thai Massage 600
 • Super Oil Massage 700
 • Aroma Oil Massage 800
 • Body Massage 1600
02-662-4500
089-015-9555
 No. 112 Sukhumvit Rd.
 Bangkok 10110

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 • Aroma Oil Massage 800
 • Body Massage 1,600
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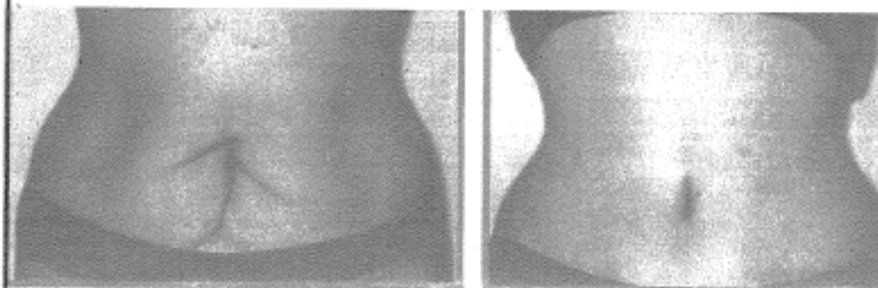
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HOSPITALS & CLINICS

Sex change	1,625 us\$
Orchiectomy	125 us\$
Tummy tuck	1,250 us\$
Breast enlargement	1,125 us\$
(Mammoplasty with Mentor/ES prostheses included)	
Liposuction	625 us\$
Facelift (Rhytidectomy)	875 us\$
Browlift (Forehead lift)	625 us\$
Eyelids surgery	200 us\$

(1 US\$ = 40 Bht) Prices vary with daily exchange rate
 All prices include medicine, anesthesia etc.
 Foreigners are charged as same as Thais



Pratunam Karnphet (Pratunam Polyclinic)
 425/4 Rajaprarop Road, Next to Bank Thai
 Tel: 02-254-5888, 02-254-5333,
 02-255-7766, 02-255-7767, 02-651-7271-6
 Email: ppsurgery@yahoo.com

Source:
 Bangkok Post, July 2008

Gender Re-assignment Surgery

Ethics

Transgender Care Team – range of skills

Eligibility criteria

Readiness criteria

Gender Re-assignment Surgery

Expected Outcomes

Approximate external appearance of female genitals
Create a skin-lined vaginal canal (neo-vagina)
Provide normal urinary function
Permit sexual sensations.

Gender Re-assignment Surgery

Surgical Procedures

Typically includes ***all*** of:

Orchidectomy — removal of testicles

Penectomy — removal of penis

Vaginoplasty — construction of a new vagina

Clitoroplasty — construction of a new clitoris

Labioplasty — construction of new labia

Gender Re-assignment Surgery

Additional Issues

Augmentation mammoplasty

Hair

Costs:

Penile Inversion Surgery US\$5,000-8,000 (Thailand)

Penile Inversion Surgery A\$15,000 – with coloplasty
\$A20,000 (Australia)

Thank You

