



# SITUATION ASSESSMENT OF PLWHA TRANS WOMEN, WITH REGARD TO THE ADHERENCE TO ART IN ARGENTINA



**UNSE**  
Universidad Nacional  
de Santiago del Estero



## RESPONSIBLE TEAM

### Project coordinator:

Marcela Romero (President of Red Nacional ATTTA[National Network A.T.T.T.A.])

### Principal researcher:

Luisa Lucia Paz (INDES –FHCSyS-UNSE [Institute for Social Development Studies - School of Humanities, Social and Health Sciences – National University of Santiago del Estero]), Di.Va.S (Diversidad Valiente santiagueña)

### Associated researchers:

Irma Chazarreta (INDES –FHCSyS-UNSE [Institute for Social Development Studies - School of Humanities, Social and Health Sciences – National University of Santiago del Estero])

Eugenia Bravo (INDES –FHCSyS-UNSE[Institute for Social Development Studies - School of Humanities, Social and Health Sciences – National University of Santiago del Estero])

### Referents of the National NETWORK A.T.T.T.A.:

#### For the **City of Buenos Aires** (CABA)

Juli Romero

Joe Almaraz

Hannah P

#### For the province of **Buenos Aires**

Paola Acevedo (San Martin)

Silvana Sosa (Lomas de Zamora)

Romina Bustamante (Avellaneda)

Patricia Rasmussen (Mar del Plata)

#### For the province of **Santa Fe**

Marina Quintero

#### For the province of **Córdoba**

Nadia Molina

#### For the province of **Neuquén**

Ornella Infante

#### For the province of **Tucumán**

Ana Barbara Celayes

#### For the province of **Salta**

Mary Robles



For the province of **Santiago Del Estero**

Kristin Malena Ponce  
Por Formosa  
Xiomara Chaves

For the province of **San Luis**

Gema Rosales

For the province of **San Juan**

Veronica Araya

For the province of **Chubut**

Daniela Andrada

For the province of **Catamarca**

Yoko Ortiz

**Academic Consultants**

Patricia Arenas, Esq.  
Cecilia Canevari, MA.



# INDEX

<b>INTRODUCTION .....</b>	<b>4</b>
About trans women.....	6
<b>THEORETICAL FRAMEWORK .....</b>	<b>7</b>
Construction of the gender identity through a process of socialization.....	7
Rationale.....	8
Data collection.....	9
<b>RESULT .....</b>	<b>10</b>
1. PLACES WHERE SHE LIVED AND MOVES .....	10
2. THE HOME WHERE SHE LIVES NOW .....	12
3. STORY OF EDUCATION.....	12
4. STORY OF THE IDENTITY .....	15
5. STORY OF THE BODY.....	16
6. HEALTH.....	18
7. STORIES OF WORK AND HOUSEHOLD ECONOMY .....	25
<b>FINAL REMARKS.....</b>	<b>28</b>



## INTRODUCTION

Heteronormativity<sup>1</sup> is imposed by various social actors that deem it necessary for the operation of society. This is the fundamental principle in order to validate only heterosexual relationships and to invalidate all those relationships that separate from heterosexual parameters.

Thus, those people who do not adjust to or refuse to belong to this system are silenced or made invisible, since the system denies, rejects and punishes discrepancies. This is how many people who live outside heterosexuality are excluded by part of the society, as is the specific case of the community of trans women.

Throughout this report the term trans shall be used in order to refer to those who identify with, express and/or embody a gender that is different from the one they were given at birth, and to those who challenge with the appearance and/or self-denomination those expectations associated with the gender socially imposed since they were born ([National Sexual Health and Responsible Parenthood Programme] PNSSyPR, 2015).

It can be said that trans persons adapt their physical characteristics to their gender identity, understood as the internal and individual experience of the gender, as each person feels it, which may be in harmony or not with the sex assigned at the time of birth, including the personal experience of the body. For this purpose, they go through hormone treatment and specific surgical procedures, which may include or not, sex reassignment surgery (Law 26743, s. 2).

Trans identities encompass different cultural experiences of identification, expression and embodiment. That is why the term trans shall be used as the synthesis of the trans identities (Transvestite, Transsexual and Transgender), as each respond to different conceptual, existential and political strategies.

Clearly, transvestism, transgenerity, transsexualism, that is to say “what is trans” cannot be considered a disease or a problem. What constitutes a serious risk to the integrity of these people is discrimination on the grounds of gender identity and/or expression present in society and in the patriarchal, binary and hetero sexist State.

Historically, the trans population had to cope with big barriers to exercise their economic, social, cultural, civil and political rights or to be included in public policies of a direct impact on the citizenship. For example, in the family environment, which is understood as the first place of support, affection and socialization, in many cases this is the first place where trans women are

<sup>1</sup> Heteronormativity is a concept coined by Michael Warner (1991) to refer to conglomeration of centers of power (institutions, structures of thought, practices) by which heterosexuality is normalized and is regulated in our culture. In this way, as it establishes as norm, it compares heterosexual relationships with what it means to be human. “A complex cluster of sexual practices gets confused, in heterosexual culture, with the love plot of intimacy and familialism that signifies belonging to society in a deep and normal way. Community is imagined through scenes of intimacy, coupling, and kinship; a historical relation to futurity is restricted to generational narrative and reproduction. A whole field of social relations becomes intelligible as heterosexuality, and this privatized sexual culture bestows on its sexual practices a tacit sense of rightness and normalcy. This sense of rightness-embedded in things and not just in sex-is what we call heteronormativity.” (Berland & Warner, 1999).



discriminated and stigmatized. They deal with this situation from an early age, since they start to express the gender with which they feel identified but differs from the one assigned at birth.

In line with the aforementioned, the educational system is another hostile territory for trans persons. The school environment has a thorough geometry of the heteronormed bodies that is to say, rules and indications of how to be a boy or a girl (López, 2015:3). This situation reinforces stereotypes and cause trans women to be victims of discrimination, stigma and even physical violence because they do not respect the parameters that education establishes for men and women.

Since 2012, and thanks to National Law No. 26743 of Gender Identity, more than 6000 trans persons in all the country, achieved to rectify the data with which they were registered at birth. Thus, they had access to an identity document with the names that represent them.

All the same, while it has been more than four years since the regulation of this Law, currently, there is a void of official data about the situation of access to the rights of the trans population in Argentina. Based on this, the Asociación de Travestis Transexuales y Transgéneros de Argentina [Association of Transvestites, Transsexuals and Transgenders of Argentina] (hereinafter “National Network ATTTA”) and the Red Latinoamericana y del Caribe de Personas Trans [Latin-American and Caribbean Network of Trans Persons] (hereinafter “REDLACTRANS”) have carried out a data collection task to generate concrete evidence. The performed task included surveys and specific studies to evaluate the access to health of trans persons, specifically with regard to the adherence to the antiretroviral therapy for trans persons living with HIV.

In addition, it made it possible to give an account of the situation trans women and to identify characteristics of their living conditions, allowing to see an alarming gap with respect to the rest of the population that live with HIV regarding the access to their rights.

In this sense, the Ministry of Health (2008:6) pointed out that trans persons access public hospitals when it is too late, because they are seriously ill and their health is very poor. They would not do so before because accessing a health service implies, in part, to “suffer” different kinds of abuse or discrimination. In this context, it is fundamental to know and use the “Guide for health care teams. A comprehensive health care for trans persons” ([National Sexual Health and Responsible Parenthood Programme]PNSSyPR, 2015).

In this report, discrimination is understood as any action that denies or prevents access to human rights such as the access to health services. Discrimination is the result of a social model that established a concept of “normality” for centuries and place some people with determined characteristics (male, white, of a productive age, educated, catholic, heterosexual, without disabilities, among others) in a relation of subordinating power over others that do not conform that heteronormative pattern (INADI 2013:20).

In this sense, we can consider the contribution made by Josefina Fernández (2004), who claims that it is not possible to split the construction of gender identity and the conditions of existence of trans



women in our societies. The possibilities of these conditions are marked by the exclusion of them from the formal education system and therefore, the labor market. It can be seen how the scenario in which trans women live—often— positions prostitution as the only source of income, the most widespread survival strategy and one of the very few areas of acknowledgement of the trans identity as a possibility to be in the world.

## About trans women

Diverse studies (Ministry of Health, 2011; Fundación Huésped, 2014, 2012) point out that the estimated HIV prevalence in trans women is of 34%, whereas in the general population is of 0.4%. Likewise, trans women are the ones with the highest mortality rate as a consequence of HIV, unlike trans men. The data provided by the pilot test of the “First survey on trans population in Argentina” (INDEC [National Statistics Board], 2012) show that trans women are the most punished by the patriarchal society. These are the reasons why this report “Situation assessment of trans people living with HIV/AIDS, with regard to the adherence to the antiretroviral therapy (ART) in Argentina” focuses on trans women.

The identity construction of trans women is crossed by great contradictions and a struggle of historic tensions in western society. The patriarchal society punishes them twice for “denying” the privileges of domination granted by their genitalia with which they were born and, on the other hand, they suffer institutional violence, exercised with a view to “safeguarding” moral, decency, the family and the religion. This violence is the result of the duress and social belittling applied to trans women because they dared to challenge the social mandate of what they have to be and do.



## THEORETICAL FRAMEWORK

### Construction of the gender identity through the process of socialization

A sex-gender binary system, which establishes differentiating identities for people, from their birth to their death, according to body characteristics—specifically genital— defined as masculine or feminine, prevails in our culture (García Becerra, 2009:129). However, thanks to the key thought of Simone de Beauvoir (1949) with her statement "one is not born a woman, but becomes one" we overcome those essentialist theories that acknowledged the fate of people in their genital configuration. Trans women were educated in accordance with this system and however, they question the mandatory coincidence between sex and gender, since they consider that sexual characteristics do not naturally coincide with their gender identity. This leads these people to start a deconstructive process of the gender assigned by their genitalia to build as persons in accordance with the felt gender, spending a great part of their lives in a transition between masculine and feminine, both physically and psychologically. Butler (1996:297) mentions that gender is not a rigid identity category, but rather it is an identity feebly constructed through time, instituted by a stylized repetition of acts.

Lola Frutos (2010:337) determines three moments of construction of gender identity from the sex/gender system. The first takes place the very moment the person is born, when the gender is assigned. Parents determine a color of clothes for their children, whether they are boys or girls. The same thing happens with toys: guns, balls and intelligence games for those who are born with a penis, and baby dolls, cooking and make-up game sets for those who are born with a vagina. Even affective nicknames are different and entail symbols that make reference to different fates.

The second moment is the gender identity based on an ideological and affective model. This moment affects the conscious and the unconscious of the person during his/her process of identification with one gender and not the other.

The third moment would be conditioned by the role of the gender, that is, the group of duties, approvals, prohibitions and expectations about the proper behavior for the people according to their sex. While this process described by Frutos (op. Cit) may be representative of the construction of the heterosexual identity, we cannot affirm that this is the same process in an harmonic or a phased way in trans persons.

Many trans persons, since they are little, have a strong conviction of belonging to a gender, they act with the gender role opposed to their biological sex even though their social environment tell them that it does not correspond to them. The conflict usually gets more visible when they become adolescents, where they suffer physical and hormonal changes that go to the direction they do not wish: they feel women, they do not develop breasts and they are socially obliged to keep their hair short. In that moment, all the future expectations in which their bodies would develop in a way they would feel identified fall apart. The reality fills them with greater distress and desperation. They find





themselves in an unwanted body, without emotional support to help them get over this situation without a referent who acts as a guide regarding their need.

In this sense, it is at school where on many occasions they suffer lack of understanding from their peers and they drop out school. This situation worsens when their relatives cannot understand this process, which makes many of them to get expelled from their homes.

When they start to meet with other trans women, the more experienced ones advise (especially on aspects regarding their body transformation) to those who are starting their process. It is regrettable that from the precariousness that characterizes their living conditions, they are forced to resort to mechanisms of altering their bodies without the proper monitoring, with poor asepsis and technical conditions, usually using implants or harmful substances to their health that risk their health and even their own lives.

## Rationale

This report comes from the project called “Situation assessment of PLWHA (People Living With HIV/AIDS) trans persons, with regard to the adherence to ART (Antiretroviral Therapy) in Argentina.” Said study had the purpose of determining the situation of trans women who live with HIV and their access to ART, it also had the purpose of trying to collaborate in the understanding of the specific characteristics of the trans population and of visualizing their experiences, risks and personal answers to HIV/Aids.

In addition, the report proposes to visualize gender issues from the Human Rights point of view and not from the model of traditional medicine. Thus, we seek a better understanding of the existing interactions among a local culture (as regards the trans population), the HIV/Aids and the adherence to its treatment.

The methodological guidelines, with which the study will be carried out, were made according to the following objectives:

### General Objective:

- To know the current situation of trans women who live with HIV with regard to the adherence to antiretroviral therapy (ART) in Argentina.

### Specific Objectives:

- To describe and analyze the social, demographic, cultural and health characteristics that correspond to the segment called Trans women.
- To make the information contribute to future preventive actions, in conjunction with state and private entities and the NETWORK of Trans persons to strengthen the lines of action among said entities and the population of Trans women in general.
- To achieve the necessary political incidence for a better adherence in Trans women who live with HIV.



## Data collection

In order to carry out the process of data and testimonies collection, we worked with a consultant (a trans woman) with whom we designed the survey. Then, this survey was presented and socialized to a team of eighteen coordinators who took part in the report of different Argentine provinces. These coordinators carried out the surveys.

The criteria used to select the areas of work were the concentration of urban population. On that basis, we worked in the City of Buenos Aires, particularly three neighborhoods; the Province of Buenos Aires, specifically Mar del Plata, Avellaneda, San Martín, Lomas de Zamora; Formosa; Santiago del Estero; Córdoba; Neuquén; Tucumán; Santa Fe; Chubut; Salta; Catamarca; San Luis and San Juan.

We took into account specific variables that arouse from the trans population for the survey. These variables were:

1. PLACES WHERE SHE LIVED AND MOVES.
2. THE HOME WHERE SHE LIVES NOW (It refers to the place where she lives, where she has her belongings and shares her everyday life).
3. STORY OF HER EDUCATION.
4. STORY OF HER IDENTITY.
5. STORY OF HER BODY AND HER HEALTH.
6. HER HEALTH.
7. STORY OF HER PARTNER.
8. STORIES OF WORK AND HOUSEHOLD ECONOMY.
9. PARTICIPATION IN SOCIAL AND/OR TRANS ORGANIZATIONS.
10. LOOKING INTO THE FUTURE

In total, the performed task reached 430 trans women and their contributions were crucial for the carrying out of this report.



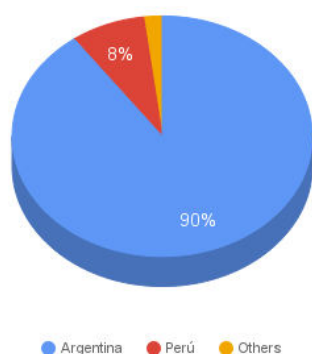
# RESULTS

## 1. PLACES WHERE SHE LIVED AND MOVES

This variable has the purpose of illustrate, in general terms, the place of origin of the surveyed trans women and the possible movements that may have had. In particular, from the field survey carried out between October and December 2015, we analyzed the data from 420 surveys for this variable.

In chart N° 1 we can see that 90% of the surveyed women were born in Argentina, while 8% were born in Peru and 2% belong to Bolivia and Paraguay.

Graph No. 1 Place of Birth



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

Trans women who were born in Peru, Bolivia and Paraguay expressed that they had moved to Argentina by recommendation of a peer (another trans woman) who already lived in Argentina, with the perspective de economic improvements from sex work.

Table N° 1.A. Current residence

Buenos Aires	CABA	Tucumán	Córdoba	Santiago del Estero	Salta	Rio Negro	La rioja	Santa Fe	Chaco	Neuquén	San Luis
109	60	53	41	33	16	13	10	10	9	9	9

(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

Table N° 1.B. Current residence

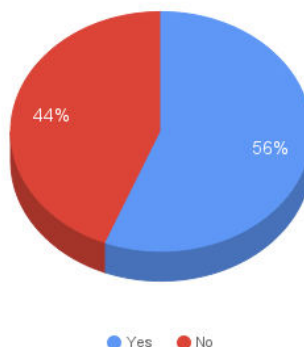
Formosa	Chubut	Jujuy	Entre Ríos	Mendoza	Corrientes	Misiones	La Pampa	Catamarca
7	6	6	6	6	5	4	4	4

(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

In tables 1.A and 1.B we can see the geographical distribution of the surveyed trans women. More than 50% acknowledge that their place of origin is their place of current residence, although they are there temporarily (for example, a surveyed woman referred her place of origin as Santiago del Estero but she currently lives in the City of Buenos Aires. When she was asked which is her place of residence she replied Santiago del Estero saying that she is in the City of Buenos Aires temporarily).



Graph No. 2 Did you live in another city?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

We can see from chart N° 2 how 56% of the trans women have lived in at third territory, between the place of birth and the place of current residence. There were stories in the testimonies of trans women who said they rotated different areas of the provinces to improve the opportunities of sex work.

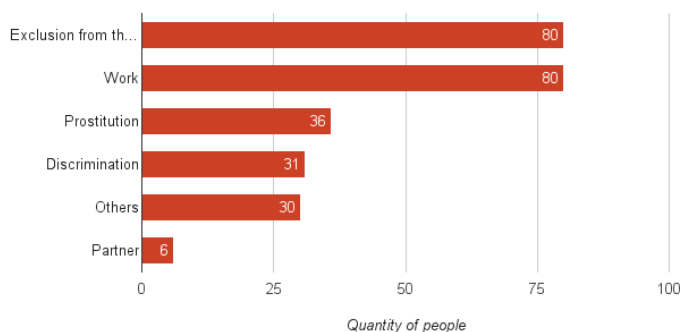
Table No. 2 Where she went

Buenos Aires	City of Buenos Aires	Mar del Plata	Córdoba	Tucumán	Tierra del fuego	Other provinces	European countries	Neighboring Countries	Argentina	N/A
44	18	16	7	4	4	10	7	5	3	15

(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

When asked the question “Where did those surveyed women who said they had lived in more than one place go?” table N° 2 clearly shows that the majority moved to the province of Buenos Aires. Generally, in the case of those trans women who do sex work, they work in the City of Buenos Aires. We can identify the tendency to move to cities with greater populations or touristic areas, which according to the stories, implies better job opportunities.

Graph No. 3 Reasons for moving



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

When asked about the reasons that motivated those moves, a common answer is family exclusion at a very early age. This situation of abandonment force them to look for a job when they are very young and to obtain better opportunities and to get away from the rejection of their families, trans women seek new destinations to settle. It is important to



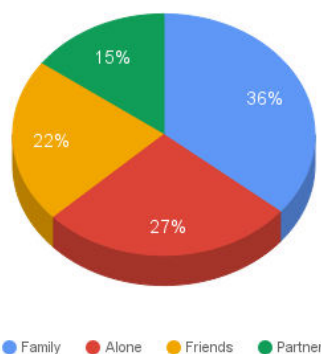
highlight how they are excluded from their families and therefore, they are left without a source of support and protection

## 2. THE HOME WHERE SHE LIVES NOW

In this section we address the place where the trans women live, trying to understand their characteristics. For example, where they have their belongings and live their everyday life.

From the information shown in chart N° 4, 36% of the surveyed trans women say they live with their families (they describe family as father, mother and brothers or sisters) while 27% claim they live alone. As 22% say they live with friends and 15% with their partners.

Graph No. 4 With whom do you live?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

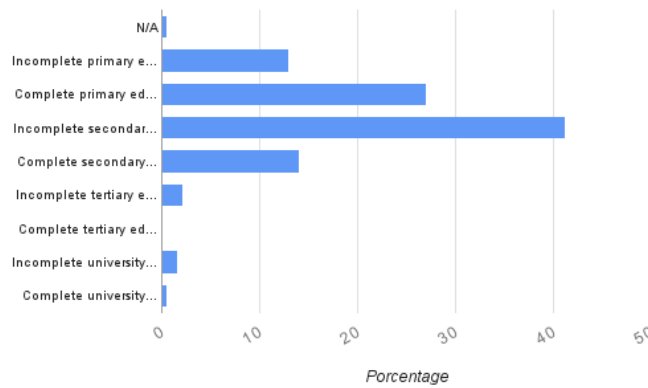
When asked the question “which is the situation regarding ownership of the place of residence?” the answers showed that 54% of the trans women paid a rent for their dwellings, including those who claimed to live with their families. 34% pointed out they were the owners of the place, but from this percentage 138 surveyed trans women said that they lived in a family property. 10% said they lived in lent places and 2% sublet for being Trans women.

## 3. STORY OF EDUCATION

The following table shows the level of education attained. We can see that 41% did not complete secondary school and that only 18.4% did finish it. Only two women, that is 0.5%, claimed to have a complete university course of studies. It can be understood that the access to a basic and fundamental right would not be easy for trans women, which makes it more difficult to access other sources of income or subsistence.



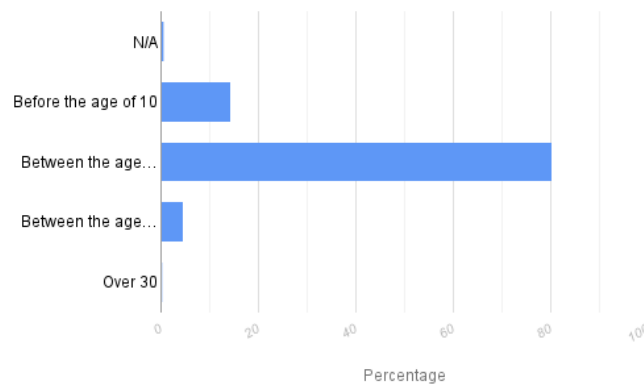
Graph No. 5 Education attained



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

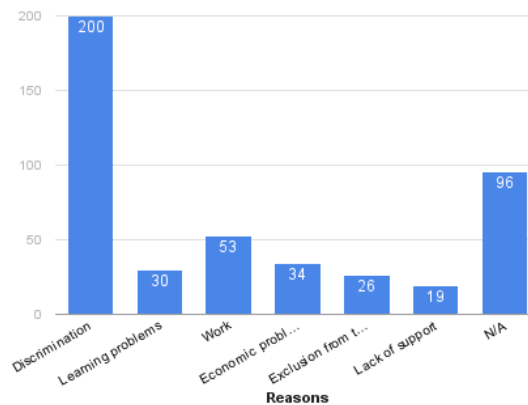
An outstanding matter to analyze is the relation between the educational level they access and the age they express their gender identity (Graph N° 6). The proportion of the surveyed trans women who said that they had dropped out of secondary school, also expressed their gender identity between the age of 11 and 20. This means 80% of trans women showed their gender identity to their peers during their adolescence, the moment their secondary education was taking place.

Graph No. 6 Age of gender expression



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

Graph No. 7 Why did you drop out of your studies?

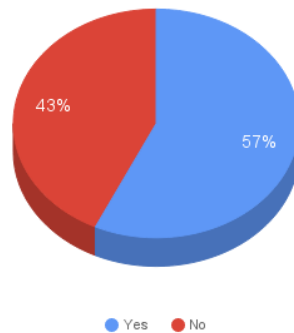


(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)



When asked the question “which were the reasons why you dropped out of the school system?” 200 of the surveyed trans women said the reason was the discrimination they suffered due to their gender expression and identity. In addition, 19 acknowledged they did not have the support of their family nor the school environment at the time of studying. Out of the 44 trans women who said they had dropped out of school for work, 9 did sex work to survive. Strikingly, 96 trans women did not want to answer this question.

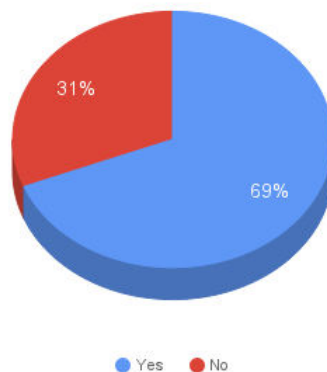
Graph No. 8 Do you have other studies?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

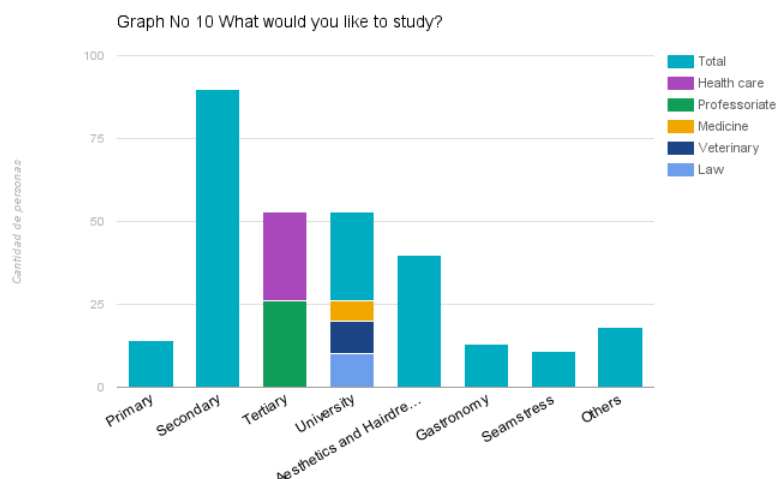
Out of the surveyed trans women, 243 answered that they had carried out other studies or crafts, from which 95 said they had studied hairdressing. From the rest of the mentioned crafts, the majority of the women define themselves as Health Promoters since they work in projects from ATTTA regarding the prevention and information about HIV.

Graph No. 9 Would you like to study again?



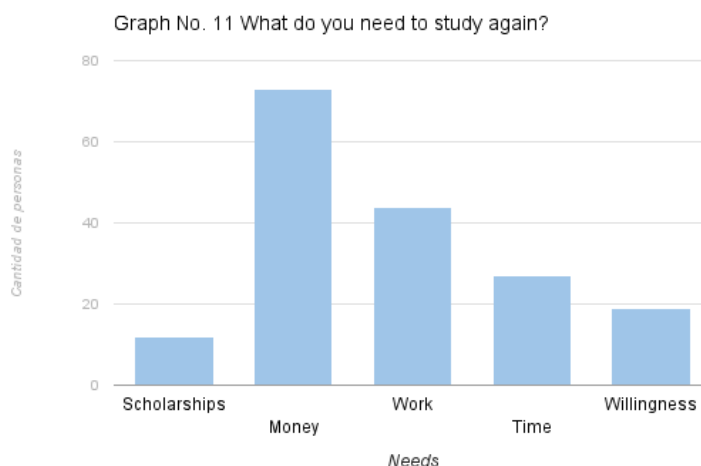
(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

We can see from chart N° 9 that 69% of the surveyed women answered that they would like to return to their formal studies, while the remaining 31% pointed out they would not. Within the segment of the women who said they would not, 13 trans women said no due to lack of time; 6 said that it would be difficult for them because they are not the average age; 5 did not deem it necessary; and 5 acknowledged that they are not interested.



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

When we addressed to those trans women who wanted to study again, 90 of them claim they intend to complete their secondary education, while 14 said they would like to complete their primary education.



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

According to 85 women, the economic factor is fundamental because the lack of resources is their biggest obstacle. Clearly, they make reference to the need for grants or a stable job that enables them to access their studies.

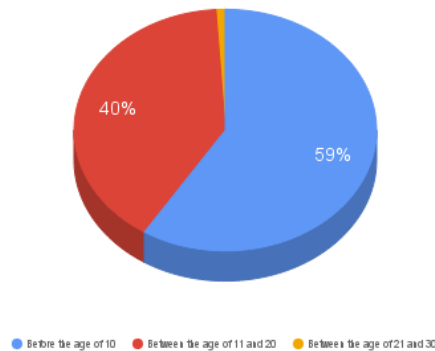
#### 4. STORY OF THE IDENTITY

In this section we aim at identifying something very important in the process of identity construction of trans women, that is, the age at which they started to relate to the opposed gender to the one assigned at birth, as well as the age at which they started to socialize their gender identity and expression.





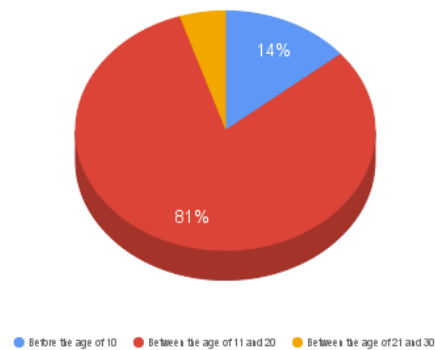
Graph No. 12 When did you start to feel different?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

The results of the answers to the question ‘At which age did you start to feel different?’ were expressed in chart N°12. It can be seen from the chart how 59% of the trans women say that before the age of 10 they started to feel different, while 40% of the women say they did so between the age of 11 and 20.

Graph No. 13 At what age did you start to show differently?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

In addition, when asked “At which age did you start to socialize your gender identity?”, unlike the previous chart, 14% of the surveyed women said they did so before the age of 10, while 81% were able between the age of 11 and 20. Only 5% did so between the age of 21 and 30.

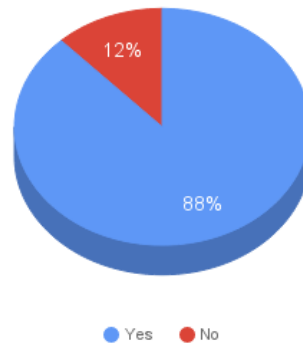
It is important to mention that 87% of the surveyed people are in the age range between 22 and 48 years, and this is of vital impact due to the fact that “the estimated average life of a trans person is of 35 years, well below the life expectancy of the rest of the population, which is of 75 years in Argentina” ([National Sexual Health and Responsible Parenthood Programme] PNSSyPR, 2015: 40).

## 5. STORY OF THE BODY

In this section we attempt to discover all the procedures to the body Trans women had to go through to be able to match their gender expression with their gender identity.



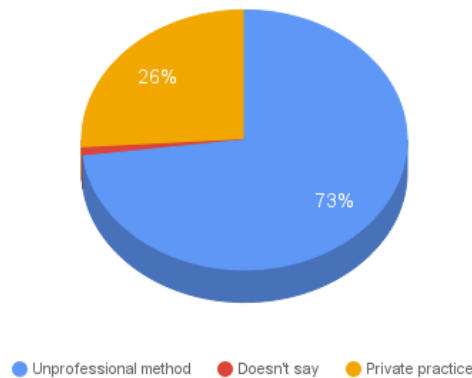
Graph No. 14 Did you modify your body?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

Chart N°14 shows that 88% of the surveyed trans women said they had modified their body through different procedures in order to achieve the desired aspect. While 12% claimed they have not modified their bodies for now, however, they plan to achieve this in the future.

Graph No. 15 Did you have silicone injected?

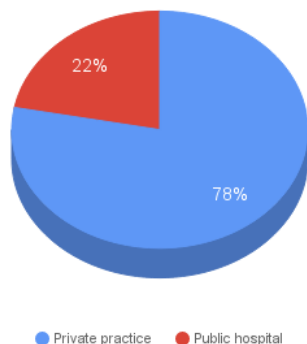


(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

We can see in chart N°15 that 73% of the surveyed women acknowledged they had modified their body by means of silicone injections with rudimentary, unprofessional methods, done by other older trans women and in their own houses. In addition, a significant 26% did not want to answer this question.



Graph No. 16 Did you do hormone treatment?



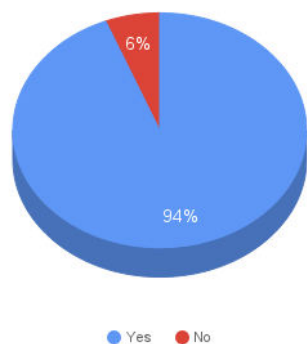
(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

Regarding the procedures done to their bodies, 78% said they have the hormone treatment done by private practice. When asked what the women call “private practice” they say it is the treatment commended by a peer and without medical prescription. 22% of the trans women say they have started the hormone treatment through Public Hospitals. It is worth mentioning that there were women who answered that they did not consider the hormone treatment a body modification, nor do they assimilate as necessary information the hormone treatments at Public Hospitals.

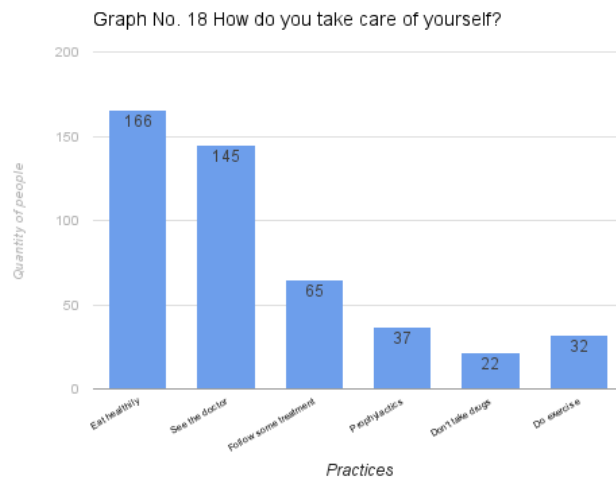
When asked whether they were provided information before the procedure, 42% replied they did not and 58% said they had received it. Out of the latter percentage, 62% acknowledged having received such information through friends, among peers, (as well as silicone injections) and only 38% had procedures done by health professionals.

## 6. HEALTH

Graph No. 17 Do you take care of yourself?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

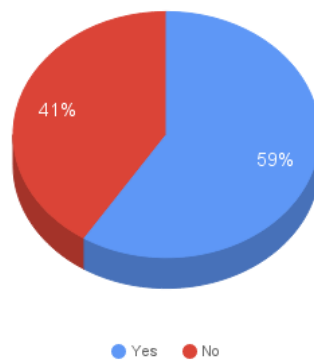


(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

As we can see from the charts, when the trans women were asked if they took care of their health, the answer was interesting as 94% said they did, while 6% said they did not take care of their health. In order to be more descriptive, the trans women acknowledge that they do not take the necessary measures to look after their health in a comprehensive way.

Another piece of information of significance is the answer to the question “How do you take care of your health?” It is interesting to observe that said 94% (the great majority of the surveyed trans women) have different concepts of what it means to look after their health in a comprehensive way. Some examples are: Eating healthily, seeing the doctor, doing the ART, using condoms.

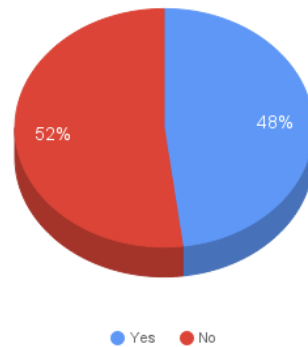
Graph No. 19 Do you drink alcohol?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

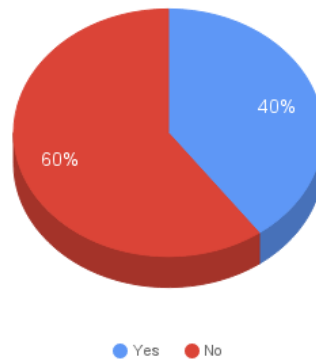


Graph No. 20 Do you smoke marihuana?



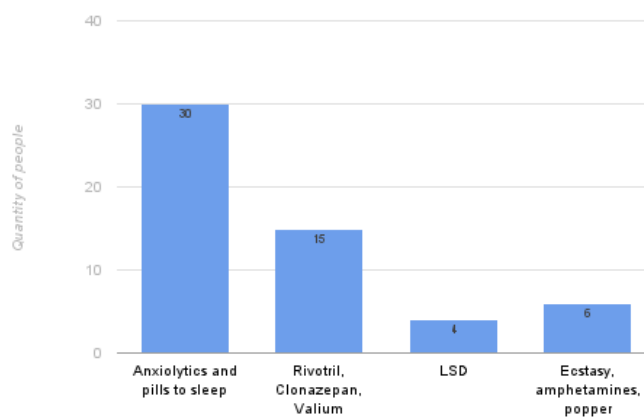
(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

Graph No. 21 Do you use cocaine?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

Graph No. 22 Do you use other drugs?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

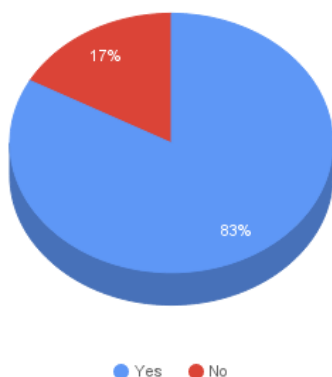
We can see from the charts that 59% claim to drink alcohol, and 48% acknowledge they smoke marihuana and, finally, other 40% use cocaine. Chart No. 26 shows that 55 trans women use other drugs. This scenario is adverse for the adherence to the antiretroviral therapy, because it is not enough to take the medication in time and in due form, nor having the medical control, nor having good eating habits, but it has to do with their behavior to addictions as well.



As it can be seen in the charts the majority use some kind of drug. It would be of interest to look into and see how this consumption affects the therapy. Were they able to respect the time they have to take the medication? Were the effects of the ART the same as in those trans women who do not use drugs? How do they have control over their own behavior? How do they have safe sex? How do they have the four meals? It is complex. At this stage we consider the work among peers of great importance because otherwise, these significant data would have been impossible to obtain.

**Regarding eating habits**

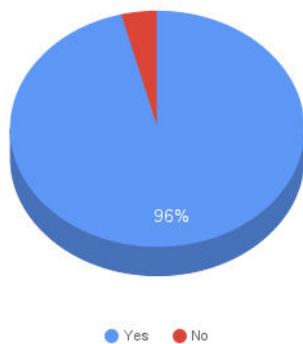
Graph No. 23 Do you have breakfast?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

As regards breakfast, chart N°23 shows that 83% said they have this meal. While 17% expressed they did not have breakfast since they do sex work all night, when they get home, they go to bed without having breakfast and therefore, when they wake up they have lunch.

Graph No. 24 Do have lunch?

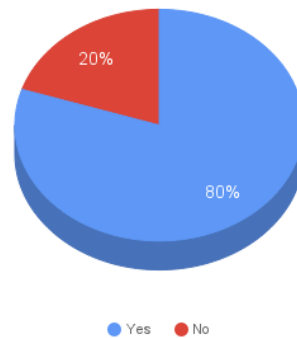


(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

96% of the surveyed trans women said they had lunch every day at approximately the same time of the day. While the remaining 4% said they did not do so because they work until 8 in the morning, as a result of which they wake up very late (at about 4PM) and avoid lunch.



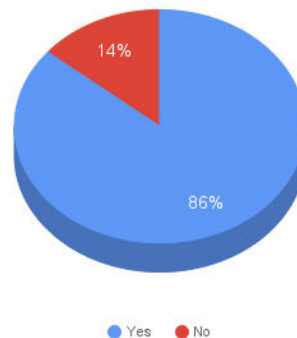
Graph No. 25 Do you have an afternoon snack?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

When they were asked about their afternoon snack, 80% acknowledge having an afternoon snack while 20% don't. As we look into this information, those who do not have an afternoon snack said that given they wake up so late, they prefer to have lunch late and therefore they skip their afternoon snack.

Graph No. 26 Do you have dinner?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

When we enquired about their eating habits at night, 86% informed that they have dinner, while 14% expressed that they did not have dinner as they have to do sex work during the night and they do not want to work on a full stomach. It is worth pointing out that out of the 86% that claimed to have dinner routinely, a 40% has dinner after sex work, after 6.00 AM.

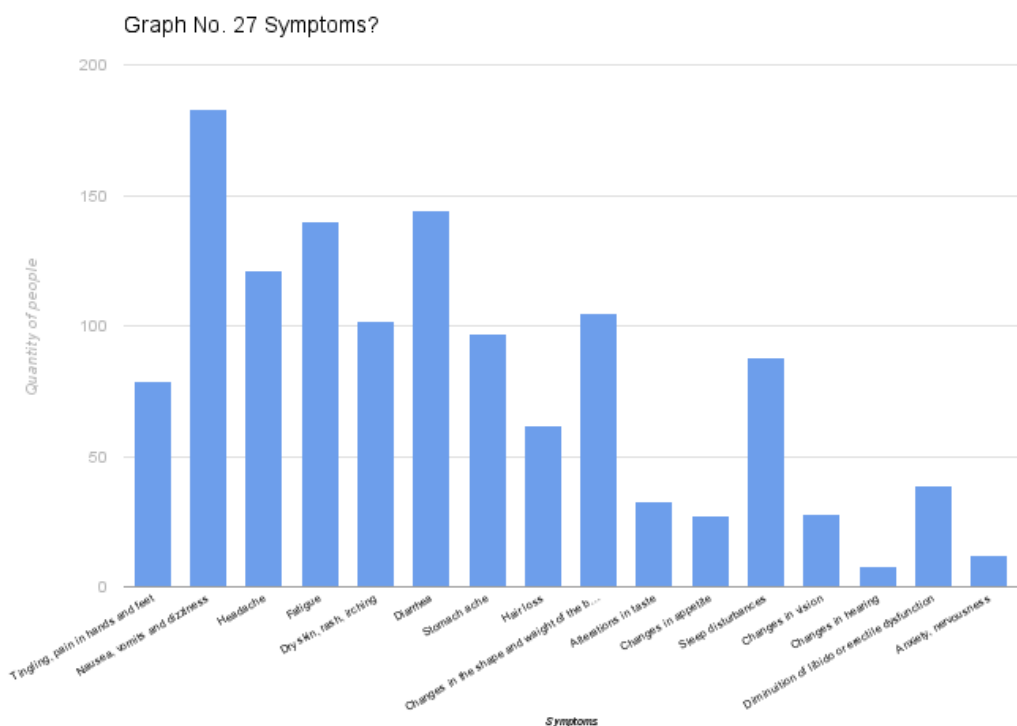
It can be observed that the majority of the surveyed trans women who do sex work do not have the four meals every day, because they cut one or two meals. They do not complete the food chain and many eat fast food in excess. Another observation is that there is not a culture of a balanced diet in which they can incorporate the necessary nutrients for their personal health.

In the case of adherence to ART, this is crucial to control the progress of the infection, reduce the weakening of the defenses and the onset of opportunistic diseases, thus prolonging life and allowing to maintain or to improve their quality of life through their health.



The infection and the adherence to the antiretroviral therapy imply a process of great care of a person’s life; that is to say, treatments in time and in due form and a behavior of care with a present and a future perspective together with their loved ones.

The collected data show that out of those trans women who live with the virus of HIV, 96.3% do the ART, and only 3.7% do not. All the same, it is important to mention that the antiretroviral therapy requires persistence and continuity that not all trans women can provide. For example, 92.1% take the medication everyday, while 7.9% did not do so. It is also worth mentioning that 96.7% say they trust the therapy and that they deem it necessary, while 3.3% do not trust the therapy. The women within this percentage are those who do not do the antiretroviral therapy.



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

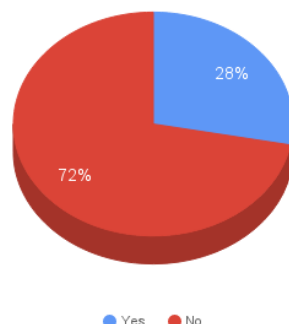
When asked if they had side effects when they did the ART, 75% replied that they did have other symptoms, while 25% said they did not have any. The majority of the symptoms coincided: vomits, nausea and diarrhea.

From the total of the surveyed women, 144 mentioned they did the treatment to be fine while 65 affirmed that the treatment saved their lives. A substantial majority, 99%, said they needed the treatment in spite of the fact that their current status of their health is “good.”





Graph No. 28 Do you go to the nutritionist?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

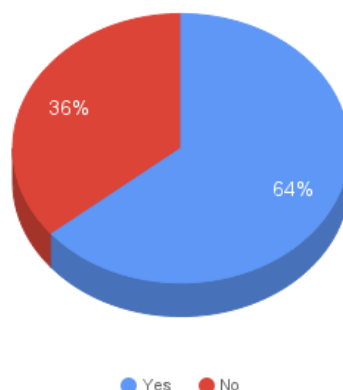
From those trans women who said they did not see a nutritionist, the usual reason is that they do not deem it necessary and it was not suggested by their general practitioner.

When we asked if they did some psychological treatment, 59% said they did not. From that percentage, 70% consider that they do not need it and the other 30% said they did not resort to psychological assistance as it was not recommended by their doctor.

When they were asked in which kind of sexual acts they use a condom, 414 women said they used them when they are anally penetrated, 325 women informed that they use them in orals and only 164 trans women acknowledge that they use condoms when they are the ones who penetrate, as they consider that this kind of practice is not risky for them.

Out of the surveyed women who use a condom, only 200 women said they used condoms with any kind of sexual partner, whether it is casual or steady (36% of their partners are seropositive). The majority of the women who have a steady partner said they do not use condoms with them. On the other hand, only 166 women claimed to use them with casual partners and 183 use condoms with clients.

Graph No. 29 Does your family know your serology?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)

From the 36% who said that their family is not informed about their serology, they explain they do not do so because they fear family rejection or because they do not deem it convenient. In line with



this, 25% of the women who informed this situation were rejected by their environments, while the rest said they did not suffer discrimination from their family.

When asked about the places of support they have, whether for affective or emotional issues, 46% highlight their friends, 19% their parents, 13% their siblings, 10% health workers or peer health promoters, 8% other relatives, 3% expressed that they do not have places of support and 1% their psychologists.

## 7. STORIES OF WORK AND HOUSEHOLD ECONOMY

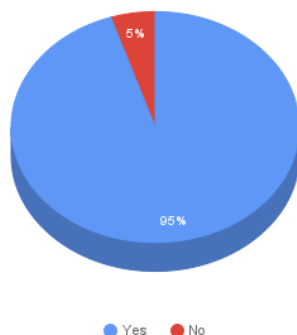
With regard to their first job, 280 trans women replied that the first work activity that let them obtain money for their economies was sex work. On the other hand, 95 expressed that their first job was as an employee, 31 as a housekeeper, 17 worked at a hairdresser’s, while the rest preferred not to give an answer.

As regards their current job, 62% said they did sex work in order to survive, while 38% do other jobs. As we look into these other jobs they do, 25 trans women expressed they worked as traders, 24 as secretary/administrative employees, and 22 worked as hair dressers.

When asked if their income is enough to cover their basic expenses, 61% expressed that their income is not enough, while only 39% affirmed that their income was enough but they also explained that their expenses are shared.

When it comes to social welfare received through some type of social pension or economic support plan, 50% informed they received a non-contributory pension for disability (which is what the state grants for being trans women who live with HIV) and the other 50% do not receive any financial help from the State. When asked “Why don’t you receive the pension?” Different answers came up. For example, they said they did not want to receive it because their family would realize of their situation, or that they did not have enough time to comply with the paperwork because the office hours are incompatible with their working hours, or they simply did not know about the existence of said pensions.

Graph No. 30 Have you ever done sex work?



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)



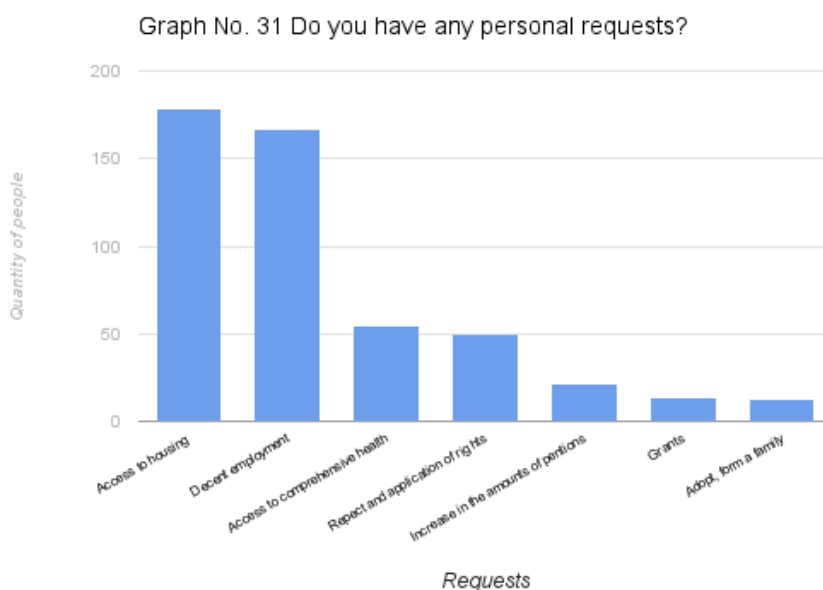
Regarding sex work, 95% pointed out that they have done sex work in some moment of their lives, and only 5% affirmed they have never done it. Currently, 70% of the surveyed women pointed out that they do sex work, exclusively as a means of subsistence or to compensate the low income of their other work activities.

Those who answered affirmatively were asked if they would stop doing sex work. 67% of the women replied that they would leave it because they are married or they have a partner and they would prefer to have other job opportunities. It is regrettable that 33% had informed that they do not wish to change their job because they considered that they do not know or do not have the skills to perform another task.

The women were also asked how did they come to start doing sex work, 206 women said that it was because they needed an economic income, 89 mentioned that other trans women advised them to be sex workers, 74 women expressed that they started doing sex work after being excluded from their homes and family environments, and 3 women said that it is a job they like doing.

In order to know if they work alone or with other people, we looked into their working days, and 81% mentioned that they did not depend on anyone to do sex work. On the other hand, 19% said that they worked with other people. With regard to the place where they work (“the zone” according to the jargon), 60% informed they did not pay for said place while the rest pay a periodic amount. Out of the latter percentage, 75 trans women acknowledge they are forced to pay to the police or local brigade, 80 trans women say they pay to other trans women and 18 pay to the owner of the apartment where they work.

62% of the trans women expressed that in the last months they did not look for another source of income or formal job. Those who did, pointed out that they were not taken at the places they went for being a trans woman.



(Source: “Situation assessment of PLWHA Trans women, with regard to the adherence to ART in Argentina”)



In order to know or to identify tendencies in the ambitions of trans women, 179 trans women wished to be able to access to their own home, 167 aspire to have a formal job, 55 asked for access to comprehensive health, 50 demand respect and application of the conquered rights, 21 trans women asked for an increase in the amount of their pensions, 14 of the education scholarships, to adopt, to form a family. The rest of the surveyed trans women expressed they did not have personal specific aspirations.



## FINAL REMARKS

*"Almendra 46 years old, from Peru. A Trans woman who has been in hospital for years. She entered Hospital Ramos Mejía with anal leged pneumonia, but it was tuberculosis. While she was in hospital the doctors found a tumor in the cervical. She was operated; she had more serious problems, now she cannot walk. One day she had the HIV test done and it was positive. Since then, she has received her medication, the load is unnoticeable and el CD4 is fine. The only problem she has is that she cannot move, it cannot be said if it was negligence of the hospital or due to her illness, she has no place to live. That is why she has been living in the hospital for 5 years. Her partner died at the hospital of a heart attack by her side. They had been together for 10 years. Now, she has the company of some friends."*

This fragment was provided by one of the survey or who shared real story of a trans woman. This story allows to contextualize and to observe the violent situations a trans woman still has to deal with in Argentina in 2016.

As it was pointed out previously, this context is only viable as long as the heteronormative parameters continue existing. If people continue to identify masculine and feminine only from the genitalia of people, not only will a chauvinist culture that violates the human right to gender identity continue prevailing, but a historically undermined group will continue to be excluded.

Without doubt, within the Argentine LGBT community, trans persons are the ones who suffer more systematic discrimination and violence from an early age and they have to live in a constant violation to their human rights and the impossibility to exercise said rights.

As trans persons grow older, they experience different types of violence. The first violent impact and the one that somehow determines the degree of vulnerability that the person will face in the future is family violence. This kind of violence is suffered since they start to show that gender expression within the family. They are truly mistreated, rejected, mocked and abused from the adopted gender expression without being heard in their inner and existential need of the self-perceived identity.

In line with the aforementioned, trans women also suffer school violence. At the average pre-adolescence age, a key moment in their academic education which will allow them to have more and better job opportunities, they suffer the fierce institutional violence from teachers and professors. Almost 90 % end up dropping out of either primary and/or secondary school because they cannot find any space for trans women in the educational environment.

After going through their process of self-perceived identities, which is in itself marked by the enduring of violence and exclusion from the health services, they are judged by other members of society and classified as immoral, abnormal freaks since they do not comply with the cultural parameters to be a woman.

These exclusions diminish dramatically the possibilities of being included in the formal employment system. Consequently, the option they find in order to obtain the necessary income to meet their



basic needs is sex work, which makes them vulnerable at even more areas, such as the institutional violence by the police.

All these inequalities that trans women suffer can also be seen as regards those who suffer HIV/Aids. Their living conditions and the lack of access to rights make it difficult for them to adhere to the antiretroviral therapy.

In the frame work of this project, we observed that the surveyed trans women have a low income in their formal or informal jobs, dietary deficiencies, they rest little and badly, take drugs, creating an outlook that affects their lives and their health. As they have historically lived in this kind of contexts, the concepts of health and personal care are different from those established by health care agencies. Accordingly, they understand that by taking the retroviral medication and/or seeing their general practitioner once or twice a year, the use of condoms in the majority of their sexual relations is enough to have a comprehensive care of their health. This scenario that they go through on their own many times in order to hide the diagnosis before their environment and as they do not have family support, makes the adherence to the treatment more difficult.

The National Network ATTTA and REDLACTRANS hope that this report will serve as evidence of the lack of guaranties for the exercise of human rights that many trans women have to endure. That is why we demand the Argentine State to give an urgent response to the needs of the trans populations so that they may improve their quality of life.

Trans women are entitled to have access to their economic, social and cultural rights, as well as their civil and political rights. In this regard, the organizations demand the Argentine State to ensure the right to comprehensive health care of trans women who live with HIV/Aids and to improve the living conditions from specific public policies that contribute to their inclusion and their access to human rights.