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Asia-Pacific Learning Hub Monthly Newsletter - July, 2025

Including Transgender Men and Trans Masculine People in HIV-AIDS Prevention: A Necessary Shift in Public Health Strategy

Despite decades of global HIV/AIDS prevention work, public health efforts have often overlooked a key population affected by HIV-AIDS : transgender men and trans masculine individuals. Historically, HIV prevention amongst LGBTQIA+ populations has centered around cisgender men who have sex with men (MSM) and transgender women, inadvertently excluding other groups within the LGBTQIA+ spectrum. Transgender men and trans masculine people (those assigned female at birth who identify on the masculine spectrum) have unique

healthcare needs and face specific risks related to HIV that demand greater attention in prevention strategies. Recognizing and addressing these needs is not only a matter of equity, but also essential for an effective public health response.

Exclusion and Marginalisation of Trans Masculine Persons

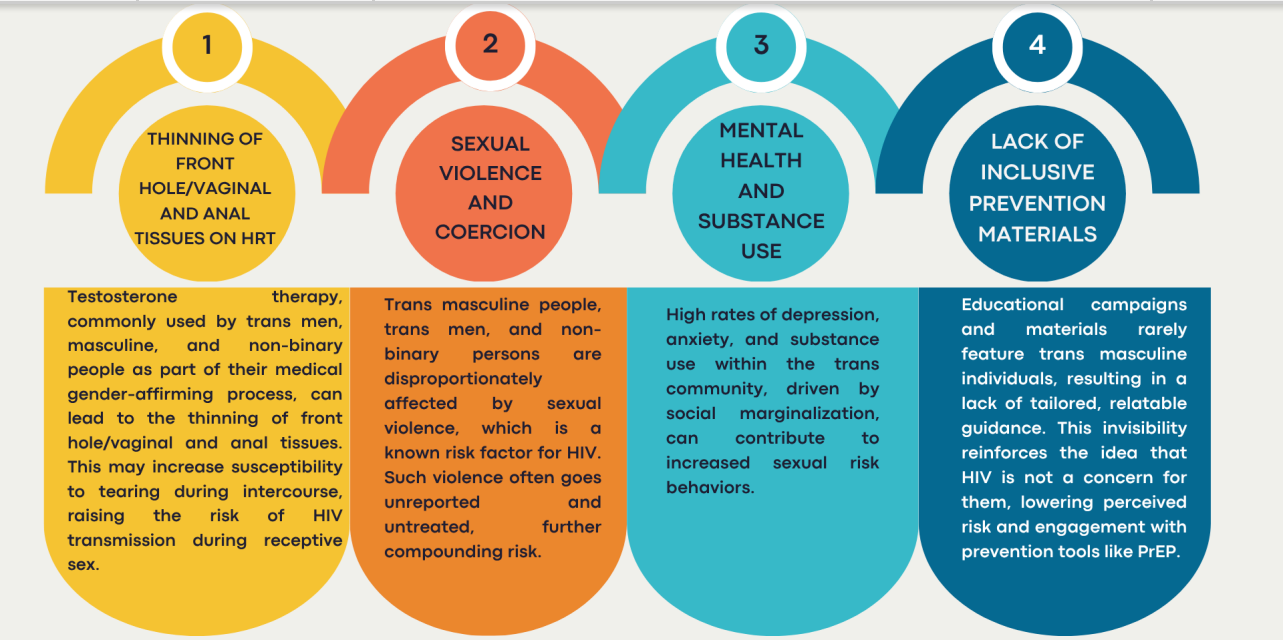
One of the primary reasons trans men and trans masculine people have been left out of HIV prevention work is due to the assumption that they are not at significant risk. This stems from a narrow understanding of sexual behaviors and gender identities. In reality, trans masculine persons engage in a variety of sexual activities that can carry HIV risk, including sex with cisgender men, other trans men, and nonbinary partners.Research shows that many trans men may engage in receptive vaginal or anal sex, particularly under socio-economic pressures, including sex work[12].

In a study conducted by a team of researchers associated with the University of Alabama in Massachusetts in the U.S, published in the Transgender Health journal in 2020, with 62 transgender men and masculine persons as respondents, 71% of respondents reported not using a condom in their last sexual encounter. Yet, trans men and masculine people often do not access HIV-AIDS prevention services. In a mixed-method research study conducted by The YP Foundation in India, with 150+ trans men and masculine people, more than 70% had reported never having been tested for STI-STDs, including for HIV-AIDS.

Moreover, trans men and trans masculine individuals often face stigma, discrimination, and transphobia in healthcare settings, leading to lower access to sexual health services, including HIV testing, PrEP (pre-exposure prophylaxis), and condoms. When they do access care, they may encounter providers who are uninformed or insensitive to their identities and needs. This alienates patients and perpetuates mistrust in healthcare systems, discouraging individuals from seeking preventive care or disclosing important information about their sexual behaviors.

1 *Prevalence of Sexually Transmitted Infections and Human Immunodeficiency Virus in Transgender Persons: A Systematic Review Olivia T. Van Gerwen, Aditi Jani, Dustin M. Long, Erika L. Austin, Karen Musgrove, and Christina A. Muzny Transgender Health 2020 5:2, 90-103 https://www.liebertpub.com/doi/abs/10.1089/trgh.2019.0053*

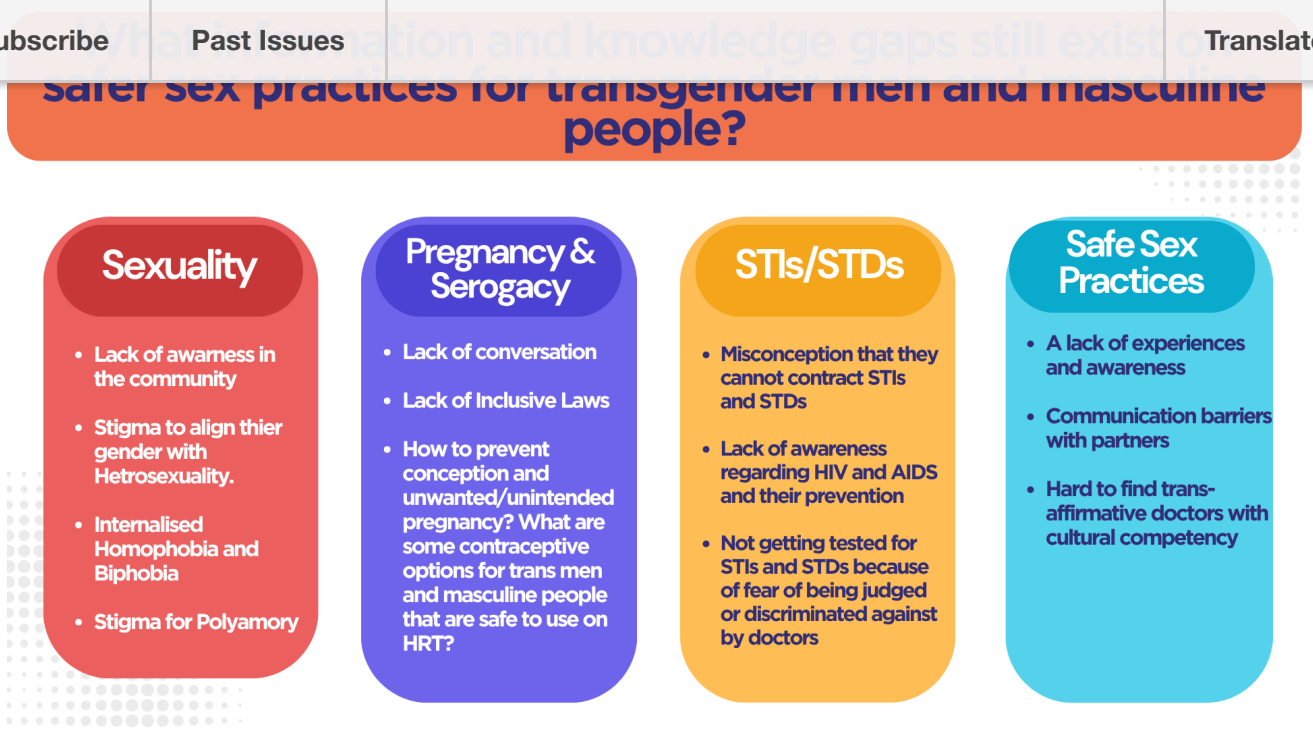
2. Reisner SL, Murchison GR. A global research synthesis of HIV and STI bio behavioural risks in female-to-male transgender adults. Glob Public Health. 2016 Aug-Sep;11(7-8):866-87. doi: 10.1080/17441692.2015.1134613. Epub 2016 Jan 20. PMID: 26785800; PMCID: PMC4993101 https://pmc.ncbi.nlm.nih.gov/articles/PMC4993101/



Data Gaps and the Need for Research

A significant barrier to inclusion is the lack of reliable data on HIV prevalence among trans masculine people. Most national and global health systems do not disaggregate data by gender identity in ways that capture the diversity of trans experiences. When trans people are included, the focus is often solely on trans women, which, while essential, creates a gap for other trans identities.

To better serve trans masculine communities, health systems need to implement inclusive data collection practices that accurately capture gender identity, sexual behavior, and HIV status. Without this, the true scope of HIV risk and incidence in this population remains hidden, perpetuating their exclusion from policy and funding priorities.



Integrating Trans Masculine Persons in HIV Work

Inclusive HIV prevention must center the voices and experiences of trans masculine people themselves. This includes centering trans men in the design and delivery of services, from developing culturally competent outreach materials to training healthcare providers. Trans-led organizations such as APTN have proven effective in building trust and promoting engagement in HIV services, particularly when these efforts are community-led and affirming.

Another example of inclusive healthcare work that centers transgender men and masculine people can be found in the community-based research project called Our Health Matters: Indian Trans Men and Transmasculine Health Study. The study was led by transmasculine activists, development sector workers, and researchers (trans and non-trans) from Drexel University Dornsife School of Public Health (Philadelphia, USA) and the Population Council (New Delhi), in partnership and collaboration with national networks and organisations such as TWEET Foundation and Transmen Collective. The study focussed on trans masculine people's experiences in health care, including accessing HIV-AIDS prevention services. Results were shared back with the community and used to advocate for better access to health care and more affirming policies for trans men and transmasculine persons in India.

Healthcare providers also need robust training in gender-affirming care. This includes understanding the diversity of trans masculine identities, respecting patients' pronouns and bodies, and being knowledgeable about the intersections of gender, sexuality, and HIV risk. Only with this foundation can providers offer non-judgmental, inclusive care that supports honest conversations about risk and prevention.

A Call to Action

The HIV/AIDS epidemic has always revealed society's fault lines - inequities shaped by race, gender, sexuality, and class. Trans masculine people, like many marginalized groups, have been rendered invisible in the broader HIV narrative, despite being at real risk. Including them in HIV prevention efforts is not about expanding a checklist - it is about reshaping systems to be inclusive, informed, and just.

This shift requires commitment from public health institutions, funders, researchers, and community organizations alike. It means rethinking who is considered "at risk," updating data systems, retooling educational outreach, and ensuring that prevention tools like PrEP are available and accessible to all genders.

The need is urgent. Trans masculine people deserve the same level of investment, attention, and care as any other group in the fight against HIV. Ensuring their inclusion isn't just good public health - it's a moral imperative.

To Know More, Please click the link

- Technical Brief Gender Equality
- Data explorer
- HIV Information Note
- Trans Men in the Global HIV Response: Policy Brief, Factsheet and Smart Guide
- Essential TB Interventions to be Prioritized and Maintained under GC7 by StopTB

Correction from June 2025 NEWSLETTER

In our June 2025 newsletter covering the "Unpacking Grant Adaptations Measures for the Global Fund Grant Cycle 7" webinar, we incorrectly reported that Mongolia's TB budget was cut by 90%. We apologize for this error. According to Ganzorig Munkhjargal, Community Representative and Member of CCM Mongolia, the actual situation was as follows: Initially, 12% of Mongolia's total budget was classified as non-essential, with 80% of those cuts affecting TB allocations, resulting in a $200,000 reduction from TB CSOs. Following community advocacy demanding full transparency and communication, updated documents showed the overall budget decrease was reduced to 10%, with 50% of cuts from TB allocation and CSO

budget cuts limited to $18,000. We regret any confusion this error may have caused and thank our readers for their understanding.

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