



OUTLINES
FOR MULTISECTORIAL
WORK WITH
TRANSGENDER
POPULATIONS,
HUMAN RIGHTS,
SEX WORK
AND HIV/AIDS

*Ximena Salazar L.
Jana Villayzán A.*

OUTLINES FOR MULTISECTORIAL WORK WITH TRANSGENDER POPULATIONS, HUMAN RIGHTS, SEX WORK AND HIV/AIDS

*Ximena Salazar L.
Jana Villayzán A.*



1994 - 2009
CAIRO/15
Conferencia Internacional
sobre Población y Desarrollo

Salazar, Ximena and Villayzán, Jana.
Outlines for multisectorial work with transgender
populations, human rights, sex work and HIV/AIDS.
Lima: IESSDEH, REDLACTRANS, UNFPA, 2010.
58 p.

TRANSSEXUALITY / TRANSGENDER / SEXUAL WORK

© Instituto de Estudios en Salud, Sexualidad y Desarrollo Humano – IESSDEH
www.iesddeh.org
Av. Armendáriz 445, Lima 18, Perú
Telephone: + 51-1-2033333

© Red Latinoamericana y del Caribe de Personas Trans – REDLACTRANS
www.redlactrans.org.ar

© United Nations Population Fund – UNFPA
www.unfpa.org

AUTHORS

Ximena Salazar
Jana Villayzán

ADVISOR: Carlos Cáceres MPH, PHD
COPYEDITING: Rocío Moscoso/Cecilia Ugaz
COVER ART AND LAYOUT: Antonio Zegarra
EDITING SUPERVISION: Fernando Olivos
PRINT: Lance Gráfico S. A. C.
Calle Mama Ocllo 1923 -1929 Lima 14, Perú

Printed in Peru
First edition: May 2010

Hecho el Depósito Legal en la Biblioteca Nacional del Perú N° 2010-05684
ISBN: 978-612-45518-5-7

Partial or total reproduction of this publication is prohibited without prior authorization of the authors.

The views expressed in this publication do not necessarily reflect the official's views of the UNFPA.

ACKNOWLEDGMENTS

- To the transgender people Latin-American and Caribbean network “REDLACTRANS” for supporting and joining our work.
- To the United Nations Population Fund (UNFPA) for their constant support in the framework of human rights and HIV/AIDS.
- To Dr. Caceres from the Unit of Health, Sexuality and Human Development of the Universidad Peruana Cayetano Heredia, for his technical and personal support to receive our concerns and proposals for work on this theme.
- To Dr. Javier Salvatierra for his support and suggestions on the health issue for transgender people.
- Finally we thank transgender people, transvestites and transsexuals in Peru with whom we worked in so many activities, for their willingness to participate and give their testimonies of life.

INDEX

INTRODUCTION	7
CURRENT SITUATION OF TRANSGENDER PEOPLE IN PERU	9
EDUCATION AND EMPLOYMENT	12
HEALTH AND UNIVERSAL ACCESS	13
HUMAN RIGHTS	16
TRANSGENDER PEOPLE IN THE CONTEXT OF SEX WORK	19
SEX WORK AND VULNERABILITY TO HIV/AIDS	25
THE NATIONAL RESPONSE TO THE HIV EPIDEMIC	29
THE STATE'S NATIONAL RESPONSE	31
THE RESPONSE OF VULNERABLE POPULATIONS AND CIVIL SOCIETY	32
THE PROCESS OF THE NATIONAL CONSULTATION OF SEX WORK, HUMAN RIGHTS AND HIV AND AIDS - DECEMBER 2007	35
ANTECEDENTS OF THE NATIONAL CONSULTATION	37

FIRST PERUVIAN TRANSVESTITE, TRANSGENDER AND TRANSSEXUAL MEETING. PREPARATORY WORKSHOP TOWARDS THE FIRST NATIONAL TRANSGENDER MEETING “PROMOTING THE LEADERSHIP AND UNITY OF THE TRANSGENDER COMMUNITY”, 5, 6 AND 7 DECEMBER, 2005	37
GLOBAL TECHNICAL CONSULTATION OF SEX WORK AND HIV (RIO DE JANEIRO 2006)	37
NATIONAL WORKSHOP ON SOCIAL STIGMA AND DISCRIMINATION IN THE TRANSVESTITE, TRANSGENDER AND TRANSSEXUAL POPULATION (LIMA 2006)	38
REGIONAL CONSULTATION ON SEX WORK AND HIV/AIDS IN LATIN AMERICA AND THE CARIBBEAN (LIMA 2007)	39
ORGANIZATION OF THE NATIONAL CONSULTATION ON SEX WORK, HUMAN RIGHTS AND HIV AND AIDS – DECEMBER 2007	41
OBJECTIVES OF THE NATIONAL CONSULTATION	43
ORGANIZATION OF THE NATIONAL CONSULTATION	43
METHODOLOGY OF THE NATIONAL CONSULTATION	45
RESULTS OF THE NATIONAL CONSULTATION	46
FOLLOW UP OF THE NATIONAL CONSULTATION: THE FOLLOWING ACTIONS	49
GUIDELINES FOR THE MULTISECTORIAL WORK: TOWARD FUTURE ACTIONS FOR OBTAINING UNIVERSAL ACCESS	51
REFERENCES	57

The word transgender refers to the gender transition from male to female and groups female gender identities of Transvestites, transgender and transsexuals. In English this context is expressed in the word transgender but in Latin America, the word transgender has been accepted as the political term that the organizations that make up the Latin American and Caribbean Transgender People Net (REDLACTRANS) use.

INTRODUCTION

We present this document given the widespread knowledge that in Peru, the transgender population is the most affected by the HIV-AIDS epidemic. Even though no epidemiological studies have focused exclusively on the transgender population, the results of some investigations conducted in the city of Lima show that 33% of the population surveyed is seropositive¹.

This result, associated with other problems of physical and mental health, is the consequence of constant social labeling, discrimination, social exclusion and gender-based violence. The main expressions of this harmful environment for the rights of transgender people are familial and social rejection, school desertion and limited labor alternatives. Given these outcomes, sex work ends up being one of the few alternatives that transgender people have in order to survive.

The Peruvian State is forced to pay attention to this population, which even today is not able to exert its citizenship, a fundamental right. The national authorities must develop public policies that contribute to the social inclusion of this segment of the population.

This is the context of this document, whose main goal is to offer a proposal of outlines for multisectorial work for and with the transgender population.

The objectives are:

- To contribute to the allocation of the issues of human rights, sex work and HIV-AIDS in the agendas of organizations and transgender groups in their respective countries, using the case of Peru as an example.
- To offer an example model of execution of a national consultation on human rights for the transgender population, with an emphasis on sex work, that draws together the commitment of different public and private institutions -national, regional and local- in an open dialogue, willing to obtain commitments of change regarding the inclusion of transgender people in their institutional policies.

¹ Tabet, S., Sánchez, J., Lama, J., Goicochea, P., Campos, P., Rouillon, M., Cairo, J.L., Ueda, L., Watts, D., Celam, C., Colmes, K.K. «HIV, syphilis and heterosexual bridging among Peruvian men who have sex with men». AIDS. 16 (9), Jun 14, 2002, p. 1271.

This document is directed to public officials, to United Nations and international cooperation agency members, as well as to transgender groups, especially to those who perform sex work. The idea is to encourage and foment the multisectorial work of HIV prevention in the context of sex work, with a human rights approach.



CURRENT SITUATION OF TRANSGENDER PEOPLE IN PERU



It is important that transgender groups and organizations understand their social situation from the perspectives of education, work, health, universal access, and human rights. We present the following case of Peru as an example.

Transgender people, from a biologically male body, build an identity that is reflected in a feminine image. From the beginning of their transformation, transgender people suffer a series of vulnerable situations that directly harm the exercise of their rights.

Usually, transgender people do remove their male sex organs and many of them do not wish to undergo surgery, but they take advantage of all possible tools to achieve their objective to increasingly accentuate their femininity.

This transformation is not simple: in order to obtain the desired identity, transgender people must show great will and agency to act on their bodies, as well as to face numerous obstacles with regard to their families. Socially, the fact of not fulfilling the heteronormative mandate renders them vulnerable² and they constantly suffer from the restriction from a series of the rights associated with citizenship related to work, education, identity, health, etc.

Given this background, the transgender community, hailing from different regions of the country, has been seen, from the public health perspective, only as a group of individuals who are at risk of becoming vehicles of transmission of Sexually Transmitted Infections (STIs) and HIV-AIDS. The community's general situation of exclusion has not been taken into consideration at all. Thus, transgender people can work in very few positions - like hairdressing, cosmetology and decoration, whereas a great number continue to choose sex work³, a job that increases social and health vulnerabilities.

One limitation is that there are no statistical studies specifically focused on the transgender population, thus it is impossible to establish an exact population, geographic location, educational level, etc. We could say, like Barreda and Isnardi that the issues concerning transgender population «appear as "emptiness" in the language of sciences and statistics through which the aim is to deny its existence"»⁴.

² Salazar X. et al. "Contextos culturales de la percepción de riesgo y la negociación de la protección en hombres homosexuales pobres de la costa peruana". *Cadernos de Saúde Pública*, vol.22, número 10, octubre 2006.

³ UNAIDS has defined sex work in the following terms: "Female, male and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating." UNAIDS. Sex work and HIV-AIDS. Collection Best UNAIDS Practices. Available in <http://data.unaids.org/Publications/IRC-pub02/JC705-SexWork-TU_en.pdf>, site visited in August 2008.

⁴ Barreda V. and Isnardi V. "Prevención de VIH y travestismo: un escenario de categorías en crisis". In: Cáceres, C.F., Careaga G., Frasca T. y Pecheny M. (eds.). *Sexualidad, estigma y derechos humanos: desafíos para el acceso a la salud en América Latina*. Lima, Universidad Peruana Cayetano Heredia, 2006.

The following information presented comes from qualitative studies, sentinel epidemiological studies and localized ethnographies, which have allowed us to understand the overall situation of transgender people.



EDUCATION AND EMPLOYMENT

“I was devoted to cutting {threads}, to separating socks, because the socks were joined by threads. Then... I began to separate them...”

In the labor sector, there is a legal vacuum for the transgender population, as there is no law as such that would restrict their access to employment.

Currently, and mainly in the popular districts, transgender people see their careers limited to activities such as hairdressing, pastry making, balloon decoration, and domestic work, such as house-cleaning and laundry. In many cases, thanks to these opportunities transgender people have inserted themselves in their social environment and have reached a relative economic well-being that allows them to live with dignity.

However, most of the transgender population is at a socio-economic and political disadvantage. Given their possession of a gender identity that, according to the prevailing norm, does not belong to them, the opportunities for professional development that any citizen might enjoy are closed to them. This situation demonstrates how gender-based stigma and discrimination is camouflaged.

In this way, sex work becomes, for the transgender population, an alternative source of employment and a space of personal accomplishment for several reasons, among them:

- Nevertheless, at the same time it is an activity in which transgender people can obtain money quickly but frequently in an employment context that is hostile to them.
- Sex work becomes a space where these people are accepted by their peers and required by their clients, which generally strengthens their diminished self-esteem.
- In this space, they build up ties of friendship with their peers.
- Through the peer-education programs, they receive information, condoms and pamphlets on STIs, HIV and human rights.
- It is the place where they state their gender identity, making their feminine bodies visible.
- It is the space in which they freely live their sexuality as well as their power through eroticism, which is generally socially censured.

So far, we can state that a majority of the transgender population has exchanged sex for money or has performed sex work at some point in their lives.

Therefore, it is extremely important to strengthen HIV-AIDS prevention in the context of sex work. However, this task becomes complicated if the socio-economic and political conditions in which this population lives do not change through a new social norm and inclusive legislation, since prevention does not have to be seen only from a biomedical-epidemiological approach, but from a structural point of view that responds to the social context of our countries.



HEALTH AND UNIVERSAL ACCESS

A study performed among the gay, transgender and bisexual population in Metropolitan Lima showed that 33% of transgender people surveyed had contracted VIH.

HIV-AIDS made its official appearance in Peru in 1983. The official statistics of the General Directorate of Epidemiology (DGE) of the Ministry of Health have demonstrated that, until June 2008, 22.726 cases of AIDS and 33.419 cases of VIH had been reported⁵.

This epidemic concentrates mainly in men who have sexual relations with other men. In agreement with the monitoring sentinel studies of DGE, in 2002 and 2003 the percentage of HIV in this population was 13.9%. The cities with the highest percentages were Lima (22.9%), Iquitos (11.6%), Pucallpa (5.7%), Arequipa (6.6%) and Sullana (10.2%). Among female sex workers, the percentage of HIV reaches 0.49%⁶.

A study conducted in Metropolitan Lima among the gay, transgender and bisexual population demonstrated that 33% of the surveyed transgender people had contracted HIV, in contrast to 18% of gay men and 15% of bisexual men. In relation to this, this same study informed that 51% of transgender people had contracted syphilis, compared with 13% of gay men, 11% of bisexual men and 3% of the heterosexual population⁷.

This demonstrates that regarding public policies and the reordering of health services, little has been done for the transgender population, considering that, according to the official data⁸, 95% of the new cases of HIV infection are a result of unprotected sexual contact, and that in Peru, the epidemic will maintain its tendency to concentrate in certain sectors.

Given the empirical information, it is assumed that the transgender population is the most affected by the epidemic disease of HIV-AIDS. In the case of transgender people who perform sex work, it is presumed that the prevalence of HIV infection is much higher than that of women who perform the same kind of job.

⁵ Available in: <http://www.oge.sld.pe/vigilancia/vih/Boletin_2008/Diciembre.pdf>.

⁶ Extracted from: Fondo Mundial de Lucha contra el Sida, la Tuberculosis y la Malaria (2005).

⁷ Tabet et al; Op.cit.

⁸ Dirección General de Epidemiología – MINSA. Análisis de la situación epidemiológica del VIH/SIDA en el Perú. Bases epidemiológicas para la prevención y control. Lima: MINSA, 2006.

Although research specifically focused on the transgender population barely exists in the country, this concentration is related to the fact that sexual practices in the transgender population are most frequently anal and without protection, are related to the use of alcohol and drugs, and a very rare use of condoms.

“The friends I had passed away because they prostituted themselves out there in the streets. Some of them drank and did not eat, for them everything was drinking and drinking. A lot of them have passed away, about 30 people have died due to drugs and alcohol... and HIV, everything went wrong... There were a lot of them, like 40 or something like that”.

Regarding drug consumption, transgender people usually consume cocaine and basic cocaine paste⁹ during their sex work. Moreover, the findings of Nemoto et.al.¹⁰ suggest that this population has frequent intercourse with its clients under the influence of drugs.

This behavior is due partly to the social labeling by the assumed identity of gender, to exclusion, to low self-esteem and to the lack of health knowledge, thus making it difficult for transgender people to adopt safer life styles. However, it is also deduced that these practices could be conditioned to such limited employment options given the social rejection that the expression of their identity provokes.

HIV programs in Peru have been targeted towards a general category denominated “men who have sex with men” (MSM). Although these programs have been crucial to diminishing transmission indexes, the MSM category has contributed to making the transgender population, as well as their problems and specific health demands, invisible. Thus, these people are only taken care of in the context of the prevention of STI and HIV-AIDS, and the attention is specifically targeted to transgender sex workers. They attend health services every three months to receive the corresponding health care —referred to as «periodic medical attention»—, which consists of screenings, pre- and post- Elisa test counseling, and the receipt of condoms.¹¹

“Sometimes yes, other times no...I’d be lying to you. Really, most of the time I do not take care of me...”

However, mental health care¹² is an unsatisfied need for this population, which suffers daily from social labeling, discrimination and extreme violence that in many cases results in serious injuries and even death. One of the consequences of the hostile social context is the high frequency of drug and alcohol usage among the transgender population.

The government has paid little attention to this problem, thus demonstrating its limitations in guaranteeing the rights of this population.

The category of “men who has sex with men” has contributed to the invisibilization of transgender population, together with its particular health problems and needs.

⁹ Cáceres, C.F., Salazar, X., Rosasco, A. M. y Salazar, V. ¡A lo que venga! Alcohol, drogas y vulnerabilidad sexual en el Perú actual. Lima: ONUSIDA, ONUDD y UPCH, 2006.

¹⁰ Nemoto, T., Operario, D., Keatley, J.A., Hann, L. and Soma, L. HIV risk behaviors among male to female transgender persons of color in San Francisco. American Journal of Public Health, Jul.94, 7, pp.1193.

¹¹ In: Dirección General de Salud de las Personas. Dirección Ejecutiva de Atención Integral de Salud. Directiva No. 2003-MINSA/DGSP-DEAIS-V.01. Sistema de Atención Médica Periódica para los/as trabajadores/as sexuales.

¹² Salvatierra, J. “Consejería en personas trans”. Presentation in Power Point format.

Living in a context of constant harm makes transgender people feel vulnerable and internalize the idea that, in order to survive, they must be violent. Thus, they project that violence against themselves and against other people through physical and verbal aggression. These attitudes show how violence, in all its manifestations, marks the subjectivity of the transgender population and affects individual capacities. Not even the HIV-AIDS prevention programs rely on psychological support groups in order to care for transgender people who are victims of violence.

In addition, transgender people can not count on any support for transformation and production of their own bodies according to their sexual identity¹³. For example, the complex process of building a female gender identity that the transgender person goes through is as much symbolic as it is physical.

She acquires attributes that are socially interpreted as feminine, from make-up to the emulation of the feminine body by means of silicone injections or even more complex procedures such as surgery and prosthesis.

Some procedures of bodily transformation are performed by trans people themselves, causing serious health risks which can even result in death.

As we have indicated, this process is not only physical but also psychological. transgender people feel like women and in subjective and affective terms it is very important to them that their bodies reflect their wishes and be identified as a feminine body. Contrary to common beliefs, it is not just a matter of looks, but rather a deep psychological need whose satisfaction depends on one's personal accomplishment.

Given the absence of a specialized medical protocol that allows them to carry out this transformation, transgender people try different informal means to achieve their objectives. Thus, in order to have their hips, buttocks, legs, breasts, foreheads, cheeks, lips and other parts of their bodies adopt feminine forms, they illegally inject liquid silicones¹⁴, airplane oil and several mineral and vegetal oils into their bodies. The use of these products, which were limited in 1976 and forbidden in 1978 by the government, may generate a series of complications that range from subcutaneous infections to different types of cancer.

Another procedure for making the body more female is the empirical application, without medical prescription, of contraceptives or hormones¹⁵ that are used for relieving the effects of the menopause. This practice, very common among the transgender population, usually causes serious damage that ranges from diabetes, arterial hypertension and obesity to breast cancer and even death. Some of these procedures are performed by transgender people themselves because in Peru there are no public health services with specialized medical personnel able to apply hormone therapy and, much less, to perform surgical procedures.

It is of extreme importance that the transgender population can access comprehensive health services where professionals are able to handle their specific needs, that is to say, professionals who know about hormonal therapy and other issues and who perform their jobs guided by specific protocols. It is also necessary that clinical records for the transgender people are identified by their names. This way, transgender people will feel that health providers treat them with respect, respecting their gender identity.

¹³ Villayzán J. La travesía del género. Travestis, vulnerabilidad, derechos y políticas públicas. Master's thesis for Public Health. Universidad Peruana Cayetano Heredia, 2006, not yet published.

¹⁴ Salvatierra J. "El uso del silicón en travestis y transexuales". Presentation in Power Point format.

¹⁵ Salvatierra, J. "Tratamiento hormonal para población travesti o transexual". Presentation in Power Point format.

Nowadays, there are no comprehensive public health services—including prevention, treatment, care and HIV and AIDS support – that guarantee the universal access of transgender people and that take into consideration their specific characteristics. For example, the transgender population does not have access to Highly Active Antiretroviral Therapy (HAART) currently available in health public establishments for several reasons:

- In general, the schedules of the health care centers do not accommodate the transgender lifestyle.
- Most transgender people who perform sex work do not fulfill the basic requirement to access HAART: family support.
- Health services offer a limited psychological and social support to transgender people who live with HIV-AIDS.
- Many transgender sex workers refuse to receive HAART because the treatment's indirect effects damage their physical appearance, and their bodies are their main tool of work.
- Those who access to the treatment, their adherence is very small.

On the other hand, transgender people who live with HIV, suffer from TB, are deprived of their liberty or are under the influence of drugs do not receive any type of specialized attention.

This demonstrates the need to engage an energetic multisectorial work that, among other priorities, implements health services which lead other people to see transgender people as a community with specific needs. It is necessary to work on the issue of access to HAART for transgender people who live with HIV-AIDS in order to obtain universal access for this population.



HUMAN RIGHTS

In the world, there is a long history of violations of different populations' human rights, carried out both by dictatorial regimes as well as by democratically-elected governments.

Isolation, lack of social support, organizational weakness and scant or nonexistent empowerment are characteristics present within specific social groups. Vulnerability affects multiple dimensions of these people's lives and it locates them in a seriously disadvantaged position to face their problems, exposing them to situations that prevent their well-being and the exercise of their rights¹⁶. There is strong evidence that social exclusion and vulnerability condition the capacity of individual agency¹⁷.

¹⁶ Toro Alfonso, J. Vulnerabilidad de hombres gay y hombres que tienen sexo con otros hombres (HSH) frente a la epidemia del VIH/SIDA en América Latina: La otra historia de la masculinidad. En: Cáceres C.F., Pecheny M. y Terto V. (eds.) Sida y sexo entre hombres en América Latina: Vulnerabilidades, fortalezas y propuestas para la acción. Lima: Universidad Peruana Cayetano Heredia, ONUSIDA, Red de Investigación en Sexualidades y VIH/SIDA en América Latina, 1997, pp.57-81.

¹⁷ UNAIDS. Contextual factors affecting risk for HIV/AIDS. A complex comparative analysis of multisite studies. Geneva, 1999.

Being a citizen means more than being a subject with political rights. Citizenship is how the State grants, with amplitude and depth, rights and obligations to its members. Certainly, the ethical basic sense of human rights is that we all have the same rights. This, nevertheless, is not actually fulfilled.

There is strong evidence that the conditions of social exclusion and vulnerability limit the capacity of individual agency.

There are some rights that are not being fulfilled in the case of transgender people, such as access to justice, identity, education, health and work. The transgender population locates itself within this violent background, in which discrimination has socially been accepted and is part of the urban chronicles of our countries.

Populations, who suffer social exclusion —such as the transgender community—, frequently face different forms of vulnerability, among them HIV-AIDS. The complexity of the roots of vulnerability, associated with sexual risk, suggests that the potential solutions to this problem are related to deficiencies in financial and educational conditions, and lack of adequate public policies that this population suffers from.

In Peru, numerous TV news reports —both of scandalous origin as well as of deeper analysis— have given account of the frequent abuses that national and municipal police commit against transgender sex workers in Metropolitan Lima and the other regions. The violent acts to which we are referring have been registered as echoes of the horror that this community constantly experiences. It was in 2000 that the first organized transgender groups complained against the upsetting experiences from which they suffered, but very few cases resulted in formal complaints that led to a sanction for the aggressor.

It is necessary to note that there does not exist specific laws nor public policies addressed to the transgender population. According to the thesis of Dr. Juan Carlos Eduardo Negro Balarezo¹⁸, personal identity is a subjective judicial condition that contemplates as well personal as public and social interests. From this point of view, all human beings included transgender people, need social recognition of their personal identity. Many states in the world (France, Poland, Belgium, Luxembourg etc.) have recognized and established laws for identity of transgender population. The psycho social identity prevails over the biological gender “understanding that forcing a person to maintain gender that he/she does not identify as his/her own, constitutes a violation against his/her intimacy and privacy”¹⁹. Psychological gender should prevail over biological gender in order to protect the liberty of development of personality.

Peruvian legislation contemplates two articles, according to the above thesis: first one is in favor of correcting the name of transgender people in the birth certificate (Article 826° of Código Procesal Civil) and the article 29° of the Código Civil authorizes the change of name for justified reasons; considering that condition of transgender identity is a justified reason, it is possible to appeal to this decree, taken into account that a name has the function of identifying and individualizing a person.

¹⁸ Negro Balarezo, Juan Carlos Eduardo. El derecho a la identidad sexual en el Ordenamiento Jurídico Peruano: El caso de los transexuales. Tesis para optar el grado de Magister en Derecho Civil y Comercial por la Universidad Nacional de Piura. Facultad de Derecho y Ciencias Políticas, 2007.

¹⁹ Op.cit. pg. 81.

Since the 1970's, many judges have resolved cases of name correction for transgender people interpreting the law according to their own will, due to the existing legal gaps. During the last years, the Constitutional Court considers that one's essential attributes include the right to the identity consecrated in the second article, interjection 1) article 2° of the Carta Magna. This must be understood as the right that each individual has to be recognized for whom she/he is and for the way she/he is²⁰. In the case of transgender people, this right is not clear and fulfilled because their official forms of identification are based on birth certificates that give them male names, not the female ones they identify themselves with. The Peruvian Constitutional Court has declared that "the people's identity is not based on their sex organs, but on a much more ample perspective and the State must guarantee the right to the identity of the people". If there would exist any jurisprudence, legal action through the Judicial System could be initiated in order to guarantee that transgender people would be able to access the right to use the female name as right to identity provided by the Peruvian State.

Resolving the non-recognition of identity, social labeling, discrimination and even the expressions of transphobia and hate crimes against this community —especially those who perform sex work— are not priorities for the State, which allows the rights to integrity, life, identity, freedom, personal security and health of transgender people to be permanently violated.

The general legal framework that protects all Peruvian citizens should also protect transgender people, including those who perform sex work.

²⁰ Expediente 2273-2005-PHC/TC – Lima. Karen Mañuca Quiroz Cabanillas, sentencia del Tribunal Constitucional.



TRANSGENDER PEOPLE IN THE CONTEXT OF SEX WORK

“You go to the bridge, you stand up there, the clients come, and you offer yourself: how much is this? How much is that? But you must always take your condom with you. Later, when I had just gotten out of the car, I had two or three clients, and they paid me, and I was happy with those 30 soles, because I charged 10 soles for each one, and I came back happy”.



The transgender organizations and groups must analyze their situation in the context of sex work in order to define together the most significant difficulties they experience in the practice of this work.

Invisibilizing transgender sex workers has generated a lack of accurate knowledge about the conditions in which they perform their activities as well as on their vulnerabilities. Information about them, especially in Peru, is still very limited.

Sex work, defined by UNAIDS²¹, is practiced just as much in large cities as it is in small towns. In Peru as well as in Brazil, transgender people occupy an important place in this market²². It is an activity that has been and continues to be ignored by public policies. For some time, transgender people who perform sex work have begun to appear in public documents as well as in academic studies, mainly due to the relationship that exists between this group and HIV-AIDS.

Throughout recent history this population has been referred to by different denominations such as “at-risk groups” or “high-risk populations”. But these concepts, which emphasize individual risk, have contributed to the restoration of social labeling.

Currently, the undeniable fact is that transgender people perform sex work in multiple social surroundings, and every day there is more proof that this is not an isolated phenomenon, nor is it limited to certain regions.

In addition, invisibilization of transgender sex workers has generated a lack of accurate knowledge about the conditions in which they perform their activities as well as on their vulnerabilities. Information about them, especially in Peru, is still very limited.

A great weakness in Peru is that most of the laws that refer to sex work have been determined by female sex work. This gap has allowed the unpunished violation of the human rights of the transgender population and has left them more exposed to violence by police forces. Violence from the local police (Serenazgo) is a clear example of this: Arrests, violent expulsion from the streets, harassment, and verbal aggressions, amongst other actions, have become common practices that occur daily in front of the passive gaze of the policemen, who usually belittle these happenings.

²¹ ONUSIDA. Trabajo sexual y VIH/SIDA. Colección Prácticas Óptimas del ONUSIDA. Available in: http://data.unaids.org/Publications/IRC-pub2/JC705-SexWork-TU_es.pdf, site visited in August 2008.

²² Benedetti M. (Trans) formacao do corpo e fritura do genero entre travestis de Porto Alegre, Brasil. En: Cáceres, C.F., Careaga, G., Frasca, T., Pecheny M. (eds.). Sexualidad, estigma y derechos humanos: desafios para el acceso a la salud en América Latina. Lima: UPCH, 2006.

Additionally, transgender sex workers usually experience physical violence not only from transphobic men and clients but also sometimes -as it happens in the south and north of the country- from their pimps.

Social labeling and the criminalization that transgender sex workers suffer, plus the existent deficiencies in the justice system, prevent them from denouncing these occurrences and accessing the health system.

It is the pimps who charge them money in order to let them work in certain streets or avenues, or force them to use their hotels; otherwise, they are violently forbidden from working. In other cases, they are forced to work for them in exchange of very little amount of money, they must also take care of cleaning the locale, performing sex work, and offering company to the clients.

Socially accepted violence against the transgender population contributes to its vulnerability; it is constant in the life of transgender people and it usually leaves, as Benedetti²³ says, physical as well as psychological scars. In this way, social approval or disapproval of sex work affects how the population in general thinks that the violence against transgender people must be faced.

In addition, the social labeling and the criminalization that transgender sex workers suffer, in addition to existing deficiencies in the judicial system; prevent them from denouncing these incidents and accessing the health system.

Trans people who perform sex work usually experiment a double discrimination: on the one hand, discrimination for their gender identity, and on the other hand, social labeling for the kind of work they perform. These discriminations cover a spectrum that begins in the family and carries over to the legal and judicial systems. This issue is extremely complex. The legal and judicial system does not penalize the sex work, because it is defined under a regulatory legal framework and whenever sex work is performed according to these State's regulations, it is not taken as illegal. However, this regulatory framework was established considering female sex work only, and therefore sex work of transgender people may be considered excluded from this legal and judicial framework. On the other hand, sex work has always been culturally considered as unmoral and bad behavior, and therefore the population in general labels negatively and discriminates against sex workers. Consequently, the change must begin within two levels: in cultural level by changing mentalities and sensitizing population regarding the issue, and in policy level. It is complicated but necessary work and change will not happen overnight, but in order to diminish vulnerability and exclusion it is necessary to address these two levels.

“Sometimes they took me and didn't pay me, or other times they threw stones at me. Sometimes I had to do it because I was scared, scared of being stabbed, but they hit me anyway or took my money. They threw me out of the car, opened the door and pushed me out, and I had to roll on the ground, and that rolling burned me...I have scars”.

²³ Benedetti, Op.cit.

Social labeling usually is located beneath the laws and rules that provide consent for the exercise of violence. This explains the contradiction between the legal frameworks, which guarantee respect for the human rights, and the local norm, which promotes the exercise of violence.

A final characteristic is that transgender sex workers see themselves very negatively, given the previously mentioned context. This factor contributes to their weakening and limits their possibilities of defending themselves, among other things, from violence.





SEX WORK AND VULNERABILITY TO HIV/AIDS

“There were moments when a guy arrived, right? Let’s say... when you find them good looking... wow, that’s a handsome man. I was working in the street, there were four or five of us (gays) and a handsome man arrived... and wow! I felt like a goddess... he came over to me and said that he wanted to make love without a condom, and without realizing what I was doing, I did it”.



It is highly recommended that transgender organizations and groups involved in the defense of sex workers' rights are aware of what this activity implies and of the vulnerability of this population with regard to HIV-AIDS.

The lack of specific strategies and state policies targeted to the most vulnerable populations—including transgender sex workers—and the existence of repressive policies contribute to reinforcing the vulnerability of these groups to HIV/AIDS.

When public health experts approach the subject of transgender sex workers, they usually focus on their risk for STIs and HIV-AIDS. Thus, most interventions have focused specifically on delaying the advance of the epidemic, with less interest in approaching the social reality of sex workers and their vulnerabilities. The idea has been centered in the risk of infection, ignoring the context of this risk.²⁴

It is proven that every gap in and violation of fundamental rights usually have negative effects on the affected group's health; for example, isolation makes it difficult to access prevention information and the health system²⁵. That is why in the case of transgender sex workers, there is a strong connection between labeling, discrimination, violence and vulnerability to HIV/AIDS.

The lack of specific strategies and state policies targeted to the most vulnerable populations, —including transgender sex workers— and the existence of repressive policies contributes to reinforcing the vulnerability of these groups to HIV/AIDS.

Violence is one of the factors that contribute the most to increased vulnerability of sex workers to HIV/AIDS because while they are involved in situations that increase their risk, they face great difficulties in obtaining protection and support²⁶. These important obstacles prevent the group from accessing information, support and services that could contribute to diminishing its vulnerability.

²⁴ Alexander H. The impact of violence on HIV prevention and health promotion: Techase in South Africa. In: Sex work research 4: Risk and violence, June 2001. Available in: <http://www.nswp.org/r4sw/index.html>. site visited in August 2008.

²⁵ ONUSIDA. Centro Internacional de Cooperación Técnica en VIH/SIDA (CGTH). Guía de acciones estratégicas para prevenir y combatir la discriminación por orientación sexual e identidad de género: derechos humanos, salud y VIH, s/f. Available in: <http://www.acnur.org/biblioteca/pdf>. site visited in August 2008.

²⁶ Alexander, Op.cit.

The social and psychological damage caused by social stigma can create barriers to accessing health services, as well as to receiving support, prevention and treatment services for damage caused by violence.

The main psychological consequence of this situation is the isolation of the affected person, who, when feeling isolated by her serious problems, devalues and blames herself. Furthermore, low self-esteem makes her feel that it is not worth the trouble to protect herself from HIV.

The criminalization of sex work generates a series of vulnerabilities for the people who perform it. For that reason, its decriminalization becomes an important platform to prevent HIV/AIDS²⁷.

UNAIDS²⁸ states that the legal status of sex work in certain regions is directly related to the effectiveness of programs against HIV-AIDS. For example, in countries such as Peru in which contradictory policies coexist, prevention programs will face serious limitations.

²⁷ Alexander, Op.cit.

²⁸ ONUSIDA. Trabajo sexual y VIH/SIDA. Colección Prácticas Óptimas del ONUSIDA. Available in: http://data.unaids.org/publications/IRC-pub02/JC705-SexWork-TU_es.pdf, site visited in August 2008.



THE NATIONAL RESPONSE TO THE HIV EPIDEMIC



To design effective protection policies for transgender populations—including those who perform sex work—it is necessary to completely understand the response of the State and of vulnerable populations for each country, as well as the instruments that inform the strategy to fight against STIs and HIV/AIDS. Here we offer the example of Peru.



THE STATE'S NATIONAL RESPONSE

Currently in Peru there is a partial national response by the State regarding the transgender population. The national response is limited to the prevention and control of HIV/AIDS through the National Strategy of Control of STIs and HIV/AIDS by the Ministry of Health (MINSA).

The following section presents the main policies of this sector:

Law 26626 (1996): Established the elaboration of a National Plan against HIV/AIDS and STI, called PLAN CONTRASIDA. This plan's objectives are to facilitate the application of the National Strategy for STI, HIV and AIDS Prevention and Control to promote the national and international funding for these programs and to promote legal reforms for the development of actions against these infections.

Law 28243: Modifies Law 26626 about HIV/AIDS and establishes free universal access to Highly Active Antiretroviral Therapy (HAART).

Decentralized and Coordinated National Health System 27813 (2002); Modifying Law 27813 that creates mechanisms of dialogue within the National Health System: It grants a main role to the regional governments and to the regional health council as key actors to respond to STI and VIH-AIDS.

Ministry Resolution 771-2004-MINSA: Establishes the National Public Health Strategy for Prevention and Control of Sexually Transmitted Infections and HIV/AIDS.

Strategic Multisectorial Plan for the Prevention and Control of STI-HIV-AIDS 2007-2011: Its mission is to strengthen the national response to prevent STI and HIV/AIDS transmission and to diminish its impact in individual, social and economic areas.

Strategic Multisectorial Plan for the Prevention and Control of STI-HIV- 2007-2011 for the Prevention and Control of STI and HIV-AIDS: Is the result of a participatory and collaborative work by MINSA, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Multisectorial Coordinator in Health (CONAMUSA), civil society organizations and people directly affected.

Directive No.07 -2003-MINSA/DGSP-DEAIS-V.01. Periodic Medical Attention for Sex Workers.

Directive No.09-2003-MINSA/DGSP-DEAIS-V.01. System of Peer Educators for Vulnerable Populations.

Regarding the policies in other sectors, we can name the following:

Law 27270 against Discrimination: Penalizes the acts of discrimination of any person or group of people based on racial, ethnic, religious or sexual differences; perpetrators will be sanctioned to fulfilling services in benefit of the community from thirty to sixty days or, receive detention for twenty to sixty days.

Municipal Ordinances against Discrimination: Several municipalities following Law 27270 have established municipal ordinances against discrimination: Provincial Municipality of Huamanga (Region of Ayacucho), Provincial Municipality of Huancayo (Junín), Provincial Municipality of Sullana (Piura), Provincial Municipality of Abancay (Apurímac), District Municipality of San Juan Baptist (Ica) and District Municipality of Miraflores (Lima).

THE RESPONSE OF VULNERABLE POPULATIONS AND CIVIL SOCIETY

Responses and proposals to face the issues of human rights and HIV-AIDS have arisen from vulnerable populations as well as from civil society.

These initiatives are concerned with, among other things, facing the impact of the epidemic in cities where the presence of the state health services is weak. In these places, the exclusion by gender identity increases due to poverty and the lack of opportunities to access education.

A particularly serious aspect of the problem is the state of transgender adolescents and youth who perform sex work because they are frequently exploited. They do not have access to information and there is no statistical data to account for their actual situation.

Part of this response comes from community-based organizations, which are contributing to consolidating a sense of community and solidarity among transgender people. This is a fundamental element to supporting openness and empowerment, and therefore, to adopting safer sexual practices.

Community groups are generated by the initiative of transgender people themselves; with time they consolidate until they become more stable and fortified centers. Thus the response of vulnerable populations and civil society aims to form groups of transgender people - including those who perform sex work - that are able to fight efficiently to have their human rights related to health, education, justice and HIV-AIDS respected.

These groups, which start as volunteers, identify key issues and support of different sectors that are committed to the inclusion and the welfare of the transgender people. The link between sex work and human rights is one of the essential issues for the transgender population. A strategy to respond to this challenge has been the creation of the National Multisectorial Consultation on Sex Work, Human Rights and HIV and AIDS, described in the following chapter.

Within the framework of the project “Human rights, sex work, HIV and AIDS in Peru: Looking forward in the agenda to emphasize the needs of sex workers”, there is a proposal to legally recognize the basic rights of transgender and female sex workers and to legalize the activity with all the labor benefits that any recognized form of employment enjoys.

This project was initially promoted by the Association of Sex Workers “Miluska: Vida y Dignidad”. In this process an initial proposed law was elaborated and presented to the National Peruvian Congress. Initially welcomed by Congressman Macedo, member of the APRA Party, the new proposal is presently being worked on by a legal consultant. The process was accompanied by the organizations participants in the project, with the technical assistance of the United Nations Population Fund, the Public Health Strategy for the Control of STI/HIV of Peru, and enhanced in meetings with professionals and technicians via a multidisciplinary approach. The legal proposal is currently in its final phase and is about to be presented to the media and to Congress.





THE PROCESS
OF THE NATIONAL CONSULTATION
OF SEX WORK,
HUMAN RIGHTS AND HIV
AND AIDS - DECEMBER 2007



ANTECEDENTS OF THE NATIONAL CONSULTATION

- **FIRST PERUVIAN TRANSVESTITE, TRANSGENDER AND TRANSSEXUAL MEETING. PREPARATORY WORKSHOP TOWARDS THE FIRST NATIONAL TRANSGENDER MEETING “PROMOTING THE LEADERSHIP AND UNITY OF THE TRANSGENDER COMMUNITY”, 5, 6 AND 7 DECEMBER, 2005²⁹**

This workshop was held in the district of Cieneguilla, the city of Lima, and relied on the financial support of UNAIDS.

It represented the first attempt of joint work by the transgender population and attracted the participation of transgender leaders from eight regions and the city of Lima.

At this event, they managed to diagnose for the first time the multiple human rights violations from which the transgender population suffers. Unlike other organized groups, the transgender population began this process in very limited conditions. Although it was not possible to generate a proposal regarding the subject of human rights, this group did begin to question different concepts about the gay and transgender population, as well as the names transgender people are called and the focus of multiple studies on HIV.

With this workshop, the population began joint work aimed at creating a national transgender movement.

- **GLOBAL TECHNICAL CONSULTATION OF SEX WORK AND HIV (RIO DE JANEIRO 2006)**

The purpose of this meeting was to debate and to reach an agreement on the concepts of sex work, prostitution and sexual exploitation because the definitions were very confusing and subtly

²⁹ Informe del Encuentro Travesti, Transgénero y Transexual del Perú. Taller preparatorio del Primer Encuentro Nacional Trans “Promoviendo el liderazgo y la articulación de la comunidad trans” December 2005.

led to conservative understandings. Thus for example, sex work can be regarded as the major expression of sexual autonomy, as an exercise of the sexual rights and, therefore, a human right. This event demonstrated the importance of approaching HIV/AIDS prevention in the context of sex work, especially in countries where the epidemic is concentrated in female and transgender sex worker populations.

The meeting, led by technicians from bilateral cooperation agencies and international NGOs, became the first step to putting the subject of sex work and HIV on the agenda, as well as its relationship to human rights. In the future other regional and national consultations will be held in which sex workers will hold the main role.

■ **NATIONAL WORKSHOP ON SOCIAL STIGMA AND DISCRIMINATION IN THE TRANSVESTITE, TRANSGENDER AND TRANSEXUAL POPULATION (LIMA 2006)**

This workshop, supported by UNAIDS and the United Nations Population Fund (UNFPA), took place within the framework of Global AIDS Day activities in December 2006. It was the first workshop in the country that approached the transgender population, issues of human rights, access to health and the vulnerability to HIV within the context of sex work.

It was confirmed that the first priority problem for the transgender population is violence in sex work, and that most of the aggressions come from police forces, especially from local police (Serenazgo). This workshop also offered a national view on the transgender population and on the importance of working on HIV prevention.

Some recommendations gathered in the workshop report are:

- 1 To continue exploring the situation of the transgender population through qualitative and quantitative studies on the following subjects:
 - a. Sex work.
 - b. Legal framework regarding the right of identity.
 - c. Situation of transgender adolescents and young people who do not have access to health services.
 - d. Population census aimed at this sector.
 - e. Appropriate health services.
 - f. Drug and alcohol consumption.
 - g. Legal framework of discrimination in educational centers and in the workplace.
- 2 To train the defenders of public order (local and national police).
- 3 To train workers in the health sector.
- 4 To train workers in the education sector.
- 5 To develop non-discriminatory public policies both locally and regionally.

6. To continue the organizational strengthening of the transvestite and transgender sexual population at the national level.

■ **REGIONAL CONSULTATION ON SEX WORK AND HIV-AIDS IN LATIN AMERICA AND THE CARIBBEAN (LIMA 2007)**

The Regional Consultation on Sex Work and HIV/AIDS in Latin America and The Caribbean was held in Lima from 26 until 28 February 2007.

The meeting was promoted by the Group of Horizontal Technical Cooperation (GCTH), reinforcing the commitments of the United Nations General Assembly Special Session (UNGASS) established in July 2006 regarding universal access to comprehensive prevention, care and treatment programs. It also seeks to respond to the historical demand of the movements and organizations to start debating profoundly the relation between sex work and HIV infection.

The national AIDS programs in Brazil and Peru, the Latin American and Caribbean Network of Sex Workers against HIV/AIDS (REDTRASEX) and the Latin American and Caribbean Network of Transgender People (REDLACTRANS) were in charge of the organization of the event, which relied on the financial support of the Department for International Development (DFID) of the United Kingdom and the Regional UNAIDS Office of Panama.

In the meeting participated 85 people from 17 countries that form the Group of Horizontal Technical Cooperation, including representatives from governments and sex worker organizations. In addition, the Pan-Caribbean Partnership against HIV-AIDS (PANCAP), as well as of civil society representatives from the English Caribbean and Zambia participated.

In the work presented and the discussions held during the three days, a series of strengths, obstacles and recommendations were established to develop policies regarding sex work and HIV. It was articulated within two subjects: a) universal access to diagnosis, attendance and treatment in HIV and AIDS; and b) human rights, the legislation and activism, although it is recognized that universal access and human rights are hardly ever separable.

One of the agreements proposed by the networks REDTRASEX and REDLACTRANS to the heads of the national HIV programs that are part of the Horizontal Technical Cooperation Group (HTCG) was that, in each case, the consultation be replicated at the national level. This would allow for a diagnosis of the socio-economical and political vulnerabilities of sex work in the context of each country to obtain basic agreements with civil employees and to begin working on HIV prevention.





ORGANIZATION
OF THE NATIONAL
CONSULTATION ON
SEX WORK,
HUMAN RIGHTS
AND HIV AND AIDS
DECEMBER 2007



OBJECTIVES OF THE NATIONAL CONSULTATION

- To discuss, analyze and identify the attitudes, actions, weaknesses and difficulties that increase the state of vulnerability of female, transgender and male sex workers facing the HIV epidemic.
- To inform and involve participating authorities, calling their attention to the implementation of necessary proposals in the fight against HIV/AIDS.
- To involve different actors —particularly of different State sectors and the regional and local governments— in the fight for the respect of human rights of the sex workers and against HIV/AIDS.

ORGANIZATION OF THE NATIONAL CONSULTATION

Held in the city of Lima from the 10th to the 12th of December in 2007, the National Consultation on Sex Work, Human Rights and HIV and AIDS marked an historic milestone. In the meeting participated —with their best disposition— a group of State representatives and organizations of the civil society committed to work with the different aspects and realities of sex work in Peru.

It is important to highlight that this consultation is the result of several previous events on the subject that took place regionally as well as globally.

In Peru, the female and transgender sex worker organizations are connected to the networks REDTRASEX and REDLACTRANS that have worked in the regional level for prevention of HIV in the context of sex work with a human rights approach.

Thus, the female sex workers movement in Peru led by the organization “Miluska: Life and Dignity”, mobilized around this consultation. In the same way, the leaders as well as the members of transgender organizations mobilized themselves around this national event, which constituted a new experience of coalition in the defense of female and transgender sex workers’ human rights.

This meeting managed, for the first time, to form a coalition of female and transgender sex worker organizations, leaders and members. The members of both groups began to see each other alike and note the similarities and to reflect and to analyze their shared experiences: vulnerability to HIV, contexts of gender inequity, gender-based violence, poverty, social stigma and discrimination, all of this in a society such as the Peruvian, which is in process of development and democratization.

The main success of the consultation was to coordinate the participation of two movements in the fight against HIV within the context of sex work with human rights approach. This demonstrated that women and transgender people can work and organize actions together.

The Peruvian Ministry of Health was in charge of the organization of the national consultation via the National Public Health Strategy for the Prevention and Control of STI and HIV-AIDS, the Association of Female Sex workers "Miluska: Life and Dignity", and the National Network for the Rights of the Transvestites, Transgender and Transsexual People of Peru. It relied on the support of the Unit of Health, Sexuality and Human Development of the Cayetano Heredia University, which was in charge of financial and administrative matters, as well as the technical and financial assistance of the United Nations Population Fund (UNFPA).

About 98 representatives of female sex worker organizations and 130 representatives of transgender sex worker organizations attended. Both groups came from the capital and 13 other cities of Peru: Callao, Piura, Chimbote, Huaraz, Ica, Pisco, Iquitos, Huánuco, Pucallpa, Tarapoto, Cuzco, Arequipa and Huancayo. It must be emphasized that for the first time a small group of gay men who perform sex work in Lima and Callao participated in a National Consultation.

About 69 officials from the Ministry of Health, regional and municipal governments and the Department of the Interior of the country also participated. There were also representatives of some sources of cooperation committed to the fight against HIV/AIDS, as well as civil society organizations and institutions.

It is important to emphasize the particular interest and involvement of the government officials of the different regional governments who participated in the National Consultation.

METHODOLOGY OF THE NATIONAL CONSULTATION

Participative self-diagnoses

These self-diagnoses were developed in groups integrated by people who perform sex work—women, transgender and men—, who via participative dynamic and motivational questions discussed and focused on their main problems regarding social labeling, discrimination, human health and rights.



Identification of priorities for sex worker populations and government officials

The multiple problems identified were prioritized according to their gravity and the necessity of fast responses.



Proposal of solutions to the identified problems

From an open and straightforward negotiation, the groups of sex workers and government officials of each region met during an afternoon to discuss the possible solutions to the identified problems.

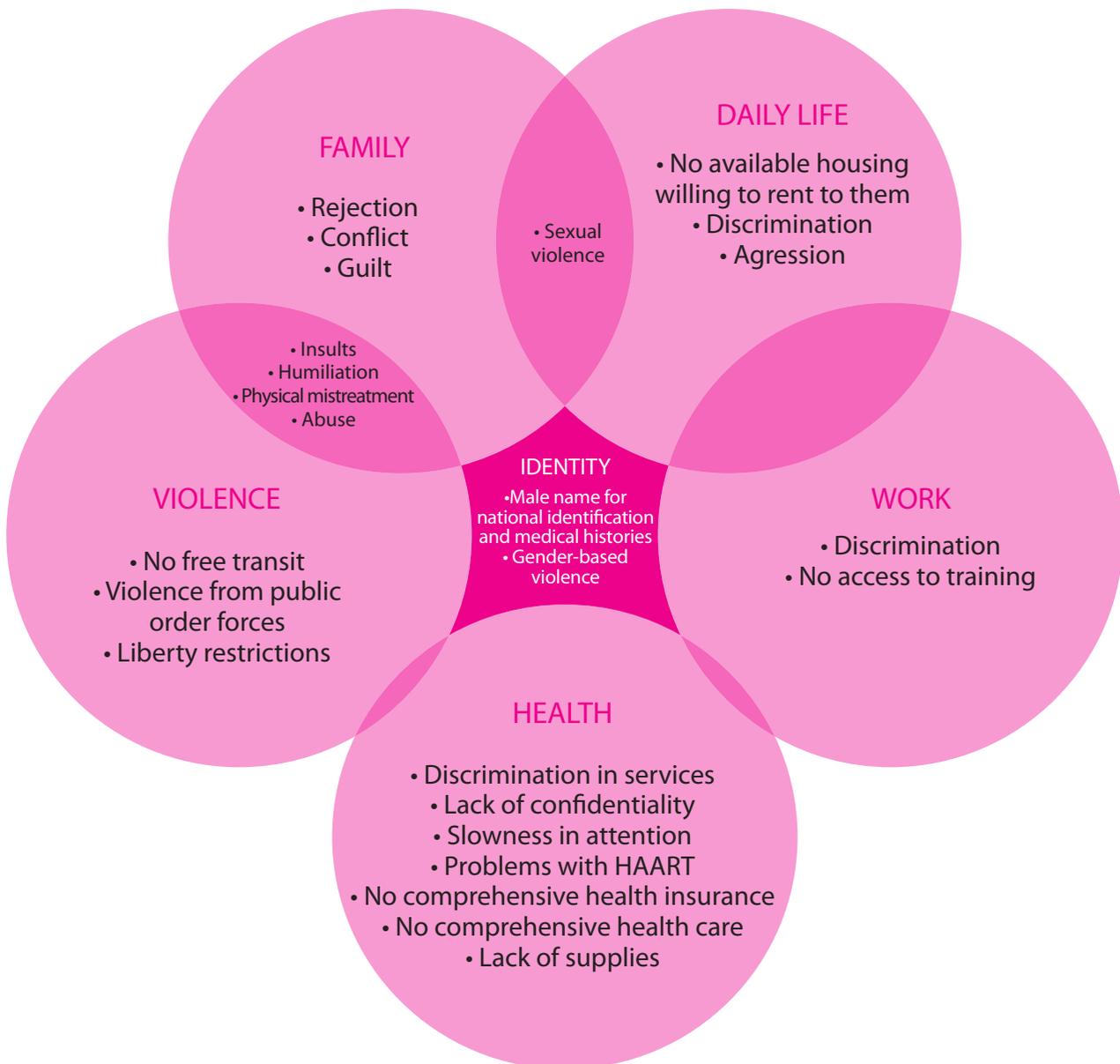


Signature of commitments on the part of the government authorities and officials

By means of a symbolic act, the authorities and the government officials of each region signed an act in which they committed to implement the agreements reached with the sex workers.

RESULTS OF THE NATIONAL CONSULTATION

Problems identified in the participative self-diagnoses with transgender sex worker populations:



Main priorities at the regional level:

- 1 To implement comprehensive health services for the transgender population.
- 2 To sensitize the authorities in different sectors in human, educational, work and health rights.
- 3 To publish information and brochures for the transgender population giving advice and alerting them to STIs and HIV from a comprehensive health approach.
- 4 To provide training for the transgender population on project elaboration.
- 5 To demand better treatment of vulnerable populations and the People Living with HIV/AIDS (PLWHA).
- 6 To promote a culture of sexual and reproductive rights.
- 7 To fight against discrimination in occupational and educational centers and to promote the opening of job opportunities other than sex work.
- 8 To promote friendly relations and understanding among authorities, the organizations of vulnerable populations and civil society. Within this framework, to promote human rights sensitive approach among members of local police (Serenazgo) and police forces.
- 9 To revise the current norm that violates against the human rights of transgender population.

Proposed solutions emerging from agreements:

- Organization of workshops for transgender communities and female sex workers on how to report rights violations to the police and to follow up the legal process; as well as on providing support to people affected. In addition, organization of workshops for the National Police and Municipal Police.
These proposals require coordination with the team responsible for National Consultation and with the regional divisions of the National Police.
- Organization of workshops for transgender people and female sex worker communities of all regions to learn how to elaborate projects. Also, organization of awareness workshops for authorities on issues of labor and human rights of transgender people and sex workers.
This proposal requires coordination with the team responsible for the National Consultation, the funding agencies, the regional governments, the municipalities and the transgender communities.
- Consensus of initiatives regarding the recognition of sex work, which implies a revision of the existing norms, in particular those used by the municipalities.
This proposal requires coordination with the regional governments, the municipalities, the organizations of vulnerable populations and civil society.

- Revocation of norms against the human rights of transgender and sex worker communities.
This proposal requires coordination with the regional governments, the local governments, the vulnerable population and the Department of the Interior.
- To change the municipal regulations that affect sex work, seeking to incorporate norms that preserve sex workers health and security.
This proposal requires coordination with the Regional Councils of Education, COREMUSA and the representations of the Ombudsman's Office of the country.
- Revocation of the laws that prevent free transit in the streets.
This proposal requires coordination with the Mayors and Municipal Council officers, as well as with the members of the regional governments.
- Development of a school curriculum project that incorporates gender, equity, human rights approaches and recognizes sexual diversity.
This proposal requires coordination with the offices of the Regional Management of Social Development, the Regional Directorate of Education, and the Units of Local Educational Management, the Parent Associations (APAFA), vulnerable populations and civil society.
- Promotion of a greater access to health service materials and treatments for all STIs and not only for syphilis and the gonorrhoea; more options for appointment times; campaigns for safe and responsible sex; and sex education in schools, in which the subjects of sex work and sexual diversity are approached from a human rights and tolerance perspective.
This proposal requires coordination with the Ministry of Health, the Ministry of Education and the organizations involved.
- Training and sensitization in the subjects of comprehensive health and human rights of vulnerable populations and PLWHA for health sector personnel.
This proposal requires coordination with the offices of the Regional Management of Social Development, the Regional Directorates of Health, the Multisectorial Regional Coordination of Health (COREMUSA), and the organized groups of transgender populations.
- To educate and sensitize of local police (Serenazgo), and police forces in order for them to fulfill their responsibilities within the framework of respect for human rights.
This proposal requires coordination with the Regional Governments, municipalities, organizations of vulnerable populations and civil society.
- To create a monitoring committee to follow up cases of social stigma and discrimination in health services.
This proposal requires coordination with the General Directorate of Health, allied organizations and the Regional Council of Health.
- To visibilize the discriminatory attitudes in occupational institutions, educational centers and the State departments. To submit projects elaborated by vulnerable populations to the regional governments.
- Place in the agenda of COREMUSA or other roundtables the problem of repression by the municipal police. To build a commission on sex work. To integrate vulnerable populations and leaders of transgender and sex workers organizations in the roundtables.

- Setting up a commission specialized on sex work organized by the regional governments.

FOLLOW UP OF THE NATIONAL CONSULTATION: THE FOLLOWING ACTIONS

After the National Consultation of Human Rights, Sex Work and HIV in Peru, the National Network for the Rights of the Transvestite People, Transgender and Transsexuals of Peru (REDTRANS) and the Association of Sex workers “Miluska: Life and Dignity”, in collaboration with the Institute of Studies in Health, Sexuality and Human Development, presented the proposal “Human rights, sex work, HIV and AIDS in Peru: looking forward in the agenda to emphasize the needs of the sex workers”³⁰.

This proposal is the beginning of an effective pursuit of the agreements made with the regional government officials who took part in this event, such as the training services in the matter of human rights, sex work, identity of gender, among others, aimed at transgender and women sex workers, regional and municipal civil employees, as well as members of the police and municipal police.

The objective of this proposal is to put the subject of HIV/AIDS prevention in the context of sex work, from a human rights approach, in the agenda of the regional governments. The key actors in this area are transgender and female sex workers in alliance with the regional governments.

At the moment, the proposal is being implemented in four regions of Peru (Arequipa, Ucayali, Piura and Junín). This work, in cooperation with the local organizations of sex workers, the regional civil employees, the National Police and the Municipal Police, includes a consultation of Human Rights, sex work and HIV and AIDS in each one of the regions.

³⁰ This proposal has been made thanks to the technical and financial assistance from the United Nations Population Fund – UNFPA.





GUIDELINES FOR THE MULTISECTORIAL W O R K : TOWARD FUTURE ACTIONS FOR OBTAINING UNIVERSAL A C C E S S

“I’m telling you, now that I want to change my name... I think for a moment: if we are all born with the right to a name, if our identity is female and we are transvestites, if we feel like women, why must our name still be Diego. Why must the names of all the other transvestites still be male names on our birth certificates or our DNI?”

“The right is ours, not our parents’, do you understand?”

“Then, I feel furious because I think that there should be a law that says that transvestites have the right to change their names because it is a human right to have the right to a name, right?”



The following guidelines correspond to the work -medium and long term- that it is needed to improve the life and social inclusion of the transgender population. These guidelines have been elaborated on the basis of interviews held with different institutional representatives of the State, international cooperation and civil society.

■ **TO PROMOTE THE COMPREHENSIVE HEALTH OF TRANSGENDER PEOPLE FROM A HUMAN RIGHTS APPROACH**

The World Health Organization defines health as the absence of disease and the existence of a context of well-being for human beings. In the case of the transgender population, vulnerable to HIV and social stigma and discrimination, this mandate is not yet being addressed. For that reason it is necessary:

- 1 Those organizational strengthening projects for the transgender population include a component of emotional support in mental health because these people are those most affected by social violence.
- 2 To rely on specific comprehensive health protocols for transgender people, both those that do and do not practice sex work: medical histories with female names, hormone-therapy and mental health treatment and support, especially regarding the consumption of alcohol and drugs, as well as violence.
- 3 To offer transgender people information on the application of liquid substances aimed to make their bodies more feminine and the risks that this practice entails.
- 4 To rely on a system of prevention, treatment and support aimed specifically at transgender people who live with HIV, which takes into consideration their particular characteristics. For example, it must consider services' business hours that meet the lifestyle of the transgender population and the indirect effects of HAART, which prevents adherence to this treatment.
- 5 To include as first priority in the protocols and integrated care programs the link between HIV and TB, for transgender people deprived of their liberty as well as sex workers.
- 6 To teach and train health personnel in comprehensive care for transgender people, taking into consideration their specific characteristics and emphasizing how to overcome social stigma and discrimination.
- 7 Each country's HIV programs must have professional specialists who know the transgender context and the vulnerability of these people to the epidemic.

- 8 To establish that in medical histories for the transgender population the female name is used, given that the right to an identity is a human right.

■ **FIGHTING GENDER-BASED VIOLENCE THAT THE TRANSGENDER POPULATION LIVES DAY AFTER DAY**

For transgender people, socially assuming their female identity has made them adopt culturally accepted female characteristics, such as roles, behaviors, attitudes, clothes, and gestures, among others.

These make up the gender identity of transgender people: they subjectively live this way, and define, name and see themselves like this. But it also constitutes the basis on which gender inequities are maintained, i.e. the lack of opportunities and the absence of the State, that are experienced in similar conditions as much by transgender people as by women.

For that reason it is necessary:

- 1 That projects financed by the United Nations System and the international community for fight against gender-based violence, include the violence experienced by this population.
- 2 To train public and private organizations about gender inequities that both transgender people and women face in certain socio cultural settings.
- 3 To create coalitions with women's organizations that fight against gender-based violence.
- 4 To develop investigations on the diversity of gender in present society, in order to produce documents referring to the gendered experience in the human rights framework.

■ **TO PROMOTE THE RIGHT OF TRANSGENDER PEOPLE TO WORK WITHOUT ANY TYPE OF DISCRIMINATION**

- 1 To propose sensitivity workshops aimed at Ministry of Work personnel with emphasis on the employees in charge of supervising work centers and organizing training courses for employment.
- 2 To promote the promulgation of norms that prevent discrimination based on gender identity in the workplace, both for professionals and for those who perform technical activities.
- 3 To promote the promulgation of norms that prevent discrimination based on gender identity in professional training and employment promotion programs organized by the Ministry of Labor for young people.

- 4 To promote the promulgation of a law that legalizes sex work as a productive activity and that allows for all the people who perform this kind of work to have the possibility to enjoy all associated labor benefits.

■ **TO PROMOTE THE DEVELOPMENT OF PRIMARY, SECONDARY AND SUPERIOR EDUCATION OF TRANSGENDER PEOPLE WITHOUT ANY KIND OF DISCRIMINATION**

- 1 To promote sensitivity workshops for employees of the Units of Local Educational Management of Lima, of the Regional Directorates of Education and the Ministry of Education.
- 2 To promote the implementation of Law 27741, referring to human rights in education to guarantee the non-discrimination based on gender identity in secondary educational centers, institutes and universities.
- 3 To develop non-scholastic educational programs aimed at populations who have been traditionally discriminated against based on gender, sexual orientation, sex work, race, etc.
- 4 To promote work meetings that deal with the importance of educational inclusion of the transgender population and its future employment opportunities, which strengthen national productivity.
- 5 To promote the training on themes concerning the transgender population in professional schools, universities and institutes, as well as among government officials and private employees, security officers/authorities, among others. In order to achieve this goal, agreements could be signed with transgender organizations and United Nations agencies.
- 6 To enable and train transgender leaders in the handling of their organizations (elaboration of meeting records, bookkeeping, legal records).
- 7 In order to guarantee the process of organizational strengthening of transgender organizations, they must be able to count on technical support to ensure their institutionalization without creating tutelage nor subordination to any other organization of the civil society or of the State.

■ **TO PROMOTE THE RIGHT FOR ADOPTION OF FEMALE NAME**

The right to a female name and identity is essential in the fight of transgender people for their social recognition and their human rights; that is why it is so important that their identity is legally recognized in all official national documents. This would allow transgender people to exert their citizenship. Generally, they do not have or use the national identification (DNI) because it does not reflect their transgender identity.

- 1 To take into account the already existing jurisprudence to promote protective measures that guarantee the right to identity for transgender people as consecrated in the Political Constitution of the State.
- 2 To promote the promulgation of a law —and its respective regulations— that incorporates the themes of gender identity including the specific characteristics of the transgender population. This law —which must cover human rights, sex work and HIV—, will be aiming at modifying the socioeconomic and political context to facilitate this population’s response to HIV/AIDS.
- 3 To promote, along with public and private organizations, training courses on transgender issues, as well as on their social inclusion and respect for their human rights.
- 4 To work closely with the National Registry of Identity and Civil State (RENIEC) in order to elaborate a proposed regulation that takes into consideration the existing jurisprudence for transgender identity and the right to have a name that corresponds to these individuals.
- 5 To promote mechanisms of multisectorial work in which experts in constitutional rights would participate, as they interpret appropriately the decisions of the Constitutional Court and contribute to the proposal of regulation presented to RENIEC.

■ TO CONTRIBUTE TO THE RESPECT FOR THE HUMAN RIGHTS OF TRANSGENDER PEOPLE

- 1 To form, from the State, a multisectorial commission that monitors and follows up on international agreements signed and ratified by Peru, as well as the prevailing norms in the country that protect all citizens’ human rights, to avoid that certain municipal rules go against what is stated in the Constitution of Peru.
- 2 To promote that antidiscrimination rules contain specific instructions that take into consideration the characteristics of the populations to which they refer, among them the transgender population.
- 3 To demand the sanction of the civil employees of any public institution —Ministry of Health, Ministry of Education, municipalities, etc. who violate the human rights of transgender people or discriminate against them in any way.
- 4 To create a document on themes involving transgender population aimed at public and private organizations in order to be used as a guide in their functions.
- 5 To promote frequent training courses regarding cultural change and questioning prejudices, especially in the Ministries of Justice, Health, Interior, Education and Work, as well as in RENIEC and Migrations, among other organizations.
- 6 To train authorities who work for maintaining public order (national police, municipal police (Serenazgo), civil security forces, among others) to be sensitive for particular issues through frequent training courses about human rights, sex work and HIV/AIDS.

REFERENCES

- Alexander, Helen. «The impact of violence on HIV prevention and health promotion: Techase of South Africa». *Sex Work research 4: Risk and violence*, June 2001. Available at <<http://www.nswp.org/r4sw/index.html>>, downloaded in August 2008.
- Barreda, Victoria and Isnardi, Virginia. «Prevención de VIH y travestismo: un escenario de categorías en crisis». In Cáceres, C. F., Careaga, G., Frasca, T. y Pecheny, M. (eds.). *Sexualidad, estigma y derechos humanos: desafíos para el acceso a la salud en América Latina*. Lima: Universidad Peruana Cayetano Heredia, 2006.
- Benedetti, Marcos. «(Trans) formacao do corpo e fritura do genero entre travestis de Porto Alegre, Brasil». En Cáceres, C. F., Careaga, G., T. Frasca y Pecheny, M. (eds.). *Sexualidad, estigma y derechos humanos: desafíos para el acceso a la salud en América Latina*. Lima: UPCH, 2006.
- Dirección General de Epidemiología (DGE)-Ministerio de Salud (MINSA). *Análisis de la situación epidemiológica del VIH/SIDA en el Perú. Bases epidemiológicas para la prevención y control*. Lima: MINSA, 2006.
- Moser, C. *Household responses to poverty and vulnerability. Volume 1. Confronting crisis in Cisne Dos*. Guayaquil, Ecuador. Washington D. C.: Urban Management Programme-World Bank, 1997.
- Nemoto, T., Operario, D., Keatley, J. A., Hann, L. and Soma, T. «HIV risk behaviors among male to female transgender persons of color in San Francisco». *America Journal of Public Health*, Jul. 94, 7. http://www.ogc.sld.pe/vigilancia/vih/Boletin_2006/junio.pdf
- ONUSIDA. *Trabajo sexual y VIH-SIDA. Colección Prácticas Óptimas del ONUSIDA*. Available at <http://data.unaids.org/Publications/IRC-pub02/JC705-SexWork-TU_es.pdf>, downloaded in August 2008.
- ONUSIDA. *Centro Internacional de Cooperación Técnica en VIH/SIDA (CGTH). Guía de acciones*

estratégicas para prevenir y combatir la discriminación por orientación sexual e identidad de género: derechos humanos, salud y VIH, s/f. Available at <<http://www.acnur.org/biblioteca/pdf/5051.pdf>>, downloaded in August 2008.

- Salazar, X. et al. «Contextos culturales de la percepción del riesgo y la negociación de la protección en hombres homosexuales pobres de la costa peruana». *Cadernos de Saúde Publica*, vol. 22, número 10, octubre 2006.
- Tabet, S., Sánchez, J., Lama, J., Goicochea, P., Campos, P., Rouillon, M., Cairo, J.L., Ueda, L., Watts, D., Celam, C., and Holmes, K.K. «HIV, syphilis and heterosexual bridging among Peruvian men who have sex with men». *AIDS*. 16 (9), Jun 14, 2002.
- Toro-Alfonso, J. «Vulnerabilidad de hombres gays y hombres que tienen sexo con hombres (HSH) frente a la epidemia del VIH/SIDA en América Latina: La otra historia de la masculinidad». In Cáceres, C. F., Pecheny, M. and Terto, V. (eds.) *Sida y sexo entre hombres en América Latina: Vulnerabilidades, fortalezas y propuestas para la acción*. Lima: Universidad Peruana Cayetano Heredia, ONUSIDA, Red de Investigación en Sexualidades y VIH/sida en América Latina, 1997, pp. 57-81.
- Villayzán, Jana. «La travesía del género, travestis, vulnerabilidad, derechos y políticas públicas». Masters' thesis for Public Health 2006, unpublished.
- UNAIDS. *Contextual factors affecting risk for HIV/AIDS. A complex comparative analysis of multisite studies*. Geneva, 1999.



1994-2009
CAIRO/15
Conferencia Internacional
sobre Población y Desarrollo

ISBN: 978-612-45518-5-7



9 786124 551857