



Identifying needs for and accessibility of HIV-related services for transgender individuals in the South Caucasus

Analysis of qualitative research

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(Baku, Erevan, Tbilisi)

Tbilisi, Georgia
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Introduction

This qualitative research has been done with financial support of amfAR (The Foundation for AIDS Research) within the project “Access to HIV related services for transgender individuals in the South Caucasus”. Project is implemented by Center for Information and Counseling on Reproductive Health - Tanadgoma (Tbilisi, Georgia), in close cooperation with NGO “We for Civil Equality” (Erevan, Armenia) and NGO “Gender and Development” (Baku, Azerbaijan). The **goal** of the project is to **facilitate access of transgender individuals to quality HIV prevention, treatment and care services in three countries of the South Caucasus**. The presented qualitative research was conducted under one of the objectives of the project: to identify needs of transgender individuals regarding HIV-related services, barriers to access these services and ways to overcome these barriers.

This report has been prepared by Nino Tsereteli, Kakhaber Kepuladze, Sergo Chikhladze – representatives of “Tanadgoma”.

The goal of the research: Estimating needs of transgender individuals in HIV prevention, treatment and care, identifying the barriers while using these services and the ways of overcoming these obstacles.

Target groups: Available transgender individuals (in 3 cities) - MtF (A male to female trans person – person whose biological sex was male at birth, but now he identifies himself as a woman).

Geographical area of the research: Tbilisi (Georgia), Baku (Azerbaijan), Yerevan (Armenia).

Organizations implemented the research: Center for Information and Counseling on Reproductive Health – Tanadgoma (Georgia), NGO “We For Civil Equality” (Armenia), NGO “Gender and Development” (Azerbaijan).

Research methodology: A special questionnaire was used for collecting the necessary information from beneficiaries. Questionnaire, as well as the survey protocol, was approved by National Council on Bioethics. The survey has been conducted with full protection of anonymity and confidentiality. In total 30 interviews have been conducted in Tbilisi, Yerevan and Baku (Georgia, Armenia, Azerbaijan).

For selection of the respondents non-probability Convenience Sampling method was used. Participation in the research was offered to the persons who belong to transgender group and are accessible for the research staff. In Georgia the research has been conducted by Center for Information and Counseling on Reproductive Health – Tanadgoma, in Azerbaijan – by NGO “Gender and Development”, and in Armenia – by NGO “We for Civil Equality”.

The size of survey population according to geographical area was the following: Georgia – 6 respondents, Armenia - 10, and Azerbaijan - 14. The number of the respondents in Georgia, Armenia and Azerbaijan was defined according to the proportion of transgender individuals available and accessible for the organizations “Tanadgoma”, “We for Civil Equality” and “Gender and Development”.

Results of the survey

Social-demographic features

The age of respondents in **Georgia** varies from 22 to 30 years. Out of 6 respondents 5 are Georgians by nationality and 1 – Kurdish. All of them currently are sexually active, none is married. Two respondents say that they were married in the past; one of them was married even twice. In all cases their marriages were arranged and insisted on by their families (mainly by mothers). All these marriages ended very soon, in one case even without a sexual intercourse between spouses and they divorced in one week after the marriage.

The majority of the respondents are unemployed. Only one respondent is employed and another one - a student of the university - is giving private lessons in math. Other 4 respondents earn their money through commercial sex. Half of the respondents are with secondary education; two – with higher education and one is a university student.

Half of Georgian respondents live with their families. All of them declare that they are under permanent control and pressure from their families. Family members constantly call them, control where they are and with whom, they listen the respondents' telephone calls, and control their computers and web pages. Respondents are not allowed to go out late after certain hours. According to the respondents these kinds of endless control suppress them very much and affect negatively their psychological conditions. One of the participant declared to the family that he was going to the village to visit his friend for 3 months and meanwhile rented the flat in Tbilisi and lived there with the friend in order to be far from everyday control and pressure. Another half of the respondents rent apartments and live their mainly with friends, because financially it's difficult for them to afford the rent alone. The reasons for leaving their family houses are the doubts and rumors about their sexual orientation and interventions from family members in respondents' private life.

The age of respondents from **Azerbaijan** varies from 23 to 29 years. All of them are Azeri by nationality. All 14 respondents are sexually active. Almost all of them are unmarried; only one respondent is officially married but lives separately from his spouse. All respondents are unemployed and all of them are involved in commercial sex.

Part of the respondents lives with their parents. All of them indicate that they are under heavy pressure from their family members. The families control their e-mails, telephone calls, the respondents are not allowed to go out late in the evening, they have to report to family their locations every time etc. All this negatively affects the respondents' psychological status. Big part of them lives alone, renting the apartments far from their families. They visit their families sometimes; some of the respondents never visit families.

The age of the participants from **Armenia** varies from 19 to 34 years. Out of 10 respondents 9 are Armenians by nationality, only one is Yezidi. All respondents are

sexually active. None of them is married. The majority of the respondents have secondary education; only two of them received higher education.

The majority of the respondents are unemployed. All of them are involved in commercial sex and this is how they earn for their lives. Two participants are employed, they work in cafes as waiters but along with that they earn some extra money with commercial sex as well. All respondents have job experiences in the past. They used to work in cafes, bars and beauty salons. The reason why they left the jobs is low remunerations. All of them admit they did not experience any inconvenience or humiliation that because of their gender identity from the colleagues at their work places:

Respondent: *“If I had worked in the bank I would have had the problems, but I worked in a cafe, then in a salon and therefore I did not have any problems”*

Now they are quite happy with their commercial sex work as they receive much more money than they received at previous work places:

Respondent: *“Now I can go to work when I want, I do not have a boss, nobody supervises me and moreover, I earn 10-20 times more than at any place I have worked before”.*

Gender identity and sexual orientation

All respondents from **Georgia** are biologically men. Two of them declare that they are “true transsexuals” by gender identity and they have an official documentation as a proof. Both of them obtained these documents because they wanted to undergo sex reassignment surgery. Though now they are not sure about the surgery.

Respondent: *“In the past I thought I was a heterosexual woman, now I’m simply transgender, I do not consider myself nor a woman neither a man”*

The rest of the respondents consider themselves as women and they have sexual addiction to men only. Regarding to the term “gender identity” the majority of the respondents cannot define the term properly and also they are lost answering question about their own gender identity.

Interviewer: *How can you define the term “gender identity”?*

Respondent: *It means that orientation is the gender identity, is it?*

Interviewer: *Gender is the person’s identity, the person can identify himself as man or as a woman, it’s kind of social role, and gender identity may not match the biological sex of the person.*

Respondent: *80% I am a woman, 20% a man.*

Interviewer: *What is your gender identity?*

Respondent: *I’m a trans.*

Interviewer: *How you define the term “gender identity”?*

Respondent: *I have no idea.*

The majority of the respondents are also confused answering question about their sexual orientation. Most of them answer that they like men and that is their sexual orientation. One respondent defines his sexual orientation as being a passive partner in sex.

Interviewer: *What is your sexual orientation?*

Respondent: *I'm passive (bottom) in sex.*

One respondent says that his sexual orientation is a trans, another respondent identifies himself as heterosexual woman by sexual orientation.

Interviewer: *Your sexual orientation?*

Respondent: *I'm trans.*

Interviewer: *What is your sexual orientation?*

Respondent: *I identify myself as a woman, heterosexual woman.*

The majority of the respondents declare that their sexual orientation has been formed at the age 15-16 and has not changed after. Only one respondent says that his sexual orientation has changed a bit and recently he has sexual desire for women.

Interviewer: *Has your sexual orientation changed during the life?*

Respondent: *Never. There was a moment when I thought I was a gay, but now I don't think that I'm a gay, I'm transsexual. I feel very comfortable in woman's dress and I am attracted by men only.*

Interviewer: *Has your sexual orientation changed during your life?*

Respondent: *I always had sex with men and now I have sex with men... but recently I feel that I have some interest towards women as well, I have not had the sex with woman, but I do not exclude this possibility... In the past when I masturbated I was thinking only about men, now I'm thinking about women as well while masturbating.*

All respondents from **Azerbaijan** are biologically men. All of them think that they are women and have sexual desire towards men only.

Respondent: *I feel myself as a woman, but as I'm not woman biologically and still I love men, therefore I think I'm transgender by gender identity and I'm gay by sexual orientation.*

Most of the respondents from Azerbaijan give wrong definition of gender identity. Two of the respondents refused to answer the question about their gender identity. By sexual orientation part of the respondents identify themselves as heterosexual women, part of the respondents think they are gays, and third part identifies as bisexuals.

Respondent: *I can have sex with both men and women, but with women I have to force myself to do that, while with men I do that with pleasure, so I think that I'm bisexual...*

The majority of the respondents from **Armenia** think that by gender identity they are women. Only a few respondents think that they are transgender. The most part of the respondents cannot define the term "gender identity".

Interviewer: *In your opinion, what your gender identity is?*

Respondent: *You mean which kind of clothes I wear? Man's or woman's?*

By sexual orientation most of the respondents think that they are bisexuals, some of the respondents think that they are gays and fewer part think that they are heterosexual women.

The majority of the respondents found out their sexual orientation quite early. Some of them say that at the age 6-7, most of the respondents say it was formed at the age 12-13. Since then their sexual orientation has not changed.

Sex reassignment surgery and its steps

The majority of the respondents from **Georgia** expressed desire to undergo sex reassignment surgery. Though two respondents who have got the documentation about being “true transsexuals” and who desperately wanted to undergo surgery in the past declare that now they are not very sure about the surgery. The reason for this opinion change is that anyway they would not achieve the results they want and do not want to take hormones and all kind of medications during the rest of their lives, as it is required after the surgery.

Interviewer: *Do you wish to undergo sex reassignment surgery?*

Respondent: *For the moment now I do not want it anymore because there are a lot of problems after surgery... it's complicated, all your life you have to take hormones after the surgery... And you cannot get the desired result anyway, you have to start new life after the surgery, psychologically I'm not ready for all these things now.*

One respondent declares that he wants to have surgery but cannot take this step because of his family.

Interviewer: *Do you wish to change sex now?*

Respondent: *Yes I do, but I cannot because of my family; they will be frustrated and upset so much....*

One respondent would like to change his sex but only partially.

Interviewer: *Do you know if this surgery procedure is available in Georgia?*

Respondent: *Yes... But I'm thinking now, I think to take hormones on this stage in order to enlarge the breasts.*

One respondent says that he wants to go for surgery but does not know what the necessary steps are. He thinks that parents' permission is required and he would undergo surgery in Germany. Also this respondent has wrong ideas about the complications after the surgery.

Interviewer: *Why do you think that it's better to go to Germany for this operation?*

Respondent: *In Georgia only person who does these procedures is he (says particular name of the surgeon), but after the operation a lot of his patients suffered from cancer as I was told... so I don't want this to happen to me....*

One more respondent says that he wants sex reassignment to be done but before final decision he needs psychological consultation.

Interviewer: *Do you have an intention to change your sex through surgery?*

Respondent: *I think a lot about this issue. At the beginning I was thinking to enlarge the breasts only, then I thought to change sex totally, but I could not take the decision. I'm not sure now... I need psychologists to investigate my psychological condition and only after that I would make final decision*

Those respondents who have got the certificates of “real transsexuals” are well aware what steps to take before sex reassignment surgery.

Respondent: *First of all you have to obtain the conclusion that you are a true transsexual person, you have to undergo various examinations: hormonal, chromosomal, and psychiatric and sexologist examinations. After that you apply to medical facility and you start hormone therapy and after some time on certain stage of treatment the surgery can be done... the doctors decide when...*

The majority of the respondents cannot name all the procedures needed for surgery. All of them know that this is very expensive and mention the sum around 20 000-30 000 USD.

Almost all respondents name one particular hospital in Georgia where sex reassignment surgical procedure is available, but in case they can choose they'd prefer to go abroad to the countries like Germany, Netherlands, Turkey and India. One respondent thinks that this kind of surgery can't be done in Georgia. Part of the respondents does not trust Georgian surgeons because they were told about complications after sex reassignment surgery, though they cannot give any specific examples about complications.

Interviewer: *Do you know if sex reassignment surgery is done or is available in Georgia?*

Respondent: *Yes (mentions the name of the clinic and a surgeon), but I know that it's dangerous to do this kind of surgery in Georgia, I've heard about complications after the operation...*

Among **Azerbaijani** respondents nobody has undergone the sex reassignment surgery. Less than 50% of the respondents think about the surgery. The majority of the survey participants do not want to undergo sex reassignment surgery because demand on transgender commercial sex workers is much higher than on biological women:

Respondent: *Why I should change my sex? As transsexual I earn much more money, the demand on persons like me is higher than on simple women.... So I do not intend to lose my income.*

All respondents know about the surgical possibility of sex reassignment, but majority of them do not know what steps to take before final surgery.

Respondent: *I don't know exactly what has to be done.... Probably you have to take some examination and documentation and with all these staff you can go to the clinic to undergo to surgery*

A few respondents mention the necessity of psychological consultation before making final decision about the surgery.

None of **Armenian** respondents have undergone the surgery. The majority of the respondents declare that they want to undergo sex reassignment surgery. Only one respondent does not wish sex reassignment.

Respondent: *I'm a gay and I like to be in man's body.*

According to the respondents the main obstacle on the way to sex reassignment is lack of money. Also the absence of relevant health professionals in the country is mentioned. The majority of the respondents think that qualified specialists who can do the sex reassignment surgery can be found in Turkey, Israel, Thailand. According to survey participants, these are the appropriate countries in terms of reliable specialists and prices as well.

Attitudes and knowledge on HIV/AIDS

The majority of the respondents in **Georgia** know what is HIV/AIDS, though some of them cannot distinguish HIV and AIDS. One respondent has not heard of HIV/AIDS at all.

Interviewer: *What is HIV?*

Respondent: *Human immunodeficiency virus.*

Interviewer: *What is HIV?*

Respondent: *This is the person with disease...*

Interviewer: *HIV means an infected person?*

Respondent: *Yes*

Interviewer: *What is HIV?*

Respondent: *(cannot answer)*

Interviewer: *Human Immunodeficiency virus. And AIDS?*

Respondent: *HIV can be cured and AIDS can't be... Oh, I don't know exactly...*

All respondents are quite well informed about ways of HIV transmission; also know how HIV cannot be transmitted.

Interviewer: *How HIV can be transmitted?*

Respondent: *Blood, unprotected sex, using someone's tooth brush or shaving tools and from mother to child-vertical way.*

The majority of the respondents are well informed about ways of HIV prevention. As prevention the following measures are listed by the respondents: using condom during sexual intercourse, not sharing syringes/needles or someone's shaving instruments. Some of the respondents know also ways of mother to child HIV transmission. Some respondents mention frequent HIV testing as a way of prevention.

Interviewer: *How can people be protected from HIV?*

Respondent: *From your organization I learned that the person should use a condom, should not use shaving or other hygienic tools which belong to other person, also if the pregnant woman has HIV she has to do cesarean session and must not breastfeed her baby... I also know that HIV can't be transferred by hugging or sharing the bed or kissing....*

All participants have heard about the window period though not all of them have correct information about the duration of this period. One respondent says that usually the length of window period is 6 months; few respondents do not have any idea what is the length of this stage.

Interviewer: *What do you know about HIV diagnostics?*

Respondent: *I know that you have to take blood test, and at least 6 months have to be passed, for example, after unprotected sex, for this infection to become visible in the blood...*

All the respondents have heard about HIV treatment possibility. Most of them know that the treatment lasts entire life. Some of them have heard about side effects of the treatment.

Interviewer: *What do you know about HIV treatment?*

Respondent: *I know that there are some pills and injections to raise the immunity in the body, I have a friend who is HIV positive and he is taking the medications. I see sometimes how weak he looks, especially after taking the pills. I know that this infection can't be cured completely, but all the scientists work on this issue, to create the remedy for this disease...*

The majority of the respondents have attended various trainings on HIV/AIDS issues at Tanadgoma. One respondent names also Inclusive Foundation where he attended training a few years ago.

All respondents realize possibility of being infected. According to the participants they probably have moderate or minimal risk to get infection based on their sexual life. Though majority of them use condoms it happens that they have few unprotected sexual intercourses per year. According to the respondents, abovementioned risks are related to these unprotected sex cases. One respondent says that he is HIV positive himself and is under the treatment, though sometimes he has drop outs.

Interviewer: *Do you do all mandatory tests?*

Respondent: *Yes I do, but recently I have not taken the medications.*

Interviewer: *Why?*

Respondent: *There is one drug which I have to take before sleep, it makes me sick, I feel nausea, it's awful...*

All the respondents have heard about STIs. All of them can name syphilis and HIV. A few respondents list hepatitis B and C. One respondent can name some more STIs.

Interviewer: *What STIs have you heard about?*

Respondent: *A lot of... HIV, Syphilis, Gonorrhea, Chlamydia, fungus etc.*

The majority of the respondents do not speak about STIs with their sexual partners:

Interviewer: *Do you speak about STIs with your sexual partner?*

Respondent: *No, almost all of partners are never interested in that topic.*

Most of the respondents know HIV positive persons and even have a friendship relation with them. The respondents say that their attitude towards HIV positive friends has not changed. Only one respondent says that he does not know personally HIV positive people though he has some doubts regarding some of his acquaintances. But even if his doubts were confirmed nothing would change his attitude.

Interviewer: *Do you personally know HIV positive person?*

Respondent: *Yes. We hire an apartment together. We are friends and nothing has changed between us....*

Interviewer: *Do you personally know HIV positive person?*

Respondent: *No, but I don't exclude that some of my acquaintances are.*

Interviewer: *Does this doubt affect your relationship with these people?*

Respondent: *No, not at all.*

Part of the respondents thinks that there is negative attitude in the society towards HIV positive people. As they say the reason for that could be low level of knowledge and information on HIV issues in the society, also existing stigma against HIV positive people.

Interviewer: *What is the attitude of society towards HIV positives?*

Respondent: *Mostly negative, most of people think that HIV positive is the person who should not be contacted at all, this is the person who can infect you anyway, though there are a lot of social ads on TV that HIV can't be transmitted through friendship, kisses, hugs and so on.... Anyway people are afraid of them....*

Small part of the respondents thinks that the attitude towards HIV positives has been improved during the recent years.

Interviewer: *What is the attitude towards HIV positives?*

Respondent: *People around me look at HIV positive normally and I think the same situation is in the country in general, there some exceptions of course...*

Interviewer: *You think that attitude of society towards HIV positives has improved?*

Respondent: *Yes, in the past the attitude towards them was terrible, now it's getting better... Maybe because of TV social ad on HIV topic... and the society gets more information nowadays.....*

One respondent who is HIV positive himself says that even among the representatives of key populations there is negative attitude towards HIV positives, even when the infected person is the member of the same community.

Respondent: *Stay away, don't touch me, that is what I hear sometimes.*

Interviewer: *They told it because of your sexual identity or HIV status?*

Respondent: *No, they were also of the different sexual orientation.*

All **Azerbaijani** respondents say that HIV is the incurable disease. The majority of them know how HIV is transmitted. Part of the respondents think that HIV can be transmitted by unprotected sexual contacts, part of them – sexual contacts and blood, small part think that HIV transmission is possible also through sharing bath and toilets. One respondent thinks that transmission is possible only through sperm.

All respondents are sure that HIV and AIDS are the same things. All of them name the condom as the main measure for HIV prevention, one respondent indicates also that having one permanent partner is prevention; one respondent does not know anything about the prevention.

None of the respondents is aware about HIV/AIDS symptoms. They receive information about HIV/AIDS mostly from media.

All the respondents know HIV persons. In most cases after getting know that the person is HIV positive nothing has changed in the relation between respondent and HIV infected person. Only two respondents say that they avoid meeting HIV positive friends because they are afraid not to be infected. But even these respondents try not to reject and support these persons.

The attitude towards HIV positive people in the society is extremely negative, according to the majority of the respondents:

***Respondent:** The majority in society think that it is necessary to isolate HIV positive people, that nobody has to contact with HIV infected person and they should stay away from the society.*

In **Armenia** the majority of the respondents define HIV/AIDS as incurable and mortal disease. None of the respondents were able to give the correct definition of the term AIDS. Still, all respondents have heard about HIV/AIDS. All respondents identify one or more correct ways of HIV transmission. The majority of the respondents think that by visual appearance it's possible to identify whether the person is HIV infected or not.

***Respondent:** HIV infected person looks bad, he is thin, pale and has abscesses on the skin*

Condom is listed by all participants as one of the measures of HIV prevention. Only one participant mentions lubricant as a prevention measure.

The majority of the respondents thinks that HIV can't be cured though with certain medications it is possible to control disease and prolong the person's life. Among medicines for HIV treatment part of the respondents mention "Armenicum".

Around one fifth of the respondents say that they know HIV positive persons personally. Part of the respondents says that they can guess that some of their acquaintances are HIV infected. It is important to note that all those respondents who know personally HIV positive persons quit the relations with infected friends.

***Respondent:** I quit the relation with them (HIV positives), I forbid them to come to my place and also I told to everybody who I know that these persons are HIV infected*

The majority of the respondents says that the attitude in the society towards HIV positive people is extremely negative.

HIV testing

All respondents in **Georgia** have done HIV testing during the last 6 months and all of them received the results. It has to be mentioned that 3 respondents were imprisoned and have been released during the last year. Four respondents did tests in Tanadgoma, one in “Healthy cabinet” where he received STI treatment also and one – at the AIDS center. All of them describe the testing process in details and express satisfaction with it. They say HIV testing was done in a comfortable and friendly environment, along with testing they received a consultation and all their questions and concerns were answered. The respondents emphasize that they have great confidence in the people who work in these facilities.

Interviewer: *What is your relationship with the people who conduct HIV test?*

Respondent: *Very good, really*

Interviewer: *Is there anything you did not like or you think that should be improved?*

Respondent: *No, no, I would not even go to other place for testing or consultation... I trust only them....*

The majority of the respondents who were tested in Tanadgoma and “Healthy cabinet” emphasize the fact that the possibility of free testing and counseling is extremely important for them because they are very limited in finances and have very little income.

It is important to mention the testing opportunities in the prisons. All 3 respondents who were imprisoned were tested on HIV during their imprisonment. The only problem as they say is that answers are not provided properly. According to them the prisoner has to go to the prison medical unit and ask for the result. When one of them asked why the results are not provided he got the answer: “If the person does not get the answer it means that the result is negative, otherwise if the person is HIV positive the doctor would come after the infected prisoner or call him for special counseling”.

Among those three who were imprisoned one is HIV positive person. While being in prison he received all the necessary diagnostics and medications though he did not take all the pills he was prescribed. According to him he did not take pills because he could not contact his doctor from AIDS center. But even after the release from the prison he is not taking all prescribed medicines on a regular basis.

The majority of the **Azerbaijani** respondents has undergone HIV testing. Most of them have done it in the last 6 months. Half of them went back to the facilities to get the answers, but half of them do not know the answers of their tests. The majority of them are happy with the process of testing and attitude of health personnel towards them. Only 2 respondents express their discontents.

Respondent: *They mocked me and I heard it. They were saying: look at him, look how he is dressed, what manners he has and so on.... They looked at me as I was an exhibit in museum.....*

All respondents from **Armenia** have done HIV testing during the last 6 months. Half of the respondents say nothing about the consultation before or after the testing. Only one fifth of respondents indicate that they got pre- and post-test counseling.

Around half of the respondents are content with testing procedures. They say that testing was conducted in calm and comfortable environment. About half of the respondents are discontent. The reason of their dissatisfaction is that the testing facility is located far and they have to cover long distance to get there. Also, testing is possible only at the AIDS center and some of the respondents are embarrassed when they go there.

Respondent: *When you go to AIDS center and if somebody sees you what this person would think? One would think that you have got AIDS? And if the information about my visit is spread? No client will contact me! Why is it impossible to do testing in the organizations like you, here....*

HIV related risk behavior experience

All respondents from **Georgia** have sexual relations only with men. They have never had sexual intercourse with the representatives of the same group - transgenders. All 6 respondents say that they experience both types of sexual intercourses - penetrative and non penetrative.

Interviewer: *Which kind of sexual relations do you have with your partners?*

Respondent: *Anal and oral.*

Five out of 6 respondents declare that they often change sexual partners - approximately 10 and more sexual partners per month. Only one respondent says that he changes partners rarely because he is looking for love and not only for sex. At the moment he does not have sexual partner as he is in looking for a permanent partner. This person is not involved in commercial sex activity.

Interviewer: *Do you have sexual relations now?*

Respondent: *Right now no, as I don't have a partner.*

Interviewer: *What does this depends on, you don't want to have a partner or are there any other reasons?*

Respondent: *I do not want only sex, I want to love the person and to be loved. So at the moment I do not have the person like this.*

Those respondents who change partners very often say that they do not have anything to share with these partners except the sex. That's why the relations become very boring soon and they start looking for a new partner. Some of them admit that they want to find the permanent partner with whom they can share the similar interests.

Interviewer: *Do you change your sexual partners often?*

Respondent: *I want to have one permanent and reliable partner but I can't find...*

Interviewer: *Why? What is the reason that you cannot find this kind of person?*

Respondent: *I don't know.... I meet someone, we have sex one, two, few times... then something is wrong, the interest disappears, not from my side, from my partners side....I don't know why...*

Two respondents say that they have permanent sexual partners but along with permanent partners they have casual partners as well. Two other respondents say that they used to have permanent partners. In one case they separated because of infidelity of the partner and in another case the partner got married to a woman.

It is worth to mention that the respondents have different ideas about the term “permanent partner” Some of them think that the permanent partner is the person with whom they have a sex during a few months. One respondent defines the term “permanent partner” as a husband. One respondent thinks that this is a person you are in love with; one respondent defines it as a “boyfriend”.

Interviewer: *How do you understand the term “permanent (regular) partner”?*

Respondent: *It means faithful, as husband. That’s all.*

Interviewer: *What you mean saying permanent partner?*

Respondent: *The person who I love, we may not have sex for a few weeks, but we call each other, meet each other as a normal couple....*

The respondents have different ideas about “casual partner” as well. Part of them define “casual partner” as a person who they can meet for one night stand or maybe twice, sometimes not knowing even their names, sometimes having sex in the street. Little part of the respondents define “casual partner” as commercial partner.

Interviewer: *What you mean under the term “casual partner”?*

Respondent: *The person who called me a few minutes ago and we agreed on meeting.*

Interviewer: *You mean exchanging sex for money?*

Respondent: *Yes.*

Interviewer: *What you mean under the term “casual partner”?*

Respondent: *With whom you just have sex once or twice and maybe you never see him again.*

Half of the respondents are involved in a commercial sex business. They are paid for sexual services and this is the main source of their income.

Interviewer: *What is the reason of your involvement in commercial sex?*

Respondent: *The main reason is to get financial income, and also I like new adventures....*

The majority of the respondents are well aware about condoms and lubricants. They know where to buy or get them. In most cases they get condoms free from Tanadgoma or from Identoba. The respondents use lubricants very rarely. As they say it’s difficult to get lubes, they are not sold in pharmacies and are not provided for free as condoms.

Interviewer: *What do you know about lubricants?*

Respondent: *We miss lubes... (smiling)*

Interviewer: *Did you use it well when they were available?*

Respondent: *Yes. It’s very useful, it’s impossible to get them in Tbilisi.*

Two respondents say that they do not need lubes, even in case they get lubes they would not use them. One respondent does not know at all what the lube is:

Interviewer: *What do you know about lubes?*

Respondent: *I have no idea what the lube is.*

Two respondents declare that they use condoms always without exceptions with both permanent and casual partners. Out of these two one is a commercial sex worker. He underlines that he uses condoms with each his commercial partner as well. If the client rejects to use the condom the respondent refuses to serve him.

Interviewer: *Which kind of protection you use during the sex?*

Respondent: *I use condoms always with all partners, I know what HIV can do to the person so I use condom every time. Even if the client asks me to have sex without condom and offers more money I insist on using it or simply refuse to go with such client. I never go with a client if one of us does not have a condom, or I buy it in a pharmacy.*

Two respondents say that they use condoms in most cases and the rest two respondents admit that they have unprotected sex quite often.

Interviewer: *Do you have protected sex?*

Respondent: *Sometimes it happens that it is unprotected.*

Interviewer: *Does this happen often or rarely?*

Respondent: *More often.*

The reasons for having unprotected sex are: clients' denial (commercial partners), when client insists on unprotected sex the clients agree in fear to lose the client and therefore money. Another reason is feeling of confidence, especially with permanent partner. Also the respondents list visual healthy appearance and cleanness of the partners.

Interviewer: *What is the reason of the [unprotected sex]?*

Respondent: *The partners insist.*

Interviewer: *And you obey?*

Respondent: *I have no other choice, I am paid for that....But I also look at person's appearance, if he looks clean and tidy.....But it can be dirty inside, I know I risk anyway, but...*

Among the respondents only two have experienced group sex practice for a couple of times. In all cases the group consisted of men and in all cases the respondents uses condoms.

All respondents say that they have spoken about HIV/AIDS only with their permanent partners though these conversations were very superficial and covered the context of condom use.

Interviewer: *Have you ever spoken about HIV/AIDS with your partners?*

Respondent: *Yes, I have... Always when I demand from partners to use condoms I explain it to defend myself from HIV/AIDS and other infections...*

All the respondents from **Azerbaijan** have penetrative sexual intercourses. Most of them have sex with men only, small part – with both men and women. All respondents say that they have to change the partners very often, sometimes every day as all of them are involved in commercial sex. At the same time majority of the survey participants have permanent partners.

More than half of the respondents say that they have protected sex, approximately one third of the respondents do not use condoms because of allergy on latex or because the condom decreases sensitivity. None of the respondents use condom during oral sex. None of the respondents use the condom with their permanent partners as they have great confidence in them.

Respondent: *I do not use condom with my permanent partner...What he can think of me? We trust each other....*

All respondents are involved in commercial sex; they are paid for giving sexual services to clients. As the reason for involvement in commercial sex all participants name unemployment. According to them they cannot find the job because of their feminine manners, the way they dress and irrelevance of their appearance with their identification documents (passport, ID). Some of respondents say that no job can give them such amount of money they earn as commercial sex workers. Most of the respondents say that they use condoms with their clients, but sometimes if clients insist they agree, otherwise they would lose this client.

All respondents from **Armenia** declare that they have penetrative sexual relations with their partners. The majority of them have sex only with men. Small part of the respondents has sex with both men and women. All of them have had sex with transgender individuals. All of them change partners very often (sometimes 5-10 partners per day) as all of them are in commercial sex business and there is a huge demand on them among the clients. All respondents have permanent partners as well. The participants have different understandings of the term “permanent partner”.

Respondent: *The permanent is the partner with whom I used to have sex for money, but I liked him so much that now we meet and have sex without money.*

The respondents name condoms, lubes and wet papers as the measures of safe sex. All respondents say that they use condoms with both permanent and commercial partners.

Drug and alcohol use

None of the respondents from **Georgia** have used injected drugs. Only two respondents have used marijuana: one reports using it 2-3 times a year, another mentioned smoking it once in the past. Then he felt sick and after that has not tried it again. One respondent says that he once tried ecstasy.

Interviewer: *Have you ever used drugs?*

Respondent: *No, It was only once I tried ecstasy and after I did not feel well, so that was once... of course I drink energetic drinks like red bull.*

All respondents consume alcohol in different quantities. Two respondents drink once or twice a month reasonably so they never get drunk. Four other respondents say that they drink almost every day. They say that they drink for courage to deal freely with their sexual partners. All these respondents are involved in commercial sex. According to them even if they have consumed alcohol they always control use of condom. Though sometimes it might happen that they have unsafe sex in case the client insists on that.

Respondent: *I drink beer almost every day, but not more than 1 bottle*

Interviewer: *Have you ever had sexual intercourse under the alcohol?*

Respondent: *very rarely, I almost always use condom....*

None of **Azerbaijani** respondents consume drugs currently. Only two of them indicate use of injecting drugs in the past. But the majority uses frequently marijuana or other non injected drugs and has sexual relations under the influence of non injecting drug. They claim that all these sexual contacts are safe.

Most of them use alcohol 2-4 times a week, sometimes in quite large quantities and have sex under the alcohol. All these contacts are also safe, as they say.

None of **Armenian** respondents have used drugs in their lives. They consume alcohol with different frequency and quantity but in most cases, as the respondents say, they control themselves and use condoms in all sexual relations. Only small part of the respondents admits that sometimes if they are under large dose of alcohol they might forget to use the condom.

Respondent: *If I am really drunk I do not remember afterwards if I have used condom during the sex....*

Needs and demand for HIV related prevention programs

All respondents from **Georgia** have received HIV related prevention services in Tanadgoma. Those services are: condoms, trainings, VCT on HIV, IEC materials, psychological counseling. Two respondents along with Tanadgoma also name Identoba where they have received condoms, trainings and IEC materials. All respondents declare that they are content with services they have received and will use these services again in the future. Some of the respondents say that all these services are located mainly in Tbilisi and it would be good to expand the geographical coverage.

Interviewer: *In your opinion, are there enough organizations in Georgia which provide services to transgender people?*

Respondent: *In Tbilisi probably yes... but in regions no, it would be nice if such organizations exist in regions as well...*

Based on transgender persons' sexual behavior and risks it's crucial to have free VCT possibility and to distribute condoms for free. According to the respondents if they are not given condoms for free majority of them would not pay for VCT or for condoms as majority of them is poor. Apart from that the respondents emphasize the fact that transgender individuals often are dressed as women so when they enter the pharmacy to buy a condom or something else they become subjects of mockery. Therefore they have

discomfort to enter the pharmacies and buy condoms even if they have money and desire to do that. The respondents speak about case when transgender person was kicked out from the store where he wanted to buy clothes.

Interviewer: *How important it is to distribute condoms and lubs to transgender individuals for free?*

Respondent: *It's very important, majority of transgenders are limited in finances, so if they are not given condoms for free they probably would not buy it....*

The majority of the respondents in Georgia think that there is no need of designing new IEC materials on HIV or other health topics specially for transgender people. They explain that the disease is disease for all groups and communities so there is no need to separate transgender from other groups. Transgender can understand the content as well as heterosexuals or gays:

Respondent: *IEC materials are important and necessary to create and distribute but no need to design them especially for transgenders as they are the similar to other groups and should not be separated for other groups within the society...*

Respondent: *No need to design something especially for transgenders as we can understand everything about diseases and health as other people... heterosexuals for examples and we don't need to explain something in different way....*

Only one respondent thinks that it's better to create IEC materials for transgender persons separately. One respondent does not know at all what information is needed for them.

Interviewer: *What information you would include in booklets for transgenders?*

Respondent: *Oh I don't know, really have no idea (smiling)...*

Part of the respondents thinks that it's important to conduct trainings for transgenders on HIV/AIDS and STIs. One respondent thinks that it would be useful to conduct trainings for general population especially among youth on transgender issues. This will help to increase knowledge and improve attitude towards transgender people among general population.

Respondent: *I think a lot of trainings have been conducted for transgenders and LGBT people in general, their knowledge is OK, now I think more trainings and informational meetings should be done for general population, especially at universities etc.*

The majority of the respondents think that their rights are not enough protected. One of the respondents was the victim of violence himself. He was robbed and wounded. He applied to the police. The offender was arrested. Though the respondent thinks that is not enough.

Interviewer: *Have you referred to the police?*

Respondent: *Yes. He was arrested and was sentenced for 8 years of imprisonment.*

Interviewer: *So, despite the fact that you are transgender you go to the police and they protected you and the criminal was arrested...*

Respondent: *Yes, but I need also other kind of protection too... I need a law which forbids any person to humiliate transgender or gay or bullying them or mocking in the streets...*

The majority of the participants think that the rights of transgenders should be protected by the state and organizations working on transgender issues.

Interviewer: *Who should protect transgenders' rights?*

Respondent: *We transgenders cannot protect ourselves. Probably the state institutions and NGOs working with transgender people, also we community representatives partially..*

One respondent indicates the necessity of a law which would forbid employer to fire the employee based on gender identity. He says that he has heard about the fact when the person was fired because he was transgender. Even though he does not know this particular case he says that he was told the story by someone. One respondent thinks that the legislation is good enough and the problem is realization of this legislation in practice.

Interviewer: *Do you think that legislation should be changed?*

Respondent: *No, I think the laws are OK, the problem is that the society cannot follow these laws. I think that education and awareness raising is more important*

All respondents think that they need psychological consultations and support. According to them, transgenders cannot pay for this service as most of them have little income so the state must take care of them and pay for psychological services.

Respondent: *We need psychologists, because we are different from others, we are emotional people, very often tend to suicides, we are more or less isolated from the society, so we definitely need psychological support...*

Respondent: *We transgenders are very few, so the state can afford financing our needs.*

In order to improve the attitude towards transgenders, the majority of the respondents suggest conducting training for different layers of society, especially for students and health professionals.

Respondent: *Different educational programs and trainings to be conducted at universities, medical facilities, for medical professionals, it can increase awareness on LGBT issues and many problems will be solved....*

A few respondents indicate the importance of existence of transgender oriented medical facilities

The majority of the respondents from **Azerbaijan** have received different types of HIV related preventive services like: free condoms and lubes, VCT on HIV, booklets. Most of them have heard about these services from social workers, and a small part – from their friends. All respondents are happy with the services they received and think that existence of these services is very important and useful for transgender people.

All respondents think that it is necessary to design special IEC materials for transgenders as they are under highest risk among all other commercial sex workers in terms of HIV infection. Some of the respondents think that these materials should be distributed among transgenders for symbolic little fee so that only those should take these brochure who really want them. Half of the respondents say that in IEC materials along with HIV other topics such as STIs, especially syphilis should be included. According to them all the potential diseases transgender can be infected must be discussed in such IEC materials. The majority of the participants say that they have access to condoms and lubes and the social workers are the persons who provide them with these materials. Two respondents say that they do not need condoms and do not use them even if they are provided.

The majority thinks that transgender oriented medical services should be expanded and become more available. Half of them indicate the importance of access to hormone medication (for those who are in need to take them). A few respondents indicate that it's embarrassing for them to go to health facilities during the daytime because of their dressing styles and feminine manners.

Respondent: *I'm fed up with these mockeries, so I prefer to go out at night, everywhere I go during the nighttime.*

The majority of the respondents think that the free psychological services and psychotherapy should be available for transgender individuals. The most part of the participants say that appropriate laws should be adopted in order to protect transgender people's rights. The problematic issue is to make changes in passports or IDs before sex reassignment and after the procedure as well. According to one fourth of the participants, the state is responsible for protection of transgenders' rights, one fourth also think that transgenders themselves should take care of that, around half of the respondents say that the responsibility is with the organizations working on LGBT rights.

The majority of the participants consider that transphobia in Azerbaijan is even stronger than homophobia. The examples of transphobia are: humiliation and physical violence towards transgender persons, firing from workplace or refusal to hire for work because of person's gender identity, refusal to deliver needed services. Small part thinks that there is no transphobia in Azerbaijan at all and they explain this fact that a lot of men are consumers of transgenders' sexual services and therefore their attitudes towards transgenders are not aggressive.

The vast majority of the respondents from **Armenia** have received HIV related medical services such as free testing and counseling, condoms, lubes and booklets. These services are in great demand because they are free and are delivered by friendly providers. In most cases they received the information about these services from other transgender friends and representatives of LGBT community. All the respondents express their satisfaction in terms of received prevention services.

Part of the respondents are dissatisfied with the fact that the most of HIV related IEC materials are designed for gays, even the pictures in these materials represent gays. Also seminars and trainings on HIV issues are designed for gays. Therefore the majority of the respondents wish that transgender needs are taken into account while planning training or designing HIV/AIDS related IEC materials for key populations. They even

highlight the topics they want to be included in the educational sessions or IEC materials: hormone therapy, steps for sex reassignment surgery, STIs, viral hepatitis, HIV/AIDS, dealing with commercial partners/clients etc.

The majority express the wish that HIV testing and counseling is available at community based organizations.

Respondent: *You go to AIDS center and while counseling you cannot even make them understand who you are... all of them think that you are gay...*

All of the respondents think that for transgender persons it is very important to have possibility to change sex and name in passports or IDs. The majority of the respondents think that transgenders should be actively involved in protection of their rights; relatively small part thinks that they should not be involved because this fact may irritate society so it's better to leave this issue to "normal" people who are working on human rights issues.

Attitudes towards transgender and the barriers in terms of receiving HIV related prevention services

In **Georgia** all respondents declare that there is strong transphobia in the society. According to them, they feel rejected from the rest of society.

Respondent: *They {society} humiliate, curse us. I remember a few days ago me and my friend were standing at bus stop... a young Megrelian¹ man came to me and kicked me... sometimes from bus or cars people shout bad word to me....The other day a car almost hit me on purpose...*

It is important to mention about the attitude towards the transgenders in penitentiary system. All there respondents who were imprisoned in the past say that they were humiliated and insulted sometimes physically by other prisoners. In such situations prison administration intervened and discharged the situation. One respondent says that once the prison officer insulted him physically.

Respondent: *Once it happened that one prison officer beat me; I threatened him that I would make an objection to administration, then he was afraid and asked me not to tell this to anyone. I told him "protect me and nobody would know". After that he tried to protect me if somebody tried to insult me.*

The respondents have problems in families, especially those who live with the families. The family members control them around the clock, where they are, with whom, listen to their telephone calls, control their computers etc. Very often they have to play some roles.

Respondent: *This pretending becomes more and more tiresome. I have to pretend that I'm a boy, in the family, in the neighborhood I live, everywhere they think I am a boy; I have to control myself....*

¹ Megrelia is one of the Georgia's regions in the West.

Because of having “feminine manners” all the respondents have been mocked since the school age:

Interviewer: *Did you have any problems with schoolmates or teachers? I mean because of your sexual identity or behavior?*

Respondent: *... you behave yourself like a girl - some of them said to me - don't be girlish and things like that....*

Interviewer: *Can you recall something about your teachers?*

Respondent: *One teacher of history called me Ketino² several times...*

Those relatives or friends or family friends who do not know about respondents' gender identity always pose question about when they are going to be married. That is additional stress and pressure for respondents. All of them dream to go and live abroad where nobody would bother them with those kinds of questions and where they think they can live independently far from all this control and stress.

Respondent: *In my family they do not know about my identity, all my life I'm playing some roles, I think one day they will understand everything but now I'm not ready for that... If one day I get a chance I would immigrate to other country where I could live on my own and feel comfortable....*

Those respondents who are involved in commercial sex say that at night when they work they try to stand together in order to avoid violence and protect each other from possible offenders. They avoid walking alone.

According to the respondents negative attitude towards transgenders exist among medical personnel as well. Two respondents describe the attitude of medical staff when they were getting the documentation about being “true transsexual”:

Respondent: *When I was getting one of the medical papers which I needed for further surgery, one of the medical staff told me that he would kill his son if he were like me....*

One respondent says that he has never had any problems while getting medical services because he never revealed his gender identity and behaved everywhere as a “boy”.

Interviewer: *Have you experienced any problem while getting medical services because of your gender identity?*

Respondent: *I never had any problems because I have never revealed that I am a transgender, so I was served usually as other patients.*

Some respondents indicate that some of their friends have problems after the sex reassignment surgery while they want to change sex and name in their passports or IDs:

Respondent: *After the surgery the sex and the name remains the same as it was before the surgery*

² Ketino is a female name.

The majority of the respondents think that in Tbilisi there are all necessary services for transgenders the problem is that not all of them know about these possibilities or they are too shy to go to get these services:

Respondent: *All services I need I can get, for example here at your organization I can get condoms, free testing, consultation and all information I need... The only money I spend is for transport. Other transgenders can also do it... Also there is Identoba, AIDS center, also you have branches in regions as well. It is possible to get any kinds of services.*

Part of the respondents from **Azerbaijan** says that their family members have negative attitudes towards them. The respondents experience great psychological pressure in their families. One third of the respondents say that they do not experience any kind of negative attitudes or pressure from the family. According to them, their family members know about their identity but do not interfere in the respondents' private life though they might not like their life style. Small part of the respondents does not have any contacts with their families.

All the respondents declare that friends understand and respect them and their identity. Some respondents say that they were victims of violence and abuse from unknown people, which was related to respondents' gender identity. All respondents more or less experience negative attitude from the society and they say that this makes them depressed:

Respondent: *This makes me depressed, once I tried to commit a suicide but the friend with whom I hire the apartment saved me.*

While talking about the barriers to health services almost all of them mention absence of qualified psychological support. They say psychological consultations are not available for them. Most of the respondents indicate difficulties in changing passports and IDs regarding the sex and the name. Some participants say that it's difficult to get the documents about being transsexual in order to avoid military service.

Respondent: *I wanted to get the paper that I'm transsexual to avoid mandatory service in the army and I could not get it, I was refused...*

Most of the respondents know about LGBT organizations which work in the country but they want more organizations to be established which would be focused only on transgender people and their needs. From the needs the respondents name trainings, workshops on HIV/AIDS and other health issues, also distribution of free condoms and IEC materials among transgenders.

The majority of the respondents from **Armenia** say that there is transphobia among society and according to them transphobia is stronger among female part of society. The reason for that can be rivalry and envy from the side of women - the respondents conclude.

Some respondents avoid contacting their family members, some respondents have quit any contacts with them. Part of the respondents visits sometimes their families but before meeting them they change the appearance, they wait before the beard and eyebrows are grown up, so that they look like a man and only after that they meet families. Some part of the respondents is from remote regions and their family members

cannot control them. Sometimes relatives do not even guess anything about their gender identity. The families know that they are working in the capital and at each visit the respondents leave certain amount of money to support families.

Respondent: *They live in village, they have no idea what I'm doing here, we contact by telephone and by telephone they cannot guess how I live here...*

The respondents speak about the needs among transgenders. Those needs are: free STIs treatment, access to endocrinologist and surgeon, free psychological consultations and manage the sex and names problems in identification documents. Most of the respondents wish that transgender oriented organizations exist in Armenia.

Respondents: *There are LGBT organizations but I don't want to come to certain organization and meet there some lesbians....*

Main findings and conclusions

Gender identity and sexual orientation

All respondents from the three South Caucasus countries are biologically men. The majority of the respondents cannot define properly the terms “gender identity” and “sexual orientation”. The majority of the respondents are also confused answering question about their own gender identity and sexual orientation. Two of the respondents declare that they have official documentation about them being “true transsexuals”. Part of the respondents considers themselves as women and they have sexual attraction to men only. The majority of the respondents describe their sexual orientation as passive, trans, heterosexual woman, gay, bisexual. Most of them answer that they like men and this is their sexual orientation.

The vast majority of the respondents declare that their sexual orientation has been formed at the age of 12-16 and has not changed during their lives. Only one respondent from Georgia says that his sexual orientation has changed a bit and recently he has sexual desire towards women.

Conclusion:

The majority of the respondents in all three countries does not know the definitions of terms “gender identity” and “sexual orientation” and cannot identify themselves by these terms. Only two respondents who have undergone through various examinations and obtained the documents of being “true transsexuals” are aware of their own gender identity.

Sex reassignment surgery and its steps

The majority of the respondents from **Georgia** expressed the desire to undergo total or partial sex reassignment surgery. Though 2 respondents who have got the documentation about being “true transsexuals” declare now that they are not very sure about the surgery. The reason for this opinion change is that they would not achieve the results they want anyway and do not want to take hormones and all kind of medications entire their life as it is required after the surgery. The majority of the respondents do not know the steps necessary for surgery. Only those respondents who have gone through examinations and got certificates of being “true transsexuals” are well aware of these steps. Majority of the respondents knows where sex reassignment surgical procedure is available in Georgia, but in case they could choose they’d prefer to go abroad to the countries like Germany, the Netherlands, Turkey, India. Part of the respondents does not trust Georgian surgeons because they were told about complications after sex reassignment surgery in Georgia, though they cannot give any specific examples of complications.

Among **Azerbaijani** respondents nobody has undergone to sex reassignment surgery. Less than half of the respondents think that they wish to undergo to surgery. The majority of the survey participants do not want to undergo sex reassignment surgery because demand on transgender commercial sex workers is much higher than on biological women. All respondents know about the surgical possibility of sex

reassignment, but majority of them do not know what steps are necessary to take before final surgery.

None of **Armenian** respondents have undergone the sex reassignment surgery, but the majority of the respondents declare that they want to do this. Only one respondent does not wish sex reassignment. The main obstacle on the way to sex reassignment is absence of money and absence of relevant health professionals in the country. The majority of the respondents prefer to do sex reassignment in the clinics abroad.

Conclusion: The majority of the respondents wish to undergo sex reassignment surgery. Exception is Azerbaijan where majority of the respondents do not wish to change their biological sex because there is a great demand on transgender commercial sex workers and they do not want to lose their income. The respondents in all countries have wrong ideas about the complications after the surgery. The respondents who have got the certificates about being “true transsexuals” are informed better, however, both of them today are not sure about the operation and do not want to take pills their entire lives after the surgery. Besides, they do not believe they would get the intended results from the surgery.

The majority of the respondents prefer to be treated (in case they have such an opportunity) abroad because they do not trust local specialists. The main obstacles for having surgery are financial issues and the position of the family.

Attitudes and knowledge on HIV/AIDS

The majority of the respondents in **Georgia** know what HIV/AIDS is, though some of them cannot distinguish HIV and AIDS. All respondents are quite well informed about the ways of HIV transmission, as well as prevention. All participants have heard about the window period though not all of them have correct information about the duration of this period. All the respondents are aware about HIV treatment possibility. Most of them know that the treatment lasts entire life. Some of them have heard about side effects of the treatment. The majority of the respondents attended various trainings on HIV/AIDS issues at Tanadgoma and Inclusive foundation. All respondents are aware of possibility of being infected. All the respondents have heard about STIs, especially syphilis although they do not talk about STIs with their sexual partners. Most of the respondents know HIV positive persons and even have friendship relationship with some. The respondents say that their attitude towards HIV positive friends has not changed after they learned about their diagnosis. Part of the respondents thinks that there is negative attitude in the society towards HIV positive people. As they say the reason for that could be low level of knowledge and information on HIV issues in the society, also existing stigma against HIV positive people.

All **Azerbaijani** respondents say that HIV is incurable disease and all of them are sure that HIV and AIDS are the same things. The majority of them knows how HIV is transmitted and lists condom as the main measure for HIV prevention. None of the respondents knows about HIV/AIDS symptoms. Media is the main source for information about HIV/AIDS. All the respondents know HIV positive persons. In most cases learning diagnosis did not change anything in their relations. According to the respondents, attitude towards HIV positives in the society is extremely negative. The majority of the respondents are not aware of their own risk of being infected.

In **Armenia** the majority of the respondents define HIV/AIDS as incurable and deadly disease though none of the respondents were able to give the correct definition of the term AIDS. All respondents have heard about HIV and AIDS. All respondents identify one or more correct ways of HIV transmission. The majority of the respondents think that by visual appearance it's possible to identify whether the person is HIV infected or not. Condom is named by all participants as one of the measures of HIV prevention. The majority of the respondents think that HIV can't be cured although with certain medications it is possible to control disease and prolong life. Part of the respondents say that they know HIV positive persons personally and all of them had quit the relation with infected friends. The attitude of the society towards HIV positive people is extremely negative. The majority of the respondents are not aware of their own risk of being infected.

Conclusion: The majority of the respondents have heard about HIV/AIDS but the majority of them cannot give the proper definitions of the terms HIV and AIDS. The respondents cannot distinguish HIV and HIV infection from each other. Most of the respondents are aware of HIV transmission and prevention. It is important to mention that the Georgian respondents are aware of their risks of being infected unlike the respondents from Armenia and Azerbaijan. This difference is caused by the fact that Georgian respondents have gone through various trainings on HIV/AIDS and STIs while only small part of the respondents in other two countries have the same opportunity. The respondents have very superficial knowledge on STIs, most of them have heard only about syphilis. The respondents do not discuss STIs with their partners, however, HIV is still discussed, but rarely. Attitude of the respondents towards people living with HIV is positive in Georgia and Azerbaijan. On the contrary, in Armenia there is high stigma towards HIV positive persons.

HIV testing

All the respondents in **Georgia** have undergone HIV testing during the last 6 months and all of them received the results. Most of them were tested at Tanadgoma. It has to be mentioned that 3 respondents were imprisoned in the past and all of them were tested on HIV in prisons though the answers were not provided on time. Also it was difficult for imprisoned respondents to contact the doctor from AIDS center. All respondents describe the procedure of testing in details and are satisfied with the process. HIV testing was done in comfortable and friendly environment, along with testing the respondents received a consultation and all their questions and issues were answered. The respondents emphasize that they have confidence in the people who work in organization targeting transgenders. Possibility of free testing and counseling is extremely important for transgenders because they are very limited in finances and have very little income.

The majority of the **Azerbaijani** respondents have been tested on HIV. Most of them have done it during the last 6 months. Half of them went to the facilities to get the test results, half of them do not know the results of their tests. The majority of them are happy with the process of testing and attitude of health personnel towards them. Only small part of the respondents expresses discontents connected with the fact that the testing facilities work only during daytime.

All respondents from **Armenia** have been tested on HIV during the last 6 months. Around half of the respondents do not say anything about pre- and post-test counseling. Only small part mentions receiving counseling together with testing. Part of the respondents says that testing was done in calm and comfortable environment. About half of the respondents are discontent. The reason of their dissatisfaction is that the testing facility is far from their places and they have to cover long distance to get there; also, the testing is possible only at the AIDS center and some of the respondents are embarrassed when they go there.

Conclusion: Almost all respondents in 3 countries have done testing on HIV. The majority of them is happy with testing procedure and highlights the fact of establishing the trust between LGBT community members and professionals working at these facilities. Few respondents are discontent with testing procedure in Azerbaijan because they were mocked due of their “feminine” behavior and way of dressing. The most disappointment with testing procedure was revealed in Armenia. The reason for this discontent is that the testing is available only at the AIDS center and some of the specialist working there are not friendly to LGBT persons. Testing on HIV is available in Georgian prisons though the answers are not provided on time and the prisoner has to insist to obtain the answer from the medical unit.

HIV related risk behavior experience

All respondents from **Georgia** are sexually active and have sexual relations with only men. They have never had sexual intercourse with the representatives of same group – transgender people. All respondents experience both types of sexual intercourses - penetrative and non penetrative. Most of them often change their sexual partners (10 and more partners per month). Only one respondent says that he changes partners rarely because he is looking for relationship and not only for sex.

The respondents have different ideas about the term “permanent partner” and “casual partner”. They define the term “permanent partner” as husband, person you are in love with, boyfriend. The majority define the “casual partner” as a person who they can meet for one night stand or may be twice, sometimes not knowing even his name.

The majority of the respondents are well aware about condoms and lubes. They know where to buy or get them. In most cases they get condoms free from Tanadgoma or from Identoba. The respondents use lubes very rarely. As they say it’s difficult to get lubes. They are not sold in pharmacies and are not provided free as condoms at Tanadgoma or other organizations.

Half of the respondents are involved in commercial sex business. They are paid for sexual services and this is the main source of their income.

Only two respondents declare that they use condoms always without exceptions with both permanent and casual partners. From these two one is commercial sex worker. Other respondents use condoms in most cases but sometimes they have unprotected sex especially those who are involved in commercial sex. The reasons for having unprotected sex are: clients’ denial, when client insists on unprotected sex the clients agree in fear to lose the client and therefore money. Another reason is the feeling of

confidence especially with permanent partner. Also the respondents name visual healthy appearance and cleanness of the partners.

All respondents say that they have spoken about HIV/AIDS with their permanent partners only though these conversations on HIV were very superficial and covered the context of condom use

All the respondents from **Azerbaijan** have sexual intercourses, mostly with men only and in some cases - with both men and women. All respondents say that they have to change the partners very often, sometimes every day as all of them are involved in commercial sex. At the same time majority of the survey participants have permanent partners.

More than half of the respondents say that they have protected sex, approximately one third of the respondents do not use condoms because of allergy to latex or because the condom decreases sensitivity. None of the respondents use condom during oral sex and none of them use the condom with their permanent partners as they have great confidence in them.

All respondents are involved in commercial sex; they are paid for giving sexual services to clients. Respondents say that no job can give them such amount of money they earn as commercial sex workers. Majority of the respondents say that they use condoms with their clients, but sometimes if clients insist, they agree, otherwise they would lose this client.

All respondents from **Armenia** declare that they have penetrative sexual relations with their partners. The majority of them have sex only with men. Small part of the respondents has sex with both men and women. All of them have had sex with transgender individuals. All of them change partners very often (sometimes 5-10 partners per day) as all of them are in commercial sex business and at the same time have permanent partners. The participants have different understandings of the term “permanent partner” and “regular partner”. The respondents name condoms, lubes and wet papers as the measures of safe sex. All respondents say that they use condoms with both permanent and commercial partners. However, they do not use oral condoms during oral sex in most of the cases.

Conclusion: All the respondents in 3 countries are sexually active and practice both penetrative and non penetrative sex. The majority of the respondents have sex with only men, part of the respondents – with both men and women. The majority of the respondents have multiple sexual partners, especially those involved in commercial sex. Along with commercial partners the respondents have permanent partners as well. The difference among the countries was revealed in terms of condom use. In Azerbaijan and especially in Armenia condom use rate in general is higher than in Georgia. Unprotected sex is more spread among commercial sex workers and this is the common for all 3 countries. The main reason for this risky behavior is the fear to lose commercial client and therefore the money.

Drug and Alcohol Use

None of the respondents from **Georgia** have used injected drugs. Only a few respondents report use of marijuana and ecstasy a couple of times in the past. All respondents consume alcohol in different quantities. The respondents who are in commercial sex drink almost every day. It gives them additional courage to deal freely with their sexual partners or clients. According to them even if they have consumed alcohol they always control usage of condom. Still, sometimes it happens that they have unsafe sex under influence of alcohol.

None of **Azerbaijani** respondents consume drugs currently though the majority of them use frequently marijuana or other non injected drugs. They admit having sexual relations under the influence of non injecting drugs but they claim that all these sexual contacts are safe. Most of them use alcohol 2-4 times a week, sometimes in quite large quantities and have sex under the alcohol but usually they control themselves in terms of condom use.

None of **Armenian** respondents have used drugs in their lives. They consume alcohol with different frequency and in different quantities quantity but in most cases they declare using condoms with all partners.

Conclusions: Respondents do not report using injecting drugs. In Georgia respondents consume less alcohol than in Azerbaijan and Armenia. There are cases of having sex under alcohol though the respondents claim that in most cases they manage to use condoms. Along with that there are still cases of unprotected sex under alcohol condition.

Needs and demand for HIV related prevention programs

All respondents from **Georgia** have received HIV related prevention services in different non-governmental organizations (Tanadgoma, Identoba, Inclusive Foundation). These services are: condoms, trainings, VCT on HIV, IEC materials, psychological consultation. All respondents declare that they are content with services they have received and will use these services again in the future. Some of the respondents say that all these services are located mainly in Tbilisi and it would be nice to expand the geographical coverage.

The majority of the respondents in Georgia think that there is no need of designing new IEC materials on HIV or other health topics especially for transgenders. They explain that the disease is the same for all groups and communities so there is no need to separate transgender from other groups. Transgender can understand the content as well as heterosexuals or gays.

Majority of the respondents emphasize it is necessary that transgender individuals are provided condoms and lubricants for free, since often, when they are dressed as women, they are embarrassed to enter the pharmacy to buy a condom or something else, because they become subjects of mockery.

Part of the respondents thinks that it's important to conduct trainings for transgender people on HIV/AIDS and STIs. In order to improve the attitude towards transgenders the

majority of the respondents think that the trainings are necessary to be conducted for different layers of society, especially for students and health professionals. The majority of the respondents think that their rights are not enough protected. The majority of the participants think that the rights of transgenders should be protected by the state and organizations working on transgender issues. One respondent thinks that the legislation is good enough and the problem is to implement this legislation in practice.

All respondents think that they need psychological consultations and support. According to them, transgenders cannot pay for this service as most of them have little income, so the state should take care of them and cover fees for psychological services.

The majority of the respondents from **Azerbaijan** have received different types of HIV related preventive services like: free condoms and lubes, VCT on HIV, booklets. Most of them heard about these services from social workers, minor part – from their friends. All respondents are happy with the services they received and think that existence of these services is very important and useful for transgender people. All respondents think that it is necessary to design special IEC materials for transgenders, which would include information on HIV as well as other topics such as STIs, especially syphilis. The majority of the participants say that they have access to condoms and lubes and the social workers provide them with these materials during outreach work. The majority thinks that transgender oriented medical services, free psychological services and psychotherapy should become more accessible for transgender individuals. The most part of the participants say that appropriate laws should be adopted in order to protect transgender people's rights. Part of the participants think that state is responsible for protection of transgenders' rights, another part believes that transgenders themselves should take care of that, and around half of the respondents say that the responsibility lies on organizations working on LGBT rights. The majority of the participants consider that transphobia in Azerbaijan is even stronger than homophobia. The examples of transphobia are: humiliation and physical violence towards transgender persons, firing from workplace or refusal from work because of person's gender identity, also, refusal in provision of needed services.

The vast majority of the respondents from **Armenia** have received HIV related medical services such as free testing and counseling, condoms, lubes and booklets. These services are in great demand because they are free and are delivered by friendly providers. In most cases they received the information about these services from other transgenders and representatives of LGBT community. All the respondents express their satisfaction with received prevention services.

Part of the respondents express discontent about the most of HIV related IEC materials being designed for gays. Also seminars and trainings on HIV issues are designed for gays. Therefore the majority of the respondents wish that transgender needs are taken into account while planning training or designing HIV/AIDS related IEC materials for key populations. They even highlight the topics they want to be included in the educational sessions or IEC materials: hormone therapy, steps for sex reassignment surgery, STIs, viral hepatitis, HIV/AIDS, dealing with commercial partners/clients etc.

The majority wish that HIV testing and counseling are available at community based organizations. All the respondents think that for transgender persons it is very important to have possibility to change sex and name in passports or IDs after the surgery. That is the issue in all 3 countries. The majority of the respondents think that transgenders

should be actively involved in protection of their rights; relatively small part thinks that they should not be involved because this fact may irritate society so it's better to leave this issue to 'normal' people who are working on human rights issues.

Conclusion: All respondents from three Caucasian countries have possibility to receive different preventive HIV related services such as condoms, trainings, VCT, free HIV testing, IEC materials, consultations. All these services mostly are available in capitals and big cities. The respondents are satisfied with services they receive. They highlight the opportunity to get free condoms, lubes and free testing as most of transgenders are short of money.

As regards to the IEC materials, only in Georgia the respondents think that there is no need to design materials especially for transgender individuals while in Azerbaijan and Armenia most of the respondents express the wish to have IEC materials and trainings specifically targeting transgenders. All respondents from 3 countries it is crucial to establish or strengthen the transgender community organizations or organizations working on transgender issues separately from other LGBT organizations. According to the respondents state should be actively involved in protection of transgender rights and should also finance some medical services for transgender people as well. The most of respondents agree that it is very important to conduct trainings and educational meetings on transgender issues among youth and health professionals in order to increase knowledge and tackle existing stigma towards transgenders. It should be mentioned that in Armenia there is high internal stigma towards HIV positive persons inside the transgender community itself.

Attitudes towards transgender and the barriers in terms of receiving HIV related prevention services

In **Georgia** all respondents declare that there is strong transphobia in the society. According to them they feel rejected from the rest of society. It is important to mention the attitude towards transgenders in penitentiary system. All the respondents who were imprisoned in the past reported that they were humiliated and insulted, sometimes physically by other prisoners. In these cases prison administration intervened and discharged the situation. One respondent reported the case of physical violence from one of the prison officers.

The respondents have problems in families, especially the respondents who live together with their family. The family members control them all the time - where they are, with whom, listen to their telephone calls, control their computers etc. Because of having "feminine manners" all the respondents have been mocked since school age. All these respondents dream to immigrate and live abroad where they would obtain independence.

Those respondents who are involved in commercial sex say that at night when they were working they try to stand together in order to avoid violence and protect each other from possible offenders.

Negative attitude towards transgender people exists among medical personnel as well. Some respondents report that transgenders have problems after the sex reassignment surgery when they want to change sex and name in their passports or IDs. According to

the respondents in Tbilisi there are all necessary services for transgenders, but the problem is that not all of them know about these possibilities or they are too shy to use the services.

Part of the respondents from **Azerbaijan** says that their family members have negative attitude towards them. The respondents experience psychological and sometimes physical pressure in their families. One third of the respondents says that they do not experience any kind of negative attitudes or pressure from the family. According to them, their family members are aware about their identity but do not interfere in the respondents' private life. Small part of the respondents does not have any contacts with their families. All the respondents declare they have friends who understand and respect them and their identity. Some respondents say that they were the victims of violence and abuse from unknown people which was related to respondents' gender identity.

While asked about the barriers to access health services almost all of the respondents mention absence of qualified psychological support. Most of the respondents indicate difficulties to change name and sex in passports and IDs. From the needs the respondents identify trainings, workshops on HIV/AIDS and other health issues, also distribution of free condoms and IEC materials among transgenders.

The majority of the respondents from **Armenia** say that there is transphobia among society and this attitude is stronger among women. Some respondents avoid contacting their family members; some have quit any contacts with them. Part of the respondents visits sometimes their families, preparing for this meetings and changing appearance in advance. mostly those who are from regions and their family members cannot control them.

Among the needs for transgenders the respondents list: free STIs services, access to endocrinologist and surgeon, free psychological consultations and managing the sex and name changing problems in identification documents. Most of the respondents wish that transgender oriented organizations should exist in Armenia.

Conclusion: It is obvious that in all countries (Georgia, Armenia and Azerbaijan) transphobia is a serious problem in society. Transgender individuals face negative attitudes and humiliation everywhere - in society, family, medical facilities, penitentiary system. Some of transgender individuals become the victims of physical violence as well. To minimize the effects of these negative attitudes, transgenders try to play some roles accepted by society and adjust to their environment. This leads to additional stress and deterioration of transgenders' psychological health.

Recommendations

As a result of the research, several recommendations can be derived from the data collected. These recommendations are valid for all three of the South Caucasian countries. However, some country-specific information should be taken into consideration when planning prevention interventions in a particular country. Both general, as well as country-specific recommendations are provided below:

General recommendations:

- Special trainings should be conducted to raise awareness of transgender individuals on the following issues: a) gender identity and sexual orientation; b) Sex reassignment stages, availability of sex reassignment surgery, possible outcomes of the surgery and its complications.
- It is essential to plan and conduct trainings for transgender community on HIV/AIDS, safe sex, STIs issues. Also it is important to conduct special psychosocial rehabilitation and stress management trainings for transgenders to reduce internal stigma and stress.
- Expand and strengthen HIV related free and friendly prevention services (free condom and lubricant distribution, free HIV testing and counseling) throughout the countries with special focus on regions.
- In order to decrease stigma and transphobia in society special trainings on gender identity issues should be conducted with different layers of the society, with special focus on youth at universities, media representatives and medical professionals. Also collaboration with journalists should be strengthened in order to cover transgender issues in media in correct and appropriate way.
- Strong collaboration between NGO sector and state institutions should be established to identify ways of dealing with medical and legal needs of transgender individuals in each country. Policy dialogues with participation of organizations working on transgender issues, state representatives and transgender community should be held.
- Fundraising for establishing transgender-oriented community organizations or strengthening and expansion of already existing organizations where representatives of transgender community would be actively involved in protection of their rights and meeting their needs.

Country-specific recommendations:

- HIV-related prevention interventions in **Azerbaijan** should take into consideration that the vast majority of transgenders are involved in sex work, thus targeted interventions should include specifics of sex workers and topics that are relevant to them: hygiene, legal aspects of sex work in the country, safety, techniques of condom use negotiation, etc.
- HIV-related prevention interventions in **Armenia** should specifically focus on the negative attitudes and stigma towards HIV positive persons, prevalent among transgender individuals.
- HIV-related prevention interventions in Georgia should target unsafe sexual practices, revealed through the research, namely: importance of condom use and techniques of condom use negotiation with different types of sexual partners.

Annex I Research Questionnaire

The research tool (questionnaire)

Hello, my name is _____. I'm the researcher from NGO _____ (Country _____). We are conducting the research among transgender individuals in South Caucasus region (Georgia, Armenia, and Azerbaijan).

The goal of the research is to estimate needs of transgender individuals in HIV prevention, treatment and care, to identify the barriers while using these services and the ways of overcoming these obstacles. The research is being implemented within the frame of the project: "Access to HIV-related services for transgender individuals in the South Caucasus".

We offer you to participate in the research. If you agree I will interview you using specially designed questionnaire for in-depth interview. Our interview will be held in a comfortable and private atmosphere with full protection of anonymity and confidentiality. The interview will last 1 - 1,5 hours.

Participation in the research is on volunteer basis. If you do not want to answer any particular question it is your right. There are correct or wrong answers. We want to hear your ideas and position towards particular issues. Your anonymity and confidentiality will be fully protected. I will not share information obtained from you to any other third person. Your name or any other personal information will not be shared to other persons. We want to record our conversation in order to analyze the received information. The results of the research will be used only for scientific reasons. Your participation will be kept in anonymity. During the interview we can use the name you want me to address you (it can be imaginary name). Your confidentiality is also protected by the law.

Before we start the interview, please confirm once again that you agree to participate in the survey. Do you have any additional questions?

Thank you.

I. Social-demographic features

Let's get acquainted to each other. Please tell me a little about yourself, everything what you think that is appropriate and possible to tell.

To interviewer: Please go in depth according to the following scheme (If the respondent do not know/understand any definition, explain it to the respondent and ask the question again):

- Your age
- Marital status
- Education
- Citizenship/Nationality
- Profession/Specialization
- Employment status. Are you employed now? If yes, how comfortable you feel yourself at working place? What kind of relations do you have with other employees? Do you feel yourself as equal member of the staff? If you are not employed at the moment, why? Are you looking for a job? What are the barriers which prevent you from finding the job?

To interviewer: Please, give the possibility to the respondent to speak on the issues/themes he/she thinks is important.

Please tell me about your gender identity or sexual orientation.

To interviewer: Please go in depth according to the following scheme (If the respondent do not know/understand any definition, explain it to the respondent and ask the question again):

- What is your biological sex?
- What is your gender identity?
- How you explain the term "gender identity"?
- What is your sexual orientation?
- How you explain the term „sexual orientation“?
- When did you determine in your sexual orientation?
- Has your gender identity and/or sexual orientation ever changed during your life?
- Do you want to make sex reassignment surgery?
- What do you know about sex reassignment methods? Where sex reassignment can be done? What is required for sex reassignment? What are the procedures which have to be done before the sex reassignment surgery?
- If you have already done sex reassignment procedure where (which country) it has been done and what procedures you have undergone? Are you happy with the results? If not, what is the reason you are not satisfied?

To interviewer: Please, give the possibility to the respondent to speak on the issues/themes he/she thinks is important.

II. values, attitudes and knowledge on HIV/AIDS

Please, tell me what you know about HIV?

To interviewer: Please go in depth according to the following scheme (If the respondent do not know/understand any definition, explain it to the respondent and ask the question again):

- What is HIV? What is HIV infection?
- How HIV is transmitted? How HIV can't be transmitted?
- Does HIV infection have any symptoms (disease display)? If yes, describe these symptoms.
- What is AIDS?
- What do you know about AIDS diagnostic methods?
- What do you know about AIDS treatment?
- What do you know about HIV infection's prevention?
- When and how did you receive first time the information about HIV/AIDS?
- How do you think, do you have any risks to be infected with HIV?

To interviewer: Please, give the possibility to the respondent to speak on the issues/themes he/she thinks is important.

What is your attitude towards HIV positive people?

- Do you know personally HIV positive person (I am not asking you to name this person)?
- If yes, has his/her HIV status influenced on your relationship with this person and in which way (positive or negative)?
- How do you think, what kind of attitudes exist towards HIV positive people in the society?

To interviewer: Please, give the possibility to the respondent to speak on the issues/themes he/she thinks is important.

Have you ever undergone HIV testing?

- When you last did the HIV test?
- If you have not done the test on HIV, what is the reason?
- If yes, have you received the result of the testing?
- Please, describe the HIV testing procedure you underwent.
- How acceptable and convenient was the testing procedure for you? How comfortable you feel yourself while dealing the medical personnel?
- What did you like or dislike in this procedure?
-

To interviewer: Please, give the possibility to the respondent to speak on the issues/themes he/she thinks is important.

III. HIV related risk behavior experience

Please tell me about your sexual experience.

To interviewer: Please go in depth according to the following scheme (If the respondent do not know/understand any definition, explain it to the respondent and ask the question again):

- Do you have any sexual relations now?
- If you do not have any sexual relations at the moment what are the reasons?
- Please, tell me about your sexual experience; Do you have sexual intercourse only with men, only with females or with both of them?
- Have you ever had sex with the representatives of transgender group?
- What kind of sexual contacts you practice in general (penetrating sex, oral, anal, petting etc.)? What is your favorite form of sexual contact?
- How often you change your sexual partners? What are the factors that can influence these changes?
- Do you have a permanent sexual partner?
- How do you understand the term “permanent sexual partner”?
- Do you have casual sexual partners?
- How do you understand the term “casual sexual partner”?
- If you do not have any sexual relations what is the reason for that? It depends on what?
- Do you practice safe sexual relations?
- What kind of protection from sexually transmitted infections do you know?
- What do you know about condoms?
- What do you know about lubricants?
- Do you have safe sex practice?
- If not, what is the reason?
- What kind of protection do you use (during oral, anal, vaginal, etc. sex)?
- What is the main reason you use the safe sex practice?
- If you do not practice safe sex, what is the reason for that?
- Do you use safe sex practice with your permanent sexual partner? Who is the initiator for this (you or your partner)?
- Do you speak about HIV/AIDS with your permanent sexual partner?
- What do you know about sexually transmitted infections?
- Do you speak about sexually transmitted infections with your permanent sexual partner?
- Do you practice safe sex with your casual sexual partners? Who is the initiator for this (you or your partner)?
- Do you use safe sex practice with your casual sexual partner? Who is the initiator for this (you or your partner)?
- Have you ever been involved in commercial sex? With males? With females? You paid or you were paid? What is the main reason which made you involved in commercial sex?
- Do you use safe sex practice with your commercial sexual partner? Who is the initiator for this (you or your partner)?
- Do you use safe sex practice with your commercial partners? Who is the initiator for this (you or your partner)?

To interviewer: Please, give the possibility to the respondent to speak on the issues/themes he/she thinks is important.

Have you ever used illegal drugs?

To interviewer: Please go in depth according to the following scheme (If the respondent do not know/understand any definition, explain it to the respondent and ask the question again):

- What kind of drugs have you used (injecting or none injecting)?
- (If injecting) Have you ever shared any injecting devices with other persons?
- Have you ever had sex under the drug influence? How often? Please, describe the situation?
- Have you used condom under these circumstances? If not, what was the reason?

Have you ever used alcohol?

To interviewer: Please go in depth according to the following scheme (If the respondent do not know/understand any definition, explain it to the respondent and ask the question again):

- How often and in which quantities have you used alcohol?
- Which alcohol drink you prefer to use?
- Have you ever experienced sex while being drunk? How often? Please, describe the situation?
- Have you used condom under these circumstances? If not, what was the reason?

IV. Needs of HIV related prevention programs

Have you or your friends ever received HIV related medical services? If yes, what kind of service have you received? How do you appraise the services you received?

To interviewer: Please go in depth according to the following scheme (If the respondent do not know/understand any definition, explain it to the respondent and ask the question again):

- What kind of service have you received? Have you ever received condoms, lubs, consultation, HIV testing, IEC materials, or other HIV related services? If yes, have you received these services in one organization or in several? How many organizations do you know where you can get these kinds of services?
- Why you needed this service?
- How did you know about this particular service?
- Are you satisfied with the service you have received?
- How helpful was the service you (or your friend) have received?
- Do you wish that the accessibility to this kind of service (services) should be increased? What can be done for that?

To interviewer: Please, give the possibility to the respondent to speak on the issues/themes he/she thinks is important.

Let's speak what are the main needs for transgender individuals in terms of HIV prevention programs?

To interviewer: Please go in depth according to the following scheme (If the respondent do not know/understand any definition, explain it to the respondent and ask the question again):

- Informational-educational materials on HIV/AIDS (types, themes, design, specification etc.); How do you think how essential is to create these kinds of materials specifically for transgender individuals? If yes, why (specify your answer)? If not, why (specify your answer)?
- Informational meetings/trainings on HIV/AIDS (types of trainings, themes discussed, specification etc.); How do you think how essential is to conduct these kinds of meetings/trainings specifically for transgender individuals? If yes, Along with general information on HIV/AIDS what kind of other relevant information these trainings should cover? Indicate at least three topics which should be covered by these kinds of trainings or meetings? If you think that these meetings are not essential, please specify why?
- Free distribution of condoms and lubricants; How important is for transgender individuals distribution of free condoms and lubricants? If it is not important, why? Are free condoms and lubricants available for you at the moments? If yes, where you can get them? How do you think is it necessary to have more places/organizations where transgender can receive condoms and lubs?
- Referrals to appropriate diagnostic and/or treatment facilities (please, name particular institutions/facilities); what are the services (medical or non-medical) transgender individuals are in need? Please describe the institutions/facilities where transgender people can get the most essential services?
- Free testing and counseling on HIV; Do transgender need free testing and consultancy on HIV? Is it important to increase accessibility to free HIV related services for transgender individuals? If yes, why? If not, why? What kind of criteria should these facilities meet?

- Needs for legal assistance; How do you think do transgender individuals need protection in terms of human rights? If yes, why? If not, why? Which are the conditions you can say that transgenders are protected in their rights?
- Who can/should protect their rights? Should transgender individuals themselves be involved in protection of their own rights? Should State protect their rights? Should organizations working on transgender issues protect their rights?
- How do you understand the term “transphobia”? How wide “transphobia” is spread among the society (Georgia, Azerbaijan, Armenia)? If not, why do you think that there is no transphobia in your society? What are the circumstances where you face the transphobia? Can you tell us at least one example of “transphobia” you witnessed?
- Which kinds of reproductive and sexual health services do transgenders need? Which of them are available for transgenders today in your country? Are they important? If not, why? If yes, why?
- How do you think do transgender individuals need the psychological support/services? If not, why? If yes, what kind of psychological support they need? Are psychological services available now for transgender individuals in your country? Where they can get these services? Are you satisfied with these services? If not, what would you change?

To interviewer: Please, give the possibility to the respondent to speak on the issues/themes he/she thinks is important.

How do you think, what can be done for realization of the needs we have discussed previously?

- What can be planned, done, created or improved (if it is possible give us three priority areas) in order to improve the transgenders lives?
- Who can/should be in charge?

To interviewer: Please, give the possibility to the respondent to speak on the issues/themes he/she thinks is important.

V. The barriers in terms of receiving HIV related prevention services

(To interviewer: Discuss this topic separately if the answers on the questions below were not obtained in previous sections)

Please, tell me about the attitude of the society towards you.

- What kinds of attitudes towards you reveal your family members, relatives, friends, colleagues etc.?
- How can these attitudes affect your life?

To interviewer: Please, give the possibility to the respondent to speak on the issues/themes he/she thinks is important.

Please, describe the main problems you face in healthcare field? How these problems affect your life?

To interviewer: Please go in depth according to the following scheme (If the respondent do not know/understand any definition, explain it to the respondent and ask the question again):

- Problems related to sexual and reproductive health;

- Problems related to HIV/AIDS;
- Problems related to psycho-emotional sphere;
- Problems related to legal aspect of healthcare;
- Existence/absence of specific programs oriented on transgender individuals;
- Existence/absence of organizations providing services to transgender people.

To interviewer: Please, give the possibility to the respondent to speak on the issues/themes he/she thinks is important.

What kind of recommendation you want to give us in terms of proper planning and implementation of transgender oriented HIV prevention programs?

To interviewer: Please, give the possibility to the respondent to speak on the issues/themes he/she thinks is important.

Thank you!

