



# PASH.tm

## POSITION STATEMENT

### DATA COLLECTION

#### Overview

The following PASH.tm position statement, released November 2017, outlines why there is a need to improve data collection methods in order to better count and understand the trans and gender diverse (TGD) experience and population needs. This statement also details PASH.tm's updated, recommended and best-practice approach.

#### Why?

The HIV sector specifically, and the research, public health and health promotion sectors more broadly, seek to make evidence-based decisions regarding the development and targeting of programs, and the allocation of resources.

Most of Australia's HIV surveillance systems do not adequately capture TGD people in demographic data simply through asking incorrect questions or using problematic gender indicators, a problem that is also reflected in routinely collected data within health services and systems, at sexual health clinics, in research and in community settings. This failure to accurately identify TGD people or capture their experiences has led to an invisibility and erasure of this population in almost all areas of HIV prevention, testing, treatment, care and research.

Whilst there is a growing body of evidence regarding the sexual health of trans men who have sex with other men (trans MSM), particularly those accessing publicly funded sexual health clinics [1], poor data collection methodologies have contributed to a general lack of clarity regarding the prevalence, impact, burden and experience of HIV, and the sexual health needs and sexual practices of trans MSM in Australia.

The experiences and needs of trans women and non-binary people in relation to HIV are also not well articulated in Australian research and programmatic responses, indeed, only the 2017 Victorian HIV strategy makes any explicit mention of TGD people as a priority population. This indicates that a key and priority population may be left behind in the progress toward the virtual elimination of HIV.

#### Our Position

Meaningful inclusion in population health and data is the cornerstone to providing safe and equitable health care for all populations, particularly for those most at risk. This is the case for trans MSM and other TGD populations. PASH.tm believes there is a critical need to implement more inclusive data collection methods in order to better count and understand the health needs of TGD people.

The TGD experience and population is ancient and extremely diverse, and presents an opportunity for researchers, service providers and government bodies to think meaningfully about how best to ensure TGD people are counted accurately and not erased, ignored or misrepresented.

PASH.tm opposes the use of 'male, female or transgender' as gender identity indicators and considers this approach contrary to best practice. 'Transgender' is not a third and non-binary gender identity and is more accurately described as a gender experience rather than a gender identity, just as cisgender (not-trans) is a gender experience and not an identity.

Trans and gender diverse people are not one homogeneous group and if gender is important to understand in the setting within which it is being collected, then it must be inclusive of all men and women, whether they be trans or cis, and also of people who do not identify with binary genders. If collecting gender identity is not important for the setting, consider removing it. If collecting gender identity is important, then it must be done accurately and meaningfully.

Some women and men identify strongly with their trans experience whilst others do not consider themselves to be trans at all. Non-binary identities can include trans feminine, trans masculine, gender fluid, agender, genderqueer etc. Indigenous Sistersgirls and Brotherboys might identify as female, male, non-binary, or experience their gender within specific cultural frameworks that can't be easily defined by western constructs of gender.

Trans men *are* men, and trans women *are* women, and all trans people have different lived experiences, histories and needs.

With the above in mind, the following process is recommended [2, 3, 4].

#### 1) What best describes your gender identity?

- Male
- Female
- Non-binary/gender fluid
- Different identity (please state) \_\_\_\_\_

#### 2) What sex were you assigned at birth?

i.e. the legal sex listed on your original birth certificate

- Male
- Female

#### 3) Were you born with a variation of your sex characteristics?

(sometimes called 'intersex')

- Yes
- No
- Not sure
- Prefer not to answer

This approach can be applied to the full range of data collection scenarios, including (but not limited to):

- Studies, trials and surveys;
- Intake and demographic data collection systems; and
- Infectious diseases surveillance systems (including HIV).



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#### References

1. Callander D, Tsang J, Cook T, Russel D, Vlahakis E, Fairley CK, Read P, Hellard M, Kaldor J, Donovan B, Guy R. *Blood borne viruses and sexually transmissible infections among transgender men and women attending Australian sexual health clinics*. Presentation at the Australasian Sexual Health Conference, 2017. Canberra, ACT.
2. The GenIUSS Group. (2014). *Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys*. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute.
3. Bauer, GR., Braimoh, J., Scheim, Al., Dharma, C.,(2017) *Transgender-inclusive measures of sex / gender for population surveys: Mixed - methods evaluation and recommendations*. PLoSONE12(5):e0178043
4. Organisation Intersex International - Australia. (2017, July 15). *Including intersex in research studies and surveys*. Retrieved August 21, 2017, from <https://oii.org.au/20042/on-requests-for-research/>