

Trans women have both general and specific health needs. General needs include basic primary care, which also means sexual health with consideration for the diversity of gender identities and their expressions, anatomy, sexuality, and sexual practices among this population group.

TRANS WOMEN AND SEXUAL HEALTH



01 SAFE SEX

Any reference to safe sex in trans women should acknowledge that these women can have partners of any gender and with different body types. Their sexual preferences include being the receptive and/or insertive partner in anal, oral or vaginal sex.

Generally, regardless of whether or not you have had surgery, the best way to protect yourself and your sexual partners from HIV and sexually transmitted infections (STIs) is to use **condoms (internal or external) and lubricant for anal and vaginal sex, as well as latex barriers** (which prevent contact between the mouth and the anus or the genitals) for oral sex.

When considering different prevention strategies in sexual inter-

- If you have had surgery, colon tissue may have been used to rebuild the vagina. This increases the risk of acquiring an STI or HIV, as the mucosa is thinner than that of the vagina. If the skin used came from the penis and testicular skin, it could also be damaged, even though the risk is lower.
- Use of an internal condom depends on the depth of the vagina.
- Pre-exposure prophylaxis (PrEP) to protect against HIV involves the use of antiretroviral drugs to prevent infection with this virus. This tool provides effective protection against infection if the medical prescription is followed correctly.
- In Spain, PrEP is prescribed for certain populations, including trans women. It is provided through the public health system and is free of charge for the user.
- There are several guidelines for taking PrEP. In women receiving feminizing hormone therapy, however, the daily regime is recommended. PrEP does not affect hormonal therapy.
- If you think there is a risk you have been exposed to HIV, you can ask a hospital's emergency service for post-exposure prophylaxis (PEP).
- PEP consists of treatment with antiretroviral drugs, which are administered for 28 days and should be started as soon as possible, preferably within the first 6 hours after exposure to HIV and always within 72 hours. Bear in mind that some PEP antiretroviral drugs may interact with hormonal treatment.

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ENTIDAD DECLARADA DE UTILIDAD PÚBLICA
ONG DE DESARROLLO

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02

REDUCTION OF RISK IN SEXUAL PRACTICES

Vaginal sex

- Bleeding is possible, particularly if surgery is recent. The use of condoms (internal or external) is therefore recommended for protection against STIs and HIV.
- The lubrication capacity of your vagina will depend on the surgery type. It is therefore advisable to use water-based lubricants to prevent tearing.
- After using a vaginal dilator to stretch the skin of the vagina, the use of condoms in sexual intercourse is recommended.

Anal sex

- In this type of intercourse, tiny lesions could occur in the lining of the rectum. These increase the risk of contracting STIs or HIV. Use a condom (internal or external) and a water-based or silicone lubricant for greater protection.

Oral sex

- Although the risk is low, it is possible to contract some STIs (herpes, syphilis, or gonorrhoea) or HIV (although it is extremely unlikely). The risk is greater if ejaculation is in the mouth.
- Try to avoid giving oral sex if you have gum problems, ulcers, a sore throat or have recently had dental work done.
- It is advisable not to clean your teeth or to rinse your mouth out before giving oral sex as doing so may cause bleeding.
- If you have had surgery, try not to receive oral sex until it has healed completely.
- Use of a condom or latex barrier (to avoid contact between the mouth and the genitals) will help to prevent STIs. Latex barriers can be made by cutting a rectangle out of a condom.

Rimming (sexo oro-anal):

- This practice involves a risk of infection with hepatitis A and some bacterial STIs such as gonorrhoea, Shigella, or even the SARS-CoV-2 coronavirus. The risk of contracting HIV is very low.
- Observing good hygiene habits help to reduce risk.
- Latex barriers can also be used as a method of prevention.

Frottage (rubbing genitals without penetration)

- This involves a risk of transmission of some viruses and bacteria such as syphilis, herpes or genital warts, as well as parasites like scabies or crabs.

Rough sex

- A different condom should be used with each sexual partner or sex toy.
- Rough sex can cause bleeding or tears in the anus, vagina or mouth that may encourage the transmission of STIs, HIV, or hepatitis C.
- If practicing fisting, the use of latex gloves is recommended.
- Hepatitis C can be transmitted even in small traces of blood. You should therefore avoid sharing any toys or objects that may have traces of blood, including cans of lubricant.

MAIN POINTS:

- It is important to feel safe and comfortable in your sexual practices. You can set the limits with which you feel most satisfied and agree upon your sexual practices with your partners.
- The medical or community personnel who take care of you should do so with respect in order to give you the best care. If you feel this is not the case, you can make a complaint or speak to an advisory service.
- If you have HIV, you will need to take your antiretroviral and hormonal treatment safely and at the same time. The healthcare personnel who treat you need to know what medications you are taking (including hormonal treatment), as interactions with antiretroviral medication can occur.
- If you have HIV and your viral load is undetectable because of antiretroviral treatment, you will not be able to give this virus to your sexual partners.



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