

**R I G H T
T O
H E A L**



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W H O I S T H I S B O O K L E T F O R ?

This booklet is designed for Transgender people in Sri Lanka primarily. If you are a trans-person looking for more information, on topics such as your transition, gender affirming surgeries, gender affirming hormone therapy, dating, pleasure and having children and more, this booklet contains helpful basic information to get you started!

Few things to note;

While this booklet contains a lot of useful information, some medication and procedures that are mentioned here should be done with the help of your healthcare provider.

Transition looks and feels different for each individual person. Every body is different and it is a personal journey, it is your journey! So, do not worry if you cannot relate to some of the things in this booklet. Make sure to find a healthcare provider who is sensitive to your specific needs.

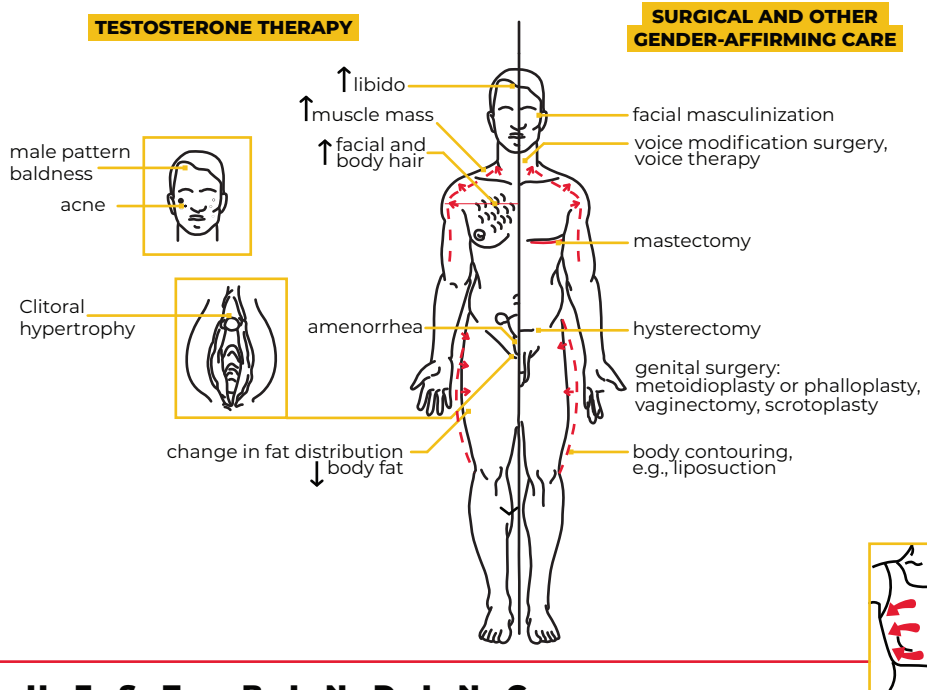
Use this booklet as a general guideline and refer to an expert for more personalized and sensitive care! You can access the e- version of the booklet with hyperlinks to more resources here;



Here are examples of how a transman and a Transwoman will look after going through their transition and have received gender affirming surgeries. However, what surgeries you do for you to have your gender affirmed, varies from person to person. There is NO mandatory rule to say that you have to have all the surgeries. In Sri Lanka, you can start your transition process when you reach the age of 16.

However, please remember that everyone is different and has unique bodies. So, don't worry if your body doesn't look exactly like this. Your body can look different at different stages of your transition. Your transition journey is unique to you and how long you take to go through your transition process varies from person to person.

TRANSMAN



C H E S T B I N D I N G

Chest binding is done by transmen to make their chest appear flat. This is helpful to manage gender dysphoria and affirm your gender. Chest binding is usually done using material such as tape and bandages. When you use a binder, make sure that you don't wear it for more than 8 hours at a stretch. Avoid exercising and sleeping with the binder on as much as you can. Excessive binding can damage the breast tissue and complicate your top surgery (double mastectomy) later and also have other health impacts.

PACKERS

Packers are another device that tackles gender dysphoria and affirms gender. When you wear a packer it will display a bulge that looks similar to male genitalia but they also have other practical purposes. There are three main types of packers available in the market

-  **Soft packers** - Everyday general wear. These packers create a natural looking bulge and can be worn under day-to-day clothing
-  **Stand to Pee (STP) packers** - STP packers help you to urinate while standing. It is usually held in place with the use of a harness or strap.
-  **Pack and play** - These packers have a dual function. They can be used for daily packing as well as penetrative sex.

Refer - <https://peecockproducts.com/>

HORMONE REPLACEMENT THERAPY (HRT)

Testosterone, sometimes called “T”, stimulates the growth in the tissue in your body, for example, in building muscle mass, lowering your voice, increasing the growth of hair on your face and body, increasing your sex drive and stopping your period. It will also work to reduce the estrogen level in your body. It can take up to six months of being on testosterone to stop your period. If your period has not stopped within this time you should speak with your medical provider to discuss other medical options.¹

Testosterone is available as a patch, cream/ gel or as a shot (injection). In Sri Lanka, Testosterone is available to you as shots to be injected from time to time as prescribed by your healthcare service provider. Testosterone shots are intramuscular injections and should ideally be administered by a trained professional. You can visit an Endocrinologist to learn about taking GAHT. You can buy your Testosterone medication from Osusala (SPC) and some pharmacies as well. Make sure you follow the instructions of your healthcare service provider when you purchase hormones.

If you took testosterone you would expect to see some of the following changes in your body to a varying degree. Most of the changes will happen within the first two years.

Changes you may see in your body after starting testosterone	Start	Maximum Effect
Period will stop	1-6 mo	–
Skin oiliness/acne	1-6 mo	1-2 years
Clitoris will grow in size	1-6 mo	1-2 years

Dry vagina and thinning of your vaginal walls which may cause pain	1-6 mo	1-2 years
Deepened voice	6-12 mo	1-2 years
Redistribution of body fat	1-6 mo	2-5 years
Increase in muscle mass and strength	6-12 mo	2-5 years
Loss of head hair	6-12 mo	4-5 years
Facial/body hair growth	6-12 mo	4-5 years

Table 1 source - Factsheet on gender-affirming hormone therapy for trans masculine people.

Risks

Taking too much testosterone is NOT good for your body and will not bring about the changes you desire in your body faster. Taking too much testosterone can also cause long term health problems. If your body does not use the excess testosterone it will be converted into estrogen (remember that estrogen is the hormone that develops the feminine physical traits in your body) and slow down the masculine changes you want to see in your body. If you have had surgery to remove your ovaries and uterus (hysterectomy) you will need to change your testosterone therapy as you might not require as much as before because you will not be producing as much estrogen. You might also be tempted to take steroids at the same time to boost your muscle mass but this is also not a good idea as it can result in long-term health problems.

Everybody experiences these changes differently. You might find that some of your friends who are also on testosterone are experiencing changes faster than you but this is because testosterone works in different ways for different people. The amount of testosterone you take should always be based on the recommendations of your health care provider who will adjust it according to your hormone level test result. If you think that your dosage is not working fast enough you should talk to your medical healthcare professional about it.

What will not change

The shape and structure of your body stops changing after puberty so there will be some things that will not change in your body even after you start taking testosterone.

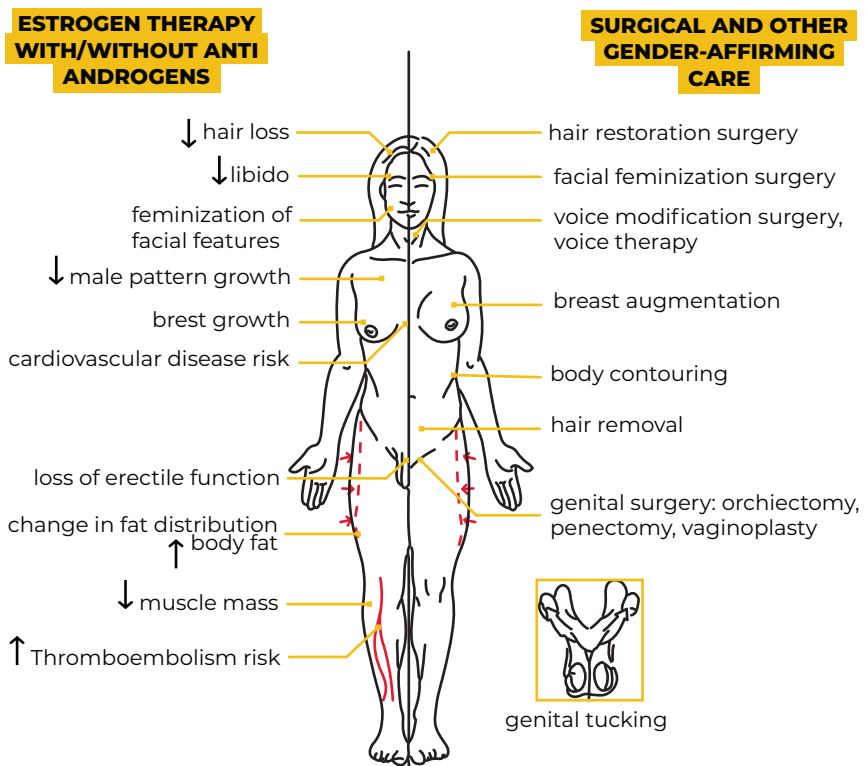
Breast Tissue: While you may see that the shape of your chest has changed a little bit after taking testosterone, it will not make your breasts go away. Some people will have chest reconstruction surgery to remove their breasts while others may continue to bind or strap their breasts with bandages or binders.

Changes in Height: Testosterone will not change your height or the bone structure in your body or face. Some people undergo facial masculinisation surgery and plastic surgery to change the shape of their face and body to be more masculine but it cannot help you with your height, hands, or feet.

Pregnancy: Testosterone can make some people permanently sterile, but it is not always the case. You can still get pregnant even if you are using testosterone. There are some studies that have shown that even after using testosterone for two years some people were still producing eggs from their ovaries. Depending on how you have sex you may need to take some kind of birth control medication to reduce the risk of unwanted pregnancy. Pregnant whilst on testosterone is very harmful to the fetus.

Risk of HIV and STIs: Depending on how you have sex, testosterone does not reduce your risk of transmission of HIV and STIs. Testosterone makes your vagina dry and your cervix is more fragile. This can increase the risk of latex condoms breaking so you may need to use extra lubrication when you are having sex.

TRANSWOMAN



NOTE

Some transwomen use menstrual napkins (Pads) to cover/ disguise genitals before their bottom surgery. (Vaginoplasty) If you are using menstrual pads, make sure to change them every 6-8 hours. If you wear sanitary napkins for too long, they may cause bacterial infections and skin irritation. There are reusable cloth pads available if you want to consider a more sustainable option, but they should also be changed every 6-8 hours. Alternatively, there is a silicon strap available that serves the same purpose.

 **Tucking²** - Tucking is another practice used to tackle gender dysphoria and make your groin area flatter. When tucking, the testes is pushed inside the body cavity and the penis is secured between the legs. You can wear compression underwear / tight underwear to secure the tuck and also use medical tape to secure it. However, avoid tucking if it's too painful and be careful when using tape and maintaining a tuck for extended periods of time as it may cause skin irritation.

 **Push-up Bras and Silicon inserts** - Push up bras and Silicone inserts that go inside bras are used by transwomen to make their chests appear full. It is another way to appear more feminine and helps tackle gender dysphoria.

HORMONE REPLACEMENT THERAPY (HRT)

Estrogen

Estrogen is the hormone that is primarily responsible for increasing the physical feminine traits in your body. It works on the tissue in your body, such as making breasts grow, and redistributing the fat in your body, and indirectly suppresses the amount of testosterone in your body. Estrogen is available to be taken in the pill form (to be swallowed or dissolved on the tongue), skin patches or a gel to be applied into your skin and as an injection that is delivered into your muscle (intramuscular)³. It is Difficult to find Estrogen-only pills in Sri Lanka.

Anti Androgens

These drugs are sometimes prescribed by your healthcare professional to block the effect of testosterone in your body. It works by complimenting the estrogen to reduce the male physical traits, but they DO NOT increase feminising physical traits. Anti-androgens can be prescribed in addition to estrogen. Taking anti-androgens can mean you take less estrogen and avoid some of the risks/side-effects that come with taking high doses of estrogen. They usually come in pill form.

Progesterone

Progesterone is available in Sri Lanka for gender GAHT. Progesterone has an anti-androgen effect and plays a role in breast enlargement⁴.

Risks

Estrogen

The pill and injection can sometimes cause blood clots in the body; it is NOT generally recommended for people who are over the age of 40, people who smoke and/or are at risk of heart disease or stroke or blood clots. If you are more at risk, it is usually recommended to use the skin patch or gel. There are some types of estrogen, for example 17-beta estradiol which can reduce some of these risks. You should seek advice from your healthcare provider about this.

In Sri Lanka, since combined oral contraceptive pills (these contain both progesterone and oestrogen) are used, there are other associated risks - Such as breast cancer,liver disease etc.

! F O R E V E R Y O N E !

IF YOU ARE INJECTING,It is essential that you dispose of your needles or hormone bottle correctly and DO NOT share your used needle with anyone else (NOT even your closest intimate partner). Using a used needle could increase your risk of blood borne infections and transmission of HIV and Hepatitis C. Immediately visit a doctor if you are experiencing symptoms such as fevers, chills, nausea, red or painful skin at the injection site that is hot to touch, or If the site is discharging (white or yellow fluid).

If you are taking GAHT as prescribed by your healthcare professional and based on your individual needs, then most physical changes will safely occur within a period of two years with maximum effect over 3 years. How effective these changes will be depends on your GAHT regime and genetics, as well as your lifestyle choices including, smoking and exercise.

Changes you may see in your body after starting estrogen	Start	Maximum Effect
Decreased sexual desire	1-3 mo	3-6 mo
Decreased spontaneous erections	1-3 mo	3-6 mo
Softening of skin/decreased oiliness	3-6 mo	Unknown
Decrease in muscle mass and strength	3-6 mo	1-2 years
Redistribution of body fat	3-6 mo	2-3 years
Breast growth	3-6 mo	2-3 years

Decreased testicular volume (size of your testicles will decrease)	3–6 mo	2–3 years
Decreased sperm production	Unknown	> 3 years
Decreased terminal hair growth (usually mild)	6–12 mo	> 3 years
Scalp hair	Variable	–
Voice changes	None	–
Male sexual dysfunction (ability to get an erection)	Variable	Variable

Table 2 - source -Factsheet on gender-affirming hormone therapy for trans feminine people.

What will not change

While some parts of your body may slightly change when you start GAHT, it will not remove ALL physical masculine traits.

Body and/or Facial hair growth may reduce but it will not go away entirely. Electrolysis and/or laser hair removal treatment is usually used for hair removal.

“Male” Pattern Baldness: If you were balding before GAHT, bald areas will not grow back. Some people will wear a wig or hair piece, others may get hair transplants.

Changes in Voice: GAHT will not change the pitch of your voice, some people take speech therapy classes to retrain the way they speak, others may have surgery around their vocal chords to speak at a higher pitch.

Changes in Height: Your bones stop growing after puberty, so GAHT will not change your height or the bone structure in your body including your hands, feet, or face. Some people undergo facial

feminisation surgery and plastic surgery to change the shape of their face and body, and reduce the size of their Adams apple.

Sperm Count: GAHT can reduce your sperm count and make you permanently sterile, but this may not always be the case. Depending on how and who you have sex with, you may want to consider using a birth control method to prevent an unwanted pregnancy.

Q U I C K N O T E

- ▣ If you are HIV Positive , it is generally safe to get hormone therapy and even go through with the sex reassignment surgery if your health is good. However, regular monitoring is necessary. Make sure to keep your healthcare provider informed of all the medication you take and avoid self medicating if you are HIV positive
- ▣ If you are a smoker, there are some added risks when you start GAHT, there is a higher risk of blood clots, cardiovascular stress and increased risk of heart attacks. The same is true for sex-re-assignment surgery. Smoking increases your risk of complications.

02.

PRE AND POST SURGERY CARE AND GENERAL HYGEINE

Trans persons can opt to undergo surgeries that affirm their gender. Some of these surgeries are available in Sri Lanka in the public health system, some of them should be done using the private healthcare system. Some people opt to go abroad to perform these surgeries.

Let's have a look at what are the available gender affirming surgeries for trans people and how to observe good pre and post- surgical care.

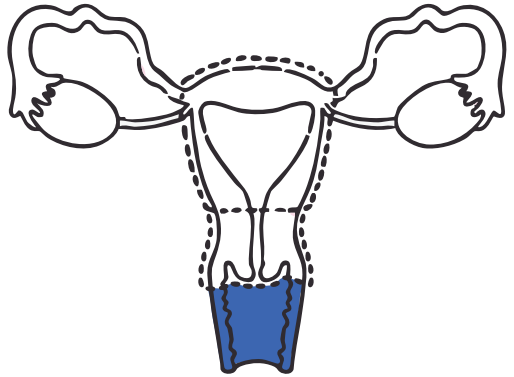
TIPS FOR PREPARING FOR GENDER AFFIRMING SURGERY

- ☐ You will have to have pre-operation appointments with your surgeon to clear you for surgery. This will include lab tests and screening tests (ex - liver function, kidney function, sugar and cholesterol levels) to confirm your fitness to go through with the surgery. In general, your medical history will be reviewed and any risks/complications with the surgery will be discussed.
- ☐ You will also have to stop GAHT in advance of the surgery. The time period varies, but usually most people have to stop taking hormone therapy 6-12 months before their surgeries.
- ☐ You will have to make lifestyle changes to make sure that surgeries are successful. Stopping smoking, alcohol and substance use before the surgery are some examples.
- ☐ You may have to do dietary changes specially for bottom surgeries close to the surgery. Ex- Low fibre diets before the surgery, prescribed bowel cleansing agents before the surgery.
- ☐ For some surgeries, you may need permanent hair removal before surgery. Ex - penile inversion surgery. This always depends from person to person and it is important to have a discussion with your surgeon before the surgery.
- ☐ Have a discussion with your surgeon about the surgery options, its risks, recovery process and any other information you want to know to clear any doubts. This is also to make sure that you are informed about the surgery and to make sure you make an informed decision.
- ☐ Take time off from work and other responsibilities to prioritize your recovery after the surgery and prepare for your recovery ahead of time (have wound care items stocked, a clean home, comfortable clothes, accessible spaces to avoid falling). Arrange for someone to take you home after surgery and check on you from time to time.

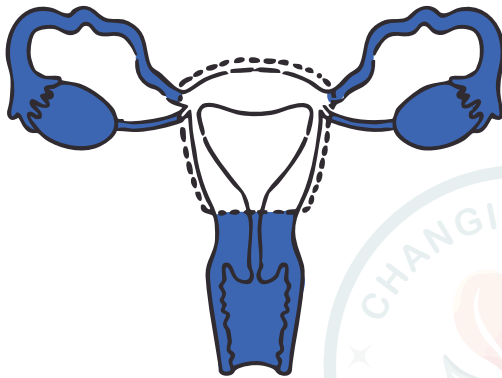
FOR TRANSMEN

01. Hysterectomy

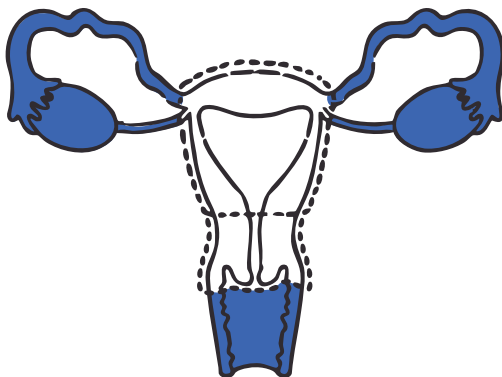
A hysterectomy is a surgical procedure that involves removing the uterus. There are different kinds of hysterectomy procedures that also can involve the removal of the ovaries and/or fallopian tubes¹.



Total hysterectomy: removal of the uterus and cervix; one or both ovaries and the fallopian tubes can also be removed



Partial hysterectomy / supracervical hysterectomy: a removal of the uterus but leaving the cervix intact



Radical hysterectomy: a removal of the uterus, cervix, and part of the vagina; ovaries, fallopian tubes—nearby lymph nodes can also be removed

POST SURGERY CARE FOR HYSTERECTOMY

Bodies—regardless of their assigned gender at birth—also need hormones to maintain and regulate our bodily functions. When both ovaries are removed, a main source of estrogen production is also removed.

Without estrogen, you may have a higher risk for osteoporosis, or low bone density linked to bone fractures as we get older. Risk for osteoporosis and fractures is higher if your relatives have had osteoporosis. There are non-hormonal medications for osteoporosis prevention and/or treatment for risk of osteoporosis.

If both ovaries are removed, you'll need to plan to take a long-term medication (whether it's testosterone GAHT, estrogen or a non-hormonal medication) to reduce osteoporosis risk over your lifetime.

02. Phalloplasty

Phalloplasty is surgery for masculinizing gender affirmation. Phalloplasty is a multi-staged process that may include a variety of procedures, including:

- ➕ Creating the penis
- ➕ Lengthening the urethra so you are able to stand to urinate
- ➕ Creating the tip (glans) of the penis
- ➕ Creating the scrotum
- ➕ Removing the vagina, uterus and ovaries
- ➕ Placing erectile and testicular implants

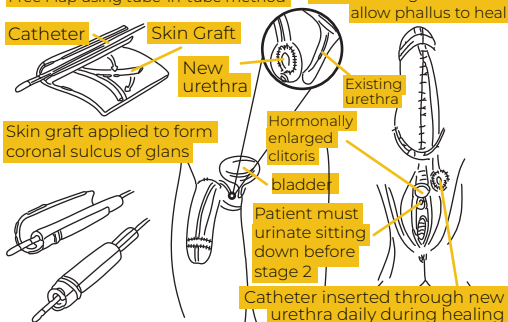
Phalloplasty involves using skin flaps, which are areas of skin moved from one area of the body to another. The skin flap is then reshaped, contoured and reattached to the groin to create the penis. There are three approaches the surgeon may use to construct the penis, using skin from the arm (radial forearm free flap), leg (anterolateral thigh flap) or side (latissimus dorsi flap)².

FOREARM FLAP PHALLOPLASTY

Stage 01: Phallus Creation

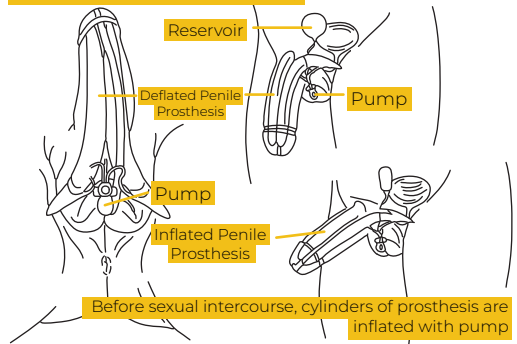
Phallus created from Radial Forearm Free Flap using tube-in-tube method

New urethra left detached from existing urethra to allow phallus to heal



Stage 03: Penile Prosthesis

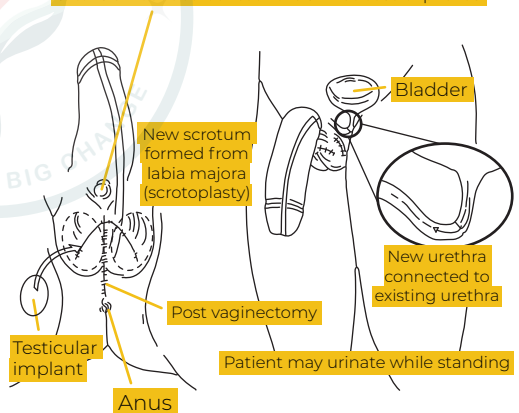
When not in use, cylinders of an inflatable prosthesis remain deflated, allowing phallus to hang in natural position and be concealed by clothing



POST SURGERY CARE FOR PHALLOPLASTY

Stage 02: Urethral Lengthening

Clitoris embedded beneath the skin at base of phallus



Maintain elevation/support & protect blood flow - Keep the penis elevated (using the elevation dressing you're given) when in bed, Wear supportive underwear when walking. Avoid bending the hips more than 90°, avoid sitting in positions that compress the area.

Wound, graft and incision care - Apply antibiotic ointment (e.g., bacitracin) to penis and scrotum incisions twice daily.

For the skin-graft donor site: use the Xeroform gauze dressing on thigh graft donor site, leave it in place until peeling at edges—avoid adding creams/medicines to that area until directed.

For the forearm graft site: weeks 1–2 remove the old dressing daily, look for lifting/blisters, cover with Xeroform + Kerlix + splint; only get it wet when the surgeon authorizes (usually week 3).

Showering, mobility & activity restrictions - For the first week home: sponge bathe; keep the forearm graft dry (cover it) when showering.

After one week: you may gently wash your penis with warm soapy water and pat dry; do not submerge penis, scrotum, groin or arm in water (no baths, tubs, swimming) until the surgeon approves.

Activity: walk at least 4 times/day for 10 minutes each; avoid lifting anything heavier than 2 kg with the grafted arm; avoid flexing waist/bending hips over 90° until cleared.

Catheter, drains & monitoring - You will leave hospital with a suprapubic catheter (a catheter just below your belly button)in place to drain the bladder; make sure the urine is flowing through the leg bag and contact your team immediately if drainage stops or changes abnormally.

Continue to monitor penis (and donor/graft sites) for changes: color (pale/purple/red), temperature (hot/cold), swelling and drainage. These could be signs of poor blood flow, infection or graft issues — call your surgeon if any of these occur³.

03. Metoidioplasty

Metoidioplasty uses tissue from a hormone-enlarged clitoris to create a penis about 4 to 6 centimeters (up to 2 1/3 inches) long. It is an alternative to phalloplasty. Metoidioplasty is a surgery for masculinizing gender affirmation. A

metoidioplasty may have fewer steps than a phalloplasty and may help the patient retain sexual sensation and the ability to have an erection without a penile implant. The procedure may enable the patient to urinate in a standing position. Metoidioplasty starts with a year of hormone treatment and may include several steps to create a scrotum and to add testicular implants⁴.

Metoidioplasty Pros	Metoidioplasty Cons
Includes a hospital stay of about three days.	The created penis is about 4–6 cm long and does not create a masculine contour or bulge in underwear or tight pants.
Some people can urinate from a standing position, depending on their body build and anatomy.	Penetrative sex is not possible with the penis created by metoidioplasty.
The procedure does not leave scars on the arms, thighs, or back.	Some people may still need to sit to urinate or press on surrounding tissues to help urine pass through the penis.
Preserves sexual sensation since the shaft contains the nerves and erectile tissue of the clitoris.	—
A person may be able to attain an erection without a penile implant.	—

POST SURGERY CARE FOR METOIDIOPLASTY

Rest and Activity - Rest a lot and avoid strenuous activities. Sit on a padded surface and avoid lifting heavy objects. Have someone stay with you for at least the first week.

Wound and Catheter Care - Keep your surgical area clean and dry. Follow instructions for catheters or drains carefully. Avoid creams or alcohol-based products unless advised.

Pain and Medication - Take pain medicine on schedule; don't wait for pain to get severe. Complete any antibiotics as prescribed.

Follow-Up and Watch for Problems - Attend all follow-up appointments. Contact your doctor if you have fever, heavy bleeding, trouble urinating, or fluid leaking from your incision⁵.

Watch your Urine output - There is a risk of infection and clots forming in the urinary tract after surgery. You are also getting used to peeing with your reconstructed organs. Therefore, it is important to closely monitor your urine output and follow your healthcare providers' instructions closely. (This is applicable for both surgeries)

04. Chest Masculinization/ Top Surgery (Mastectomy)

Chest masculinization uses one of several surgical approaches to remove breast tissue, and in some cases reshape and reposition the nipples for an affirming look. Depending on your goals, the surgeon may recommend several different approaches for top surgery. You and your surgeon will discuss the best choice for you, based on your body type,

health and other factors⁶.

Surgery recovery depends from person to person. Some people have to go through a secondary surgery to remove excess skin etc.

POST SURGERY CARE - TOP SURGERY

Compression Garment - After top surgery, a compression garment will be placed on your body in the operating room. It is important to keep it on at all times to prevent postoperative bleeding and fluid collections. For chest masculinization surgery, you will wear a compression vest.

Pain - You may experience some discomfort for a few days after surgery, but generally after four to five days your pain will ease and can be managed with over-the-counter medication.

Dressings and drains - You will have dressings and possibly drains in place when you leave the hospital to help prevent fluid collecting in the surgical area. Do not remove them until you see your doctor after surgery. If you have drains, your doctor's office will give you instructions on how to empty them and record the amount of fluid coming out of the drains. These drains will usually be removed at your first appointment after surgery.

CAN TRANSMAN GET PREGNANT?

Yes, there are some instances where you are at risk of getting pregnant as a transman. Even if you have started GAHT and have stopped getting periods. If you have not done a hysterectomy/ bottom surgery, you are at risk of getting pregnant if you have

unprotected sex.

In such a case, make sure to use contraceptives during sex (e.g. condoms) or seek emergency contraception.

Seeking abortions as a Transperson - Sri Lanka has a very restrictive abortion law and accessing safe abortion could be challenging especially if it is after 12 weeks. But you can learn more about accessing abortion from the [Women on Web](#) website. Explanations are available in Sinhala and Tamil

FOR TRANSWOMEN

01. Vaginoplasty⁷

During a vaginoplasty procedure, tissue in the genital area is rearranged to create a vaginal canal (or opening) and vulva (external genitalia), including the labia. There are two main surgical approaches for this gender affirming surgery.

Vaginoplasty with Canal

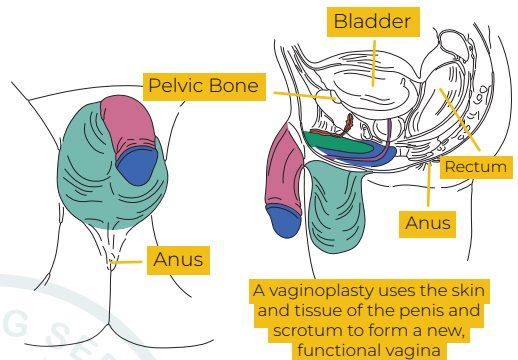
This surgery is also known as full depth vaginoplasty. Vaginoplasty with a canal creates not only the outer vulva but also a complete vaginal canal that makes it possible for the person to have receptive vaginal intercourse. There are different types of vaginoplasty (sigmoid vaginoplasty, peritoneal vaginoplasty etc.) It is important to have a discussion with your surgeon to explore your options.

Vulvoplasty

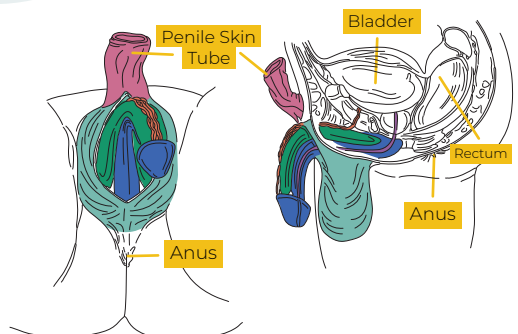
This procedure may be called shallow depth vaginoplasty, zero depth vaginoplasty or vaginoplasty without a canal. The surgeons create feminine

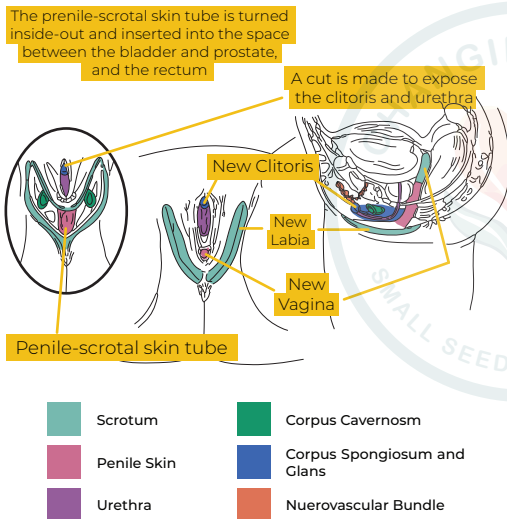
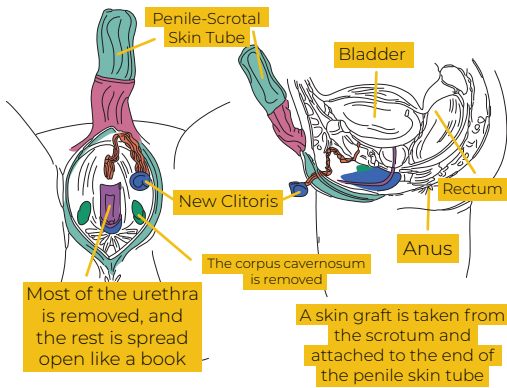
external genitalia (a vulva) with a very shallow canal that is for visual aesthetics only, and cannot be used for penetration of any kind.

MALE TO FEMALE VAGINOPLASTY



The tissue of the penis is separated from the structures underneath to form a skin tube. The bundle of nerves and blood vessels on the top of the penis remain attached to the glans





maintained as needed. If you experience pain and discomfort while dilating, you can request for an anesthetic gel to ease pain and discomfort.

Washing and cleaning - It is very important to clean the area to prevent infections. You can gently wash the area with soap and water. Never scrub or allow water to be sprayed directly at the surgical site. Always be careful if you use a bidet spray. When going to the bathroom, you should always wipe front to back. This helps keep your vagina clean and helps prevent infection from the anal region.

You can use sanitary napkins to manage any discharge and bleeding. However, do not use the sanitary napkin for more than 4-6 hours.

If you are using public washrooms, make sure you sanitize the toilet before use. It would be a good idea to carry your own toilet paper and sanitizer until you are fully recovered from surgery.

Having Sex - Always use a water-based lubricant while having sex as your vagina does not self-lubricate. Your healthcare service provider will give you instructions about when you can have sex after surgery. It is important you follow their instructions as there is a risk of sutures tearing and other complications if you have sex before the recommended time.

If you see any signs of infection such as an unusual discharge or swelling, seek advice from your doctor.

Hair removal after surgery - follow the instructions of your healthcare provider if you routinely shave or wax your genital area. Some procedures like waxing can be damaging and should be avoided right after surgery.

Exercise and diet after the surgery - Follow the instructions of your healthcare provider on being physically active after the surgery. Excessive physical activity can be detrimental to recovery. Remember to clarify about any dietary restrictions during the recovery period.

POST SURGERY CARE FOR VAGINOPLASTY

Dilation - If you have a vaginoplasty with a canal, you should do dilation post surgery. Dilation is the act of inserting a medical grade dilator into the vagina to keep your vaginal canal open. Follow the instructions of your healthcare provider and dilate without skipping to make sure your vaginal canal is

Watch your Urine output - There is a risk of infection and clots forming in the urinary tract after surgery. You are also getting used to peeing with your reconstructed organs. Therefore, it is important to closely monitor your urine output and follow your healthcare providers' instructions closely.

P O S T S U R G E R Y C A R E F O R B R E A S T A U G M E N T A T I O N

02. Breast Augmentation

Breast Augmentation is a gender-affirming surgery that creates, enlarges or shapes one's breasts by placing implants underneath natural breast tissue or muscle. Sometimes breast construction is a two-part process. In the first surgery, breast tissue expanders are inserted to stretch the skin, so that it will be able to accommodate the implant. Saline is injected into the tissue expander. This process will gradually fill the breast tissue expander until the desired volume is achieved. This can take a few months. Once the skin has stretched enough to fit the implants, another procedure is done to remove the breast tissue expander and insert the breast implants.

There are two types of procedures for breast construction: implants and fat grafting. Implants (which are either saline or silicone) are the most common procedure used for gender-affirming procedures. Breast implants need to be replaced every 10–15 years. Continue to check in with your primary care provider to ensure your implants remain safe⁸.

Make sure to discuss with your healthcare provider about the possible options and select the option that suits you the best.

During the first week after your surgery, limit your movement and avoid strenuous activities. This includes lifting heavy objects, bending over, or reaching above your head, which can strain your incisions and hinder healing.

Your sleeping position is another critical aspect of your recovery. Sleeping on your stomach is not recommended after surgery, as this can put pressure on your newly augmented breasts. Instead, try sleeping on your back with your upper body slightly elevated. Propping yourself with pillows or a recliner can help reduce swelling and promote healing.

To manage pain and discomfort, follow your surgeon's instructions for taking prescribed pain medication. They may recommend over-the-counter pain relievers like ibuprofen to reduce inflammation. Applying cold compresses to the affected areas can help minimize bruising and swelling, but be sure to place a cloth between the compress and your skin to avoid frostbite.

While it's normal to experience some pain, swelling, and bruising during the first week, excessive pain after this point is a cause for concern. Watch for signs of infection, such as excessive redness, warmth, pus at the incision sites, and fever or chills.

Make sure to continue wearing the compression garments provided to you by your healthcare provider (Compression vest/ bra)

Scarring - It's normal to have scars after breast augmentation, especially at the incision sites. These scars will be more noticeable in the initial weeks following surgery, appearing red or pink. Over time,

they should gradually fade and become less prominent. Your surgeon may recommend scar treatments, such as silicone sheets or ointments, to help minimize their appearance⁹.

Galactorrhea - In some rare cases, you may experience a milky discharge from the nipples. This is thought to be caused by manipulation of breasts. If you get a discharge that doesn't stop, after a few

weeks, consult your doctor to rule out any other complications.

Bathing and showering - Until you see the doctor, you may shower your lower body if you can do so without getting the bandages and dressings wet. Clean the top of your body with a sponge only until your doctor gives you the go-ahead for showering and bathing.

GENERAL HYGIENE

Here are some routine habits to develop:

- ☐ Washing underwear regularly and drying them in sunlight
- ☐ Washing your binders/ reusable pads every day (keep two/ three sets to make sure you don't run out)
- ☐ Washing your packers/ silicone straps everyday or as instructed in the product care instructions
- ☐ Wash your hands before AND after touching genitalia (ex - after peeing, after sex)
- ☐ Remember to pee after sex
- ☐ Drink plenty of water for urinary health
- ☐ Regular STI testing if you are sexually active
- ☐ Seek medical help if you have itching/irritation/ burning / unusual discharge
- ☐ Taking regular showers
- ☐ Change your razors regularly and use an appropriate lubricant if you shave your body hair. (ex - if you shave your genital areas use a gentle soap as a lubricant. If you shave your body hair, exfoliate your skin before shaving to avoid ingrown hairs and razor bumps)
- ☐ If you use make-up or other cosmetics on a regular basis, make sure to wash it off everyday before you sleep to avoid skin irritation and skin conditions

SOMETHING TO REMEMBER FOR TRANSWOMAN

There are some practices that you can do that don't really have an effect on your hygiene, but may be gender affirming. Shaving your body hair to appear more feminine is an example.

Generally, shaving body hair in visible areas such as arms, legs, armpit etc. does not make a big difference in your personal hygiene but social constructs and gender stereotypes around femininity may encourage you to have your body hair shaved. Remember that it is a personal choice and depends from person to person.

If you do decide to regularly remove body hair, there are some alternatives you can use.

- ✚ Shaving
- ✚ Hair removal cream - In Sri Lanka, the most common brand is veet. This is a relatively painless method with no risk of cuts and bumps.
- ✚ Waxing - this method will use hot wax to remove hair from the root. You can get this done professionally at salons which provide the service.
- ✚ Using sugar wax at home / sugaring - you can achieve similar results as waxing. However, this needs some practice to get it right
- ✚ Laser hair removal - This is a long term solution. Relatively painless but is very costly.

CHECK YOUR REFERENCES!

chapter 01

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MENSTRUATION AND PREVENTATIVE CARE

MENSTRUATION

Who among the transgender community experiences menstruation?

- ☐ If you are a transman who did not start your GAHT yet, you will experience menstruation
- ☐ If you are a transman who started your GAHT, but did not do the hysterectomy you will experience periods for a while. For most transmen, the periods will stop after a while on GAHT. However, everyone has different bodies and some transmen might experience continued periods.
- ☐ If you are a transman who successfully did a hysterectomy, you will stop having periods. BUT, if you have not done another gender affirming surgery like a phalloplasty or a metoidioplasty, you may have light discharge.

Do Transwomen get periods?

Typically, **Transwomen do not experience periods.** Even after a vaginoplasty.

Managing menstruation as a transperson

If you are experiencing menstruation as a transman, it is important to manage it hygienically while also making sure that you choose options that are gender affirming.

If you are using disposable menstrual products such as sanitary pads or tampons, change them regularly at least every 4-6 hours. If you leave them on for over that amount of time, there is a risk of getting toxic shock syndrome which is caused by the toxins created by bacteria

that grow on menstrual hygiene products that are soaked with blood.

Additionally, If you are using reusable products, such as reusable pads, period panties or a period cup, it is very important to follow the maintenance instructions.

If you are someone who experiences some vaginal discharge after a hysterectomy or after GAHT, remember that there is still a possibility to have infections if proper hygiene is not observed.

Make sure you,

- ☐ Avoid practices like douching that disturb the natural balance of the vagina
- ☐ Make sure to wipe front to back to avoid bacteria from the anus coming into the vagina and the urinary tract
- ☐ Monitor discharge and seek medical support if the volume drastically increases or the discharge has a foul smell or change in colour.
- ☐ If you are using a menstrual hygiene product, change the product regularly and avoid wearing blood-soaked menstrual products for longer than the recommended hours.

MANAGING DISCHARGE AS A TRANSWOMAN

After a vaginoplasty, if you experience discharge, you could use any of the menstrual hygiene products to manage the discharge.

There is a variety of menstrual hygiene products both reusable and disposable to manage discharge.

If you are using disposable products such as menstrual pads, panty liners (a very thin sanitary napkin) or tampons, make sure to change them regularly.

If you opt for a more sustainable option and opt for reusable pads, or period panties make sure to follow the care instructions for them diligently and have a few sets of the pads/ panties so that you can keep changing them regularly as needed.

Where to buy sustainable period products in Sri Lanka?

You can order online from,

- 💧 Littlemiss.lk
- 💧 Momiji natural (momijinatural on IG)
- 💧 whoweare.lk

You can buy in person from,

- 💧 Selyn fairtrade shops
- 💧 The good market in Colombo

PREVENTATIVE CARE AND SCREENING

There are some important healthcare considerations you need to think about even if you have undergone gender affirming surgery or medical intervention it is still important for you to have regular screening for things like pap smears and breast exams for trans men and prostate exams for trans women¹

TRANSMAN

If you have a uterus, cervix and chest (breasts), you will need to see a healthcare provider about getting a pap smear and mammogram (breast examination) up until you have gender affirmation surgery to remove these body parts. These screening will help to monitor the changes in your body and any changes related to hormone use.

+ PAP SMEAR

While everyone is different if you have a cervix it is recommended that you have a pap smear every 3 years (between the ages of 25-49) and every 5 years (between

ages of 50-64). As the guidelines in Sri Lanka vary from this slightly, it is always a good idea to consult a healthcare provider to get a recommendation that is unique to you.

This is a preventative procedure to check for pre-cancerous cells in the cervix. A pap smear involves a medical tool that allows your healthcare provider to extract a small sample of cells from your cervix (through your [front hole/vagina] and test it to see if you have any cancer causing cells in your cervix. At the same time your doctor may also do a pelvic exam to check for any abnormalities.

MAMMOGRAM

It is important to get screening in your chest, if you have not had a full chest reconstruction, to monitor for cancer cells. For transmen older than 40 years ,it is important to get screening in the chest area every three years.

TRANSWOMAN

Even if you have had gender-affirming surgery you will still have a prostate. Testosterone affects your risk of getting prostate cancer. You are more at risk if you started taking hormones later in life. If you have started hormones early in life and

consistently, you will be at less risk as the testosterone in your body is low. At the same time, no matter what age you started taking hormones, you still need to monitor your prostate because as you age it may still be of concern. To examine the prostate your health care provider will do a digital rectal exam which involves

putting a finger into the rectum/anus to feel the size of the prostate gland. It is also possible to do a blood

test, where blood is taken from one of the veins in your arm. Sometimes a biopsy is needed to confirm the diagnosis. This is where a sample from your prostate may be taken. Screening should start around the age of 55 and extend till 69 years, but if there is a history of prostate cancer in your family you should probably see your healthcare provider much earlier (around 40 years old). Depending on your results you will need to do prostate screening every one to two years.



HEALTH AND SAFE SEX LIFE AND RELATIONSHIPS

CONTRACEPTIVES

Contraceptives are used to prevent unplanned and unwanted pregnancies as well as prevent the transmission of Sexually Transmitted Infections. Depending on where you are in your transition journey you may need contraceptives to fulfill one or both these purposes.

Condoms are the only contraceptive option that serve both. All other contraceptives are designed for bodies with a uterus and do not offer protection against STIs.

CONDOMS

Condoms are a popular contraceptive method as it provides protection against both STIs and an unplanned pregnancy. Condoms are a rubber sheath (latex/non latex) that covers a penis or a dildo to prevent exchange of bodily fluids during sex.

Condoms can be used by transwomen who are yet to do their vaginoplasty. as well as transmen who have done their bottom surgery. Using a water based lubricant when having sex is important to prevent condoms from breaking. DO NOT use oils, baby oils, vaselines and creams as a lubricant as this increases the risk of condom breakage.

Condoms are available over the counter at pharmacies and supermarkets in Sri Lanka. You can also get them free of charge from your closest MoH office and STI clinic.

For more information on Using condoms please refer to this video.

Condoms: How To Use Them Effectively

<https://www.youtube.com/watch?v=oaLdNErJ-Fk>



♥ Internal Condoms:

Internal condoms, sometimes called “female condoms” (or FC2), are polyurethane condoms that can be placed inside of a front hole, vagina or anus before sex. However, these are not available for purchase over the counter in Sri Lanka.

Change between every use. Condoms are one time use only and should be discarded in a bin after each use (NOT flushed down a toilet). Please check the expiry date before using a condom. If

condoms are applied on an erect penis the wrong way, please discard the condom and use a new one.

Condoms may come with lubricants, added flavours, textures (i.e. ribbed) and added drugs (i.e. anaesthetic gels) to improve sexual pleasure.

♥ **Dental Dams:**

A dental dam is a stretchy, flat latex barrier that can be placed over the top of the genital area for oral sex. You can also repurpose an unused condom as a dental dam. Make sure to use a condom that doesn't contain delaying agents to avoid numbing.

♥ **Gloves:**

Latex or nitrile (latex-free) gloves can be used to reduce the chance of contracting or transmitting STIs through tiny cuts on your hands or fingers during insertive sex, and it also prevents you from scratching your partner(s)¹.

HORMONAL CONTRACEPTIVE METHODS

The vast majority of modern contraceptives such as the combined oral contraceptive pills, Depo-Provera injections, hormone implants (Jadelle) and IUDs (intra uterine devices) are designed for bodies with an uterus and a biologically female reproductive system.

How do transpeople use Hormonal contraceptive methods?

If you have had surgery to remove your reproductive organs (trans women: testes/gonads, trans men: uterus, ovaries) or have been surgically sterilised, then

you will not be able to have a biological child of your own. If you are taking hormones you will still need to think about birth control depending on the kind of sex you are having. While both estrogen and testosterone can make you sterile over time, it is not always the case. Hormones are not effective birth control methods and pregnancy can still occur depending on how you have sex.

Transgender men who have been on hormones for many years have still become pregnant. Please note that pregnancy while on testosterone can be harmful to the fetus, so it is important to use birth control and stop taking testosterone if you want to have a child. For trans men, depending on how you have sex you may still need to take birth control or use condoms. As a trans man, you can take birth control that does not interfere with your hormone therapy. If testosterone has not stopped your period yet, some types of birth control may help to stop it. Hormones that contain estrogen will not mess with your testosterone treatment and usually do not make your bodies more feminine. It is best to talk to a healthcare provider to help you understand what the best options are. If you are still concerned about taking estrogen, you could use other birth control options instead.



STARTING A FAMILY

Family can mean different things to different people. What kind of family you have is a personal choice. Family can be a chosen set of people who you love and hold dear. It can be just you and your partner and it can also be having children biologically or otherwise.

If you want to have children, there are many different ways of having children as a transperson. Adoption, fostering, and surrogacy (where someone else may carry your child) and giving birth are all options. Everyone should have the right and choice to start a family.

In the Sri Lankan context, there are some legal considerations you need to think of when you consider options such as surrogacy and adoption.

SURROGACY

Sri Lanka does not have a law for surrogacy and there are risks associated with lack of regulation. If the intended parents are not legally married, and only the father's name is inserted, the child may be considered illegitimate under the current law. Surrogacy agreements are not legally enforceable in Sri Lanka and do not offer protection at a court of law².

ADOPTION

Adoption in Sri Lanka is governed by the Adoption of Children Ordinance No 24 of 1941. If you are an adult over 25 years of age you are eligible to adopt a child according to the law.

If you are married, you must apply jointly.

Single persons can apply but if you are a man you cannot adopt a girl child unless special reasons are shown. The current law in Sri Lanka operates in a very binary and a cis-heteronormative way. Therefore, it might be difficult for a couple in a same-sex relationship to adopt if information about their sexual orientation is disclosed.

If you are a transgender person in a cis-heterosexual presenting marriage and have your NIC, and other documents changed to your preferred gender you will not face a lot of challenges legally.

HAVING BIOLOGICAL CHILDREN AS A TRANSPERSON

If you are planning on having surgery to remove your ovaries or uterus (or testes/gonads), you will no longer be able to conceive as you will no longer be able to produce eggs (or sperm)

While it may not be your priority before you start your medical transition, it is an important thing to consider before starting hormones. If you would like to grow your family by having your own biological child, you should talk to your healthcare provider to discuss your fertility and family building options before you start hormones. There are some options you can take before starting gender-affirming hormone therapy (GAHT) and gender-affirming surgeries.

You can talk to your healthcare provider about freezing your sperm or eggs for

use at a later time, when you are ready. If you want to have your own biological child at some time in your life, it is advisable to find out your options before starting gender-affirming hormone therapy (GAHT). There are a few methods to use those stored eggs/sperms when you are ready, such as sperm insemination into a partner who has a uterus and produces eggs, or finding a surrogate to carry the fetus.

In Sri Lanka, freezing eggs/ sperm is readily accessible within the private healthcare system but it can be very expensive. There are some services available within the public healthcare system but they are very limited.

If you are already on GAHT and decide to start a family, you will likely need to stop hormone therapy if you want to use your own eggs or sperm. It may take some time after stopping to know if you are still able to conceive. It is not yet known how long it takes for the effects of hormone therapy to reverse. Over time, hormone therapy can make you sterile; this means your eggs or sperm no longer work and conception can only be attempted through In Vitro Fertilisation (IVF) using frozen sperm, eggs, or embryos.

Finding the Right Healthcare Provider:

If you are thinking about starting a family, it is most important to find a knowledgeable and trusted health care provider that is trans friendly. Make sure you try and reach out to people so you can find a healthcare provider who will make you feel safe and help you to

explore all the options that may be available to you

C H E C K Y O U R R E F E R E N C E S !

c h a p t e r 0 2

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INTIMACY, PLEASURE AND CONSENT

[This section is a direct reference from WHAT THEY DON'T TELL YOU IN SEX ED! A RESOURCE FOR TRANSGENDER AND GENDER DIVERSE COMMUNITIES ON SEXUAL AND REPRODUCTIVE HEALTH with very minor edits]

Dating as a trans person can sometimes mean that you have to consider some measures for your own safety. It is your right to choose if or when to discuss your gender identity, your genitals, or any other part of your body. If someone insults or attacks you because of their expectations about your body, that is **NEVER YOUR FAULT**.

Figuring out whether to tell a potential sex partner that you are trans can be challenging! You do not owe it to anybody to talk about your gender or your body, including your genitals, before a sexual encounter. When making these decisions, think about your safety, especially if a sexual partner may see a part of your body that discloses you are trans.

Many trans people have reported experiencing violence after sharing their gender identity to potential sexual or romantic partners. You should prioritise your personal safety at all times, including the impact of being harassed online, even if you think your potential partner will be cool with your gender identity!

Your romantic relationships must be based on love and trust. If you find yourself unable or scared to discuss your gender identity because you are scared that your partner will react badly or harm you physically even after you've been together for a while, it is

usually a sign that you may have to re-evaluate your relationships.

Few safety and privacy tips if you are getting started on an online dating app:

- ♥ Consider using different email addresses, profile pictures, and strong passwords for dating apps.
- ♥ Take as much time as you need to before sharing personal information, including pictures. Just because someone asks for your information does not mean you have to share. They should respect your boundaries.
- ♥ Be careful about attachments and links, which might install spyware or other malware on your devices.
- ♥ Trust your instincts. If you start to feel uncomfortable, it is always ok to end contact with that person.

If you decide to meet someone in person, a few things to consider could be:

- ♥ Are you meeting in a public space? Can you easily leave where you are?
- ♥ Are you in a place where you feel comfortable and safe and familiar with the surroundings?

♥ Does anyone know where you are and who you're with? It can be helpful to use a buddy system, or let someone you trust know that you're going on a date. If anything goes wrong you've got someone you can turn to or who can help find you¹.

♥ If you experience violence online, you can reach out to Hithawathie Hotline - 011-421-6062 / +94 77 771 1199 (WhatsApp and Viber)

CONSENT AND ACTIVE COMMUNICATION

Consent means that you and your partner(s) want to be doing and are comfortable with what you are doing (sexually). Consent and active communication is at the heart of pleasurable sex, and non-consensual sex is considered sexual violence or coercion. Sexual interest should not be confused with consent; in order to clearly establish whether your partner has consented, the best way is to ask them. In addition, it is important to remember that consent is not absolute; in fact, it is something you and your partner should share and actively communicate with each other at different romantic and sexual junctures. You cannot give consent if you are drunk or intoxicated.

Consent is applicable both when you are dating, or married or have casual sexual relationships.

Active communication starts with defining what sexual desire and pleasure means to you and by creating greater self

awareness around what is pleasurable to you, what your boundaries are, what are the experiences you would not like to venture into yet or ever. This is especially important when you have sex with another person for the first time.

Active communication also involves asking your partner what their preferences are in terms of sexual pleasure as it could mean different things for different people, and respecting their boundaries. While in-the-moment active consent and communication is critical, it can be helpful to have conversations about sexual desires in non-sexual contexts as well, such as over text or during a casual hang-out for coffee. Self-awareness, active consent and clear communication are key to ensuring safe, affirming and pleasurable sex for everyone involved.

CONSENT IS



Freely Given
Reversible
Informed
Enthusiastic
Specific

CONSENT IN MEDICAL CONSENT

If you are a transperson who decides to undergo gender affirming surgery, you will have to work with many people in the healthcare sector. However, you still have full control and autonomy over who examines you and your body. If you feel uncomfortable/feel invaded make sure to communicate that clearly and take action where needed.

NAVIGATING DIVERSE BODIES

Learning and respecting each other's sexualities and bodies is an important step towards an affirmative and pleasurable sexual experience. Name your body parts by trying one or a few that might work for you and communicate them to your partners (especially when you are meeting someone new). Ask them how they like their bodies to be talked about or touched. If you or your partner are struggling with certain terms – e.g. in case they have negative connotations for either of you – check in with each other and mutually agree on terms that are comfortable for both of you.

Remember that your body is unique to you and that different bodies look different. We have to learn to respect and appreciate our diverse bodies. The level of visibility you are comfortable with may not be the same for some others. Ex - being visible in social media etc. make sure to respect their choices.

Few Notes on pleasure as a transperson,

♥ How different people experience sexual pleasure is different. It takes some time for everyone to learn what they find pleasurable. So, don't be

alarmed if you feel different after your gender affirming surgery. It will take some time and understanding.

- ♥ Your reconstructed organs may be non-feeling for a while after the surgery. For most people, it improves with time.
- ♥ Masturbation is a good way to learn about your new organs. In the case of transmen, masturbation is encouraged to stimulate the growth of the clitoris.
- ♥ In Sri Lanka, sex therapy is available within the public healthcare system. Getting this support will be really helpful for you to understand how your body works and to understand sex.
- ♥ Whether or not you decide to have surgery, there are a lot of assistive tools that will make sex pleasurable for you.



06.

BUSTING MYTHS AND MISCONCEPTIONS

M Y T H

Gender-Affirming
hormone therapy makes
contraceptives
unnecessary

(Transmen can't get pregnant,
Transwomen do not produce fertile sperm)

After gender affirming
surgeries you are good to
go and don't need further
treatment

Transpeople are hard to
accommodate in the public
health system

F A C T

GAHT is not a contraceptive. As a transperson, if you still have ovaries, uterus/testes, ovulation and sperm production can still happen and may lead to pregnancy if you engage in sexual activity.

Gender affirming surgeries are one step of a long journey. If you made it as far as gender affirming surgeries, you have passed the hardest part of the journey.

However, it is important to have regular check-ups and appropriate supplements as needed to make sure you are healthy

Any healthcare provider can provide respectful and rights-based care with proper training.

In most cases, it is not a question about the capacity of the system or the healthcare providers, but a question about lack of inclusivity and sensitivity.

**Trans-people lose all sensation
after gender affirming surgery.**

Some gender affirming surgeries can change sensation, (ex - nipple sensitivity after mastectomy) with proper post surgery care sensation can be retained.

In any event, your sexual desire doesn't just come from your sexual organs. Your brain controls sexual pleasure. Transpeople, like any other person will experience different levels of sexual desire and pleasure.

**Prep and PEP and ART during,
before and after surgery**

Your HIV status is usually not a problem for gender affirming surgeries. Using anti-retroviral drugs is usually safe. However, make sure to discuss your concerns with your healthcare provider

**TransWomen should not marry
Transmen and vise versa**

This is a belief stemming from the misconception that having a relationship with a transperson of the opposite sex means that you are reverting back to your biological sex. This is inaccurate.

Who you marry or have a relationship with is a personal decision. How and who you have sex with is also a personal preference. Your gender identity and expression can be different to your sexual orientation and that is okay!

**All transwomen are
sex workers**

This is a harmful stereotype used to profile transwomen. Yes, there are transwomen who are sex workers. But there are transwomen who engage in other jobs too!

Transmen are toxic

This is a stereotype that assumes that all transmen subscribe to toxic masculinity.

Any person can be toxic regardless of gender.

If you meet a specific person who you think is toxic, it could also be defensive behaviour after experiencing discrimination and trauma.

Transmen are under constant pressure to prove their masculinity. However, many of them can be kind, thoughtful and responsible and great partners and friends!

**All Trans people are HIV
positive and HIV is transmitted
by Trans people**

Any person can be HIV positive. Your gender identity and expression does not have any bearing on your HIV status.

**After a hysterectomy /
vaginoplasty, sex drive goes
away**

Gender affirming surgeries do not make your sex drive go away. It largely depends on your hormones, your mental health and comfort levels.

Feelings / sensitivity around
vagina/ vulva changes after
surgery

Transmen can reverse their
gender identity if they have sex
with a Cis-gender man

All transpeople , specially all
transwomen are abused as
children

Some things that can affect sex drive are; the pain and discomfort of healing wounds,

Having to be off GAHT before surgery, and Stress or anxiety

Once you receive gender affirming surgery, how you feel sexual pleasure may change, and the location of where sensations are felt can change.

You need to give yourself plenty of time to heal. The healing period differs from person to person, but nerves usually take a longer time to heal. So don't worry if you don't have libido immediately after surgery

Gender identity is very different from your sexual orientation. Gender identity is more about who you are as a person. Who you have sex with does not have any bearing on that.

Trans people come from all kinds of families and backgrounds. Just like Cis people. Abuse doesn't change or shape your gender identity.

There are trans people who do not experience abuse as a child.

Biological men who grow up
with sisters become trans
(and vise versa)

If you committed the 'sin' of
raping or polyamoury in your
past life you become a
transwoman

All Transmen were lesbians
before transition and
Transwomen were gay before
transition

Transmen are lesbians

Gender identity is shaped by biological, neurological as well as psychosocial factors. Gender identity is intensely personal. Who you grow up with has very little influence on that.

There are many cis women who grew up with brothers and cis men who grew up with sisters who do not question their gender identity.

No religion teaches that being a transgender person is a punishment. Transpeople exist all throughout history.

Being transgender is a part of human diversity.

Gender identity and sexual orientation are two different things. Gender identity - of being a transperson is about how you feel about yourself, and your identity.

Sexual orientation is about who you are attracted to.

This myth stems from the inability to see human relationships beyond the gender binary.

Transmen can have varying sexual orientations. They can be heterosexual, bisexual or homosexual.

**Being transgender is a
communicable disease**

Gender identity is not equal to
sexual orientation

Gender identity is shaped by
biological, neurological as well as
psychosocial factors. Gender
identity is intensely personal.

It is a part of human diversity.

Every transperson faces many
challenges when they change
their gender identity. They also
face difficult surgeries and are
subjected to intense
psychometric tests.

**All transwomen use indecent
language and are uncultured**

Being a trans person does not
have a bearing on the behaviour,
personal value and manners of a
person.

This is a harmful stereotype rooted
in exaggerating negative traits in
marginalized communities.

Transwomen abuse children

Child abuse occurs in all genders
across all communities.

Statistically, majority of child abuse
is committed by cis-men

Trans women, like any other adult
person can be loving, nurturing and
responsible towards children

Transwomen abuse

Transmen

**You need to go through
middlemen to reach out to
doctors who help with
transition and spend a lot
money to get appointments**

Abuse can occur within any relationship, family or community. Gender identity does not have a bearing on that.

Marginalized communities are often divided using these misconceptions and prejudice.

Any abuse should be addressed on a case by case basis without labeling an entire gender identity.

The process is freely available in the government health sector. But you may have to pay to reserve a doctor's appointment at a private facility. Channeling your doctor can be done using usual e- channeling services or by calling the hospital.

Be aware that there are scams to mislead trans people who are seeking gender affirmative surgery.

C H E C K Y O U R R E F E R E N C E S !

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¹ Asia Pacific Transgender Network. (2021, January). KPRA – SRH Factsheet [Fact sheet]. https://www.weareaptn.org/wp-content/uploads/2021/01/KPRA-SRH-Factsheet_Final-1.pdf

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² Nazeemudeen, Z., Wijeyeskera, R., & Sumanadasa, D. (2021 Aug.). Reproductive health care and policy concerns: Regulation of surrogacy arrangements in Sri Lanka and lessons learned from the United Kingdom (K. Trimmings, Ed.) [Project report]. University of Aberdeen.

https://www.abdn.ac.uk/media/site/law/documents/PROJECT_REPORT.pdf



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A collaborative effort of;





**R I G H T
T O
H E A L**

