PASH.tm
POSITION STATEMENT
DATA COLLECTION

Overview
The following position paper outlines why there is a need to improve data collection methods regarding trans men who have sex with men (trans MSM), as well as detailing PASH.tm’s recommended approach to the issue.

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

Whilst there is strong circumstantial and anecdotal evidence regarding the sexual health and practices of trans men, the reality is that we do not yet have enough empirical evidence regarding HIV and trans men.

Population studies and surveys routinely do not capture transgender people in their demographic data, a problem that is also reflected within health services, including at testing sites and on notification databases. Furthermore, even when there is an option to identify a person as being transgender, it is not always possible to further identify whether that person is a trans man, trans woman, or non-binary identified.

This failure to accurately identify and track trans men or capture their experiences, coupled with a lack of trans MSM-specific research contributes to the lack of clarity around HIV rates among trans men, and little understanding of trans MSM sexual health and practices.

Our Position
Being counted properly is a human right and PASH.tm believes there is a critical need to implement more inclusive data collection methods within Australia in order to better capture transgender people broadly, and identify subgroups of transgender people, including trans MSM, more specifically.

PASH.tm opposes the use of ‘male, female or transgender’ type questions. ‘Transgender’ is not a gender identity but a gender experience. Single-option answer selections of this nature do not accurately reflect that many trans people identify as male or female, some identify as non-binary, and trans men and trans women are not a homogeneous group. If gender is important to the data collection, it must be asked correctly. If it is not important, consider removing it all together.

Some trans people identify strongly as male and trans or female and trans whilst others do not consider themselves trans at all. Some may also wish to select their gender experience as ‘trans’ for the purpose of visibility. It is essential that any gender identity question allows for multi-select answers. Non-binary identities can include: agender, bigender, pangender etc. Indigenous brotherboys and sistergirls might identify as trans, non-binary, male or female.

The following two-step approach is recommended [1].

1) What is your current gender identity? (select all that apply)
   • Male,
   • Female,
   • Trans male/trans man,
   • Trans female/trans woman,
   • Indigenous Brotherboy,
   • Indigenous Sistergirl,
   • Non-binary/gender fluid,
   • Different identity (please state)__________

This gender identity list is presented as a consulted and focus tested best practice, but also with the recognition that shorter versions can be applied. Male, female, non-binary and a free-text ‘different identity’ should be an absolute minimum data set.

2) What sex/gender were you assigned at birth?
   • Male, or
   • Female

Intersex infants are not assigned intersex at birth, they are assigned male or female. A third question asking if a person is intersex or has intersex traits is encouraged [2].

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

   • Studies, trials and surveys (including univariate and multivariate methodologies);
   • Intake and demographic data collection within health services (including testing sites); and
   • HIV notification systems.
References