Sexual health, HIV and wellbeing – a guide for transmen
There are many sexual health guides out there, so why is this one different? Because transmen are different - we have different bodies and therefore experience different risks to the general population. Transition can help us to develop the bodies we wanted but there are costs: time, money and sometimes even loved ones. The changes also come with risks and scars that mark our history. But for many of us, the journey we have taken becomes a source of great strength and pride - we have had the courage to stand up and say: ‘This is who I am.’

This guide focusses on some of the sexual health issues specific to transmen. You can find more detailed information on our website tht.org.uk/transmen or call our freephone helpline THT Direct on 0808 802 1221.

Words matter The words we choose to label parts of our bodies can be as individual as we are. To keep things simple, we have used medical and anatomical terms to make it clear which parts we are talking about. However, we do understand that some trans people find these terms uncomfortable.

We use the term ‘transmen’ to cover the range of masculine-identified trans people. By this we mean anyone who was labelled female at birth but who identifies as male. This includes people identifying as FTM, gender queer or simply men – albeit men with a trans history. We also use male terms, although we know that not everyone uses them.
Your wellbeing

Body image - feeling good about yourself

As a group, a key issue we face is a lack of self confidence and body confidence. That inner discomfort or even disgust can sometimes lead to self harming or drug or alcohol misuse. It can also lead to you putting yourself in situations that don’t feel comfortable, especially if you don’t feel able to say to a partner: ‘Let’s use a condom,’ or: ‘I don’t like that,’ in case they leave.

Learning to be comfortable in your skin is vital to being physically and mentally healthy. By transitioning you are reclaiming your body - learn to love it. Show that you value yourself, and others will follow your lead. Take pride in the changes you are making, whether that is through changing your clothes and posture, getting a new haircut, exercising more, taking hormones or having surgery. Enjoy the new you and other people will enjoy it too.

Sex drive, sexuality and transition

The general expectation is that starting testosterone will dramatically increase your sex drive. However, this isn’t always the case - some people find it stays the same or even decreases.

Your sexuality may also change with transition. This can affect what turns you on and the type of sex you want. Some transmen also find that they want to experiment with new ways of having relationships, while others choose to take a temporary break from sex or relationships and put their emotional energy into their transition.

Whatever your sexual choices and identity, the most important thing is to be honest with yourself and your partners and remember to look after your sexual health.
Transition and relationships

Transition can be an especially difficult and confusing time for partners. If your sex drive increases a lot, your partner might feel as if you are only interested in sex and that they cannot cope. If your sexuality seems to be changing, it can also be very upsetting for partners to watch the person they love heading to transition and not knowing if you will still want them in the future. On the other hand, they might love the ‘new you’ that emerges as transition moves forward.

If you are having problems, it might be helpful to get some advice or counselling to help work things out. For further information call THT Direct on 0808 802 1221.

Abusive relationships

Some transmen find themselves in abusive relationships or having sex they don’t feel happy with. Broken Rainbow UK supports lesbian, gay, bisexual and trans people experiencing domestic violence (helpline: 0300 999 5428). ManKind also supports men experiencing domestic abuse (helpline: 01823 334244).

Disclosure

It is always difficult to decide if and when to tell someone about your trans status. How and when depends upon the situation. If you’re in a casual relationship, you might decide not to say anything at all but if you have met someone that you want to spend more time with, you will need to find a way of telling them that works for you.

Your potential partner may need time to figure things out for themselves and may have questions they want to ask. Make sure you tell them what is important to you. Don’t expect them to be able to read your mind. If you aren’t ‘out’ as trans to other people, make sure your partner knows when it is and isn’t OK to discuss things so they don’t ‘out’ you by mistake.

If you cannot stand a particular area of your body to be touched or you hate particular terms, you will need to say: ‘I don’t ever use female terms for my genitals,’ or: ‘My scars have weird sensation, so please avoid them.’ This can be a good way to open up general discussions about sex - there are bound to be things your partner wants to discuss but isn’t sure how to bring into a conversation.

The best way to learn about each other is through honest and open communication about the sex you want to have. Take time to discuss what you like and don’t like and how to keep it safe.
Discovering your male sexuality can be really exciting. Remember, wherever you are in your transition, you are entitled to have sex that’s safe and enjoyable. You should never be pushed into anything that you feel uncomfortable with.

**Safer sex and sexually transmitted infections**

The highest risk for getting a sexually transmitted infection (STI) or HIV is through unprotected anal or vaginal sex. Having safer sex will reduce the risks of getting an STI.

The best way to protect yourself and your partner is to:

- use a condom or Femidom (female condom) for vaginal or anal sex
- use water-based lube with your condom or Femidom
- consider using a condom or dental dam for oral sex.

STIs (including HIV) are passed on through these body fluids:

- semen
- pre-cum
- vaginal fluid
- anal mucus
- blood.

- Skin usually acts as a barrier against these fluids, except for a type of skin called a mucous membrane which is found inside the vagina, penis, anus and mouth and can allow these fluids into the body.

- Vaginal and anal skin is also fairly easily damaged with tiny unnoticed tears during sex, making vaginal and anal sex especially risky unless you use condoms and lubricant.

- Some infections, such as herpes, genital warts and syphilis, can be transmitted through regular skin-to-skin contact. Using a barrier method - such as a condom, dental dam (a latex square that can be placed over the genital or anal area) or a latex glove - will reduce the risk but will only protect the areas covered by the barrier.

- When fingering, make sure you don’t have any cuts on your hands or fingers, keep your nails short and use plenty of lube.

**Other infections**

- Not all genital infections are sexually transmitted. Thrush, cystitis (a bladder infection) and bacterial vaginosis (BV) can all affect someone with or without sexual contact.

- Sometimes BV can be misdiagnosed as thrush but it won’t respond to thrush treatment. If you have a persistent infection get it checked by your GP or sexual health clinic so they can give you the correct treatment.
Oral Sex

- Oral sex is a lower risk sexual activity than anal or vaginal sex but it is still possible to get or pass on STIs such as herpes, syphilis, gonorrhoea or HIV in this way.

- Bleeding gums, ulcers or recent dental work can allow infection into the body. Avoid oral sex in these circumstances.

- To reduce the risk from oral sex, avoid letting a partner ejaculate in your mouth. You can also use flavoured condoms or dental dams for oral sex.

- If you give someone oral sex, don’t clean your teeth or use mouthwash beforehand as your gums may bleed, providing a route into your body for an STI or HIV.

- If someone gives you oral sex when you have recently had lower surgery, any unhealed wounds could provide a way for STIs or other infections to get into your body or theirs.

Condoms and Lube

- Whether a penis is the ‘standard issue’ type, surgically-constructed or bought in a shop, the safest option is to always use a condom.

- Condoms are available in a wide range of sizes and shapes. If you have trouble finding one to fit, you can always ask your partner to wear a Femidom. This is a condom worn inside the body of the partner being penetrated and can be used in the vagina or anus (if the top ring of the Femidom is removed).

- The best information we have is that Femidoms are the safest option for those with a metoidioplasty (a type of genital surgery that creates a small penis) or enough testosterone-enhanced clitoral growth for penetration.

- Using water-based or silicone-based lubricant with condoms helps to reduce the risk of damage to the skin during sex and the chance of the condom breaking.

- Avoid using silicone-based lubricant with silicone sex toys as it can degrade the surface of the toy.

- Always change condoms between partners, as infectious fluids can transfer on the surface of a condom. Never use the same condom from anus to vagina, as bacteria in the rectum can cause vaginal infection.
Safer Sex and T

Testosterone (or ‘T’) can change vaginal lubrication, so some transmen find they just don’t produce enough. Some also report more thrush or cystitis. While there is no conclusive proof, this may be because the natural acidity in the lubrication has changed, making them more vulnerable to infection. This change seems to be more of a problem during the first few years on testosterone.

Reduced levels of oestrogen affect the thickness of the walls of the vagina which may result in tiny unnoticed tears happening more easily during sex. Some also report the walls of the rectum are affected in the same way. This all means that you need to take extra care to use condoms and lube.

Whether a penis is the ‘standard issue’ type or not, the safest option is to always use a condom.
3 HIV

The immune system

The immune system is a collection of cells, tissues and organs which protect you from illnesses, infections and diseases. CD4 cells are an important part of the immune system - they co-ordinate the immune system so that it fights off illnesses and infections.

HIV and your immune system

HIV is passed on through semen, pre-cum, vaginal fluid, anal mucus, blood and breast milk. It can also be passed from mother to baby.

You need lots of CD4 cells to keep your immune system working. When you have HIV, the virus attacks your CD4 cells and some of them will die, so there won’t be enough to keep you healthy. This happens gradually and you may not realise you have HIV as you will probably feel well for some time.

Over time, however, your immune system will weaken as more CD4 cells die, making it easier for illnesses and infections to affect your body. Many people are not diagnosed with HIV until they become unwell - it is best to have regular HIV tests so that if you are HIV positive you can find out before your immune system is damaged.

The anti-HIV drugs we have today are excellent at suppressing HIV and people can now expect to live a normal lifespan if they are diagnosed early and start treatment on time.

Drugs and unprescribed hormones

HIV can be passed on through sharing injecting equipment. Whether you are injecting testosterone or drugs, never shares syringes or needles. You can get syringes, needles and special containers to dispose of them from your GP. Many areas will have a needle exchange where you can take your used syringes or needles and get new ones.

PEP: Post Exposure Prophylaxis

If you have had unprotected sex you may be able to access Post Exposure Prophylaxis (PEP), which could stop you becoming HIV positive if you have been exposed to the virus.

- You must access PEP within 72 hours of the exposure, and preferably as soon as possible.
- The quicker you access the treatment, the more effective it is.
- It involves taking anti–HIV drugs for a month and some people do experience side-effects, such as diarrhoea or nausea. (Continues over)
• PEP can be obtained from a sexual health clinic during opening hours and from hospital Accident and Emergency departments outside of this.

• If you are taking any hormones, whether prescribed or not, tell the doctor as this may affect the PEP treatment you are given.

• Find out more from THT Direct on 0808 802 1221.

**Sexual health clinics**

If you are sexually active, it is advisable to go to a sexual health clinic for regular check-ups because some infections don’t have symptoms. The clinics provide a free, confidential service including:

• Testing for different infections.

• Providing treatment - usually having the medication on site so you don’t have to take a prescription elsewhere.

• Free condoms and lube.

• Advice and information, including details of other services if you need them.

When going to a clinic you will be given a registration form to complete. You may be asked if you have any symptoms. You don’t have to tell the receptionist that you are trans - you can wait to tell the clinician this in private.

Some clinics have gender-specific waiting and treatment rooms and they might not have the equipment needed to do all the necessary tests in a ‘male’ treatment room. If concerned, call the clinic beforehand to discuss their facilities and your requirements. You can also have someone come with you, and ask to see a male or female clinician.

When you see the clinician treating you, it is a good idea to discuss any genital surgeries and the sex you have been having, as this will affect what samples are taken. It’s best to be completely honest so that they can give you the best care.

During your examination, the clinician may want to take some swabs from your throat, rectum and genitals, including the inside of the vagina if you still have one. Vaginal swabs are usually done using a speculum. Some clinics now allow you to take some swabs yourself. You may be offered blood tests to check for infections such as HIV, hepatitis or syphilis. You will be told how to get all the results.
No-one enjoys a cervical screen (smear test) and for transmen it can be really difficult. But if you still have a cervix you should have a regular test (every three years up to the age of 50 and every five years if you are older). Remember, a few minutes of discomfort and embarrassment could save your life.

The cervix is the bottom part of the uterus, at the top of the vagina, and is usually (but not always) removed in a hysterectomy. The cervix is a common place to get cancer and very often this is related to Human Papilloma Virus (HPV) – also known as genital warts – but it can occur even if you haven’t had HPV. The test is usually done by your GP or practice nurse but may also be available at a sexual health clinic.

A smear test involves inserting a speculum into the vagina to open it so that the nurse can see exactly where the cervix is and make sure they are getting cells from the right place. The cells are collected using a small brush swab and the whole process should be painless, although it may be a little uncomfortable. (Continues over)
Some transmen find that after some time on testosterone the vagina becomes smaller and less flexible, and they worry that this will make the test more painful or even impossible. However, speculums come in a range of sizes and there are some much smaller ones. If you can't face having a smear test, please talk to the practice nurse.

**Contraception and fertility**

While most transmen taking testosterone will find that their periods stop after a while, it is still possible to become pregnant. Contraceptive pills or implants are oestrogen and/or progesterone-based so we can't use them. Condoms (with lube) and other barrier methods are reliable contraceptives when used properly. Intra-uterine devices (the IUD or 'coil') may be another option.

For contraception advice, including emergency contraception, go to a sexual health clinic and speak to a doctor or nurse to see which type would be suitable for you. Emergency contraception needs to be used within 72 hours of sex.

If you are taking testosterone and plan to become pregnant, you will most likely have to come off it for some time to allow your body to regulate to female hormones, which should always be done with the support of your GP or endocrinologist.

There has been no medical research directly around transmen and pregnancy, so it is unknown whether taking testosterone will reduce your chances when you stop taking it. However, several transmen have had children after years on testosterone so it is not impossible.

If you might want to have children and you are pre-transition, talk to your doctor or a fertility clinic about different options.
Chest awareness

Alongside your sexual health, don't forget other important issues. Many transmen bind their breasts to create a flatter, more masculine shape. For some this is a part-time process, for others it may be for 24 hours a day for years. Binding too tight or for long periods can cause tissue damage and breathing problems as it squashes the lungs. Try to take binding breaks whenever you can.

Any man can get breast cancer, and a man who has had breast development is at a higher risk. Breast cancer can be more aggressive in men, as there is less tissue for it to spread through before it moves into the chest and becomes harder to treat. Even after chest surgery, you may still have some breast tissue remaining, so get any lumps or changes checked out straight away. Most of the time these are absolutely fine, but it is always better to be sure.

Finally ...

For many of us, a healthy, satisfying sex life is a lifelong journey of discovery and pleasure, and an essential part of living life to the full as transmen. Remember, it’s your body, your sexuality, your choice.

Website

You'll find extra information and useful links to other organisations on the website which accompanies this booklet: tht.org.uk/transmen

Feedback

We would appreciate your feedback on this booklet to help us develop future resources. Please send any comments to transmen@tht.org.uk

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