



# **“I NEED MY PARENTS’ CONSENT TO BE MYSELF”**

BARRIERS TO GENDER-AFFIRMING TREATMENTS FOR  
TRANSGENDER PEOPLE IN CHINA

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First published in 2019

by Amnesty International Ltd

Peter Benenson House, 1 Easton Street

London WC1X 0DW, UK

Index: ASA 17/0269/2019

Original language: English

**amnesty.org**



*Cover photo: Two handprints and two footprints in the colours of baby pink and baby blue.*

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INTERNATIONAL**



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# GLOSSARY

WORD	DESCRIPTION
CISGENDER	Term describing individuals whose gender expression and/or gender identity accords with conventional expectations based on the physical sex they were assigned at birth. <sup>1</sup>
GENDER-AFFIRMING TREATMENTS	Range of medical and/or non-medical treatments that a transgender person may wish to undergo, including hormone treatment and sex or gender reassignment surgery. <sup>2</sup>
GENDER EXPRESSION	Means by which individuals express their gender identity. This may or may not include dress, make-up, speech, mannerisms and surgical or hormonal treatment. <sup>3</sup>
GENDER IDENTITY	One's deeply felt internal and individual experience of gender, which may or may not correspond with their sex assigned at birth, including the personal sense of the body, and other expressions of gender, including dress, speech and mannerisms. <sup>4</sup>
GENDER INCONGRUENCE	Sense of mismatch between one's gender identity and one's sex assigned at birth. <sup>5</sup>
GENDER NON-CONFORMING	Term describing individuals whose gender identity, role or expression differs from what is normative for their assigned sex in a given culture and historical period. <sup>6</sup>

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<sup>1</sup> Amnesty International, *The state decides who I am* (Index: EUR 01/001/2014), p. 16, [amnesty.org/download/Documents/8000/eur010012014en.pdf](https://www.amnesty.org/download/Documents/8000/eur010012014en.pdf).

<sup>2</sup> Amnesty International, *The state decides who I am* (Index: EUR 01/001/2014), p. 16, [amnesty.org/download/Documents/8000/eur010012014en.pdf](https://www.amnesty.org/download/Documents/8000/eur010012014en.pdf).

<sup>3</sup> Amnesty International, *Body politics: A primer on criminalization of sexuality and reproduction* (Index: POL 40/7763/2018), p. 10, [amnesty.org/download/Documents/POL4077632018ENGLISH.PDF](https://www.amnesty.org/download/Documents/POL4077632018ENGLISH.PDF).

<sup>4</sup> Preamble of the Yogyakarta Principles, [yogyakartaprinciples.org/wp-content/uploads/2016/08/principles\\_en.pdf](https://www.yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_en.pdf).

<sup>5</sup> The World Medical Association, *WMA Statement on transgender people*, 17 February 2017, [wma.net/policies-post/wma-statement-on-transgender-people/](https://www.wma.net/policies-post/wma-statement-on-transgender-people/).

<sup>6</sup> Amnesty International, *Body politics: A primer on criminalization of sexuality and reproduction* (Index: POL 40/7763/2018), p. 10, [amnesty.org/download/Documents/POL4077632018ENGLISH.PDF](https://www.amnesty.org/download/Documents/POL4077632018ENGLISH.PDF).

**HORMONE TREATMENT**

In the context of gender-affirming treatments, a medical intervention for people who choose to undergo medical transition to suppress their endogenous hormones and develop secondary sex characteristics different from those associated with the sex assigned at birth.<sup>7</sup>

Although not a prerequisite for all gender-affirming surgical treatments, it is a criterion for certain types of gender-affirming surgeries, including genital surgeries.<sup>8</sup>

**ICD**

International Classification of Disease, the global health information standard for mortality and morbidity statistics.<sup>9</sup>

**NON-BINARY**

Umbrella term for people whose gender identity does not fit comfortably in the categories “man” or “woman”. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

**SECONDARY SEX CHARACTERISTICS**

Characteristics that develop later in life, usually during puberty and relate to hormone development and the physical growth of the individual. They include: facial and body hair, the menstrual cycle, breast development, height, muscle distribution and body fat.<sup>10</sup>

**SEX CHARACTERISTICS**

Physical traits or organs that can be indicative of an individual’s biological sex and are distinguished into primary and secondary sex characteristics.

**TRANSGENDER**

Term used to describe individuals whose gender expression and/or gender identity differs from conventional expectations based on the sex they were assigned at birth.<sup>11</sup>

<sup>7</sup> Sand C. Chang et al., *A clinician’s guide to gender-affirming care: Working with transgender and gender nonconforming clients*, 2018, p. 130 (hereinafter: S. Chang et al., *A clinician’s guide to gender-affirming care*).

<sup>8</sup> The World Professional Association for Transgender Health, *Standards of care for the health of transsexual, transgender, and gender nonconforming people*, p. 8, [wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7\\_English.pdf](http://wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf) (hereinafter: WPATH, *Standards of Care*).

<sup>9</sup> World Health Organization, *International Classification of Diseases (ICD) information sheet*, [who.int/classifications/icd/factsheet/en/](http://who.int/classifications/icd/factsheet/en/).

<sup>10</sup> Amnesty International, *First, Do No Harm* (Index: EUR 01/6086/2017), p. 5, [amnesty.org/download/Documents/EUR0160862017ENGLISH.PDF](http://amnesty.org/download/Documents/EUR0160862017ENGLISH.PDF).

<sup>11</sup> Amnesty International, *Body politics: A primer on criminalization of sexuality and reproduction* (Index: POL 40/7763/2018), p. 11, [amnesty.org/download/Documents/POL4077632018ENGLISH.PDF](http://amnesty.org/download/Documents/POL4077632018ENGLISH.PDF).

# 1. EXECUTIVE SUMMARY

**“No one in the hospital would tell me how to take hormone medication regularly, find the right hospital for my surgery, understand the details of the surgery or what to do after the surgery. I could only ask those who have been through this before about their experience.”**

Yasi\*, 22, Guangdong, transgender woman

Currently, transgender people are largely invisible in health care system in China. There are no official statistics on the number of transgender people in China or the number of individuals who undergo different types of gender-affirming treatments, including hormone therapy and surgery. Little information is available on the attitude and knowledge of healthcare professionals in China towards transgender people.

This report documents the barriers faced by transgender individuals in China who want to access gender-affirming treatments and related health care or modify their sex characteristics to accord with their sense of gender identity. With a particular focus on people’s experiences with accessing gender-affirming surgeries and hormone treatment in China’s public health system, Amnesty International found three main barriers to accessing this care: (i) a serious lack of health-related information for transgender people in China on how to access gender-affirming treatment; (ii) stringent pre-conditions to be eligible for gender-affirming surgeries; and (iii) stigma and discrimination from society, in particular family members, which makes it hard for transgender people to access and continue with gender-affirming treatments. The finding of this report is supported by existing quantitative research, including those conducted by the United National Development Programme and Peking University, on access to gender-affirming care for transgender people in China.

Bearing in mind the risk of misrepresenting voices of vulnerable groups – in this case transgender, non-binary and other gender non-conforming people – Amnesty International worked closely with community partners in China in developing and conducting this research. We interviewed 15 transgender individuals who have undergone, are undergoing or have at some point considered undergoing hormone treatment in China. Out of 15 interviewees, 12 are transgender women, two are transgender men and one is a non-binary transgender person. All are over 18 years old and live in urban areas spread across China. Amnesty International sent letters to the National Health Commission of the People’s Republic of China, Chinese Medical Doctor Association and Chinese Medical Association to request information related to the provision of healthcare services for transgender people, training of healthcare professionals and dissemination of health-related information in February 2019. These letters were followed up by requests to respond to this report’s key findings in April 2019. All letters received no response.

Some transgender people feel a particularly urgent sense of need for gender-affirming treatments. Interviewees revealed to Amnesty International that they experienced intense anxiety due to the mismatch between their gender and their sex characteristics. Worse still, prevalent discrimination and stigma against the transgender community further exacerbate the problem. Some ease this emotional distress by deciding to undergo hormone treatment, which helps to bring their physical appearance into accord with their gender identity. However, owing to the lack of accessible and credible health-related information in China on gender-affirming treatments, transgender people there often have no choice but to seek health advice through informal channels, including online platforms, which can be risky to their health.

At present, there is only one set of standards that offers guidance on gender-affirming surgery in China, but not other types of gender-affirming treatments, such as hormone treatment and counselling. According to the eligibility criteria set out in the *Sex Reassignment Procedural Management Standards 2017*, the only official guideline on the provision of healthcare services to transgender people in China, individuals seeking gender-affirming surgery, including genital surgery and surgeries on secondary sex characteristics, must first be diagnosed with “transsexualism”, (as classified in the 3<sup>rd</sup> edition of the *Chinese Classification of Mental Disorders*), unmarried, over 20 years old and proven fit for surgery. They are also required to have a clean criminal record, have had the urge to undergo gender-affirming surgery for more than five years and have familial consent to undergo the operation regardless of age. Psychological and psychiatric intervention on this person must also have been proven ineffective for at least a year. Many of these criteria create barriers in access to gender-affirming treatment and infringe on rights. For example, the majority of the interviewees told Amnesty International that familial consent as a prerequisite for gender-affirming surgery makes it impossible for them to access the health services they need. Transgender people told Amnesty International that these barriers meant that they have to engage in high-risk behaviours, such as self-medication and attempting to perform surgery on themselves.

Furthermore, the lack of standards on other gender-affirming treatments means health professionals have no guidance on how to administer them. The testimonies of the interviewees reveal that doctors often require transgender people to obtain familial consent as a prerequisite for accessing other types of gender-affirming treatments, and even to just obtain the necessary diagnosis of “transsexualism”.

The prevalent discrimination at home and in society means that a lot of transgender people are still in the closet. Familial consent as a precondition of the eligibility of transgender adults to undergo gender-affirming surgery also infringes transgender people’s privacy, as they must inform their immediate family of their gender identity and medical decisions in order to undergo surgery.

When 20-year-old Zijia\* from Chongqing came out as a transgender woman, her family thought she was sick-

**“My family asked me to suppress my gender incongruence, get married and have a child – all so everyone in the family can be happy.”**

Many transgender people in China have an intrinsic and urgent need to address their sense of gender incongruence by modifying their sex characteristics. For those who choose to ease the sense of gender incongruence by undergoing hormone therapy, the absence of formal channels to access prescribed hormone medication in China means that many transgender people are forced to obtain hormone treatments in ways that put their health at grave risk. Many transgender people in China can only obtain medication through unregulated channels, such as online shops, contacts made in social media chat groups, friends or surrogate shoppers. As a result, a lot of them are vulnerable to taking counterfeit drugs, which can put their health at further risk. Two among the 15 interviewees said they even attempted to perform gender-affirming surgery on themselves, because they could not obtain the healthcare they needed in the current medical system.

The existence of these barriers is inconsistent with China’s obligations under multiple international treaties, in particular, the right to health of transgender individuals. Against this backdrop, and based upon testimonies obtained in this report, Amnesty International calls on: The National Health Commission to ensure that transgender people have access across China to quality and affordable health care free from barriers and discrimination and that transgender people have access to gender-affirming treatments by revising laws and policies that create barriers to access this treatment, including provisions of the *Sex Reassignment Procedural Management Standards 2017*; stop treating gender incongruence as mental health disorder by making plans to implement without delay the WHO ICD-11, which no longer classifies gender incongruence as a mental disorder; and

The Chinese Medical Association to undertake public information and education campaigns, including within media, communities and in schools, to break the stigma against transgender people; increase understanding



in gender, sexual and bodily diversity; and ensure that transgender people have access to information about how to access gender-affirming treatment if they wish; and

The Chinese Medical Doctor Association to provide specific and ongoing training to all doctors, enabling them to deliver transgender-people-friendly services and to understand and support transgender people's rights to health more broadly.

# 2. METHODOLOGY

Content note: this report contains descriptions of traumatic experiences and transphobia.

This report is based on desk research and individual interviews carried out both face to face and remotely through audio and text. Desk research comprised a review and analysis of existing research on access to healthcare for transgender people, relevant professional protocols and international human rights instruments, as well as applicable national laws, policies and guidelines in China.

Amnesty International recognizes the importance of meaningfully collaborating with the transgender community in research, as misrepresentation of the community exacerbates their silence, hence reinforcing their marginalization.<sup>12</sup> Amnesty International met with six individuals, including representatives of transgender rights NGOs, transgender activists and an academic specializing in transgender and non-binary identities to understand the history, nature and context of the research. We also worked closely with local partners in developing and implementing the research. Due to the sensitive nature of their work, the contributions of these local partners at various points of this research are reflected in this report without citing the names of the partners directly.

In order to map and document the lived experience of transgender people accessing general healthcare services and gender-affirming treatments in China, Amnesty international interviewed 15 transgender individuals who have undergone, are undergoing or have at some point considered undergoing hormone treatment in China. Out of 15 interviewees, 12 are transgender women, two are transgender men and one is a non-binary transgender person. All are over 18 years old and live in urban areas spread across China.<sup>13</sup> All interviewees were recruited using the snowball sampling technique, in which interviewees were referred to Amnesty International by an initial core group of transgender people in China. Recruiting interviewees on a larger scale was difficult as many partners in China said they worried that speaking directly to an international human rights organization may bring risks to transgender people. Because the transgender community faces enormous stigma in China and some interviewees have not disclosed their gender identity to their families, all names have been changed in this report to protect their confidentiality and personal safety. All pseudonyms are indicated with asterisks.

Amnesty International informed all interviewees of the purpose of the interview and the ways in which the information provided would be handled and used. All interviewees gave informed oral or written consent to participate in the interview voluntarily. None of the interviewees received compensation for giving an interview. The quotes from the interviews reported here were lightly edited for brevity and clarity only.

NGOs, academics and professionals told Amnesty International that they have been warned by the Chinese authorities not to collaborate with international human rights NGOs in research and advocacy work. There is also only a small pool of doctors in China who specialize in gender-affirming treatments, making them easily

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<sup>12</sup> Noah Adams et al., *Guidance and ethical considerations for undertaking transgender health research and institutional review boards adjudicating this research*, 2017, p. 167.

<sup>13</sup> The interviewees are based in Chongqing, Foshan, Hangzhou, Hefei, Guangzhou, Beijing, Shanghai and Wuhan.

identifiable. Initial plans to interview healthcare professionals were therefore abandoned on the advice of our partners, because it was believed that anonymity would not be an effective protection against likely risks to their work and personal security.

Amnesty International sent letters to the National Health Commission of the People's Republic of China, Chinese Medical Doctor Association and Chinese Medical Association to request information related to the provision of healthcare services for transgender people, training of healthcare professionals and dissemination of health-related information in February 2019. These letters were followed up by requests to respond to this report's key findings in April 2019. All letters received no response.

Amnesty International would like to thank the many individuals and organizations in China and elsewhere who agreed to be interviewed for this report or helped in other ways.

# 3. GENDER-AFFIRMING TREATMENTS

Transgender people are individuals whose gender identity or gender expression is different from conventional expectations of the physical sex they were assigned at birth. Some transgender people identify as more than one gender, non-binary or gender non-conforming.

Gender incongruence is the mismatch between a transgender person's body and their sense of self that can cause significant discomfort.<sup>14</sup> According to a study of transgender people in China published in 2017, individuals experience this discomfort in different ways, such as strongly hating one's sex characteristics, feeling great pain or depression at the onset of puberty, wanting to stop puberty or wanting to hide or change one's sex characteristics.<sup>15</sup> The severity of the discomfort also varies for different people. For those who feel intense and persistent unease, this mismatch can cause tremendous distress.

Some individuals choose to undergo transition to achieve a sense of comfort in their body and gender identities. Transition includes social transition, legal transition and medical transition. Social transition involves change to a person's gender expressions, like mannerisms, the name they use and the way they dress. Legal transition means the change of a person's legal name and gender marker.<sup>16</sup> Medical transition includes gender-affirming biomedical and surgical steps that help align a person's anatomy with their gender identity.<sup>17</sup> Transition is a gradual and often highly individualized process.<sup>18</sup> The number and types of measures needed to complete transition is different for everyone.

## 3.1 GENDER-AFFIRMING TREATMENTS

Some transgender people seek gender-affirming treatments to alleviate the discomfort of gender incongruence and to live authentically.<sup>19</sup> Gender-affirming treatments include primary care, mental health interventions, hormone treatment, hair removal, behavioural adaptations, voice therapy, interventions for fertility and a range of surgeries.

Some treatments can be risky for those who have medical conditions. Not all transgender people decide to go through gender-affirming treatments. While some transgender people undergo all available forms of treatment,

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<sup>14</sup> United Nations Development Programme, *Transgender health and human rights*, 2013, p. 20, [undp.org/content/dam/undp/library/HIV-AIDS/Governance%20of%20HIV%20Responses/Trans%20Health%20&%20Human%20Rights.pdf](http://undp.org/content/dam/undp/library/HIV-AIDS/Governance%20of%20HIV%20Responses/Trans%20Health%20&%20Human%20Rights.pdf).

<sup>15</sup> Beijing LGBT Center, Peking University Department of Sociology, *Chinese transgender population general survey report*, 2017, [chinadevelopmentbrief.cn/wp-content/uploads/2017/11/2017-Chinese-Transgender-Population-General-Survey-Report.pdf](http://chinadevelopmentbrief.cn/wp-content/uploads/2017/11/2017-Chinese-Transgender-Population-General-Survey-Report.pdf).

<sup>16</sup> S. Chang et al., *A clinician's guide to gender-affirming care*, p. 131.

<sup>17</sup> Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme, *Blueprint for the provision of comprehensive care for trans people and trans communities in Asia and the Pacific*, 2015, p. xiii, [www.weareaptn.org/wp-content/uploads/2017/10/blueprint-comprehensive.pdf](http://www.weareaptn.org/wp-content/uploads/2017/10/blueprint-comprehensive.pdf) (hereinafter: Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme, *Blueprint*).

<sup>18</sup> S. Chang et al., *A clinician's guide to gender-affirming care*, p. 125.

<sup>19</sup> Christine Aramburu Alegria, "Transgender identity and health care: implications for psychosocial and physical evaluation", *Journal of the American Academy of Nurse Practitioners*, 23(4), 2011, p. 178.

others prefer to have only some procedures or not undergo any treatment at all. All options of treatment should be considered equally relevant by medical professionals, either in single use or in sequential use.<sup>20</sup> Some, not all, transgender people find hormone treatment and gender-affirming surgery to be medically necessary to alleviate gender incongruence.<sup>21</sup>

Requirements for psychiatric diagnosis before provision of hormone therapy or surgery often increase the cost of obtaining gender-affirming treatments. In some countries, transgender people who want to undergo gender-affirming surgery can only go abroad, which often involves prohibitively high costs.<sup>22</sup>

## 3.2 HORMONE TREATMENT

Some individuals undergo hormone treatment to suppress their endogenous hormones and develop secondary sex characteristics different from those associated with the sex assigned at birth.<sup>23</sup> In general, testosterone has masculinizing effects and oestrogen has feminizing effects.<sup>24</sup> Some individuals also take hormone “blockers”, medications that interrupt the body’s natural production of hormones and thereby enable prescribed hormones to be more effective.<sup>25</sup> Typically, a transgender person who wants to move towards a more feminine presentation would be prescribed testosterone blockers and oestrogen. Testosterone blockers decrease libido and the size of testicles. Some physical changes brought by oestrogen may include softer skin, breast development, slower hair growth and decreased muscle mass. A transgender person who wants to move towards a more masculine presentation is usually prescribed testosterone. Changes brought by testosterone include hair growth on the face and body, deepening of voice, cessation of menstruation, changes in body fat distribution and increased muscle mass. While some effects brought by testosterone can be permanent, such as the deepening of voice and hair growth, the effects of hormones and hormone blockers are usually reversible.<sup>26</sup> Sustained accessibility of hormones and professional advice are thus crucial, as cessation or disruption of treatment can cause changes to secondary sex characteristics to “reverse”, inducing a sense of incongruence and distress for those who wish to medically transition.

The duration and regimens of hormone treatment vary depending on an individual’s goals and their own biology. Hormone treatments must be administered carefully, as each individual responds differently to hormones. Hormones and hormone blockers can also cause side effects, such as increased thirst, mood swings, nausea and headaches. Overdosing can cause severe side effects such as liver damage and extreme mood swings.

Hormone treatment should be undertaken “in the context of a complete approach to health care that includes comprehensive primary care and a coordinated approach to psychosocial issues”.<sup>27</sup> Undergoing hormone treatment is not a prerequisite for gender-affirming surgery but is recommended prior to certain procedures. For example, transgender people who want to undergo breast augmentation surgery are typically recommended to first undergo feminizing hormone therapy for at least 12 months in order to maximize breast growth and obtain better surgical results.<sup>28</sup>

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<sup>20</sup> Jana Eyssel et al., “Needs and concerns of transgender individuals regarding interdisciplinary transgender healthcare: A non-clinical online survey”, *PLoS ONE*, 12(8), 2017, p. 17, doi.org/10.1371/journal.pone.0183014.

<sup>21</sup> WPATH, *Standards of Care*, pp. 4, 8.

<sup>22</sup> Sam Winter, *Lost in transition: transgender people, rights and HIV vulnerability in the Asia-Pacific region*, 2012, p. 2, undp.org/content/dam/undp/library/hiv/aids/UNDP\_HIV\_Transgender\_report\_Lost\_in\_Transition\_May\_2012.pdf; Thomas Hammarberg (Council of Europe Commissioner for Human Rights), *Human Rights and Gender Identity*, 2009, p. 12, rm.coe.int/16806da753 (hereinafter: T. Hammarberg, *Human Rights and Gender Identity*).

<sup>23</sup> S. Chang et al., *A Clinician’s Guide to Gender-Affirming Care*, p. 130.

<sup>24</sup> National Health Service (UK), *A guide to hormone therapy for trans people*, 2007, p. 5, teni.ie/attachments/9ea50d6e-1148-4c26-be0d-9def980047db.PDF (hereinafter: NHS, A).

<sup>25</sup> NHS, A, p. 7.

<sup>26</sup> WPATH, *Standards of Care*, p. 18.

<sup>27</sup> WPATH, *Standards of Care*, p. 24.

<sup>28</sup> WPATH, *Standards of Care*, p. 59.

### 3.3 GENDER-AFFIRMING SURGERIES

The term “gender-affirming surgeries” broadly refers to any surgical procedures that a transgender person feels necessary for making their body better aligned with their gender identity. These procedures are not limited to genital reconstructive surgery.<sup>29</sup> Other types of gender-affirming surgeries include chest contouring, breast augmentation, facial contouring and voice surgeries. Research shows that gender-affirming surgeries can have positive impacts on the well-being and sexual function of transgender people who find surgeries necessary.<sup>30</sup> As with other types of gender-affirming treatments, transgender people seek different surgeries for various reasons, including feeling safer in sex-segregated environments like toilets and changing rooms, being able to wear gender-affirming clothing more comfortably and easing the sense of gender incongruence.<sup>31</sup>

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<sup>29</sup> Chang et al., *A clinician's guide to gender-affirming care*, p. 152.

<sup>30</sup> WPATH, *Standards of Care*, p. 55.

<sup>31</sup> S. Chang et al., *A clinician's guide to gender-affirming care*, p. 130.

# 4. TRANSGENDER PEOPLE IN CHINA

## 4.1 TRANSGENDER PEOPLE IN CHINESE SOCIETY AND THE CHINESE PUBLIC HEALTH SYSTEM

In China, the government provides basic health care for all citizens through the provision of basic medical insurance coverage for both urban and rural populations. There are three categories of basic public medical insurance: The Urban Employee Basic Medical Insurance (UEBMI) is a mandatory scheme covering workers in urban areas for which both employers and employees pay premiums. For urban citizens not covered by UEBMI, there is Urban Resident Basic Medical Insurance (URBMI), which is funded by premiums and government subsidies. Rural citizens can join the New Rural Cooperative Medical Scheme (NRCMS), which is also funded by premiums and government subsidies. In addition to these public insurance schemes, individuals in China can also buy private medical insurance.<sup>32</sup>

According to the *Sex Reassignment Procedural Management Standards 2017* (性别重置技术管理规范 (2017年版)), gender-affirming treatments is categorized as plastic surgery in China, which is also not covered by the national basic medical insurance. According to research conducted by the UNDP and the China Women's University, most gender-affirming treatments are not covered by either public or surveyed private health insurance providers.<sup>33</sup> *The National Basic Health Insurance Coverage* (国家基本医疗保险诊疗项目范围) states that regular medical check-ups are not covered by the basic health insurance, meaning that citizens need to pay for medical check-ups.

The National Health Commission drafts laws and regulations for national health policies, devises plan for the development of public health services, and gives guidance to the training of medical practitioners. It also implements measures to promote the equalization and inclusiveness of basic public health services in China. The Capacity Building and Continuing Education Centre, an institution directly affiliated with the National Health Commission, is responsible for the continuing and vocational education in the public health system.<sup>34</sup> The Chinese Medical Association represents China in the World Medical Association, carries out continuing medical education projects, disseminates medical and health knowledge for the public and develops medical academic exchange activities. The Chinese Medical Doctor Association provides nation-wide training to doctors and carries out assessments of doctors' performance.

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<sup>32</sup> Ambar La Forgia, Lawton Robert Burns, "Health Insurance in China", *China's Healthcare System and Reform*, 2017, pp. 293-296.

<sup>33</sup> UNDP and China Women's University, *Legal gender recognition in China: A legal and policy review*, 2018, p. 33 (hereinafter: UNDP and China Women's University, *Legal Gender Recognition in China*).

<sup>34</sup> National Health Commission Capacity Building and Continuing Education Center (国家卫生健康委能力建设和继续教育中心), *Center Introduction* (中心介绍), 28 February 2019, [jsw.rkrc.cn/htm/12268/173060.html](http://jsw.rkrc.cn/htm/12268/173060.html).

According to the *Measures for Granting and Managing Credits for Continuing Medical Education* (继续医学教育学分授予及管理办法), medical professionals must earn 25 credits in Continuing Medical Education per year. The completion of this requirement is considered in the performance reviews of medical professionals.<sup>35</sup> According to the lists of national Continuing Medical Education programmes published online by the National Continuing Medical Education Committee Office in 2018 and 2019, there is no national Continuing Medical Education programme related to gender diversity and gender-affirming treatments.<sup>36</sup>

There are no official statistics on the number of transgender people in China. All major research on the transgender population in China has been conducted by non-government actors, which have been a great driving force in the collection of data in recent years.<sup>37</sup> Research by the NGO Asia Catalyst has estimated approximately 4 million transgender individuals in China as of the end of 2013.<sup>38</sup> In 2014, Pan Bailin, a plastic surgeon who specializes in gender-affirming surgery, estimated that there were at least 100,000 transgender people in China.<sup>39</sup> Amnesty International wrote to the National Health Commission to request information about official data related to transgender people and their access to health care but received no response. There are also no official statistics on the number of individuals who undergo different types of gender-affirming treatments, including hormone therapy and surgery. A media report in 2017 stated that more than 1,000 people in China had undergone gender-affirming surgery and 400,000 people were planning to do so.<sup>40</sup> Although these numbers are cited by a state media outlet, they cannot be considered official statistics and it is likely that they do not reflect the current situation, as they had not been updated since 2005.<sup>41</sup>

The discrepancy between these estimates signals an urgent need for the government to collect relevant data in a sensitive, non-discriminatory and confidential manner. It is important that the government be able to provide official statistics related to the transgender population in China so that medical professionals and government officials can devise policies and allocate resources based on a comprehensive and reliable understanding of that population.

The effective invisibility of the transgender community in China is reflected in the dearth of information about medical services available to that community. There is no public official information about the number of hospitals providing hormone treatments or the number of medical professionals specializing in hormone therapy or other types of gender-affirming treatment. Amnesty International requested official information about what and how public health facilities offer advice on gender-affirming treatments from the National Health Commission but received no response.

Interviewees for this report were aware of only a handful of hospitals in the whole of China, such as Peking University Third Hospital and Peking University Sixth Hospital, that provided consultation on gender-affirming treatments for transgender people. These hospitals are only located in Beijing and Shanghai, two of the biggest cities in China. Peking University Third Hospital, which is known in the transgender community for its expertise

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<sup>35</sup> Lewis A. Miller et al., "CME credit systems in three developing countries: China, India and Indonesia", *Journal of European CME*, 4(1), 2015, p. 4.

<sup>36</sup> First Batch of National Continuing Medical Education Programmes in 2019 (2019年第一批国家继续医学教育项目); Second Batch of National Continuing Medical Education Programmes in 2019 (2019年国家继续医学教育项目表(第二批)); First Batch of National Continuing Medical Education Programmes in 2018 (2018年第一批国家继续医学教育项目); Second Batch of National Continuing Medical Education Programmes in 2018 (2018年国家继续医学教育项目表(第二批)); Supplementary National Continuing Medical Education Programmes in 2018 (2018年国家继续医学教育项目表(补充)).

<sup>37</sup> See, for example, Zhang Peichao et al., "大学生同性恋、双性恋及跨性别者认知调查" (Status and influencing factors of attitudes toward LGBT among college students), *中国公共卫生 (Chinese Journal of Public Health)*, 28(7), 2012, pp. 921–923; Asia Catalyst, *My life is too dark to see the light: A survey of the living conditions of transgender female sex workers in Beijing and Shanghai*, 2015, [asiacatalyst.org/wp-content/uploads/2014/09/Asia-Catalyst-TG-SW-Report.pdf](http://asiacatalyst.org/wp-content/uploads/2014/09/Asia-Catalyst-TG-SW-Report.pdf) (hereinafter: Asia Catalyst, *My life is too dark to see the light*); Beijing LGBT Center and Peking University Department of Sociology, *Chinese transgender population general survey report*, 2017; and UNDP and China Women's University, *Legal Gender Recognition in China*.

<sup>38</sup> Asia Catalyst, *My Life is too Dark to see the Light*, p. 11.

<sup>39</sup> "专家：易性症患者通常三四岁就萌发性别想法" (Expert: Patients with 'transsexualism' develop an urge to undergo transition at the age of three or four), *People's Daily Online*, 9 September 2014, [bj.people.com.cn/n/2014/0909/c233081-22246506.html](http://bj.people.com.cn/n/2014/0909/c233081-22246506.html).

<sup>40</sup> Liu Sijie, "各国变性人数量，及现状" (Number of transgender people in different countries and their current situation), *Global Times Online*, 24 January 2017, [fashion.huanqiu.com/wechat/2017-01/10017311.html](http://fashion.huanqiu.com/wechat/2017-01/10017311.html).

<sup>41</sup> See Cao Yubin, "国内逾千人作过变性手术 调查称变性后麻烦不少" (Over a thousand people undergone sex-change operation, survey shows difficulties persist after operation), *Sina.com.cn*, 13 January 2005, [news.sina.com.cn/s/2005-01-13/23565537990.shtml](http://news.sina.com.cn/s/2005-01-13/23565537990.shtml).



in providing gender-affirming treatments, carried out 15 gender-affirming surgeries on average every year in the three years before October 2018.<sup>42</sup>

At present, the only official guideline on the provision of healthcare services to transgender people in China is the *Sex Reassignment Procedural Management Standards 2017* (hereafter, “the *Standards*”), issued by the National Health and Family Planning Commission in 2017.<sup>43</sup> This document offers guidance only on gender-affirming surgery, including genital surgery and surgeries on secondary sex characteristics, but not other types of gender-affirming treatments, such as hormone therapy.<sup>44</sup>

According to the *Standards*, for individuals to be eligible to undergo gender-affirming surgery, they must be diagnosed with “transsexualism” (as classified in the 3rd Edition of the *Chinese Classification of Mental Disorders*), unmarried, over 20 years old and proven to be fit for surgery. They must also have a clean criminal record and familial consent to undergo the operation and have had the desire to undergo gender-affirming surgery for more than five years. Psychological and psychiatric interventions must also have been proven ineffective for at least a year.

Many of these criteria have nothing to do with the surgery at hand. For example, a person’s marital status has nothing to do with their desire to undergo gender-affirming surgeries. The requirement of being unmarried discriminates against transgender individuals who are married and wish to remain so, as they are compelled to choose between their right to health and their rights to family life, including the rights to marry and have a family. These requirements can become barriers to gender-affirming surgeries, as some transgender people who wish to undergo surgery may not be able to meet these criteria.

Research by the Center of Andrology of No. 181 Hospital of People’s Liberation Army, a public hospital in southern China, on the provision of healthcare for transgender people conducted in China is indicative of certain prevalent stereotypes about transgender people – for example, it implies that transgender individuals are seen to be violating social traditions and established moral values.<sup>45</sup> These discussions often demonstrate a discriminatory attitude and sometimes misunderstanding towards sexual, physical and gender diversity by medical professionals. For example, very often “transsexualism” is translated into Chinese as “sex-change craving” (*yixingpi* 易性癖), a term with a strongly negative connotation.

Most of the academic discussion on healthcare services provided for transgender people in China have focused on surgery, which is often considered the only or the best “cure” for “transsexualism”.<sup>46</sup> Official discussion on an integrated approach to care for transgender people only began to appear around 2014.<sup>47</sup> An integrated approach to providing care for transgender individuals does not equate health care for transgender people with surgery. It includes expertise from different departments and factors in various types of healthcare services, including primary care, counselling and other treatments. In September 2018, the Peking University Third Hospital established the country’s first multi-disciplinary team that provides integrated healthcare for transgender people.<sup>48</sup> However, currently there are no similar teams established in other parts of the country.

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<sup>42</sup> “这些人每周倾听全国跨性别者困惑，被称‘跨性别热线接线员’” (These people listen to problems of transgender people across the nation. They are called “transgender people hotline receptionists”), *QQ.com*, 16 October 2018, [new.qq.com/omn/20181016/20181016A0600F.html](http://new.qq.com/omn/20181016/20181016A0600F.html).

<sup>43</sup> The National Health and Family Planning Commission was succeeded by the National Health Commission in March 2018.

<sup>44</sup> *Sex Reassignment Procedural Management Standard 2017* (性别重置技术管理规范 (2017年版)).

<sup>45</sup> See Tang Yizi et al., “Surgical care for male and female transsexualism patient”, *Chinese Journal of Sexuality*, 23(1), 2014 p. 21; and Yan Xiujuan et al., “医护人员对易性癖认知和态度调查与分析” (Investigation on the cognition and attitude of medical staff towards Transsexualism Patients), *中国护理管理* (*Chinese Nursing Management*), 10(8), 2010, pp. 52–5.

<sup>46</sup> See, for example, Yan Xiujuan et al., “医护人员对易性癖认知和态度调查与分析” (Investigation on the cognition and attitude of medical staff towards transsexualism patients), *中国护理管理* (*Chinese Nursing Management*), 10(8), 2010, p. 52; Li Xiuming et al., “变性手术患者的心理分析及其护理” (Psychological Analysis and Nursing Care of Transgender Patients), *中华医学美容美容杂志* (*Chinese Journal of Medical Aesthetics and Cosmetology*), 23(4), 2017, p. 276.

<sup>47</sup> The Peking University Third Hospital has been one of the pioneering institutions in promoting comprehensive healthcare services for transgender people in China. See Peking University Third Hospital, “北京大学第三医院成形科举办‘关注跨性别’公益讲座” (Peking University Third Hospital Plastic Surgery Department held ‘focusing on transgender’ charity talk), 14 October 2016, [bjchfp.gov.cn/xwzx/jcddt/201610/t20161014\\_173378.html](http://bjchfp.gov.cn/xwzx/jcddt/201610/t20161014_173378.html).

<sup>48</sup> Peking University Third Hospital, “北医三院易性症序列医疗团队成立” (Peking University Third Hospital establishes a sequential medical team for transsexualism), 30 September 2018, [puh3.net.cn/cx\(zxmr\)wk/tzgg/124007.shtml](http://puh3.net.cn/cx(zxmr)wk/tzgg/124007.shtml).

## 4.2 PATHOLOGIZATION OF TRANSGENDER PEOPLE IN CHINA

**“Pathologizing trans and gender diverse people – branding them as ill based on their gender identity and expression – has historically been, and continues to be, one of the root causes behind the human rights violations against them.”**

Joint statement by UN and international human rights experts,  
International Day against Homophobia, Transphobia and Biphobia 2017<sup>49</sup>

As of the writing of this report, the two most commonly used reference manuals for diagnosing illnesses across the world define transgender identity and experience as a mental disorder. The 10th edition of the World Health Organization’s *International Statistical Classification of Diseases and Related Health Problems* (ICD-10) classifies “Transsexualism” as a form of “Gender Identity Disorder” and defines it as “a desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one’s anatomic sex, and a wish to have surgery and hormonal treatment to make one’s body as congruent as possible with one’s preferred sex”.<sup>50</sup> In the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), the condition of “Gender Dysphoria” is defined as “a marked difference between the individual’s expressed/experienced gender and the gender others would assign him or her [that] must continue for at least six months”.<sup>51</sup>

Although there is a long history of the discussion of transcending gender binary and gender androgyny, transgender identities are currently understood in terms of mental disorder in China.<sup>52</sup> Access to gender-affirming surgery in China requires a pathologizing diagnosis in all situations. In China, transgender people are pathologized as suffering from “transsexualism”, which is classified as a type of “Gender Identity Disorder” in the 3rd edition of the *Chinese Classification of Mental Disorders* (CCMD-3).<sup>53</sup> The CCMD-3 was developed based on a series of field trials and studies carried out by 114 psychiatrists across China. One of the editing principles of the CCMD-3 was to match the ICD and DSM systems. According to Chen Yanfang, one of the editors of CCMD-3, psychiatrists involved in the editing of CCMD-3 aimed to be in concordance with ICD-10 while adhering to a classification of disease compatible with Chinese culture.<sup>54</sup>

The deputy director of the Medical Administration Bureau of China’s National Health Commission, Jiao Yahui, said the International Statistical Classification of Diseases and Related Health Problems (ICD) has an important role in the provision of healthcare service in China.<sup>55</sup> The declassification of “Gender Incongruence” as a mental illness in the upcoming ICD-11 can therefore have huge implications for how people with gender incongruence are treated in China. If China is to adopt ICD-11, CCMD-3 will need to be revised accordingly to

<sup>49</sup> UN Committee on the Rights of the Child, UN Committee Against Torture, Philip Alston, Special Rapporteur on extreme poverty and human rights, Koumbou Boly Barry, Special Rapporteur on the right to education, Vitit Muntarbhorn, Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Dainius Pūras, Special Rapporteur on the right to health; Dubravka Šimonović, Special Rapporteur on violence against women, its causes and consequences, and the Working Group on the issue of discrimination against women in law and in practice, Inter-American Commission on Human Rights, Lawrence Murugu Mute, Chairperson of the Committee for the Prevention of Torture in Africa, Nils Muiznieks, Council of Europe Commissioner for Human Rights.

<sup>50</sup> World Health Organization, *ICD-10 Version: 2016*, [icd.who.int/browse10/2016/en#/F64](http://icd.who.int/browse10/2016/en#/F64). The term “transsexualism” is widely regarded as transphobic by the transgender community, as the term defines transgender identity and experience in a solely pathological sense.

<sup>51</sup> American Psychiatric Association, *Gender Dysphoria*, 2013, [www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA\\_DSM-5-Gender-Dysphoria.pdf](http://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Gender-Dysphoria.pdf).

<sup>52</sup> Asia Catalyst, *My life is too dark to see the light*, p. 12; UNDP and China Women’s University, *Legal gender recognition in China*, p. 25. For a more detailed discussion of the evolution of transgender identities and transgender studies in China, see Howard Chiang, “Transgender in China”, *Handbook on the family and marriage in China*, 2017, pp. 392–408.

<sup>53</sup> Chinese Society of Psychiatry, *CCMD-3 (中国精神障碍分类与诊断标准 (第三版))*, 2001.

<sup>54</sup> Chen Yanfang, “Chinese classification of mental disorders (CCMD-3): Towards integration in international classification”, *Psychopathology*, 2002, p. 172.

<sup>55</sup> Peking Union Medical College Hospital, “国际疾病分类第十一次修订本 (ICD-11) 研讨会召开” (Seminar on the 11th Edition of International Statistical Classification of Diseases and Related Health Problems), 29 November 2018, [pumch.cn/detail/20340.html](http://pumch.cn/detail/20340.html).

reflect the changes in ICD-11, declassifying “Gender Identity Disorder” as a mental illness. The National Health Committee will also have to review the provision of care to transgender people, delinking access to gender-affirming treatments with diagnosis of a “mental disorder”.

## DEPATHOLOGIZATION OF TRANSGENDER IDENTITIES AS MENTAL DISORDER

The Special Rapporteur on the right to health has noted:

*“[W]hile many people find diagnostic categories beneficial in allowing them to access services and better understand their mental health, others find them unhelpful and stigmatizing. Mental health diagnoses have been misused to pathologize identities and other diversities, including tendencies to medicalize human misery.”<sup>56</sup>*

A result of the pathologization of transgender people is that many aspects of transgender people’s lives, including access to health services, depend on whether they first receive a potentially stigmatizing diagnosis of mental disorder.<sup>57</sup> This perpetuation of a stigma associated with transgender identity is recognized to be one of the root causes behind the human rights violations against transgender people.<sup>58</sup> It is for this reason that professional organizations, the United Nations, many transgender NGOs and Amnesty International have all called for an end to treating transgender identities as mental disorders.<sup>59</sup>

In the latest version of the *International Statistical Classification of Diseases and Related Health Problems* (ICD-11), the existing diagnostic category of “Gender Identity Disorder” is to be replaced by “Gender Incongruence of Adolescence and Adulthood”, which will be located in a new chapter titled “Conditions Related to Sexual Health” rather than the current “Mental and Behavioural Disorders”. ICD-11 will go into effect on 1 January 2022 upon adoption by the World Health Assembly. According to the World Health Organization, the reason to remove “gender incongruence” from the category of mental disorders is to address the enormous stigma currently faced by transgender people.<sup>60</sup>

## 4.3 GENDER INCONGRUENCE AND HORMONE TREATMENTS IN CHINA

### 4.3.1 GENDER INCONGRUENCE

A report published by Beijing LGBT Center and Peking University on transgender people in China showed that two-thirds of the 2,060 survey respondents experience severe gender incongruence.<sup>61</sup> All interviewees who spoke to Amnesty International described feeling a sense of gender incongruence, a feeling of mismatch between their gender identity and their biological sex at birth, before or during puberty. Caiming\*, a 26-year-

<sup>56</sup> Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, UN Doc. A/HRC/35/21, para. 48.

<sup>57</sup> Sheherezade Kara, *Gender is not an illness: How pathologizing trans people violates international human rights law*, GATE, 2017, pp. 4-5, [transactivists.org/wp-content/uploads/2017/12/Gender-is-not-an-illness-GATE-.pdf](https://transactivists.org/wp-content/uploads/2017/12/Gender-is-not-an-illness-GATE-.pdf) (hereinafter, S. Kara, *Gender is not an illness*).

<sup>58</sup> “Embrace diversity and protect trans and gender diverse children and adolescents”, Office of the High Commissioner for Human Rights, 16 May 2017, [www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=21622](http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=21622); “Pathologization – Being lesbian, gay, bisexual and/or trans is not an illness”, Office of the High Commissioner for Human Rights, 12 May 2016, [ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=19956](http://ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=19956).

<sup>59</sup> See, for example, World Professional Association for Transgender Health press release, 26 May 2010, [amo\\_hub\\_content.s3.amazonaws.com/Association140/files/de-psycho-pathologisation%205-26-10%20on%20letterhead.pdf](https://s3.amazonaws.com/Association140/files/de-psycho-pathologisation%205-26-10%20on%20letterhead.pdf); United Nations Free & Equal, *Transgender*, 2017, [unfe.org/wp-content/uploads/2017/05/UNFE-Transgender.pdf](https://unfe.org/wp-content/uploads/2017/05/UNFE-Transgender.pdf); S. Kara, *Gender is not an illness*; Amnesty International, *Stop trans pathologisation worldwide* (Index: IOR 10/7293/2017), 20 October 2017, [amnesty.org/en/documents/ior10/7293/2017/en/](https://www.amnesty.org/en/documents/ior10/7293/2017/en/).

<sup>60</sup> World Health Organization, *ICD-11: Classifying disease to map the way we live and die*, 18 June 2018, [www.who.int/health-topics/international-classification-of-diseases](http://www.who.int/health-topics/international-classification-of-diseases).

<sup>61</sup> Beijing LGBT Center, Peking University Department of Sociology, *Chinese transgender population general survey report*, 2017.

old transgender woman from Guangzhou, said there was never a “change” to her gender identity: she had always been a girl.<sup>62</sup> Fuzhen\*, a transgender man in his 30s, said he did not want to label himself as transgender:

**“I am a man. But I had to admit that I am a transgender man, because I am not a so-called ‘original man’ (yuanzhuangnanxing 原装男性). I feel really conflicted. I don’t know if you understand.”<sup>63</sup>**

Many interviewees identified the beginning of puberty as the time when this feeling of incongruence became more intense, and some even developed a hatred towards their sex characteristics at this time. Huiming\*, a transgender woman in her 30s, described being disturbed and annoyed by the physical changes during puberty when she was in primary school and recalled plucking hair from her legs while doing classwork in school.<sup>64</sup> Fengling\*, a transgender woman from Beijing, said she could feel her female gender identity very strongly when she was in junior high school, but she fought back her own feelings as she felt it was “abnormal”.<sup>65</sup>

## 4.3.2 HORMONE TREATMENT

It is important to note again that not all transgender individuals address their gender incongruence by undergoing hormone treatments. Many of the interviewees who did so cited an urge to address persistent anxiety as a reason for seeking hormone treatment. They experienced intense anxiety and discomfort caused by the sense of incongruence inflicted by the development of their secondary sex characteristics, which resulted in a fundamental urge to start transition.<sup>66</sup> According to many of them, the immense emotional distress and anxiety caused by the mismatch of their gender and their physical sex needed to be addressed immediately.

Interviewees who were undergoing hormone treatment at the time of the interview said that using hormone treatments helped them ease their emotional distress. Their discomfort subsided because hormone treatments align their secondary sex characteristics more with their gender identity. Many also see hormone therapy as a starting point of their transitioning. The majority of interviewees who were using hormones had plans to undergo gender-affirming surgery at some point.

Apart from transgender men and women, non-binary transgender people also seek hormone treatment to align some of their sex characteristics with their gender identity. For example, Wei\*, a non-binary transgender person, used testosterone to modify their voice as their feminine voice incited anxiety.<sup>67</sup>

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<sup>62</sup> Interview with Caiming\*, November 2018.

<sup>63</sup> Interview with Fuzhen\*, December 2018.

<sup>64</sup> Interview with Huiming\*, November 2018.

<sup>65</sup> Interview with Fengling\*, November 2018.

<sup>66</sup> Secondary sex characteristics are physical traits or organs that can be indicative of an individual’s biological sex and are distinguished into primary and secondary sex characteristics. Other research also shows that the need for using hormones as a means to transition is often driven by the need to ease the intense anxiety caused by gender incongruence. See, for example, Mira Schneiders, *Values and preferences of transgender people: A qualitative study*, 2014, pp. 30–34, [apps.who.int/iris/bitstream/handle/10665/128119/WHO\\_HIV\\_2014.21\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/128119/WHO_HIV_2014.21_eng.pdf?sequence=1&isAllowed=y).

<sup>67</sup> Interview with Wei, December 2018. Wei\* wants to be addressed with gender-neutral pronouns.

## WEI\*, HEFEI, TRANSGENDER NON-BINARY PERSON



*Wei, with open arms, wearing a rainbow-coloured blindfold and a t-shirt that says “I am a transgender person, can you hug me?”*

Assigned female at birth, Wei\* is a transgender non-binary person in their 20s. They were troubled by their voice and chest. In China, where the concept of “gender” is commonly perceived as a binary construct, Wei\* is often perceived as man. Socially, they live as a man. However, their feminine voice had brought them a lot of inconvenience.

**“When I was in public spaces, I faced a lot of problems. Situations like ordering food at a restaurant or asking where the toilet was would be very awkward for me and for people I was speaking to. They did not know whether to call me sir or madam – the two most commonly used gendered terms to address people. There was a lot of explaining to do.”**

They took five years to feel truly comfortable with themselves. “When I first came across transgender identities in 2013, I thought I was a transgender man, but later on I realized I did not feel that I fall into the “man” and “woman” categories defined by society. I just want to be comfortable with myself and my body.” When Wei\* finally came across the concept of transgender non-binary identity, they knew it was their “label”.

**“I am a person who finds my own label. I define who I am. No one else can define me.”**

Wei\* said they could not find a doctor to prescribe them testosterone. After researching for half a year, Wei\* used testosterone on themselves without medical guidance for six months. “I stopped because I had achieved what I wanted. My voice deepened.”

Unlike some changes brought by hormone treatment, the change of pitch in voice caused by testosterone is often permanent. Wei\* felt more comfortable with their voice and subsequently in social situations. “With this voice, I have less trouble [when I go out].”

# 5. BARRIERS TO GENDER-AFFIRMING TREATMENTS

## 5.1 INADEQUATE INFORMATION ON GENDER-AFFIRMING TREATMENTS

Under the right to health, accessibility of health services includes the right to seek, receive and impart information and ideas concerning health issues.<sup>68</sup> Health professionals should play a big role in providing transgender people and their families with health-related information, including the types of treatment available, the benefits and risks associated with different options and referrals for counselling services and community resources.<sup>69</sup> The Law on Licensed Doctors of China stipulates that one of the obligations of doctors is to disseminate the knowledge of public health and healthcare.<sup>70</sup> This information is vital for transgender individuals to make informed decisions related to their health.

None of the individuals interviewed by Amnesty International received information about gender identities or gender-affirming treatments through health professionals when they first looked for support in coping with gender incongruence. For the interviewees who tried to seek professional advice, they had learnt about hormone treatment when they went to see a psychiatrist in public hospital, but none could get more information about how to access these gender-affirming treatments from them. Many interviewees only became aware of the concept of gender identity and transgender experience when they were in university, usually from the internet and via friends. The majority of the interviewees said there was a lack of reliable and official information about the gender-affirming treatments available for transgender people.

The internet was a substantial, and for some interviewees the only, source of information about transgender experience and gender-affirming treatments. All interviewees reported learning about the concept of gender identity through reading related materials on online forums, websites and social media platforms, including messaging groups on the WeChat and QQ social media platforms, online forums on the Baidu search platform and the question-and-answer website Zhihu. Due to the state's censorship over the internet, people are disproportionately reliant on information hosted on these platforms, as a lot of overseas and independent platforms are banned.

Almost all the interviewees are members of online chat groups established by and for transgender people. To many, these connections with their transgender peers have been a crucial source of psychological support and shared experiences that were vital for them to accept themselves.<sup>71</sup>

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<sup>68</sup> Committee on Economic, Social and Cultural Rights, General Comment No. 14: The right to the highest attainable standard of health (Art. 12), UN Doc. E/C.12/2000/4, para. 12 (c), (hereinafter: CESCR, General Comment No. 14).

<sup>69</sup> WPATH, *Standards of Care*, p.24; Jessica Lapinski et al., "Best practices in transgender health: A clinician's guide", *Primary Care*, 45(4), 2018, p. 699.

<sup>70</sup> Article 22(5) of the Law on Licensed Doctors of People's Republic of China.

<sup>71</sup> Interview with Huiming\*, November 2018; Interview with Fengling\*, December 2018; Interview with Shanshan\*, November 2018.

Euphemisms are widely used by the online transgender communities, especially when discussing the use of hormone drugs. Many transgender women referred to themselves as *yaoniang* (药娘), which literally means “medicine ladies”. They refer to transitioning as *huadie* (化蝶), meaning becoming a butterfly. When discussing use of hormone drugs, many replace the word “drug” with *tang* (糖), meaning “candy” and refer to taking medication as *chitang* (吃糖), meaning “eating candy”.

One reason for the use of euphemisms is to skirt the censorship that routinely affects the online spaces where the transgender community shares information and personal experiences. According to interviewees who spoke to Amnesty and members of forums popular among transgender people, several of these sites have been repeatedly banned.<sup>72</sup> For example, according to a transgender rights NGO, in June 2018 nearly all entries related to transgender people, along with other content related to lesbian, gay and bisexual people, were removed from a popular Chinese question-and-answer website without prior notice, and many accounts run by transgender people, especially those with huge followings, were deleted. According to transgender people who use the website, administrators said the content was removed because it “violated laws and regulations”.<sup>73</sup> This resulted in the disappearance of a wealth of transgender-specific knowledge on which many transgender people had come to rely for making health-related decisions.<sup>74</sup>

Four out of the 15 individuals interviewed had access to health-related information provided by health professionals, but only through informal channels such as chats with doctors and reading academic journal articles.<sup>75</sup> The information they got was not individualized to their specific needs physical conditions and did not offer them specific health care or treatment options. It is unsafe to take medication without professional prescription and monitoring.

#### CAIMING\*, 27, GUANGHZOU, TRANSGENDER WOMAN



*Caiming's pin that says “feminist”. “Feminism was pivotal to my self-acceptance and how I introduce my gender identity to others. I don't think identifying as a woman is anything shameful or ‘inferior’ to identifying as a man,” she said.*

Caiming\* first started taking hormones in 2016. She stopped and resumed a few times because of some unanticipated side effects. She said she was a latecomer in learning about hormones.

**“Many people searched for hormones-related information in online transgender communities. But for some reason I never got to know more about hormone treatment. I thought one could only modify sex characteristics by undergoing surgery. I met a transgender woman in an offline community gathering. I saw her beautiful body and asked when and where she had surgery. She told me it was hormones!”**

From there Caiming\* started to learn more about hormone treatment and its effects online.

<sup>72</sup> Popular forums for transgender people in China have been shut down multiple times. See Li Linjin and Li Shihui, “中国药娘群体首次曝光：吃激素就像吃减肥药” (First time exposing the medicine lady community in China: Taking hormones like taking diet pills), *163.com*, 16 June 2016, [renjian.163.com/16/0616/20/BPN70IOF000153N3.html](http://renjian.163.com/16/0616/20/BPN70IOF000153N3.html).

<sup>73</sup> “如何看待知乎删除 ftm mtf 药娘话题” (What to make of the deletion of MtF, FtM, and Medicine Lady posts on Zhihu), *Translives.net*, June 2018, [translives.net/question/621](http://translives.net/question/621).

<sup>74</sup> Interview with Shanshan\*, November 2018.

<sup>75</sup> Interview with Huiming\*, November 2018; Interview with Yasi\*, November 2018; Interview with Caiming\*, November 2018; Interview with Zijia\*, December 2018.

**“I was trying to figure out an optimal dosage and the best way to use hormones for myself based on experience shared by other people online. I read a lot about how other people did it and tried to find a logic, so I could find the best treatment for myself.”**

When she first started hormones, she could not afford medical check-ups. But when she made enough money and could afford medical check-ups, she still could not get any advice from doctors because the nation’s first multi-disciplinary medical team that provides care for transgender people was not established until September 2018.

**“The medical check-ups I did were very basic. I could only interpret the results myself because the service I could afford did not come with doctor consultation. But actually, I could not get any professional advice for my hormone treatment in Beijing. There was no doctor who could do it.”**

Caiming\* only had the opportunity to speak to a doctor specializing in gender-affirming treatments and understood more about the risks of taking hormones at a pilot health-related information session held for a small group of transgender people.

Speaking with a doctor and attending that session about transgender health care made her feel that the way she learnt from medical advice online was very “naïve”.

**“Now that I look back, it was really silly of me to think that I could find an individualized dosage for myself from reading other people’s experience. In the online transgender communities, when people share their experience in taking hormones, the content is always about desirable changes brought by the medication. I could only see limited discussion on the side effects of hormones, and I thought it was the case for everybody. I believed in everything circulated in these online communities.”**

According to Caiming\*, at the event, the doctors and academics shared that a lot of the information gathered in and by the transgender community in China is based on the experiences of people overseas. It is very hard for individuals to make medical decisions based on this information since most research was done on people who have different body mass and size than people in China. Many transgender individuals also lack the medical knowledge necessary to interpret available information.

Caiming\* also pointed out the problem of solely relying on the advice given by the transgender communities:

**“The community focuses on evaluating the effect of the dosing but not the risks. We care about the effects. Doctors care about safety. From what I’ve read on the internet, we focus on more on the results different dosing delivers and less on safety.”**

Caiming\* is currently not using hormones. She said she would definitely go to a doctor for advice because there are a lot of risks involved in taking hormones, but she thought more needed to be done to make hormones treatment safer for everyone-

**“Currently, there is no protocol, therefore it is very difficult for doctors to give advice to people in my community. Doctors simply do not know the procedures. They also don’t have the knowledge in providing hormone treatment for transgender people. It is almost impossible for our community to find a doctor in the country who has experience in providing hormone treatment. People in the community said doctors would tell them that transgender people know way more about hormone treatment than the doctors. There must be protocol on administering hormone treatment.”**

Caiming\*’s concerns over the inadequacies of the current medical system in addressing the needs for gender-affirming treatments are shared by other transgender people in China. The 2017 report conducted



by Beijing LGBT Center and Peking University showed that 71% of the 2,060 transgender respondents found accessing hormone therapy “difficult”, “extremely difficult” or “nearly impossible”.<sup>76</sup>

## 5.2 PROHIBITIVE REQUIREMENTS AND LACK OF STANDARDS

The *Sex Reassignment Procedural Management Standards 2017* is the only Chinese policy that mentions the phrase “transgender”.<sup>77</sup> The *Standards* set out a list of requirements that transgender people must fulfil before undergoing gender-reaffirming surgery, including genital surgeries and surgeries on secondary sex characteristics. A lot of these requirements have nothing to do with the surgery itself and create huge barriers for transgender people seeking gender-affirming surgery. For example, a transgender person must be over 20 years old, which is higher than the 18 years required by the *General Principles of the Civil Law* to establish full capacity for decision-making.<sup>78</sup> Other requirements irrelevant to the surgery include obtaining a proof of clean criminal record from the police, not being married and consent from the immediate family.

The *Standards*, focusing only on gender-affirming surgery, fail to provide guidance regarding other types of gender-affirming treatments, including hormone treatment and counselling services. The lack of standards on other gender-affirming treatments means health professionals do not have any guidance on administering them. Interviewees told Amnesty International that doctors often applied the requirements stipulated in the *Standards* to other types of gender-affirming treatments, and even to just giving a diagnosis. While some interviewees obtained the proof of diagnosis for “transsexualism” without coming out to their parents, some interviewees said that doctors would not give them a proof of their diagnosis unless their parents were also present, even though they were all over 18 at the time of visiting the doctor.

Even when it comes to gender-affirming surgery, which is covered under the *Standards*, the familial consent precondition is an unnecessary infringement on the privacy rights of transgender adults, as it means they must inform their immediate family of their gender identity and medical decisions in order to undergo surgery. Interviewees cited familial consent as an “impossible” barrier to accessing gender-affirming surgery, as many of their parents did not accept their gender identity. This requirement violates the privacy of transgender people, leaving them to choose between coming out to their family, sometimes against their will, and continuing to experience emotional distress because they are not able to access the gender-affirming surgery they need.



### SONGYA\*, 21, SHANGHAI, TRANSGENDER WOMAN

Songya\*, assigned male at birth, was just entering puberty when she first learnt about transgender identity and people modifying their sex characteristics using hormone medication. During her teenage years, the development of male sex characteristics on her body deeply troubled her. She wanted to hide her changing body because she hated it.

It was not easy for Songya\* to find out more about transgender identities and hormone medication. There was no information about gender diversity in school, at home or in clinics. She learnt about her body and her sense of gender incongruence through the internet, where she encountered the experiences of other transgender people in online chat groups. As time went by, she had more and more questions about herself that simply could not be answered by other people’s personal experience: Was she really a transgender person? Was her perpetual despair just low mood or depression? Was she “normal”?

When Songya\* reached 18, her overwhelming doubts drove her to see a psychiatrist for the first time. She hoped the doctor could diagnose her and that a diagnosis and doctor’s explanation could help her parents understand her situation and also to obtain a proof of diagnosis for gender-affirming treatments. The appointment with the doctor was far from what she expected.

<sup>76</sup> Beijing LGBT Center, Peking University Department of Sociology, *Chinese transgender population general survey report*, 2017.

<sup>77</sup> UNDP and China Women’s University, *Legal gender recognition in China*, p. 16.

<sup>78</sup> Article 18 of the General Principles of the Civil Law of the People’s Republic of China, 2017.

She told Amnesty International that the psychiatrist refused to give her a proof of diagnosis unless she brought her parents along. This requirement is not stipulated in any regulation, as there is currently no guidance regarding gender-affirming treatments apart from surgery. This demand also violates her privacy, because she would be forced to disclose her condition to her parents in order to obtain a proof of diagnosis.

The psychiatrist did diagnose her with depression and gender identity disorder, but he did not offer any treatment options or advice. “He told me clearly that he was in the Department of Psychiatry,” she recalled. “They did not take care of the Department of Endocrinology. He also did not refer me to a doctor specializing in hormone treatment.”

Songya\* simply did not know where to get the treatment she needed. She tried to get more information about hormone treatment and her physical condition at a hospital specialized in gynaecology. However, the hospital refused to let her make an appointment, saying that “men cannot schedule an appointment”. Songya\* felt that the staff at the hospital could not accept her transgender identity.

**“I was like a headless fly. I didn’t know what to do. Without professional instruction, I can only refer to other people’s experience.”**

Songya\* felt that her urgent need to align her gender identity and sex characteristics was not acknowledged and addressed by the doctors. She decided to start hormone treatment soon after meeting the psychiatrist. Without professional help, she could only find medication using her own means and use them without professional advice on dosage.

It did not help that the acceptance Songya\* hoped for from her parents never came. The doctor told her parents that depression could have been the cause of her “Gender Identity Disorder”, which perpetuated the stigma of seeing transgender identities as an illness.<sup>71</sup> Ever since that appointment, her parents have opposed her transition and sought to interrupt her hormone treatment.

When Songya\* went home from university for her three-month winter holiday, it was extremely difficult for her to hide the medication from her parents because she had to take the medication every single day. Eventually, her parents found out she was using hormone drugs, and they confiscated the medication each time they discovered her taking them at home. Every time she was forced to stop her treatment for months in this way, it caused her body to “reverse” to a more masculine one, which heightened her sense of incongruence.

The journey to live authentically was bumpy with few encouraging her along the way, but Songya\* has pressed on. She told Amnesty International that she wanted to complete her transitioning by undergoing gender-affirming surgeries. She was not hopeful about her parents showing support or giving consent for her surgeries, a prerequisite to undergoing gender-affirming surgery in China, but she planned to find some way to go through the surgeries overseas.

## 5.3 DIFFICULTIES IN ACCESSING HORMONE TREATMENTS

For some transgender people, Gender-affirming treatments are crucial for their survival and well-being.<sup>79</sup> However, research shows that transgender people across the globe face various barriers when accessing healthcare services. In many countries, health professionals do not have enough knowledge to provide transgender-specific health care.<sup>80</sup> Some of them persuade transgender people to change their minds about transitioning or refuse to provide services because they do not approve of gender-affirmation.<sup>81</sup>

<sup>79</sup> Health Policy Project, Asia Pacific Transgender Network and United Nations Development Programme, *Blueprint*, p. 87.

<sup>80</sup> UNDP, *Discussion paper: Transgender health and human rights*, 2013, p. 17.

<sup>81</sup> T. Hammarberg, *Human rights and gender identity*, p. 11.

According to Peking University Third Hospital, transgender people in China often have no way to seek health care because health care provided for them is not well-developed in the current medical system.<sup>82</sup> A survey of transgender individuals conducted by the Beijing LGBT Center and Peking University shows that 62% of respondents indicated that they wanted access to hormone treatment. Only 6% expressed satisfaction with the current domestic situation for provision of and access to hormone treatment.<sup>83</sup> The testimonies obtained in Amnesty International's research are consistent with this finding. Among the 15 people who spoke to Amnesty International, all interviewees who are currently using or have had used hormone medication received no instruction from any medical practitioner on the dosage and regimen of the medication when they first started hormone treatment. The reason is that many interviewees found it difficult to get hormone medications from hospitals and clinics and advice on taking them.<sup>84</sup> "When people [in the online transgender community] talked about hormone medication, none of them would get medication from hospitals," said Huiming\*, a transgender woman in her 30s.<sup>85</sup>

Meijun\*, a 25-year-old transgender woman living in Wuhan, shared her difficulties in obtaining hormone medication:

**"At the time I understood that some health services for transgender people were available in first-tier cities [where] the doctors are more trans-friendly. But there was none in second-tier cities. So I didn't seek medical advice from hospitals. The difficulty is, all the resources are in first-tier cities. For example, I need to go to Shanghai to obtain [a diagnosis of] "Gender Identity Disorder". And then I need to go to Beijing to get medical advice at Peking University Third Hospital. The cost is very high. And it's too far away for my friends from places very far away from Beijing, like Xinjiang and Tibet."**

Peking University Third Hospital launched a multi-disciplinary medical team in September 2018, providing integrated care for transgender people. The first of its kind in China, the team is made up of health professionals specializing in various types of gender-affirming treatments, such as surgery, hormone treatment and counselling. Some interviewees were aware of the establishment of the team but said that they would probably not use it because they felt that since they live far away from Beijing it would be very difficult to get access to the only integrated medical team for transgender people in the country.

Ping\*, a 23-year-old transgender woman from Suzhou, a city over 1,000 km away from Beijing, had no plans to seek advice on hormone therapy even after she learnt about the hormone treatment offered by the Peking University Third Hospital.

**"For such a distance I need to take a train, which needs money. Transportation cost, travel cost, accommodation cost – where do I get the money? I don't have any!"<sup>86</sup>**

When Zijia\*, a 21-year-old transgender woman from Chongqing, wanted to start hormone medication, she had no idea where she could find professional advice about the treatment. From what she gathered from the online transgender community, there was simply no doctor who could administer hormone treatment for transgender people in Chongqing at that time. The only gender-affirming surgery specialist she heard of was based in Beijing, more than 1,800 km away from her hometown.

**"To get professional advice from doctors on my hormone treatment was impossible for me," Zijia said.**

Without credible information, professional advice or access to medication through official channels, Zijia\* could only start her hormone treatment by using unregulated means to get medication, which she took based on what she learned about the regimens of other transgender women.

Zijia\* said her story was common among transgender people in China:

**"We were stuck in a situation in which there was no medical professional who could take care of our healthcare needs. Therefore, everyone tried medicating themselves."**

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<sup>82</sup> Peking University Third Hospital, "北医三院易性症序列医疗团队成立" (Peking University Third Hospital establishes a sequential medical team for transsexualism), 30 September 2018, [puh3.net.cn/cx\(zxmr\)wk/tzgg/124007.shtml](http://puh3.net.cn/cx(zxmr)wk/tzgg/124007.shtml).

<sup>83</sup> Beijing LGBT Center, Peking University Department of Sociology, *Chinese transgender population general survey report*, 2017.

<sup>84</sup> Interview with Shanshan\*, November 2018; Interview with Caiming\*, November 2018.

<sup>85</sup> Interview with Huiming\*, November 2018.

<sup>86</sup> Interview with Ping\*, December 2018.

As a transgender woman living far away from the capital, Zijia\* worried that other transgender women who lived in smaller cities would have even less access to gender-affirming treatments and health-related information, as they had even fewer opportunities to make local friends with similar experience and are even farther away from the medical resources that they needed.

Feminizing or masculinizing hormone treatment is sometimes recommended before or after undergoing gender-affirming surgery.<sup>87</sup> The difficulty in accessing hormone drugs stops some transgender people from undergoing gender-affirming surgery. “To my brothers who wanted to have their uterus and ovaries removed, [masculinizing hormone treatment] is a must. [The unavailability of these drugs] just means they are pushed to a dead-end,” said Fuzhen\*, a transgender man in his 30s.

Amnesty International sent letters to the National Health Commission and the Chinese Medical Association to request information about how practicing medical professionals are trained and assessed on their knowledge in providing gender-affirming care and the number of healthcare professionals specializing in feminizing or masculinizing hormone therapy. We received no response.



### YASI\*, 22, GUANGDONG, TRANSGENDER WOMAN

For a long time in her adolescence, Yasi\* felt anxious about her body. She found her male sex characteristics disturbing and the idea of “being a man” extremely stressful. But she had no idea what to do about these emotions. It was only in 2017, when she met her university classmate, a transgender man, that she came to understand more about transgender identities and hormone treatment.

“I heard from him that I could use hormones to control some parts of my body. Then I started to look for more information about this type of intervention, because I really wanted to ease my anxiety.”

The knowledge Yasi\* learnt from her classmate was helpful, but it was inadequate. Unlike other transgender people interviewed by Amnesty International, Yasi’s quest for information about transitioning was mostly offline. She started by visiting a psychiatrist for advice, but it was not a good experience for her.

**“I visited a psychiatrist in 2017. He is well-known among transgender people in China. However, when I spoke to him, I felt that he didn’t see transgender people as one of the communities in society. He saw us as patients that needed to be cured. My friends who had seen him before also said he was not very friendly.”**

“His diagnosis was based on a test I did on a computer at the hospital. I was asked to answer some questions, such as the age I started to think about transitioning, if I had cross-dressed before (if yes, for how long), and if I had done anything that signified I was a transgender woman. It was all quite simplistic and not very scientific, to be honest.”

Yasi\* found the doctor neither friendly nor helpful. “At the time I thought that as long as I had been diagnosed with ‘transsexualism’ I could get hormones through an official channel and advice from a licensed doctor.” She soon found, however, that this was not the case:

**“The psychiatrist could only give me a diagnosis, but he wouldn’t tell me how to use hormone medication or prescribe me with any. He wouldn’t tell me anything about gender-affirming treatments. He could only give me a diagnosis of ‘transsexualism’. I met him two or three times, but he could not provide any information.”**

It was outside the psychiatrist’s office that Yasi\* met people from the transgender community. Through them she joined online chat groups for transgender people on various social media platforms, even though she was quite sceptical about meeting people online. “I felt safer to meet ‘real’ people offline because online chat groups are chaotic and full of different kinds of people,” she said.

After Yasi\* started her hormone treatment, she found it very difficult to talk to doctors when she experienced some side effects.

<sup>87</sup> See Section 4.1.

**“I thought about going to the doctor when I felt pain in my liver and had intense emotions. But I didn’t go because I didn’t know which doctor to find.”**

**“It’s quite embarrassing to talk to your doctor about this. I was worried that the doctor didn’t understand being transgender, and I thought the doctor could not give any advice.”**

Yasi\* told Amnesty International that she did not believe that doctors in China could help her.

**“There are too few doctors specialized in transgender-specific medical treatment. At best, most of the doctors understand the concept of being transgender, but they do not have the knowledge to offer you help.”**

## 5.4 PREVALENT DISCRIMINATION AND STIGMATIZATION

**“I shouldn’t feel this way about myself, my identity, I should be like other normal people.”**

Fengling\*, 21, Beijing, transgender woman

Transgender people in China have reported facing discrimination at home, in school, at work, in public spaces and in healthcare settings.<sup>88</sup> According to a survey conducted by UNDP, less than 20% of the lesbian, gay, bisexual and transgender respondents were open to disclosing their identities when receiving healthcare services.<sup>89</sup> The survey indicated that some transgender people were ridiculed and rejected service because of their gender identity.<sup>90</sup> Little information is available on the attitude and knowledge of healthcare professionals in China towards transgender people. A survey conducted in 2010 shows that medical professionals in general have very little knowledge about the community. Among the 110 healthcare professions who responded to the survey, approximately 20% reported knowing nothing about transgender people and nearly 80% said they only knew “one or two things” (*luezhijier* 略知一二) about the community.<sup>91</sup> Some interviewees felt that some health professionals understood transgender people and were quite friendly.<sup>92</sup> However, some of the interviewees did not feel comfortable to do medical check-ups or seek advice on other health problems because they feared that doctors would see them as “perverted”.<sup>93</sup>

### FAMILY REJECTION

Many interviewees cited their parents’ lack of acceptance and rejection of their gender identity as the biggest barrier to their access to gender-affirming treatments in China. According to a survey conducted by UNDP in 2016, approximately two in three respondents could not accept their own children being transgender.<sup>94</sup>

The testimonies of the interviewees show that access to gender-affirming treatments in China is highly dependent upon obtaining proof of diagnosis for “transsexualism”, as doctors often applied the requirements applicable only to gender-affirming surgeries to other types of gender-affirming treatments, and even to just

<sup>88</sup> United Nations Development Programme, *Being LGBTI in China – A National Survey on Social Attitudes towards Sexual Orientation, Gender Identity and Gender Expression*, 2016, pp. 29–32 (hereinafter: UNDP, *Being LGBTI in China*).

<sup>89</sup> UNDP, *Being LGBTI in China*, p. 20.

<sup>90</sup> UNDP, *Being LGBTI in China*, p. 30.

<sup>91</sup> The authors believe that one reason for the low level of knowledge on transgender issues among healthcare professionals is that most of them had not been in any contact with a transgender person before. See Yan Xiujuan et al., “医护人员对易性癖认知和态度调查与分析” (Investigation on the cognition and attitude of medical staff towards transsexualism patients), *中国护理管理 (Chinese Nursing Management)*, (8), 2010, p. 54.

<sup>92</sup> Interview with Caiming\*, November 2018; Interview with Songya\*, November 2018.

<sup>93</sup> Interview with Huiming\*, November 2018.

<sup>94</sup> UNDP, *Being LGBTI in China*, p. 18.

giving a diagnosis. This means that many transgender people in China must first inform their parents of their condition before seeking gender-affirming treatments or obtaining a diagnosis.<sup>95</sup>

Family rejection makes it extremely difficult for transgender people to openly undergo transition, often hindering them from seeking medical services. Most interviewees' families were not supportive of the interviewees' decision to undergo transition. One of the interviewees faced verbal and even physical abuse at home.<sup>96</sup>

Some interviewees said their family only stopped intervening in their hormone treatment after they became suicidal.

For Kefeng\*, a 20-year-old transgender woman from Beijing, her parents only knew about her transgender identity after her failed suicide attempt. Her parents did not stop her from taking hormone medication because she suffered from depression.

**“My parents knew about [my gender identity] because I attempted suicide when I was severely depressed. Luckily the doctor told them they should not upset me because I had depression and anxiety. When I started hormone treatment, they couldn't really accept it. But I had depression at that time, so they dare not provoke me. After some time, they started to accept me.”<sup>97</sup>**

Some interviewees found ways to continue their hormone treatment when they were working or studying in another city, away from their family. They chose not to tell their family that they were undergoing hormone treatment or lied when they were questioned about the medication they were taking and their physical changes. A number of interviewees also had to constantly hide their medication from their family. When asked if her family was aware of her taking hormones medication, Yasi\* replied:

**“They more or less guessed it, but they didn't know the details. I didn't tell them I was using hormone medication. They confronted me, but I just dismissed their doubts.”<sup>98</sup>**

Caiming\* told her parents that the medication was only a health supplement.<sup>99</sup>



### FENGLING\*, 21, BEIJING, TRANSGENDER WOMAN

Fengling\* started to feel “different” when she was in junior high school. Assigned male at birth, she has always felt that she was a woman. Nevertheless, she tried very hard to suppress this feeling throughout her adolescence. “This feeling was just abnormal,” she said.

Fengling\* posts articles and fiction on forums popular among transgender people in China. An avid writer since junior high school, Fengling\* poured her thoughts and feelings into her fiction without judging herself. “What I dared not think about was reflected in my writing,” she said. “The female characters in my work became more vivid over the years.”

One day, after receiving her first-ever paycheck, Fengling\* decided to spend her salary on a dress, which she justified to herself as research for a female character in her fiction. She wanted to know what it felt like to be in a beautiful dress, but as soon as she tried it on, her feeling of being abnormal hit back. “I did not want to admit that I was a transgender woman,” Fengling\* said.

In early 2016, Fengling\*'s anxiety worsened. She asked a doctor to “cure” her and “convert” her back to a “normal” person. The doctor told her it was impossible. She told her parents about her gender identity and asked her parents to seek a cure for her. Fengling\*'s parents also found it very hard to accept their child's identity. They sought help from a lot of private institutions. They even sought help from institutions that claim to “cure” transgender people using Buddhist teachings.

<sup>95</sup> See Section 6.2.

<sup>96</sup> See Shanshan\*'s story below.

<sup>97</sup> Interview with Kefeng\*, December 2018.

<sup>98</sup> Interview with Yasi\*, November 2018.

<sup>99</sup> Interview with Caiming\*, November 2018.

After nearly six months of “treatment”, Fengling\*, her parents and even her doctor thought she was “cured” – but it only lasted for a short while. Two months later, Fengling\* found it increasingly hard to suppress her gender identity. She felt strongly that she was a woman and had always been. Suppressing these feelings made her feel deeply frustrated. She was depressed and felt suicidal, so she called a psychological helpline in Beijing. That was when she realized that her gender identity was not changeable.

She started to learn more about transgender identities when she made friends with a young transgender woman. It was only then she started to realize there were people feeling the same way as her. Her friend told her about hormone treatment, and Fengling\* began taking medication after reading more about the treatment on the internet.

However, when Fengling\* finally came to accept her gender identity, she did not tell her parents that she was undergoing hormone treatment because her parents thought she was “cured”. She felt that the pressure from her family was overwhelming.

Although Fengling\*'s teachers and friends were supportive of her transitioning, continuing to hide in the closet has meant that Fengling\* receives no emotional support from her parents for this life-changing journey. Her health and treatment were even compromised because she lacked her parents' understanding.

Because she hides her treatment from her family, Fengling\* cannot take hormone medication regularly.

**“Now I just take the medication at irregular times, because I have to hide it from my family. I just take the medication when I have the opportunity.”**

As a university student, she was still financially dependent on her parents. Fengling\* did not have regular medical check-ups because she was afraid that her parents would insist on going to the medical appointment with her and learn about her treatment. Since her inability to get familial consent also prevents her from undergoing gender-affirming surgery in China, where it is required by regulation, Fengling\* believes her best bet would be to undergo the surgery overseas – if she has the means, that is.



### **ZIJIA\*, 21, CHONGQING, TRANSGENDER WOMAN**

Zijia\*, assigned male at birth, said her life only truly began when she started taking hormone medication at 20.

Before that, Zijia\* felt that she was living like a fraud. She always felt she was forced to disguise herself as a man. Like many transgender women, her male sex characteristics deeply troubled her. “When I saw cisgender women on the streets, I envied the way they looked,” Zijia\* said. She really wanted her body to align with how she saw and felt about herself – as a woman.

Before starting hormone treatment, she had begun expressing her true self in different ways, such as growing her hair long and dressing in a feminine style. Doing that in Chongqing was not easy for her as she faced discrimination in public spaces and at work.

**“Actually, going to public spaces was very stressful for me. I didn’t know what to wear. Society expects men to have a certain temperament. People may see me as ‘sissy’.”**

When she was working in Chongqing, her supervisor criticized her for wearing her hair long, saying it looked funny and unprofessional and would drive clients away. When she came out as a transgender woman, her parents thought she was sick. Later when they learnt about gender incongruence, they told Zijia\* to suppress it. Relatives asked Zijia\* to “sacrifice herself for the family”.

**“[My family] asked me to suppress my gender incongruence, get married and have a child – all so everyone in the family can be happy.”**

The lack of support did not stop Zijia\* from pursuing the life she wanted. In 2017, she started taking hormone medication. Her body gradually started to align with her gender identity – her skin became softer, her breasts grew and her body hair growth slowed.

**“When I started hormone treatment, I felt much better right away,” she said. “I felt way more comfortable. I could finally start being myself.”**

To be eligible for gender-affirming surgery in China, an individual must first meet a list of criteria, one of which is to obtain familial consent – even when one is considered an adult in Chinese law. Zijia\* saw going overseas for surgery as the only option available to her, since she believed her parents would never give their consent. She has been saving up for her surgery.

One way or another, Zijia\* believes this is her only choice: “Gradually, I have built a stronger sense of self. I am very certain that I am a woman, and my final goal is to go through gender-affirming surgery.”

Although Zijia’s parents showed little support, her friends were very encouraging. Some even became closer to her after she came out. “They felt that I was more real and trust-worthy,” she confided.



↑ Zijia\* spending Minor Spring Festival (*xiaonian* 小年), the celebration leading up to Lunar New Year, with her fellow friends at an LGBT volunteer group.



# 6. CONSEQUENCES OF CURRENT PRACTICES AND DISCRIMINATION

## 6.1 SELF-MEDICATION

According to a national survey of transgender people conducted by the Beijing LGBT Center in 2017, more than 33% of respondents used informal means to obtain hormone treatment drugs.<sup>100</sup> Very few of the individuals who were taking hormone drugs at the time they were interviewed by Amnesty International and who had taken the drugs prior to the interviews obtained their medication with a doctor's prescription. Instead, they reported obtaining medications through contacts in social media chat groups, online shops and overseas surrogate shoppers. Those who could afford to travel regularly buy hormone drugs overseas. None received any instruction from licensed health professionals on using these self-obtained medications.

### 6.1.1 RISKS OF HORMONE MEDICATION BEING COUNTERFEIT

Even though the majority of interviewees claimed they have a reliable source for hormone drugs, when asked if they had any concern over the drugs they bought online, all interviewees said they were worried about receiving counterfeit drugs. Without any regulation and oversight, the quality of these drugs can be dubious. Many of those who spoke to Amnesty International indicated that they have heard of counterfeit drugs. One of them indicated that she believed that she had bought counterfeit drugs because the result of one of her regular medical check-ups showed that her testosterone levels were going back up even after she had taken testosterone blocker.<sup>101</sup> According to Shanshan\*, some online sellers reportedly substitute the medication in the pills with starch or mixed authentic drugs with counterfeit drugs in a single package.<sup>102</sup> None of the interviewees said they knew how to identify whether the drugs were counterfeit. Shanshan\* said:

**“I couldn't tell if the drugs were authentic. I think there isn't anything lethal in these drugs ... but what better options do I have?”<sup>103</sup>**

Some interviewees reported that they only guessed that the drugs they took were authentic because results in their medical check-up report did not show any abnormality. For example, Fuzhen\* has regular medical

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<sup>100</sup> Beijing LGBT Center, Peking University Department of Sociology, *Chinese transgender population general survey report*, 2017.

<sup>101</sup> Interview with Fengling\*, November 2018.

<sup>102</sup> Interview with Shanshan\*, November 2018.

<sup>103</sup> Interview with Shanshan\*, November 2018.

check-ups and pays special attention to her kidneys, as she heard that hormone medications can affect their functioning.<sup>104</sup> Otherwise, they had no real other ways to avoid counterfeit drugs. Meijing\* said,

**“My worrying is useless. I cannot tell if the medication is counterfeit. But my blood tests seemed fine, so I could tell the medication was authentic.”**

There were also instances in which interviewees only realized they were taking counterfeit medications because there were alarming signs in their medical check-up report. Songya\* went to a doctor and tested her hormone levels regularly. When her testosterone level surged, she realized the anti-androgen medication she bought was counterfeit, as the medication did not lower her testosterone level.<sup>105</sup> The fluctuating level of hormones can be very dangerous, as it could change the mood and secondary sex characteristics of an individual, possibly causing severe emotional distress. When asked how she could avoid buying counterfeit drugs again, Songya\* admitted she could do little more than rely on community feedback to assess a seller’s reputation.<sup>106</sup>

Many of them also said obtaining drugs through unregulated means was a financial burden for them. Fuzhen\* said,

**“People profit off others in vulnerable situations. They think: ‘You couldn’t know the price of these medication anyway. You need it. I can get hold of it. So I can increase the price exponentially.’ It’s pretty evil.”<sup>107</sup>**

Some transgender people do medical check-ups with doctors to monitor the health risks of taking unregulated hormone medication. However, this is only an option for those who have the means. Caiming\* said,

**“If you do basic medical check-ups in hospitals, there is no doctor consultation. You could just get the results. One basic check-up costs around 300 RMB [approximately US\$45]. When I just started working, I earned 500 RMB. To me, even paying for basic check-ups was not possible back then.”<sup>108</sup>**

Fengling\* also said it was impossible for her to do medical check-ups, because she simply doesn’t have the money, as she was a student and still depended on her parents financially. For her, therefore, it was a choice between coming out to her parents and bearing the health risks of taking self-obtained medication.<sup>109</sup>



#### SHANSHAN\*, 21, BEIJING, TRANSGENDER WOMAN

Shanshan\* started using hormones because she hated her male sex characteristics. Shanshan told Amnesty International,

**“My greatest anxiety is being a man, a man in a medical sense. It was very, very painful. Sometimes it felt so bad I wanted to commit suicide. The gender incongruence was very severe.”**

Shanshan’s intense sense of gender incongruence drove her to seek ways to align her sex characteristics with her gender identity. It was not easy for her to find information about transgender identities and hormone treatment. She first started to look for this information using her mother’s Nokia web-phone when she was seven. The internet was her only source of information. “I didn’t have any other way,” Shanshan\* said.

Shanshan\* learnt from her friends that it was “extremely difficult” to get hormone treatment in hospitals. It was also very difficult for her to get treatment because she was often engulfed by anxiety. There were days she could not even leave home. She would wrap herself with a heavy duvet and stay close to the wall in order to feel safe.

Last spring, Shanshan\* felt that she could not take the anxiety any longer, so she started getting hormone medication herself and using it without a doctor’s supervision. There were great risks. Like most of the other people who spoke to Amnesty International, Shanshan\* said her greatest worry was buying and taking

<sup>104</sup> Interview with Fuzhen\*, December 2018.

<sup>105</sup> Interview with Songya\*, November 2018.

<sup>106</sup> Interview with Songya\*, November 2018.

<sup>107</sup> Interview with Fuzhen\*, December 2018.

<sup>108</sup> Interview with Caiming\*, November 2018.

<sup>109</sup> Interview with Fengling\*, November 2018.

counterfeit medication. Although Shanshan\* said she had stable and reliable channels for getting hormones, there was no way to know if the medication was authentic.

Shanshan\* still took the risk because these medications eased her anxiety. Shanshan\* found so much relief in using hormones that she could not imagine stopping.


**“No matter where I go, I have to prepare enough hormones,” she said. “If I am travelling and I run out [of medication], I just go home. I must carry them with me at all times. Or else I will die. Stopping hormone treatment is excruciating.”**

Shanshan\*'s peers, teachers and family did not understand her anxiety. Because of her feminine temperament when she was small, Shanshan\* suffered frequent beatings and verbal abuse throughout her childhood. Her dad often beat her and told her she was too “sissy”. When she grew up and started taking hormones, her mother told her the medication would ruin her body, weaken her and turn her into a “useless piece of garbage”.


Shanshan\* was in one of the best high schools in Beijing, but she had a terrible time there. She was bullied and she could not get along with her classmates. The school did not offer her much help. Teachers told her parents that Shanshan\* should not stay in the school because she was a “problematic student” and failed to be part of the student community. Her parents tried to send her to another high school. However, her mental state was too bad for her to continue her studies. She stopped going to school when she was about 16 years old.

Her cats and the online transgender community were her refuge, where she found security, comfort and trust.



←  Shanshan\*'s cat FO. “She is very clingy. I like that. She understands me best and gives me a lot of comfort whenever I am down,” Shanshan\* said.



←  Shanshan\*'s cat Ding. “I adopted him when I met him outside of my apartment the day I started hormone therapy. He means a lot to me,” Shanshan\* said.

Ding and Fo have accompanied Shanshan\* during her most difficult times. When Shanshan\* felt hopeless and could no longer go on, her two cats would stay by her side. Fo would purr quietly next to her. “Who would take care of them if I committed suicide? They are so clingy. I could not abandon them,” Shanshan\*

said.

## 6.1.2 SIDE EFFECTS AND SELF-MEDICATION

Many interviewees were quite aware of the negative side effects associated with the medications they were taking but seemed to see enduring side effects without medical care and supervision as a cost that they must pay in order to modify their sex characteristics. Some interviewees erred on the safe side when self-medicating, taking only the minimum dosage recommended by the pharmaceutical company. Others, in pursuit of quick results, took far more. Almost all interviewees reported experiencing different levels of mood swings, with some even plunging into depression. The fact that they did not have regular access to a health care professional who was prescribing medicines and supervising their hormone therapy meant that they were unable to get necessary medical advice to deal with these side effects.

Some interviewees also question the safety of using these self-obtained drugs because they simply did not know what the right dosage was and how they should change the regimen in different stages of the hormone treatment.<sup>110</sup> Even though a lot of the transgender individuals consulted other transgender people for their personal experience and tried their best to secure safe sources of medication, it can still be very dangerous, because one also needs personalized instructions on dosage in order to undergo hormone treatment safely.<sup>111</sup>

The scarcity of reliable guidance on dosing and the possible side effects did not stop transgender people from self-medicating, because there was a greater threat – the threat of constant distress triggered by living in a body that did not align with how they feel about and see themselves. Ping\* said:

**“At the beginning my dosage was very heavy, so I suffered from severe side effects. I wanted to get obvious results, so I took a lot. I suffered from nose bleeds, insomnia, dizziness and fatigue.”<sup>112</sup>**

When asked if she had sought medical help for these side effects, she said: “I know. I know taking these medications means having these side effects. There is no point to see a doctor.”<sup>113</sup> To her, these side effects seemed to be an inevitable price to pay for aligning her body with her gender identity. Ping\* told Amnesty International,

**“Being a man is more terrifying than suffering from all these side effects.”<sup>114</sup>**

## 6.2 SELF-SURGERY

Two out of the 15 individuals interviewed by Amnesty International reported trying to performing surgery on themselves. Both had always been very eager to align their sex characteristics with their gender identity. They chose to perform surgeries on themselves because they felt that there was no way they could undergo gender-affirming surgeries in the existing medical system, mostly because they did not think they could get familial consent, a prerequisite for anyone who wishes to under gender-affirming surgeries in China. The decision to perform surgery on oneself is highly dangerous. The reasons for transgender people to attempt to perform surgery on themselves include limited financial resources, lack of access to transition-related services and negative past experience with health service providers.<sup>115</sup>

Ping\* said she started taking hormone medication while she was studying in the United States a few years ago because she urgently wanted to address her strong sense of gender incongruence and the subsequent anxiety by modifying her sex characteristics. When Ping\*'s parents learned that she was taking hormone medication in 2014, they forced her to return to China and firmly objected to her taking hormone medication or undergoing

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<sup>110</sup> Interview with Caiming\*, November 2018.

<sup>111</sup> Interview with Caiming\*, November 2018.

<sup>112</sup> Interview with Ping\*, December 2018.

<sup>113</sup> Interview with Ping\*, December 2018.

<sup>114</sup> Interview with Ping\*, December 2018.

<sup>115</sup> Nooshin Khobzi Rotondi et al., “Nonprescribed hormone use and self-performed surgeries: ‘Do-it-yourself’ transitions in transgender communities in Ontario, Canada”, *American Journal of Public Health*, 103(10), 2013, pp. 1830–6.

gender-affirming surgery. When Ping\* was 23 years old, she made plans to undergo surgery secretly in Thailand, using the money she saved up from working in the previous four years. “I made an appointment for the surgery in Thailand. I planned to do it in December 2018. My parents caught me and locked me up. They told me to give my decision some more thought.” she said.<sup>116</sup> After three months Ping\* felt that there was no other way to have the surgery as she thought her parents would never give their consent. Therefore, she decided to perform the surgery on herself. It was only after Ping\* removed one testicle by herself that her parents consented to her undergoing further gender-affirming surgery in a hospital in China.<sup>117</sup>



### HUIMING, 30, HANGZHOU, TRANSGENDER WOMAN

Everyone who knew Huiming\* online called her “Auntie”. Older than most of the other members of the transgender online community, Huiming\* said she often offered help to teenagers, some as young as 13 years old, who would visit online forums and chat groups in search of emotional support and information about gender-affirming treatments.

Huiming\* experienced a strong sense of gender incongruence at the onset of puberty. When her male sex characteristics started to develop in primary school, she felt disgusted. When she was in junior high school, Huiming\* would use one hand to pluck the hairs on her legs while finishing her classwork with the other. She had no access to the internet when she was young and could not go online for more information. Her only source of information was some illegal publications covering stories of “ladyboys” from Thailand.

It was not until Huiming\* was in her last year of high school that she had her first internet-connected computer. But information was still very limited. When she planned to begin hormone treatment, she did not know she could ask a doctor for advice about her hormone treatment. Based on information she gathered online, Huiming\* started to self-medicate.

Huiming\* desperately wanted to align her sex characteristics with her gender identity so she took extremely heavy doses of hormones. One of the medications was also a contraceptive that most women took once a month; Huiming\* said she took one every day. The changes to her body were drastic, but so were the mood swings. She tried to hide her rapidly deteriorating mental state from everyone, but she eventually had to stop the medication after less than a month because the side effects were too severe.

Although Huiming\* desperately wanted to transition, she had great difficulty accepting her gender identity initially. She saw herself as a “pervert who was neither man nor woman” and often worried that people would not accept her. She was constantly struggling between the intense urge to get rid of her male sex characteristics and the fear of her family not accepting her if she underwent transitioning.

This torn feeling drove her to look for ways to undergo gender-affirming surgeries without her family knowing. This meant she would be ineligible for surgery in Chinese hospitals, because regulations require familial consent before undergoing gender-affirming surgeries.

Huiming\* tried unsuccessfully to get rid of her male sexual organs herself. She tried putting ice on her male genitals to stop them functioning and even booked a surgery with a black-market doctor, but the doctor was arrested before her surgery was done. At the time, she could not afford to go overseas for surgery. Convinced that she had no way out, Huiming\* finally tried performing surgery on herself at home in mid-2016.

As a result of this self-surgery attempt, Huiming\* bled profusely. She described how she felt when she performed the surgery:

**“I was very happy and scared. I was scared because I was bleeding so badly – I could die right there. I was also scared because I would still die a man, since I only did part of the surgery.”**

But she was very happy as she could finally get rid of her male sex characteristics.

<sup>116</sup> Interview with Ping\*, December 2018.

<sup>117</sup> Interview with Ping\*, December 2018.

Huiming\* covered the wound with a thick stack of tissues and took a taxi to the emergency room. She asked the doctor there to lie to her family and say that she had had an accident. As a result, Huiming\*'s parents still had no idea about their child's gender identity after this incident.

It was not easy for Huiming\* to make the change from denying her identity to accepting herself and opening up to her parents. After performing surgery on herself, Huiming\* realized who she really was and how she really felt about herself. Like the young people she talked to, Huiming\* got support and inspiration from others in the transgender community. An offline sharing session changed the way she looked at herself:

**“The sharer was a non-binary transgender person. That person showed me the possibility of living with the gender identity I have. I wasn't that abnormal. Someone else was as 'abnormal' as I am.”**

She slowly realized that her identity was acceptable to herself and others. Huiming\* finally let go of her fear and came out to her mother before going to Thailand to for gender-affirming surgery in 2017. “She was a bit frustrated, but she accepted me,” she recalled.

# 7. INTERNATIONAL HUMAN RIGHTS OBLIGATIONS

The Universal Declaration of Human Rights declares that all human beings are born free and equal in dignity and rights.<sup>118</sup> According to the International Covenant on Civil and Political Rights, all states should prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground or status, including gender identity.<sup>119</sup> In the Committee on Economic, Social and Cultural Rights (CESCR) General Comment No. 20, gender identity is recognized among the prohibited grounds of discrimination. The Committee noted that “persons who are transgender, transsexual or intersex often face serious human rights violations, such as harassment in schools or in the workplace.”<sup>120</sup>

There is no explicit protection for violence or discrimination based on individuals’ real or perceived sexual orientation or gender identity in any of the international human rights treaties established the rights of transgender persons and States parties’ legal obligation to protect the rights of LGBTI people.

The Yogyakarta Principles (YP), which were developed in 2006 by lawyers, scholars, NGO activists and other experts, are an articulation of existing international human rights law as it pertains to gender identity and expression.<sup>121</sup> Its Principle 1 states: “Human beings of all sexual orientations and gender identities are entitled to the full enjoyment of all human rights.”<sup>122</sup> Also, Principle 31 in the Yogyakarta Principles Plus 10 (YP+10) provides that the right to legal recognition requires states to “ensure a quick, transparent, and accessible mechanism that legally recognises and affirms each person’s self-defined gender identity”.<sup>123</sup>

## 7.1 THE RIGHT TO HEALTH

The government of China has ratified several international human rights treaties that guarantee the right to health, including the International Covenant on Economic, Social and Cultural Rights; the Convention on the Rights of the Child; and the Convention on the Elimination of All Forms of Discrimination against Women. Article 12 of the International Covenant on Economic, Social and Cultural Rights guarantees the “right of everyone to the enjoyment of the highest attainable standard of physical and mental health”. This requires

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<sup>118</sup> Universal Declaration of Human Rights (UDHR), [un.org/en/universal-declaration-human-rights/index.html](http://un.org/en/universal-declaration-human-rights/index.html).

<sup>119</sup> Views adopted by the Human Rights Committee under Article 5(4) of the Optional Protocol to the ICCPR concerning communication No. 2172/2012, UN Doc. CCPR/C/119/D/2172/2012.

<sup>120</sup> Committee on Economic, Social and Cultural Rights (CESCR) General Comment 20, para. 32.

<sup>121</sup> The Yogyakarta Principles, [yogyakartaprinciples.org/principles-en/](http://yogyakartaprinciples.org/principles-en/).

<sup>122</sup> Principle 1 of the Yogyakarta Principles.

<sup>123</sup> Principle 31 of Yogyakarta Principles Plus 10. Yogyakarta Principles Plus 10 (YP+10) are additional principles and state obligations on the application on international human rights law in relation to sexual orientation, gender identity, gender expression and sex characteristics to complement the Yogyakarta Principles. See Yogyakarta Principles plus 10, [yogyakartaprinciples.org/principles-en/yp10/](http://yogyakartaprinciples.org/principles-en/yp10/).

health facilities, goods, and services to be accessible to everyone without discrimination and be affordable for all persons, and includes states' obligations to combat transphobia, which can lead to discrimination.<sup>124</sup> Non-discrimination and equality require not only legal and formal equality but also substantive equality, which requires the eradication of any specific barriers that groups face in accessing health care. The Yogyakarta Principles have elaborated on this, noting that the right to health includes an obligation to “facilitate access by those seeking body modifications related to gender reassignment to competent, non-discriminatory treatment, care and support”.<sup>125</sup> The right to health includes the right to seek, receive and impart information and ideas concerning health issues.<sup>126</sup> It also includes the obligation to ensure the appropriate training of doctors and other medical personnel, including education on health and human rights.<sup>127</sup>

Several of the requirements for accessing gender-affirming surgeries in China undermine the right to health and should be revised and repealed. For example, the requirement that only people who are not married can access gender-affirming surgeries effectively denies married transgender people access to this treatment by virtue of their marital status (which is a prohibited ground of discrimination).<sup>128</sup> Restricting access to gender-affirming surgeries to people over 20 years old does not acknowledge adolescents' evolving capacities to take increasing levels of responsibility for their own health care.<sup>129</sup> It also creates an additional barrier for transgender people who are above 18 but not yet 20 and can take health care decisions for themselves in all other contexts. Third-party authorization requirements to access gender-affirming treatments, such as the requirement of “family consent”, create significant barriers for transgender people to access these services. The Committee on Economic, Social and Cultural Rights has stated that the obligation to respect the right to health requires “States to repeal ... laws and policies that create barriers in access to sexual and reproductive health services. This includes third-party authorization requirements”.<sup>130</sup> Similarly, the requirement that a person be diagnosed with “transsexualism” is stigmatizing and acts as an additional barrier to access gender-affirming treatment. The Committee on Economic, Social and Cultural Rights has noted that “regulations requiring that lesbian, gay, bisexual transgender and intersex persons be treated as mental or psychiatric patients ... are a clear violation of their right to sexual and reproductive health”.<sup>131</sup> Finally, the requirement of a clean criminal record to access gender-affirming treatments is problematic; there is no reasonable or objective reason to restrict access to treatment on these grounds, and it acts as additional, unnecessary barrier.

In their 2014 review of China, the Committee on Economic, Social and Cultural Rights was “concerned about the prevalent and widespread discrimination against some disadvantaged and marginalized groups, such as ... on the grounds of sexual orientation and gender identity, particularly in ... health care ...” and recommended that China “take adequate measures to ensure that lesbians, gays, bisexual and transgender persons are able to fully enjoy their economic, social and cultural rights without any discrimination”.<sup>132</sup> In the same year, the CEDAW Committee was concerned that transgender women and girls were “subjected to discrimination and abuse, particularly in the context of employment, education and access to health-care services” in China, and urged China to “intensify its efforts to combat discrimination against lesbian, transsexual and transgender women”.<sup>133</sup>

## 7.2 THE RIGHTS TO PRIVATE LIFE, TO PHYSICAL AND BODILY INTEGRITY AND SELF-DETERMINATION

Principle 3 of YP stipulates that self-defined sexual orientation and gender identity of each individual is integral to their personality and is one of the most basic aspects of self-determination, dignity and freedom. Principle

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<sup>124</sup> CESCR General Comment 22, para. 12, 23.

<sup>125</sup> Principle 17(g) of the Yogyakarta Principles.

<sup>126</sup> CESCR General Comment 14, para. 12.

<sup>127</sup> CESCR General Comment 14, para. 36, 44.

<sup>128</sup> CESCR General Comment 20: Non-discrimination in economic, social and cultural rights, UN Doc. E/C.12/GC/20 para. 31,

<sup>129</sup> Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, UN Doc. A/HRC/32/32, para. 25.

<sup>130</sup> CESCR General Comment 22, para. 41.

<sup>131</sup> CESCR General Comment 22, para. 23.

<sup>132</sup> Concluding Observations of CESCR: China, including Hong Kong, China, and Macao, China, UN Doc. E/C.12/CHN/CO/2 (2014).

<sup>133</sup> Concluding Observations of CEDAW: China, UN Doc. CEDAW/C/CHN/CO/7-8 (2014) para. 68-89.



32 of YP+10 explicitly spells out that everyone shall enjoy the right to bodily and mental integrity, autonomy and self-determination regardless of their sexual orientation, gender identity, gender expression or sex characteristics.

## 7.3 RIGHTS TO FAMILY LIFE INCLUDING THE RIGHTS TO MARRY AND HAVE A FAMILY

The right to marry and to found a family is protected under Article 23 of the ICCPR. The right to respect for private and family life is protected by Article 17 of the ICCPR.

The requirement of single status in the *Sex Reassignment Procedural Management Standards 2017* discriminates against transgender individuals who are married or in a civil partnership and wish to remain so.

Transgender individuals in China are not free to exercise their right of choice and right to determine their own gender identity. In order to undergo gender-affirming surgery, the *Sex Reassignment Procedural Management Standards 2017* also say a transgender person has to first obtain a formal consent from immediate family, regardless of whether one has reached the legal age. Such a requirement undermines their right to privacy, as they have to discuss their plans for health care as well as details about their gender identity with third parties in order to access health care, even if they do not want to or are not ready to.

## 7.4 THE RIGHT TO EQUALITY AND NON-DISCRIMINATION

Human rights law establishes gender identity as a protected ground of discrimination and sets out clearly that everyone shall be free from discrimination, including transgender persons.<sup>134</sup> Yet, this has remained an aspiration unfulfilled. UN treaty bodies have continued to raise concerns over States Parties' failure to protect gender minorities from discrimination in many parts of the world.<sup>135</sup> The UN High Commissioner for Human Rights has called for comprehensive anti-discrimination legislation that prohibits discrimination on the grounds of actual or perceived gender identity.<sup>136</sup> Furthermore, the UN High Commissioner for Human Rights makes it clear that even cultural or traditional values are not solid grounds for States Parties to evade their responsibilities to protect transgender people from discrimination.<sup>137</sup> Similarly, the Committee on the Elimination of All Forms of Discrimination Against Women noted that the discrimination against women based on sex and gender is inextricably linked with other factors that affect women, including health and gender identity.<sup>138</sup> The Committee then stated that it is a state's core obligation to recognize and prohibit "such

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<sup>134</sup> Report of the United Nations High Commissioner for Human Rights on Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity, UN Doc. A/HRC/19/41, para. 16.

<sup>135</sup> Committee on the Rights of the Child (CRC), Concluding observations of the Committee on the Rights of the Child on New Zealand, UN Doc. CRC/C/NZL/CO/3-4, para. 25; CRC, Concluding observations of the Committee on the Rights of the Child on Slovakia, UN Doc. CRC/C/SVK/CO/2, para. 27; CRC, Concluding observations of the Committee on the Rights of the Child on Malaysia, UN Doc. CRC/C/MYS/CO/1, para. 31; CRC, Concluding observations of the Committee on the Rights of the Child on China, UN Doc. CRC/C/CHN/CO/2, para. 31; CRC, Concluding observations of the Committee on the Rights of the Child on Isle of Man, United Kingdom, UN Doc. CRC/C/15/Add.134, para. 22; CEDAW, Concluding observations of the Committee on the Elimination of Discrimination against Women on Panama, UN Doc. CEDAW/C/PAN/CO/7, para. 22. See also, CEDAW, Concluding observations of the Committee on the Elimination of Discrimination against Women on Germany, UN Doc. CEDAW/C/DEU/CO/6, para. 61–2; CEDAW, Concluding observations of the Committee on the Elimination of Discrimination against Women on Argentina, UN Doc. CEDAW/C/ARG/CO/6, para. 43–4; CEDAW, Concluding observations of the Committee on the Elimination of Discrimination against Women on South Africa, UN Doc. CEDAW/C/ZAF/CO/4, para. 39–40; and CEDAW, Concluding observations of the Committee on the Elimination of Discrimination against Women on Uganda UN Doc. CEDAW/C/UGA/CO/7, paras. 43–44.

<sup>136</sup> Report of the United Nations High Commissioner for Human Rights on Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity, UN Doc. A/HRC/19/41, para. 84(e).

<sup>137</sup> Summary Report of the United Nations High Commissioner for Human Rights to the Human Rights Council of information from States Members of the United Nations and other relevant stakeholders on best practices in the application of traditional values while promoting and protecting human rights and upholding human dignity, UN Doc. A/HRC/24/22, [ohchr.org/EN/HRBodies/HRC/RegularSessions/Session24/Documents/A-HRC-24-22\\_en.pdf](https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session24/Documents/A-HRC-24-22_en.pdf).

<sup>138</sup> CEDAW, General Recommendation No. 28 on the Core Obligations of States Parties under Article 2 of the

intersecting forms of discrimination and their compounded negative impact”<sup>139</sup> and “adopt and pursue policies and programmes designed to eliminate such occurrences”.<sup>140</sup>

## 7.5 THE RIGHT TO FREEDOM FROM GENDER STEREOTYPING

Many transgender persons in the world continue to face acute difficulties on a daily basis partly due to a binary understanding of sex and gender that is stereotypical, stigmatizing and hostile towards gender diversity. States’ failure to eliminate such biased gender stereotypes is in fact a failure to uphold their legal obligations under international human rights treaties. The United Nations Convention on the Elimination of all Forms of Discrimination against Women requires states to ensure that state policies and practices are not based on, or have the effect of reinforcing, gender stereotypes. According to Article 5(a) of the Convention, states should take measures to “modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women”.<sup>141</sup>

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Convention on the Elimination of All Forms of Discrimination against Women, UN Doc. CEDAW/C/GC/28, para. 18, [refworld.org/docid/4d467ea72.html](https://refworld.org/docid/4d467ea72.html) (hereinafter: CEDAW, General Recommendation No. 28).

<sup>139</sup> CEDAW General Recommendation 28, para. 18.

<sup>140</sup> CEDAW General Recommendation 28, para. 18.

<sup>141</sup> Article 5 of Convention on the Elimination of All Forms of Discrimination Against Women.

# 8. CONCLUSION & RECOMMENDATIONS

In China's third cycle of the Universal Periodic Review, a process of the UN Human Rights Council involving a review of the human rights records of all UN member states, the Chinese government accepted all recommendations raised by other member states regarding the advancement of rights of all sexual orientations and gender identities in China. These recommendations, made by Sweden, Mexico, Chile, France, Argentina and Netherlands, include ensuring full enjoyment of human rights for individuals of all sexual orientations and gender identities and the adopting measures to combat discrimination on grounds of sexual orientations and gender identities.<sup>142</sup> Although the Chinese government stressed that it has implemented all these recommendations, currently there are no discrimination laws that prohibit discrimination against LGBTI people in China.<sup>143</sup>

The promise made by the Chinese government to ensure the full enjoyment of human rights for individuals of all sexuality and gender identities is timely and necessary, as transgender people in China are still facing numerous barriers in accessing gender-affirming treatments, which result in them engaging in high-risk behaviour that endanger their health.

This year, the World Health Organization will adopt the new edition of the International Classification of Diseases, which ends the classification of "transsexualism" and "gender identity disorder" as "mental and behavioural disorders" and creates "Gender incongruence of Adolescence/Adulthood" as a new category in a new chapter on "Conditions related to Sexual Health". The change could destigmatize individuals while still ensuring their access to gender-affirming treatments. The government must take all necessary measures to ensure that transgender people have access to health care, including gender-affirming treatments, in a non-stigmatizing and non-discriminatory environment. One important step is to remove the proof of diagnosis for Gender Identity Disorder, currently still classified as a mental illness in China, as a criterion for accessing gender-affirming treatments such as hormone treatment and surgeries. Apart from removing barriers to health care for transgender people, the government must not limit the rights and freedoms of transgender people, including not censoring online content related to transgender experience.

## RECOMMENDATIONS TO THE NATIONAL HEALTH COMMISSION

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<sup>142</sup> Report of the Working Group on the Universal Periodic Review: China, UN Doc. A/HRC/40/6, para. 28.83, 28.86, 28.87, 28.88, 28.89, 28.90.

<sup>143</sup> Report of the Working Group on the Universal Periodic Review: China, UN Doc. A/HRC/40/6/Add.1, para. 28.83, 28.86, 28.87, 28.88, 28.89, 28.90.

Ensure that transgender people can access quality health care across China by taking the following steps:

- Issue guidelines and standards on providing integrated healthcare services for transgender people;
- Make hormone treatment, surgery, psychological support and other gender-affirming procedures accessible to transgender people subject to their informed consent;
- Ensure that all gender-affirming treatments are included in public health insurance schemes and in the public health system;
- Make hormone blockers and feminizing and masculinizing hormones available and accessible in public hospitals across China;

Ensure that there is a protocol for all gender-affirming treatments that is consistent with China's obligations under international human rights law;

- Revise the *Sex Reassignment Procedural Management Standards 2017* to eliminate barriers faced by transgender people in accessing gender-affirming surgeries, in particular, by repealing the requirements of family consent, needing to be above 20 years old, being unmarried, and having a clean criminal record; and
- Collect data related to health care provided for transgender people in a sensitive, non-discriminatory, and confidential manner.

Ensure that transgender individuals have access to gender-affirming treatment if they wish to undergo such treatment, without undue interference or delays [by taking the following steps]:

- Issue new guidelines and revise existing policies to ensure that transgender people are not subjected to misinformation, threats or pressure when giving consent to medical treatment and healthcare services; and
- Improve pathways to accessing health information about gender-affirming treatments.

Eliminate systemic stigma and discrimination against transgender people by taking the following steps:

- Stop treating gender incongruence as mental health disorder by making plans to implement without delay the WHO ICD-11, which no longer classifies gender incongruence as a mental disorder; and
- Provide guidelines to enable hospitals and professional associations, such as the Chinese Medical Association and Chinese Medical Doctor Association, to provide training for healthcare professionals so that they are equipped with the necessary skills, knowledge and attitude to provide transgender people with information, guidance or referrals in a non-judgemental, non-stigmatizing environment, in order that transgender people can access their right to health.

## **RECOMMENDATIONS TO THE CHINESE MEDICAL DOCTOR ASSOCIATION**

- Provide specific and ongoing training to all doctors, enabling them to deliver transgender-people-friendly services and to understand and support transgender people's rights to health more broadly; and
- Assess and evaluate doctors' competency to provide gender-affirming healthcare services.

# RECOMMENDATIONS TO THE CHINESE MEDICAL ASSOCIATION

- Fully implement the statement adopted by the World Medical Association 66th General Assembly in 2015, including maintaining “continued interest in the healthcare rights of transgender people by conducting health services research at the national level and using these results in the development of health and medical policies”;<sup>144</sup> and
- Undertake public information and education campaigns, including within media, communities and in schools to break the stigma against transgender people and increase understanding in gender, sexual and bodily diversity.

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<sup>144</sup> World Medical Association, *WMA Statement on Transgender People*, 17 February 2017, [wma.net/policies-post/wma-statement-on-transgender-people/](http://wma.net/policies-post/wma-statement-on-transgender-people/).

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# “I NEED MY PARENTS’ CONSENT TO BE MYSELF”

## BARRIERS TO GENDER-AFFIRMING TREATMENTS FOR TRANSGENDER PEOPLE IN CHINA

Transgender people are largely invisible in health care system in China. There are no official statistics on the number of transgender people in China or the number of individuals who undergo different types of gender-affirming treatments, including hormone therapy and surgeries. Little information is available on the attitude and knowledge of healthcare professionals in China towards transgender people.

This report documents the barriers faced by transgender individuals in China who want to access gender-affirming treatments and related health care or modify their sex characteristics to accord with their sense of gender identity. With a particular focus on people’s experiences with accessing gender-affirming surgeries and hormone treatment in China’s public health system, Amnesty International found three main barriers to accessing this care: (i) a serious lack of health-related information for transgender people in China on how to access gender-affirming treatment; (ii) stringent pre-conditions to be eligible for gender-affirming surgeries; and (iii) stigma and discrimination from society, in particular family members, which makes it hard for transgender people to access and continue to with gender-affirming treatments.