

Transgender Persons and HIV Prevention

Transgender populations, increasingly referred to as "gender variant populations," have been defined using a variety of categorizations and rationalizations (1). Transgender is an umbrella term referring to a diverse group of individuals expressing a variety of gender expressions and sexual orientations. Most commonly "transgender" refers to individuals who are born with the physical/sexual characteristics associated with being either male or female, but their feelings, beliefs, and awareness are not consistent with the sex attributed to them. There exists a diversity of street terminology used by transgender communities, including shemales, trannyboys, fem queens, drag kings, drag queens, gender queers, bois, and many others. Terminology such as "transgender women" for male-to-female (MTFs) and "transgender man" for female-to-male (FTMs) validates the transgender individual's experience. However, many transgender people prefer other terms they feel validate their unique experience. The limited data on transgender persons and HIV indicate high rates of infection for MTFs (2). Reports of HIV rates among MTFs range from 19% to 47% (3-9). In a study conducted in San Francisco on both MTFs (n = 392) and FTMs (n = 123), 35% (n = 137) of MTFs and 2% of FTMs (n = 2) tested positive for HIV (9). Another study estimated HIV incidence of 7.8 per 100 for MTF repeat testers at San Francisco HIV counseling and testing sites - the highest rate detected for any risk group (10). Evidence suggests that transgender individuals of color are at increased risk for HIV infection (11-13). Since little is known about HIV risk factors specific to FTMs, more research is needed (14).

Risk Factors

There are many reasons why there are high rates of HIV infection among MTFs. It is important to note that there is great diversity among transgender persons and that while some transgender individuals may be vulnerable by the following risk behaviors or situations, many others are not.

Stigma and discrimination. Discrimination against transgender people is common and experienced by a large number of transgender people (8, 14). In a sample of 402 transgender individuals, over half reported some form of harassment or violence at some time in their lives; 25% had experienced a violent incident (15).

Discrimination and violence may have a direct impact on a number of risky behaviors and situations including safer sex negotiation.

Drug and alcohol use. Among 392 MTF participants in a San Francisco study, 34% had injected drugs in the past six months (9). Intravenous drug use was highly predictive of a positive HIV serostatus. Many MTFs reported that drug use lowered their inhibitions and made coming out as transgender easier (16). Alcohol and drug use also lessened the reasoning ability of many MTFs and increased their risky sexual practices.

Injection of hormones. Many MTFs cannot afford the medical services for gender reassignment services, leading many to inject hormones, silicone, or collagen without supervision of a medical professional. Studies have found high prevalence of medically unsupervised silicone injection (3, 17). Data demonstrate that injecting hormones in the past six months is predictive of a seropositive HIV status (9).

Survival sex. Many MTFs turn to sex work because they lack employment opportunities due to discrimination (9, 18). Sex work may be the only available means for earning money to pay for sex confirmation surgeries (16, 19). Some clients of sex workers pay extra for barrier free sex, creating added pressure for some to engage in risky sex work (7, 8, 20). Higher rates of HIV seropositivity for MTFs compared to other groups has been documented in several studies of individuals who engage in sex work (9, 21, 22).

Access to medical care/economic hardships. Economic hardships are well documented among MTFs (16). One study found that 37% of transgender individuals had experienced some form of economic discrimination (23). Many transgender individuals feel stigmatized when seeking health services and may find it difficult to feel safe and free from discrimination in health care settings (24). Healthcare providers are typically unfamiliar with the specific healthcare needs of transgender persons. Additionally, the diagnosis of "Gender Identity Disorder" (25) is viewed as highly stigmatizing to many transgender individuals (26, 27).

Negotiation of safer sex. Recent reports of unprotected anal intercourse by transgender persons have been documented (2). Unprotected receptive anal intercourse with primary partners was associated with drug use before sex. Unprotected receptive anal intercourse with casual partners was associated with HIV seropositivity and drug use before sex (28). MTFs reported that not using condoms with

their partners served as an affirmation of trust in the relationship; many MTFs also reported an inability to negotiate condom use with their partners (16). These findings may be representative of gender roles affecting MTFs' ability to assert their need for safer sex as researchers found that the desire to be affirmed as a woman contributed to HIV risk (29). There is little research on the sexual partners of MTFs; characteristics of partners may be informative in HIV prevention efforts.

HIV Prevention Efforts

Experts in the field need to adapt proven interventions or to create ones specifically for MTFs. There has been little effort to evaluate the risk levels of FTM communities or to develop interventions specific for them. Although MTFs are often grouped together with men who have sex with men (MSM), interventions specific to MSM are not completely applicable to MTFs. Components of interventions proven effective on women may possibly be useful for MTFs; however, all interventions need to consider the social structural barriers, such as barriers to employment, affecting MTFs. Early intervention and appropriate care services are crucial. Several pervasive challenges remain in both strategizing prevention program models and risk reduction adherence. For example, most support groups are in English, excluding non-English speaking transgender individuals. HIV prevention programs are more effective if they are aware of and address the social and cultural needs of transgender persons. Current HIV prevention programs targeting transgender persons include street/bar outreach, life-skills building, risk reduction, job training/placement, and self-esteem building as a means of prevention. Interventions that build community among transgender individuals may be particularly useful for combating the damaging effects of stigma and discrimination that permeate many HIV risk factors. Drug treatment programs may be difficult for transgender individuals to access due to stigma; however, increased access to treatment programs may be an important component for HIV prevention (30-32).

ENDNOTES

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