Exploring Risk and HIV impact among Transgender Women

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The CoE mission is to increase access to comprehensive, effective, and affirming healthcare services for trans and gender-variant communities.
Global Epidemiology of HIV/AIDS Among Trans Women
Worldwide burden of HIV in transgender women: a systematic review and meta-analysis

Worldwide burden of HIV in transgender women: a systematic review and meta-analysis

- 15 countries including USA, six Asia-Pacific countries, five in Latin America, and three in Europe. \( N = 11,066 \) transgender women

- HIV prevalence was 19·1%

- The odds ratio for being infected with HIV compared with all adults of reproductive age across the countries was 48·8 (95% CI 21·2–76·3) and participants were;

- Less likely to have access to and utilization of HIV services.

HIV Drivers according to the Ecological Model of Health

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# Trans HIV Drivers according to the Ecological Model of Health

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<td>• Internalized transphobia</td>
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<td>• Low self-esteem</td>
<td>• Family rejection</td>
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<td>• Mental health</td>
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<td>• Gender identity validation through sex</td>
<td>• High risk sex partners</td>
<td>• Employment discrimination</td>
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<td>• Multiple injection risks (IDU, ISU, IHU)</td>
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<td>• Incarceration</td>
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## Trans HIV Drivers according to the Ecological Model of Health

### Community
- Societal transphobia
- Sex work
- Violence
- Norm of substance use
- Social stigma
- Lack of role models

### Policy
- Institutional transphobia
- Anti-Discrimination Policies
- Name and gender changes
- Immigration laws
Transgender women living with HIV less likely to receive good care

- A study of four US cities found that transgender women living with HIV were less likely to receive highly active antiretroviral therapy (HAART) than a non-transgender control group (59% vs. 82%, p < .001).

(Melendez et al, 2005)
Consistently between 2004–08, transgender people represented at least 2% of the newly diagnosed AIDS cases (SFDPH, 2008)
San Francisco County trans epidemiology

Although between 2004-08, transgender people represented 2% of the newly diagnosed AIDS cases, in 2008 they represented 7% of the total deaths (SFDPH, 2008).
Barriers to Quality Care for Trans People

- Other Medical and Social Priorities

- Lack of Regular Contact with Medical Providers
  - Lack of Medical Screening, including HIV/STDs, Increased Morbidity, Low Life Expectancy

- Challenges in Accessing Quality Transgender Care
  - Leads to self-medication, body modifications, use of soft tissue fillers

- Negative Experiences with Health Care Providers

- EMR utilization
PrEP Durable in MSM, But MSM and Transgender Responses Differ

• Among 366 participants (15%) who identified as transgender or who used female hormones, there were 11 HIV infections in the TDF/FTC group and 11 in the placebo group.

• Almost none of the transgender participants had had sex-change surgery.

• The iPrEx team speculated that differences in PrEP efficacy between transgender and nontransgender participants might be explained by chance or by differences in patterns of PrEP use, sexual practices, or hormonal effects on drug transport in the mucosa.

(Mark Muscolini: 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention, July 17-20, 2011, Rome)