HIV evidence report

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Transgender Persons and HIV

Around the world, transgender persons are at elevated risk for HIV infection, yet surveillance, research, programs, and policy pay little attention to transgender populations. This lack of attention is largely due to the extreme social and cultural marginalization such populations experience as a result of their challenges to prevailing notions of sex and gender.

Sex and gender are closely related but distinct concepts that encompass complex biological, behavioral, social, and cultural attributes. "Sex" is commonly used to classify persons as male or female based on reproductive functions linked to chromosomes, while "gender" refers to an individual's self-representation—typically male or female, masculine or feminine—as framed by societal norms and customs.[1] As such, sex and gender interact and apply to men and women of all sexual orientations and identities. This interaction plays out in complicated ways in the sexual transmission of HIV, which occurs in the context of human relationships that are rich with gender dynamics. Nowhere is the intersection of sex, gender, and HIV risk more evident than among transgender persons.

Defining "Transgender"

"Transgender" is an inclusive term for persons whose gender identity, expression, or behavior differs from the norms expected from their birth sex. Various gender identities fall under this category, including transgender woman, transgender man, male-to-female (MTF), female-to-male (FTM), transsexual, transvestite, drag queen/king, and gender queer. While some transgender persons seek physical transformation through the use of hormones, sex reassignment surgery, or cosmetic procedures, others pursue masculine or feminine gender expression through behavior or self-presentation.[2]

In several Native American, Latino, and Asian cultures, transgender persons are an integral part of traditional society. For example, the Navajo have traditionally respected "two-spirit" individuals who embody multiple genders, sometimes regarding them as having unique powers.[3] In contrast, Western society tends to view sex and gender much more rigidly and with less respect for deviations from the accepted norm.

The academic literature on transgender persons focuses primarily on MTF, genetic males who identify with female gender. Very little literature exists on FTM transgender persons, but HIV prevalence among FTM transgenders is known to be much lower than among MTF; data suggest, however, that FTM also are at heightened risk for HIV infection.[4]

HIV and Transgender: The State of the Epidemic

No national surveillance data for the transgender population are currently reported, so MTF HIV incidence and prevalence in the United States are unknown.[5,6] MTF have often been categorized as men who have sex with men (MSM) in epidemiological data collection—a label that may not accurately reflect the sexual identity of many MTF persons. While this categorization presents a major barrier to accurately assessing national HIV prevalence in this population, a number of city-level studies have found MTF HIV prevalence to be among the highest of any demographic group.[7]

MTF-focused studies have generated conflicting HIV prevalence estimates, ranging from 11% to 78%.[8] A recent meta-analysis estimated a national HIV prevalence of 27.7% among MTF, based on four studies in which serostatus was confirmed by an HIV test, whereas a mean prevalence of 11% was found among MTF across 17 studies relying on self-reported serostatus.[4] No true population-based study has been conducted, and there is a general lack of inclusion of gender variance variables in health surveys.[9]

The state of California and the city and county of San Francisco are notable in their attempts to collect transgender epidemiological data. In 2002, "FTM" and "MTF" became gender reporting options in publicly funded HIV counseling and testing sites in California. While transgender

persons represent less than 1% of the total number of reported HIV and AIDS cases in California,[10] the risk within the transgender population is known to be extremely high. Transgender persons have the overall highest HIV diagnosis rate of any group in the state (6.3%), higher than MSM (4.8%).[4] Over half of these cases are in the San Francisco Bay Area; one-third are in Los Angeles and Southern California.[11] African Americans carry the greatest HIV burden among the state's transgenders, with the highest rate of HIV diagnosis (28.6%).[4]

The San Francisco Department of Public Health has been collecting health-related data on transgender persons from medical records since 1996. However, as with national and state-wide data, estimates vary by study, depending largely on whether data are gathered through testing or self-report; thus, estimated HIV infection rates for MTF in San Francisco range from 35% to 48%.[12] A study of transgender persons in anonymous HIV testing sites in San Francisco found an incidence of 7.8 per 100 person-years,[13] whereas another study found that two-thirds of its San Francisco-based, African-American MTF sample was confirmed HIV positive.[14] This study also found that the majority of the sample identified as heterosexual and had biologically male sex partners. The role of male partners of MTF persons further complicates categorization, as it challenges the traditional male/female and heterosexual/bisexual/homosexual distinctions typically made during data collection.[15,16]

The Nature of HIV-Associated Risk and Vulnerability

Transgender persons face myriad challenges that place them at increased risk for HIV infection. Low self-esteem, precarious economic status, substance use, and lack of social support are common barriers to adopting and/or maintaining safer behaviors that can prevent the acquisition or transmission of HIV.[17] Understanding the complex interplay between social-structural and behavioral risks can help to inform policy directions for improving HIV prevention, treatment, and care for gender-variant individuals.

Economic marginalization as a result of institutional discrimination, stigma, and lower levels of education contributes to a severe lack of opportunity for many transgender persons. Studies have found that over one-third of MTF have experienced job discrimination,[18] over one-fifth report income below the poverty level,[19] and nearly two-thirds of 16–25-year-olds are unemployed.[20] Such marginalization may lead MTF to engage in commercial sex work as a means of economic support. Forty-two percent of MTF in a recent meta-analysis reported participation in commercial sex work,[4] as did 59% of transgender youth in another study.[20]

Many MTF find that sex work offers a sense of social connection with other transgender persons;[7] however, sex work amplifies the risk of HIV transmission for MTF and their partners. Not only is HIV prevalence high among MTF engaged in sex work around the world, it also appears that their infection rates are as much as four times higher than those of their genetically female sex worker counterparts.[7]

HIV risk among MTF is not limited to exposure through sex work; sexual practices and partnership arrangements also play a role. Concurrent sex partners and unprotected receptive anal intercourse (URAI) are common among MTF: over one-third of MTF in one study reported multiple sex partners and nearly half reported URAI during casual sex.[4]

In a study of MTF of color in San Francisco, URAI with primary and casual sex partners was associated with drug use before sex.[8] Many MTF turn to substances to cope with discrimination, transphobia, and the sex-work environment. A risk-behavior study in San Francisco found that the majority of its transgender sample had a history of using non-injected drugs, including marijuana (90%), cocaine (66%), and speed (57%). In addition, 34% had a history of injecting drugs, and nearly half of these individuals had shared syringes.[12]

As in other populations, substance use among MTF persons is linked to mental health issues. Transgender persons are more than 1.5 times more likely than non-transgender men to have suffered from depression and nearly twice as likely as non-transgender men or women to have considered or attempted suicide.[12,19] A recent meta-analysis found that 35% of MTF had experienced anxiety, and 44% reported depression.[4]

MTF may feel disenfranchised due to an absence of social support, rejection by their peers and families, and a lack of connection to the lesbian, gay, and bisexual community. Transgender persons report the lowest levels of family support compared with MSM and women who have sex with both men and women.[19] Rejection from family and peers may lead to alienation and may increase psychological and social vulnerability—which, in turn, may increase HIV risk.[12] For example, condoms may be perceived as undermining intimacy with primary partners, while sex with casual partners and willingness to engage in URAI may provide gender validation and a sense of attractiveness that MTF may not get from peers, family, and the larger society.[8]

Health Care and HIV Prevention Services for Transgender Persons

The majority of health insurance policies do not offer transgender-specific care or coverage, leaving many transgender persons at risk for erratic medical care, stigmatization within the medical system, and inadequate access to HIV prevention, treatment, and care services.[18] Cost, access, and other barriers to care are associated with medically unsupervised injections of silicone and hormones,[8] which may result in needle sharing (and a concomitant increase in HIV risk). Barriers to health care are also significantly associated with depression, economic pressure, and low-self esteem, which may lead to lower self-efficacy for condom use.[12]

Categorizing all gender-variant people under the "transgender" umbrella itself poses a challenge. Sensitive language for self-identification and culturally competent training for health care and social service providers are necessary to make services more accessible and relevant to gender-variant persons. Because a large proportion of MTF transgen-

der persons identify as female, their information and experiences may not be captured in transgender data. Furthermore, many individuals may not want to identify as transgender because of the stigma and discrimination associated with that categorization—including, for example, the diagnosis of "Gender Identity Disorder" required to obtain sex reassignment surgery or hormones. Gender variance remains a mental health condition according to psychiatric (DSM-IV) guidelines.[21]

With respect to HIV prevention services, none of the CDC-reviewed "best-evidence interventions" focused on at-risk populations target transgenders.[22] Moreover, to date, none of the interventions demonstrated efficacious for other groups have been adapted for the transgender population. Nonetheless, evaluations of existing transgender-specific HIV prevention interventions and programs are currently in process, and new interventions are under development with support from the National Institutes of Health and other governmental agencies. Greater research and programmatic efforts addressing the structural, interpersonal, and emotional challenges that transgender persons experience will help to lessen the disproportionate HIV infection rates in this population.

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