TRANSGENDER WOMEN AND HIV PREVENTION IN NEW YORK CITY

A Needs Assessment

EXECUTIVE SUMMARY

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Transgender women – individuals who were assigned a male sex at birth but who prefer a female identity – are at very high risk for HIV and other sexually transmitted infections. To aid in the design of an HIV prevention initiative for transgender women, the New York City Department of Health and Mental Hygiene carried out this needs assessment. The study broadly examines the social, sexual and economic factors that contribute to transgender women's high rate of HIV. It was based on in-depth interviews with 45 transgender women, mainly of Latin American and African descent, supplemented by six interviews with men who partner with transgender women and additional discussions with researchers, advocates and service providers.

Qualitative findings from the interviews suggest that transgender women can be both socially marginalized and sexually desirable. Study participants recounted how they have struggled with community and family rejection, harassment and violence, and how reaction to their unique gender presentation can undermine opportunities for education, employment and stable housing. Widespread stigma against transgender women may contribute to mental health concerns and, for some, problematic substance use, creating additional challenges to transgender women's health and wellness. Undocumented immigrants, a sizeable part of the transgender population in New York City, also confront the fear of deportation and limited access to health insurance and medical care.

Participants faced significant barriers to formal employment, while experience with commercial sex work was widespread. Some described how having sex for money allowed them to survive the challenges of poverty, limited education, lack of familial support and, in certain cases, alcohol or drug dependency. Beyond survival, participants presented sex work as enabling a full, socially-active life as a transgender woman. Sex work can finance gender transition or the enhancement of one's feminine appearance through clothes, accessories, hair products, hormone treatments and surgical and cosmetic procedures, which can help increase both self-esteem and personal safety. Sex work can also be a way to meet men who know you are transgender. Transgender women may be encouraged into sex work by their peers, and by some men's presumption that all transgender women are sexually available for a price. In this study, sex work was common among better-educated transgender women and among those at the early stages of gender transition when the need for money for feminization procedures may be greatest.

High HIV prevalence appears to be related to the centrality of sex, including anal intercourse, to the lives, identities and personal economies of many transgender women. Beyond being a source of income, sex with

men can also be an important means of validating one's gender identity and affirming one's attractiveness as a woman. Transgender women appear to face a set of unique barriers to consistent condom use. Sex workers in the study report that they are frequently offered extra payment for unprotected sex. Some transgender women may embrace a norm of submissiveness as a way to appear more feminine or to attract potential partners. Various participants noted the difficulty of finding a man willing to have a romantic relationship, which may lead some transgender women to engage with high-risk men or make themselves more appealing to men through a willingness to have unprotected sex; likewise, male partners, even those interested in relationships, experience public hostility and face other barriers to developing stable partnerships with transgender women. Young transgender women may be at particular risk if they are both sexually naïve and sexually in demand as they navigate the challenges of gender transition. Unsafe injection practices associated with silicone and hormone use, which many transgender women engage in without a doctor's supervision, are an additional potential basis for both HIV and hepatitis C transmission.

Transgender women in this sample appeared well aware of HIV, how to prevent it, and the benefits of getting testing and knowing their status. In interviews, unprotected sex was sometimes associated with not caring about one's body or one's future, but was more commonly understood – particularly in the context of non-commercial partnerships – as a way to pursue intimacy, approval, self-esteem, sexual pleasure, an emotional connection or a reduction in one's social isolation. These motives were often tied to the social stigmatization and sexual objectification that affect many transgender women. Greater access to social support and transgender-sensitive healthcare providers can help transgender women reduce their risk of acquiring and spreading HIV.

Possible interventions to reduce HIV infection among transgender women and their partners include the following ideas, some of which may be more amenable to private rather than public initiatives.

1. **Improve transgender HIV and health surveillance.** At the local, state and national levels, there is a need to systematically collect data on HIV and other health outcomes among transgender persons. A major improvement would involve instituting a two-step question on birth sex and gender identity in HIV testing forms. Asking separate questions about sex and gender would enable public health authorities to more accurately track health conditions among different sex and gender categories, including HIV incidence and prevalence among transgender women. Improved surveillance would allow health authorities to continually evaluate and inform HIV/AIDS control efforts among transgender populations.

2. **Create HIV prevention education materials that appeal to transgender women**. Study interviews found that transgender women embrace a female identity and are unlikely to recognize themselves in campaigns that are targeted to men who have sex with men. Nevertheless, few HIV prevention materials mention or use images of transgender persons or their partners, losing an opportunity to raise awareness of HIV risk in a very vulnerable community. Recognizing transgender as a category, and a category at risk, should not only encourage transgender women, transgender men and their partners to get tested and protect themselves, but could also help to erode ignorance of and stigma towards this population, factors that help keep transgender persons marginalized and engaged in high risk behaviors.

3. **Increase on-line HIV prevention resources for transgender persons.** Expanded on-line content can help address the HIV prevention and care needs of New York City transgender populations. Web pages could, for example, include basic information about HIV prevention while addressing specific issues of concern for transgender women – such as the challenges of staying safe during gender transition and the risk of transmission from needle sharing when injecting hormones or silicone. On-line content could also provide links to resources for transgender women and men in New York City, including, but not limited to, assistance with HIV testing and partner notification, finding shelter or a support group, and assistance with legal issues.

4. **Establish transgender-specific HIV prevention education involving peer outreach.** Some study participants and service providers cast doubt on whether printed and Internet-based educational materials would be sought out and read by transgender women, particularly those with limited literacy. A peer outreach program that combined the delivery of printed, video-based or on-line materials with one-on-one or small group discussion could get around this barrier. Such an approach could take advantage of the strong social networks that exist among transgender women in New York City. Whatever the format, education efforts should be conducted in multiple languages.

5. **Provide capacity-building to medical and other service providers.** Greater provider awareness of transgender-specific health needs and social issues can help reduce barriers to medical and social services. Advocates and service providers frequently cite capacity-building around transgender issues as a priority for improving transgender persons' access to medical services, housing and other forms of social support. Precedents exist for creating such capacity-building curricula for both community-based organizations and local health departments. A guide for medical providers that discusses both physical and

psychological challenges of gender transition could be particularly useful.

6. **Increase HIV testing among transgender women.** Community advocates suggest that the relative lack of "trans-friendly" health providers and testing clinics discourages transgender persons from knowing their HIV status. One way to reach transgender women who have avoided regular testing is through a social network recruitment strategy. Such network-based testing could include a focus on transgender sex workers or immigrant transgender women.

7. **Intensify provider outreach to HIV-positive transgender women.** The New York City Department of Health and Mental Hygiene has found that HIV-positive transgender women transgender women have been less likely than men who have sex with men to initiate HIV care within three months of diagnosis and less likely to continue in care. Providers of HIV care and treatment services could be encouraged to intensify outreach to transgender women for initiation and coordination of care. One possibility is to develop a peer navigation program that in which HIV-positive transgender women counsel and support newly diagnosed individuals. An enhanced partner services program could assist transgender women, including those have experienced violence and stigma because of their gender, with the challenges of notifying past and present partners about their infection.