

Transgender

Introduction

Transgender is an umbrella term used to describe gender variant people with gender identities, expressions or behaviors not traditionally associated with their birth sex (Gender Education & Advocacy, 2001). Transgender people are commonly categorized by their gender vector, describing the direction of gender change from birth sex assignment. Research utilizing convenience sampling in U.S. cities suggests that transgender women may be at high risk for HIV infection.

CDC currently does not conduct separate surveillance of either transgender women or men, although it may do so in the future. In 2001, CDC established transgender women as a special population within their MSM surveillance and prevention category (CDC, 2001). CDC has yet to address the HIV risks of transgender men. Following the lead of the CDC, the VDH has not collected gender data inclusive of transgender people. In 2008, this data can be captured in HIV reports as well as for HIV Counseling, Testing, and Referral (CTR) services and in the Program Evaluation and Monitoring System (PEMS).

In 2002, the Virginia HIV Community Planning Committee (HCPC) chose transgender people as a population of interest for research. At that time, transgender people living in Virginia were one of four populations of special interest with virtually no data accessible to inform the HCPC's HIV prevention planning process. Accordingly, the Virginia Transgender Health Initiative Study (THIS) was implemented by the Community Health Research Initiative of VCU under the direction of the HCPC and VDH. The quantitative survey data was collected from September 2005 to July 2006 and represents the first detailed look at a transgender population at a state level in the U.S. The data presented herein are drawn from the final report of the quantitative survey (Xavier, Honnold, & Bradford, 2007).

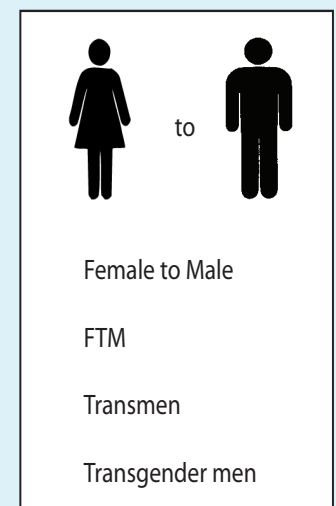
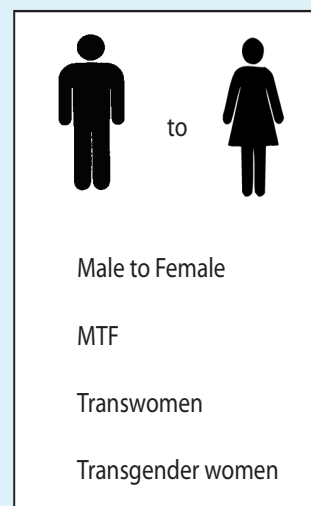
Demographics

The 350 transgender participants in the THIS sample were composed of 229 male to females

Among the 266 THIS participants who reported their HIV status, 10.5% were HIV positive.

The most commonly reported probable means of becoming HIV infected was unprotected sex with a non-transgendered man(86%).

MTFs were somewhat more likely to be tested for HIV than FTMs (86% versus 75%).

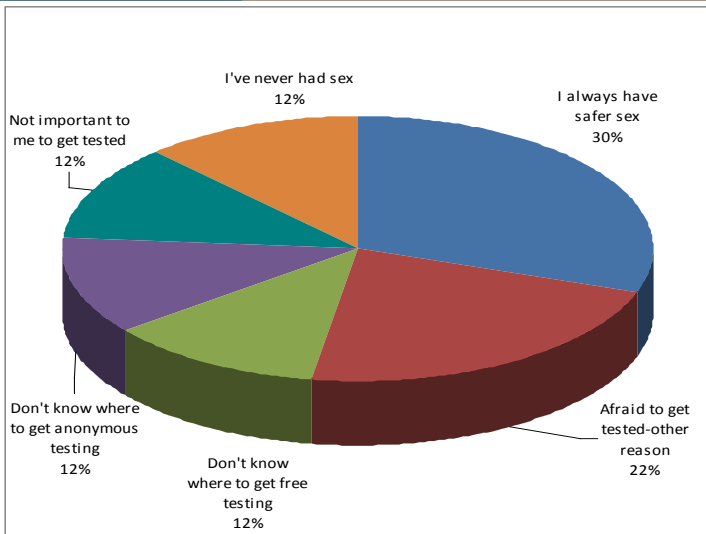


RESEARCH HIGHLIGHT: VICTIMIZATION

Twenty-four percent of participants had experienced discrimination by a doctor or other health care provider due to their transgender status or gender expression. Twenty-seven percent of participants reported having been forced to engage in unwanted sexual activity since the time they were 13 years old, including 35% of FTMS and 23% of MTFs. The median age for the first incident of forced sex was 14 for FTMs and 15 for MTFs. Thirty-five percent of the survivors of forced sex reported it involved someone living in the participant's household at the time.

Figure 1

Reason given for not getting tested for HIV (N=61)



RESEARCH HIGHLIGHT: SUBSTANCE ABUSE

On a lifetime basis, marijuana (67%), painkillers (42%), powder cocaine (32%), and downers (27%) were the most popular drugs used by participants. FTMs had somewhat higher rates of lifetime use for all drugs than MTFs, and also first used drugs at an earlier median age (16 years versus 18 years with MTFs). On a lifetime basis, six percent of participants had injected drugs (not including hormones), including eight percent of FTMs and five percent of MTFs. The median age of first injection drug use was 22 years for the MTF IDUs and 26 years for the FTM IDUs. Among all IDUs, eight (40%) reported sharing needles to inject their drugs, with half cleaning their syringes after each use. Ninety-three percent of participants had drunk alcohol in their lifetimes, and among them, 25% felt it had been a problem, including 39% of FTMs and 18% of MTFs.

Figure 2

Access to Care Including Mental Health

	Ever Received Service	Quality of Service	Sensitivity of Provider
Counseling or Psychotherapy	72.1 %	4.20	4.44
Transgender Hormonal Therapy	47.5 %	4.32	4.39
Transgender-related surgery of any kind	25.2 %	4.55	4.60
Transgender-sensitive gynecological care	22.7 %	3.96	3.90
Transgender-related electrolysis	32.1 %	4.42	4.46
Transgender-related speech therapy	14.9 %	4.14	4.20

1=Extremely Poor; 2=Poor; 3=Fair; 4=Good; 5=Excellent

(65%) and 121 female to males (35%). Sixty-two percent of the participants were White, 25% African-American, 4% Latino/a, and 7% multiracial. FTM participants were much younger in this sample, with a median age of 28 years compared to 40 years of MTFs. Participants described their residential areas as urban (42%), suburban (40%), and rural (18%). FTM participants were somewhat better educated than their MTF peers, with 99% at least having graduated from high school, compared to 90% of MTFs.

Sexual risk behaviors

Ninety-seven percent of MTF participants and ninety-four percent of FTM participants reported they had sex in their lifetimes. In their lifetime sexual experience, 62% of the MTFs had sex with non-transgender men, 61% with non-transgender women, 16% with other MTFs, and 8% with FTMs. In their lifetimes, 87% of the FTMs had sex with non-transgender women, 54% with non-transgender men, 18% with other FTMs, and 8% with transgender women. Eighty-four percent of FTMs and 72% of MTFs reported having sex in the past six months. Twenty-four percent were abstaining from sex at the time of the survey, including 28% of MTFs and 17% of FTMs.

Overall, FTMs scored higher than MTFs in HIV knowledge and perception of HIV/AIDS risk. Among MTFs with primary partners, 50% never used condoms or other protective barriers, compared to 22% who always used them. Among FTMs with primary partners, 51% never used condoms or other protective barriers, compared to 19% who always used them. Among the 28 MTFs with other partners besides their primary partner, 39% always used condoms or other protective barriers, and 11% rarely or never did. Among the 15 FTMs with other partners, 53% always used condoms or other protective barriers, with 13% never using them. Other data suggested that affirmation of gender identity through sex with a non-transgender partner may have been a contributing factor in risk-taking among sexually-active participants.

HIV testing and prevalence

Eighty-two percent of participants had been tested for HIV, with 36% having been tested

within the past six months and 58% within the past year. Over a third (37%) of those tested had unprotected sexual contact since their last HIV test, including almost half (48%) of the FTMs and almost a third (32%) of MTFs. Of the 282 participants who were tested, 16 (6%) did not report their status. Among the 266 participants who reported their HIV status, 10.5% were HIV positive, 86% were negative, and 4% did not know their HIV status. None of the tested FTMs who reported their HIV status were positive, but 16% (28 participants) of the MTFs who reported their status were HIV positive. The most commonly reported probable means of becoming infected was unprotected sex with a non-transgender man (86%) and most had learned of their infections two or more years ago.

Comparative data

The 16% HIV prevalence rate among MTF in this statewide sample compares with prevalence data in urban studies ranging from 14% to 35% (Rodríguez-Madera & Toro-Alfonso, 2005; Kenagy, 2005; Kenagy & Bostwick, 2005; Simon, Reback, & Bemis, 2000; McGowan, 1999; Risser, Shelton, McCurdy, Atkinson, Padgett, Useche, Thomas, & Williams, 2005; Xavier, Bobbin, Singer & Budd, 2005; and Clements-Nolle, Marx, Guzman, & Katz, 2001). HIV prevalence in FTM have been found in two studies to be 2% (Clements-Nolle et al, 2001) and 3% (Xavier et al, 2005).

Forty-five percent of all T.H.I.S. participants had gender transitioned (living in a gender not associated with birth sex) at the time of the survey.

Seventy-three percent of participants had health insurance. Only 6% of those responding had been denied enrollment in a health insurance plan because of their transgender status.

Sixty-six percent felt it was important or very important to discuss their transgender status with their doctors.

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