

HIV PREVENTION IN ONTARIO: Transgender People

Prepared by Sue McWilliam, Lynne Leonard, and Emily Medd of the HIV Prevention Research Team at the University of Ottawa, and members of the Ontario Women and HIV Working Group - with particular thanks to Rebecca Hammond and John Maxwell.

How do we know that transgender people are at risk?

- HIV rates among transgender (also referred to as transsexual) people are uniformly high when compared with the rest of the population. In a sample of 515 transgender people in San Francisco, 27% were HIV positive; in a sample of 252 transgender people in Washington, DC, 25% were HIV positive¹.
- High HIV prevalence was also found among male-to-female (MTF) sex workers in Atlanta, U.S.A. (68%), Tel Aviv, Israel (11%), and Rome, Italy (46%)²
- In 2002, the AIDS Committee of Toronto (ACT) began formally discussing trans issues, both internally and with local stakeholders. These discussions revealed a need for professional development training on trans issues³.
- In 2003, The 519 Community Centre's Meal Trans Program facilitated a Trans 101 Workshop.
- In 2004, ACT and the 519 Church Street Community Centre completed a six-month community-based research project designed to assess the HIV/AIDS informational, programmatic, and service needs of trans community members in Toronto.

What puts transgender people at risk of HIV?

- The transgender population has been largely ignored in terms of previous and existing HIV prevention initiatives and research.
- Some issues that were identified as putting transgender persons at increased risk for HIV were: sexual identity conflict, shame, confidentiality, prostitution and needle sharing while injecting hormones.
- Social issues such as violence, sexual assault, social and economic inequalities, as well as the biological vulnerability of women to HIV, may increase a transgender person's individual risk.
- Additional issues such as street involvement, homophobia and transphobia as experienced by lesbian/transgender/bisexual individuals, are considered linked to increased HIV risk.

HIV prevention efforts for transgender people

- The social and economic context within which individuals live must be recognized as having a strong influence on their individual risk behaviours.
- Trans people should be seen as experts in understanding their own gender identities and determining the appropriate steps for actualizing their gender identity.
- Training for primary care physicians to address the health needs of trans clients, including the provision of hormone therapy, should use an 'informed consent' model.

HIV PREVENTION IN ONTARIO: Transgender People

Prepared by Sue McWilliam, Lynne Leonard, and Emily Medd of the HIV Prevention Research Team at the University of Ottawa, and members of the Ontario Women and HIV Working Group - with particular thanks to Rebecca Hammond and John Maxwell.

- Clinics, shelters and drug treatment centers should have non-discriminatory policies to protect the rights of trans clients.
- Sexual health materials are largely irrelevant to the bodies and lives of trans people. To address HIV in trans communities, it is important to develop sexual and health resources and training that are inclusive of the unique bodies and lives of trans people.
- The diversity within the trans community must be recognized in any HIV prevention program.
- Community-based, peer driven interventions are necessary components for HIV prevention with this highly stigmatized group.
- Trans HIV prevention programming should be integrated into large-scale prevention programs as well as provided through more targeted programs specific to trans communities and trans bodies.

Research

- In a study conducted by the Coalition for Lesbian and Gay Rights in Ontario in 1995, 33 transgender individuals were interviewed in regards to their experiences with traditional health care resources and social services. The research uncovered that participants felt they did not receive the same rights and access to health care and social services as the majority of Ontario residents'.
- A study in Chicago found that female-to-male (FTM) transgender persons had a significantly lower level of HIV knowledge than their male-to-female (MTF) counterparts and that very few were being tested for HIV even though they engaged in high risk behaviours. The study also reported a higher level of HIV infection among MTF transgender people, particularly those involved in the sex trade⁴.
- Among 515 transgender people who participated in a needs assessment study in San Francisco, 68% of MTFs and 55% of FTMs reported having been forced to have sex at some point in their lives⁵.
- A qualitative study conducted in Minnesota asked transgender persons about the impact of HIV on their lives, their risk factors, their service needs and recruitment strategies for future studies. Findings indicated that HIV-related stigma compounds existing stigma about 'coming out', sexual experimentation and sex reassignment⁶.
- A Québec needs assessment identified five salient issues with respect to FTMs and HIV: 1) there is a lack of informational and educational materials about FTM bodies and sexualities; 2) many FTMs do not consider themselves to be at risk for HIV; 3) poor access to intramuscular needles that are used to inject hormones, creates conditions which put FTMs at risk of HIV transmission; 4) low self esteem may prevent FTMs from adopting safe behaviors with regards to drug use and sexual activity; and 5) the administrative practices of social service agencies exclude FTM transsexuals⁷.

HIV PREVENTION IN ONTARIO: Transgender People

Prepared by Sue McWilliam, Lynne Leonard, and Emily Medd of the HIV Prevention Research Team at the University of Ottawa, and members of the Ontario Women and HIV Working Group - with particular thanks to Rebecca Hammond and John Maxwell.

Recommendations

1. Accessible, relevant, and non-discriminatory health care and social services for transgender persons, including sensitive and knowledgeable primary care that includes hormone therapy.
2. Inclusion of appropriate injection equipment at needle exchanges in Ontario, particularly larger gauge needles for hormone injections.
3. The production and distribution of trans-specific 'safer injection and safer sex' resources.
4. Health service and social service provider training on transgender health issues, including HIV prevention needs, hormone therapy and the social determinants of trans health.
5. The development of sexual health literature and training programs that are relevant to trans lives, trans bodies and trans sexualities.
6. Partnerships and collaborations for non-discriminatory policies for ASOs and community organizations that provide HIV prevention services.

Prepared by Sue McWilliam, Lynne Leonard, and Emily Medd of the HIV Prevention Research Team at the University of Ottawa, and members of the Ontario Women and HIV Working Group- with particular thanks to Rebecca Hammond and John Maxwell.

¹Kenagy, G.P. (2005). *Transgender Health: Findings from two needs assessment studies in Philadelphia*. Health and Social Work, 30(1): 19-26.

²Clements-Nolle, K., Marx, R., Guzman, R. & Katz, M. (2001). *HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health intervention*. American Journal of Public Health, 91(6): 915-922.

³Namaste, K. (1995). *Access Denied: A report on the experiences of transsexuals and transgenderists with health care and social services in Ontario*. CLGRO: Project Affirmation. ⁴Kenagy, G.P. & Hsieh, C.M. (2005). *The risk less known: female-to-male transgender persons' vulnerability to HIV infection*. AIDS Care, 17(2): 195-207.

⁵Clements, K., Marx, R., Guzman, R. et al. (1998). *Prevalence of HIV infection in transgendered individuals in San Francisco*. Poster session presented at the XII International Conference on AIDS, Geneva, Switzerland.

⁶Bockting, W.O., Robinson, B.E., & Rosser, B.R. (1998). *Transgender HIV prevention: a qualitative needs assessment*. AIDS Care, 10(4): 505-525.

⁷Namaste, V.K., Ph.D. (1999) *HIV AIDS and Female to Male Transsexuals and Transvestites: Results from a Needs Assessment in Quebec*. http://www.symposion.com/ijt/hiv_risk/namaste.htm.