

Facts about... HIV/AIDS in people who are transgender

Summary: No population-based studies of HIV have been completed among transgender people living in King County. Of the 27 reported HIV infections among transgender, almost all were born male but consider their current gender to be female. Transgender people may be at much higher risk for acquiring HIV infection due to risk behaviors, stigma, and discrimination.

Definition: "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-presentation¹.

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. 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 serostatus².

Population: No reliable population estimates exist for transgender persons in King County.

Status and trends in HIV infection (Table 1): Although limited information is available about HIV/AIDS among transgender persons, HIV prevalence may be high among this population. Among 6,283 people living with HIV in King County as of 6/30/2008, 27 identify as transgender. The total size of the transgender community is unknown, and the known cases reflect a minimum number.

One to three new diagnoses of HIV have been reported each year since 2004. We modified our local case report form in 2003 to ask specifically about transgender information.

Risk behaviors among transgender people:

- Risky behaviors may be high among transgender people, according to multiple studies conducted with transgender persons. Risk behaviors include multiple sexual partners, irregular condom use, unsafe injection practices of both illicit drugs and other substances, such as hormone and silicone injections.³
- The 2002 King County Male-to-Female Transgender Needs Assessment found 31% of the 81 participants indicated having casual partners, 62% reported *not* using condoms the last time they engaged in sex, and 36% reported having ever exchanged sex for drugs or money.
- Forty-two percent of MTF in a recent meta-analysis reported participation in commercial sex work.²
- Over one-third of MTF in one study reported multiple sex partners and nearly half reported unprotected receptive anal intercourse during casual sex.²
- Although HIV/AIDS risk behaviors may be reportedly high among transgender persons, many self-identify as having low HIV risk (according to various local HIV/AIDS needs assessments of non-infected individuals and those not previously tested for HIV).⁴
- Transgender persons face stigma and discrimination which may exacerbate their HIV risk. The stigma of transgender status is associated with lower self-esteem, increased likelihood for

substance abuse and survival sex work in male-to-female transgender individuals, and lessened likelihood of safer sex practices. Social marginalization can result in the denial of educational, employment and housing opportunities.^{3,5}

Table 1: Demographic characteristics of transgender people living with HIV in King County (June 2008)

Characteristic (N = 27)	Percent
Sex at birth	
Male	93%
Female	7%
Race / ethnicity	
White	52%
African American	26%
Hispanic	19%
Asian & Pacific Islander	4%
Mode of exposure	
Born male & sex with male	74%
Born male & sex with male & injection drug use	19%
Born female & sex with a bisexual male	4%
Born female no identified risk	4%
Age at diagnosis	
20 – 29 years	30%
30 – 39 years	44%
40 – 49 years	26%
Country of birth	
United States	77%
Other country	19%
Unknown birthplace	4%
Disease status 9/30/2006	
HIV infection	33%
AIDS	67%
Total cases	27 = 100%

Other relevant information for HIV prevention:

- Transgender persons are over 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.^{6,7}
- A risk-behavior study in San Francisco found that the majority of its transgender sample had a history of using non-injection drugs, including cocaine (66%) and speed (57%). In addition, 34% had a history of injecting drugs, and nearly half of these individuals had shared syringes.⁶
- With respect to HIV prevention services, none of the CDC reviewed “best-evidence interventions” focused on at-risk populations target transgenders.⁸
- Local epidemiologists are working with national colleagues to improve data collection on transgender people and HIV infection, especially in separating transgender from men-who-have-sex-with-men categories in data reporting.

References

- ¹ Center for AIDS Prevention Studies, UCSF. 2008. What are male-to-female transgender persons' (MTF) HIV prevention needs? <http://www.caps.ucsf.edu/pubs/FS/revMtF.php>.
- ² Herbst J. 2008. *AIDS and Behavior* 12:1–17
- ³ "HIV-related tuberculosis in a Transgender Network: Baltimore, Maryland and New York City Area, 1998-2000". *MMWR*, April 20, 2000.
- ⁴ Needs assessments on transgender persons and HIV/AIDS have been conducted in multiple sites. Data cited above refer to studies in Atlanta, Boston, Chicago, Los Angeles, Minnesota, New York City, Philadelphia, Washington, DC, with variable methods used to assess HIV status (i.e., self-reported through confidential surveys/interviews as well as baseline HIV tests).
- ⁵ Definitions by representatives of TLCA forum, January 2001
- ⁶ Nemoto T. 2005. *International Journal of Transgenderism* 8(2/3):5–19.
- ⁷ Bockting W. 2005. *International Journal of Transgenderism* 8(2/3):123–31.
- ⁸ Lyles C. 2007. *American Journal of Public Health* 97(1):133–43.