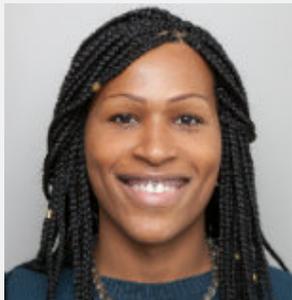


INCREASING ACCESS TO PrEP AMONG TRANSGENDER WOMEN AND TRANS FEMININE INDIVIDUALS

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HIV RISK AMONG TRANS FEMININE COMMUNITY

- HIV risk as a social and psychological process driven by social oppression*
- Sexual risk behaviors are not the sole indicator for HIV risk, transgender women and non-binary individuals experience multilevel vulnerabilities
 - Stigma and Discrimination
 - Lack of social and legal recognition of gender identity
 - Lack of employment, housing, and educational opportunities
 - Barriers to trans affirming health care

*Link and Phelan, 2001, 2006, 2014; Sevelius, 2013

TODAY'S TALK

- Ensure the design and development of trans inclusive and gender affirming programs to increase PrEP access and uptake
- Active provider engagement and assistance around PrEP can increase willingness and uptake
- Recognize and address the relationship between the sociocultural experiences of TW/TFI and HIV risk
- Support existing community mobilization and activism to increase PrEP awareness and knowledge, build trust around, and uptake of PrEP

METHODS

- **In-depth semi-structured interviews**
 - TFI's not on PrEP (n=15)
 - TFI's on PrEP (n=15)
- **Eligibility**
 - ≥ 18 , AMAB, and identify on the trans feminine spectrum
 - Past 6 months, engaged in receptive or insertive anal or vaginal sex with either cisgender man or woman of trans experience
 - HIV negative
- **Recruitment**
 - Online (social media/listservs)
 - Flyers at CBO's serving TG/NB community
 - Word of mouth
- **Interviews (N=30)**
 - Trans-identified research team
 - 1 – 1 1/2 hour study visit
 - \$40 compensation
 - Core set of questions: knowledge & attitudes, PrEP use, experience and access, and best practices

DEMOGRAPHICS (N=30)

60% under the age of 30

73% person of color

93% claim a binary gender identity

57% straight/heterosexual

87% income >\$12,000

90% not in the workforce

87% publically insured

TRANS INCLUSIVE AND GENDER AFFIRMING PROGRAMS

Gender affirmation is the social process that both recognizes and supports individuals in their gender identity and expression

90% (No PrEP = 12, PrEP=15) of the **total sample** said that **low PrEP uptake** among the **TF community** was due in part to a **lack of trans inclusive and gender affirming programming.**

Stop categorizing transgender women and trans feminine identified individuals as/with MSM

TRANS INCLUSIVE AND GENDER AFFIRMING PROGRAMS

“Like when I went to a **city sexual clinic, they gave me a piece of paper that said are you a man who has sex with a men/trans women.** And I literally looked at them and was like are you comparing a man and a trans woman on this piece of paper, this is completely ridiculous. When you put man and trans woman you're already off the bat saying that these two comparable. I feel like **those questions impose transphobic ideas** in them and a lot **people are not going to want to answer these kinds of questions** because **if you answer it** you may be **validating this transphobic thing** but **if you don't answer it you might not get the care that you need.**”

- On PrEP, 26, Latina

TRANS INCLUSIVE AND GENDER AFFIRMING PROGRAMS

Must develop and design health education literature/messaging, sexual health assessment tools, and prevention strategies that are trans inclusive and gender affirming

“I don’t ever see any information that is about trans women or sex workers, if you’re putting yourself at risk every day, is it a benefit to take it, will it help you? The pamphlets I see are really specific to lovers or partners but what if that’s not who you’re having sex with.”

- No PrEP, 37, Latina

TRANS INCLUSIVE AND GENDER AFFIRMING PROGRAMS

The majority of participants expressed concern around PrEP's interaction with hormones.

“I wanted to know if it was going to affect my hormones because I was also taking all these pills at the time and I was like my body is going through all of this just to be who I am. So I wanted to know if it was going to affect my body physically in anyway.”

- On PrEP, 24,API

Acknowledge and support prioritization of hormone use for gender transition

TRANS INCLUSIVE AND GENDER AFFIRMING PROGRAMS

90% (n=27) of the total sample stated that their **health care provider** rarely engaged them in **discussions around their sexual health and body/genitalia**

“Like no doctor has ever really asked me if my dick still worked or if I could top with it, unless I brought something up about it.”

- On PrEP, 22, Binary, White

The lack of transgender-specific and inclusive programming ignores the specific sexual health needs of this community and forces TF to seek out PrEP within a system which by design is not affirming of their gender identity

ACTIVE PROVIDER ENGAGEMENT AND ASSISTANCE

Active provider engagement entails having an ongoing conversation around PrEP, rather than a one-time discussion

“He (doctor) brought it (PrEP) up almost every other time we would meet. He would say hey this is **available to you it’s covered by your insurance in case you want to go on it.”**

-On PrEP, 28, Binary, API

Providers who actively discuss (ongoing conversations vs one-time mention) and/or help with accessing PrEP increased PrEP access and uptake

ACTIVE PROVIDER ENGAGEMENT AND ASSISTANCE

Active provider assistance includes active engagement and navigating the process of insurance and payment assistance for obtaining PrEP.

“PrEP was offered to me so frequently in the few interactions I had with my health clinic initially they made it so easy to get on. Plus they helped me get on insurance that covered PrEP, that’s exactly the way to do it.”

- On PrEP, 29, Binary, White

PrEP navigation services must include assistance obtaining insurance and/or other payment options

ACTIVE PROVIDER ENGAGEMENT AND ASSISTANCE

Create low threshold services for PrEP

“I really like seeing the outreach to cars in the areas, like in the village when they come by. Especially homeless trans women and they hang out on the Pier and stuff, they’re not taking the time to get checkups. They’re focused on surviving first. So going out to them and doing that outreach I think is an amazing way, because then they’re right there.”

– On PrEP, 24, API

“By going out and doing education, educate people, educate us girls. Educate, educate, educate. Even if you have to go out to the stroll. And ask you ever heard about this?”

- No PrEP, 37, Latina

Low threshold services are needed to increase access to and utilization of overall health care services, which include PrEP

RECOGNIZE AND ADDRESS SOCIOCULTURAL EXPERIENCES

HIV risk among TF individuals is a result of societal oppression, which forces the community into high-risk contexts where HIV transmission is more likely to occur

70% (n=21; no PrEP =7, PrEP =14) identified several high-risk contexts where HIV risk may occur including:

- Sexual encounters where an unequal power imbalance occurs making condom negotiation difficult
- Ongoing experiences of sexual violence
- Engagement in sex work as a form of survival
- Sex under the influence of drugs and/or alcohol

RECOGNIZE AND ADDRESS SOCIOCULTURAL EXPERIENCES

Participants stressed the **relationship between needing to survive, sex work as a means for survival, experiences of sexual violence, and HIV risk**, rather than perpetuating the narrative that TG chose to put themselves in risky situations.

A lot of us **trans women of color** are forced to do survival sex work. I'm not going to say we put ourselves in a risky life, but we're forced to do this. It's survival. **PrEP** is really important because it's helping us minimize our risk when we do what we do to survive in this cruel world.

-On PrEP 24, API

RECOGNIZE AND ADDRESS SOCIOCULTURAL EXPERIENCES

Risk is an ongoing part of survival for TF and PrEP is viewed as necessary for survival

There's a lot of risk involved in living/surviving. A lot of risk. So **PrEP was basically a necessity**, especially after what happened to me (being raped), is when I got it prescribed. It was like, you have to be on this, especially being so vulnerable, this can happen again, and **if you're going to survive you might have to do those things that you don't like, and you don't like to do, and they might not be as safe as you'd like them to be, you know?**

- On PrEP, 26, Binary, Latina

Prevention strategies and programs must acknowledge and address that HIV risk for TF is linked to survival

COMMUNITY MOBILIZATION AND ACTIVISM

Personal relationships and community connectedness emerged as important resiliency factors that appear to impact willingness to take PrEP

“Within my friend group PrEP is something that people are often on. I definitely remember some of my friends being on Twitter and not just saying that they were on it but also saying that you should consider being on it too. Or at least you should consider if it’s right for you to get on it.”

- On PrEP, 22, Binary, White

Respect and encourage community knowledge and support

COMMUNITY MOBILIZATION AND ACTIVISM

Participants on PrEP talked about a **societal responsibility to increase social norms around PrEP** use in the community, **viewing their PrEP use** as not only an individual level protection but a **contribution to the safety of the trans feminine community, their sexual partners, and society**

“I want my friends to be on PrEP too. I think it’s important that people are on it because it helps reduce and control HIV within, not only our community, but also every persons that are having sex. I talk to my sexual partners about it too because I want them to be safe as well and also know that they are safe with me as well.”

- On PrEP, 28, Binary, API

COMMUNITY MOBILIZATION AND ACTIVISM

“I tell my friends about PrEP, because I want them to know about it. I don’t want my friends to be walking around here, and they have the opportunity to be prevented from getting HIV – I want them to know about the PrEP so it can prevent them, especially when you like to do it raw. You need to be on the PrEP. But I encourage them to use protection. But I prefer them to use the PrEP, because they can protect themselves from the HIV.”

- On PrEP, 28, Binary, African-American

Strategies that support community mobilization/activism are needed to increase awareness, build trust around, and uptake of PrEP

CONCLUSION

- **Ensure the design and development of trans inclusive and gender affirming programs to increase PrEP access and uptake**
- Stop categorizing transgender women and trans feminine identified individuals as/with MSM
- Develop and design health education literature/messaging, sexual health assessment tools, and prevention strategies that are trans inclusive and gender affirming
- Acknowledge and support prioritization of hormone use for gender transition

CONCLUSION

- **Active provider engagement and assistance around PrEP can increase willingness and uptake**
 - Providers who actively discuss (ongoing conversations vs one-time mention) and/or help with accessing PrEP increased PrEP access and uptake
 - PrEP navigation services must include assistance obtaining insurance and/or other payment options
 - Low threshold services are needed to increase access and uptake to overall health care services, which include PrEP

CONCLUSION

- **Recognize and address the relationship between the sociocultural experiences of TW/TFI and HIV risk**
 - HIV risk among TF individuals is a result of societal oppression, which forces the community into high-risk contexts where HIV transmission is more likely to occur
 - Risk is an ongoing part of survival for TF and PrEP is viewed as necessary for survival
 - Prevention strategies and programs must acknowledge and address that HIV risk for TF is linked to survival

CONCLUSION

- **Support existing community mobilization and activism to increase PrEP awareness and knowledge, build trust around, and uptake of PrEP**
- Personal relationships and community connectedness are important resiliency factors that may impact willingness to take PrEP
- Respect and encourage community knowledge and support
- Strategies that support community mobilization/activism are needed to increase awareness, build trust around, and uptake of PrEP

THANK YOU

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