Transgender
Epidemiology

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Learning Objectives

- To understand current epidemiology of transgender populations.
- To understand driving factors of HIV risk among transgender women.
- To understand protective factors against negative health outcomes among transgender people.
How many trans people are there?

- No population-based studies = no reliable estimate of the number of trans people in the US

- All current population estimates are based on those receiving the GID diagnosis and/or those seeking services at gender clinics (i.e. self-identified as transsexual population estimates)
How many trans people are there?

Range of current worldwide estimates:

**MTF**
1 in 30,000 (.003%)\(^1\) to 6 in 1,000 (.6%)\(^2\)

**FTM**
1 in 100,000 (.001%)\(^1\) to 1 in 33,800 (.003%)\(^3\)

1. American Psychiatric Association, 1994
2. Winter, 2002
3. DeCuypere et al, 2007
Data Collection Challenges

- Reliance on the **binary system of classification** (i.e. M, F, MTF, FTM) → misclassification and exclusion of gender variance

- **Social stigma** → fear of disclosure and avoidance of medical settings

- **Living ‘stealth’** or ‘post-transsexual’ identity
Data collection recommendations

- The Center of Excellence for Transgender HIV Prevention (www.transhealth.ucsf.edu) makes the following recommendation for trans-inclusive data collection:
  - What is your current gender identity?
  - What was your assigned sex at birth?
HIV Prevalence Among Trans People

- No national estimates

- Regional studies have relied almost exclusively on convenience samples (i.e. participants recruited from social service agencies, bars, and streets)

- Studies have focused on trans women; very little information is available on trans men
HIV Prevalence Among Trans People

- A recent meta-analysis of 29 regional studies in the US \(^1\) concludes that:
  - Average prevalence for trans women is
    - **28%** or **1 in 4** (when results are lab-confirmed)
    - **12%** or **1 in 8** (by self report)
  - African American transwomen have the highest prevalence (56%), compared to other racial/ethnic groups \(^2,3\)

2. Clements, Marx, Guzman & Katz, 2001
3. Nemoto et al, 2004
HIV Prevalence Among Trans People

Predictors of HIV positive status among transwomen:

- African-American race
- Syphilis
- Intravenous drug use
- High number of sex partners (>200)
- Less than high school education
- History of sex work
- History of sexual assault
- Unemployment

1. Elifson et al, 1993
3. Xavier et al, 2005
A study of four US cities found that transgender women living with HIV were less likely to receive highly active antiretroviral therapy (HAART) than a non-transgender control group (59% vs. 82%, p < .001).

(Melendez et al, 2005)
Hormone therapy for trans people living with HIV

- There are no significant drug interactions with drugs used to treat HIV.
- Several HIV medications change the levels of estrogens.
- Hormone therapy is not contraindicated in HIV disease at any stage.
- Hormone therapy can increase adherence to HIV medications.
Denied opportunities: Education, Employment, Job Training → Survival sex work → HIV risk

(Sausa et al., 2007, Kammerer et al., 2001, Clements, 1999; Clements-Nolle et al., 2001)
A recent *multi-national* meta-analysis of studies found that **28% of transgender female sex workers** were HIV-positive.

(Operario et. al, 2008)
Substance use

Stress:
- Stigma
- Discrimination
- Sex work

Substance use

HIV:
- Trans IDUs 3x more likely to be HIV+

Clements-Nolle et. al, 2001)
Victoria Arellano (1984-2007)

- Mexican transgender woman who immigrated to the US as a child

- Died in custody of the Dept. of Immigration and Customs Enforcement, while handcuffed to a bunk in a men’s facility, of AIDS-related complications due to denial of proper treatment
Incarceration issues

- **Incarceration rates among trans women: 37 to 65%**

  (Clements et. al, 2001; Nemoto et. al, 1999; Nemoto et. al, 1999; Risser et. al, 2001; Garofalo et. al, 2006).
Factors Driving HIV Transmission in Transgender Women

- Social Stigma
  → Discrimination, Harassment, Violence
  → Unemployment, Lack of Health Insurance,
  → Poverty, Homelessness

- Gender Identity Validation through Sex
  → Multiple sex partners, unprotected sex

- Survival Sex Work
  → Unprotected Sex, Substance Use

- Lack of Appropriate Medical Care
  → Lack of medical screening, including HIV/STDs,
  increased morbidity risks
Factors Driving HIV Transmission in Transgender Women

- Culturally incompetent prevention methods
- Multiple injection risks (IDU, ISU, IHU)
- Barriers to access to transgender care → self-medication through street hormones, ISU
- Reluctance by MSM-serving AIDS service organizations to include trans people
Transgender youth

Discrimination Victimization

Lack of social support

High drop out rates in school
Suicide attempts
Substance use
Unprotected sex
Unstable housing
Barriers to health care

Beau, Seattle, WA

- Transgender man living with HIV
- Parent and activist
- Co-organizer of Gender Odyssey (Seattle, WA), “a national conference focused on the thoughtful exploration of gender”.
Transgender men and HIV

- Very few studies of trans people have included transmen.

- Some transgender men engage in high-risk sex, including having a high number of anonymous partners and engaging in sex work with non-trans men. (Sevelius, under review)

- Estimates of HIV prevalence among transmen range from 1 - 3%
  (Clements-Nolle et al, 2001; Sevelius, under review; Xavier, 2005)
Social support and mental health

(Clements-Nolle et. al, 2006; Garofalo et. al, 2006)

- In a San Francisco-based sample,
  - 55% of transgender men were depressed,
  - 32% reported having attempted suicide at least once.  
    (Clements-Nolle et. al, 2001)
Mental health

- In one study of 446 transmen, those who had received hormone therapy reported higher quality of life than those who did not. (Newfield, Hart, Dibble, & Kohler, 2006)

- Hormone therapy alone can alleviate depression for some transgender people. (Bockting, Knudson, & Goldberg, 2006)
Protective factors

- Family acceptance
- Social support
- Self-esteem
- Access to competent health care
- Access to gender confirming hormone therapy and other gender-related care
- Community involvement
References


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