

Making sense of the inclusion of transgender men and their HIV risk profile within a bio-behavioural population study of gay and other men who have sex with men (MSM) in Vancouver, BC

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Background

- Transgender (trans) people are often overlooked within epidemiological surveillance and men who have sex with men (MSM) research due to small sample size, eligibility criteria, or study design that limits the ability to use data from this population.
- Of the limited research on trans gay and queer men, HIV prevalence appears to be low, up to 3% (Sevelius, 2009), with up to two-thirds identifying as gay or queer (Bauer et al., 2013). In a number of studies, gay and queer trans men have reported male sex partners and a range of sexual risk behaviours.
- This subset of trans men are included within and sexual mixing with the MSM population who have a documented disproportionate burden of HIV.
- This study sought to contribute to knowledge of the HIV and sexual risk for gay and queer trans men.

Results

Table 1. Qualitative Results: Predominant themes and supporting quotations

THEME	QUOTATION
<i>Sex & Dating</i>	
<i>Sexual behaviours & risk reduction strategies</i>	
Sexual partners: Diversity of gender identity, HIV status, and sexual positioning preference	One of my regular partners I HIV-positive but we are both really pen with each other and we take precautions and like I said, I don't really bottom
Complex risk reduction strategies and implementation of a range of safer sex tools	Usually my normal procedure for guys that I don't know, its always like condom sex. I do have a couple partners that I play bare with, so I've got a rapport with them and I trust that they're telling me the truth when they're getting tested and so forth.
Multiple sexual risk concerns	Pregnancy, any sort of STI or potential HIV transmission, you know? I just don't want any fluid [during sex].
High level of caution in sexual decision-making	I have not been super into oral sex unless we've been together for quite a while, and I know about their-we both know about each other's like testing and STIs and things like that. For cis guys, that means condoms. I guess for sex tools or toys that means condoms as well. And I think I'm pretty careful about making sure I have like a pretty strong foundation in a relationship with people before I move beyond any of that and I trust that they're getting tested regularly and telling me about their other interactions.
<i>Seeking sexual partners online</i>	
Ability to control trans status disclosure/ minimize rejection and misperception	I remember meeting this one guy at a friends' party and we were flirting the whole time. He was like 'oh we should totally go for a beer' and so we connected and then I told him I was trans and he was like, 'oh I'm not looking for anything'. So the couple of time that I have, I have got rejection so I don't usually put myself out there anymore...If somebody is interested...I usually out myself right away now which I think is kind of shitty that I have to do. Just doing the online stuff is safe. If somebody doesn't want to contact me, they just don't contact me. I don't have to deal with it.
Greater control over safer sex negotiation	And what I really like about them [dating websites and apps] is one of their primary questions that shows up on everybody's profile is 'are you into safer sex or not?' So, they have that right off the bat that I can choose whether to engage in people who aren't into safer sex or I can find people who are into safer sex.
Concerns for physical safety	I think the safety that I just briefly touched on is also really important in looking for online hook ups. Like having someone know where I'm at when I go meet up with someone for the first time. Making sure that I meet them in public before we go to either of our houses or somewhere else, and stuff like that can be pretty important. Or hooking up in like a sex-positive space where there are other people around that can make sure that if either of us aren't into it, that is ended and that there people there.
<i>Experiences of alcohol and drug use</i>	
Pros / cons: Facilitate connections, bolster self-confidence, increase enjoyment / interfere with decision-making	It's tricky, I think that alcohol is good, because it kind of relaxes you, but it also lowers your pain tolerance, makes decision making harder, sometimes it can lead to you know unsafe situations. I mean it's good to be present when you're having sex and sometimes alcohol can help you stay present or help you disassociate. So it's really like dependent on the situation and the person and where I'm at too... Alcohol is pretty necessary when I'm having someone come over, cause its really, its scary you know and usually there are poppers involved, because they're fun. Yeah it just kinda, it makes it easier, it makes me less scared. You know its hard not to tremble when you're sitting beside a stranger about to have sex with them.
<i>HIV/STIs and health care access</i>	
<i>Perceived HIV risk</i>	I would say that nobody in my social circle that I know of is having any kind of present fears or concerns around their HIV status or their risk to contract it.
<i>Access to trans-competent sexual health care & HIV/STI testing</i>	
Trans care facilitates regular testing	When I've been sexually active with multiple partners, I get tested every few months. With the blood work through... testosterone, my doctor usually just does the blood screening test as well for me...Yeah, 'Oh, I'm already getting blood drawn. I probably need to get tested, let's just draw two more vials for HIV and syphilis.'
Challenges & resilience accessing trans-competent care	I've been pretty lucky in my experiences, but people have tried to talk me out of testing for saying I was low risk behaviour, that they didn'tt understand my behaviour really...I've had practitioners as well just they don't know what to do, they don't know what to look for.
Testing regularly, sometimes regardless of risk	I like to get HIV testing every time [I go to the clinic], even if I know my risk is low.
Anxiety motivated testing	Well I get really anxious and paranoid so I try to get tested a lot because I get scared.
Lack of relevant sexual health info	I just really worry about trans folks that are more isolated than me because I had people to go to. I had people to recommend those doctors and to tell me about some of their limitations beforehand...because of what can be a lack of access to care and resources and education. I think in Vancouver we can be pretty lucky as long as you're well connected but...outside the Lower Mainland it can be a real challenge to find the resources that I've had access to for years.
Lack of competent care outside trans clinics	I have tried just going to walk-in clinics and stuff like that to ask questions or request tests and stuff like that and I just found the doctors were generally confused about me and my body. And I have to go into great detail. That made me not so comfortable talking to them about it because they were just kind of sitting there confused and it made me feel awkward. So, yeah, when it comes to those tests I will go to special groups rather than just, like, everyday healthcare.

Discussion

- Participant narratives indicate that HIV risk for these trans men is shaped by a diversity of sexual behaviours including inconsistent condom use, anonymous partners, seeking sex online for greater safety, and accessing HIV/STI testing and other healthcare services despite gender-identity related challenges.

References

- Bauer G.R., Redman N. & Bradley K. (2013). Sexual health of trans men who are gay, bisexual, or who have sex with men: Results from Ontario, Canada. *International Journal of Transgenderism*, 14(2), 66-74.
- Sevelius J (2009). 'There's no pamphlet for the kind of sex I have': HIV-related risk factors and protective behaviours among transgender men who have sex with nontransgender men. *The Journal of the Association of Nurses in AIDS Care: JANAC*, 20(5), 398-410.

Methods

- This study used a mixed methods approach to analyse cross-sectional quantitative and qualitative data gathered for trans men in the Momentum Health Study, a cross-sectional survey of gay, bisexual, queer, and other MSM in Vancouver, BC.
- RDS weighted descriptive statistics were calculated to create a bivariate comparison of trans and cis participants' socio-demographics, psychosocial characteristics and HIV sexual risk factors.
- We subsequently conducted a community-based qualitative sub-study with trans men in a large bio-behavioural cohort of gay, bisexual and other MSM in Vancouver, Canada. We recruited a representative of local trans queer men's communities to join the larger Momentum Community Advisory Board, to advise this sub-study and hired a second community member as a peer interviewer.
- A trained interviewer conducted semi-structured in-person interviews with 11 of the 14 trans men who had previously enrolled in the Momentum cohort between October and December 2014. Interviews were structured through the use of an interview guide and lasted between 45 and 100 minutes.
- Interview transcripts were catalogued in the qualitative analysis software NVIVO and systematically reviewed to identify emergent themes within the data; individual accounts were grouped into discrete categories describing common themes of experience.

Results (continued)

Table 2. Quantitative Results: Demographic, psychosocial and sexual behaviour characteristics of transgender and cisgender sample

	Transgender (n = 14)		Cisgender (n = 703)		p-value
	Crude % (n)	Weighted % (CI)	Crude % (n)	Weighted % (CI)	
HIV positive No Yes	100 (14) -	100 -	72 (505) 28 (198)	72 (68-77) 28 (23-32)	0.015
Age , median (IQR)	25(24-28)	-	34(25-47)	-	0.004
Area of residence Downtown/ West End (excludes DTES) Rest of Vancouver Outside Vancouver	14(2) 7(10) 14(2)	16(0-45) 55(18-93) 29(0-65)	50(353) 30(213) 19(137)	50(46-57) 28(24-33) 20(16-24)	0.004
Sexual Orientation Gay Bisexual Questioning Queer Other	36(5) - - 64(9) -	55(20-90) - - 45(10-80) -	86(606) 9(66) 1(5) 2(15) 2(11)	82(78-87) 13(9-17) 1(0-2) 1(1-2) 2(0-4)	<0.001
Current partner gender Female FTM Male MTF	14(2) 29(4) 14(2) -	7(0-21) 12(0-28) 29(0-65) -	1(6) 0(1) 31(215) 0(2)	2(0-3) 0(0-1) 29(24-34) 0(0-0)	<0.0001
Relationship with primary partner open or closed No current partner Completely monogamous Supposed to be monogamous, but have partners on the side Only shared partners Only separate outside partners Both shared & separate partners Other arrangement	43(6) 7(1) - - - 36(5) 14(2)	52(15-88) 14(0-44) - - - 19(0-40) 15(0-45)	62(439) 16(113) 6(42) 3(21) 3(21) 7(49) 3(18)	64(59-69) 16(12-20) 7 (4-9) 3(1-4) 3(2-5) 5(3-7) 2(1-3)	0.007
Strategies to prevent HIV None selected At least 1 selected	- 100(14)	- 100(100-100)	- 100(699)	- 100(100-100)	N/A
Strategy: no anal sex Yes No	79(11) 21(3)	73(39-100) 27(0-61)	45(313) 55(386)	41(36-46) 59(54-64)	0.014
Number of male anal sex partners P6M , median(IQR)	2(1-5)	-	4(2-10)	-	0.024
Condomless anal sex with unknown serostatus partner P6M No Yes	92(12) 8(1)	83(49-100) 17(0-51)	62(429) 38(260)	65(60-70) 35(30-40)	0.038

Of the 14 gay or queer transgender-identified men that met Momentum Study eligibility criteria, median age was 25 years [IQR: 24-28], 86% identified as White and all were HIV-negative. In bivariate analysis, compared with cis peers, trans men engaged in fewer HIV sexual risk behaviours (e.g. condomless anal sex with an unknown serostatus partner) and greater use of some HIV risk reduction strategies (e.g. avoiding anal sex).

Public health prevention and education must recognize the presence of trans men within gay men's communities and ensure health services and broader population health promotion addresses gender stereotypes while meeting the unique sexual needs of this sub-set of gay, bisexual and other MSM.

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I have no conflicts of interest