Current Issues in Transgender Health

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No national-level data

- No population-based studies = no reliable estimate of the number of trans people in the US and their health status
- Current population estimates based on GID diagnosis and/or services at gender clinics
- Prevalence estimates drive funding for prevention and treatment services
Data collection challenges

- Reliance on **binary system of classification**
  (i.e. M / F / MTF / FTM or M / F / T)

- Social stigma

- Living ‘stealth’ or ‘post-transsexual’ identity
Our Recommendation: The Two-Question System

1. What is your sex or gender? (Check **ALL** that apply)
   - □ Male
   - □ Female
   - □ Transgender Male/Transman
   - □ Transgender Female/Transwoman
   - □ Genderqueer
   - □ Additional Category: Please specify: ______________________
   - □ Decline to State

2. What sex were you assigned at birth? (Check **one**)
   - □ Male
   - □ Female
   - □ Decline to State
Transphobia leads to pervasive disparities

- Mental health issues: suicide, depression
- Substance abuse
- Barriers to health care
  - Barriers to gender-related care
- HIV/AIDS
HIV prevalence among transwomen

Based on meta-analysis of 29 regional studies in the US

Herbst et al. (2007)
Range of HIV prevalence rates among transgender women, by ethnicity

- Latina
- African-American
- A&PI
- White
- Mixed Race
Access to HIV treatment is lower for transgender women

![Bar chart showing comparison between transgender women (n=59) and non-transgender control group (n=300). The chart indicates a higher percentage of people receiving HAART in the non-transgender control group compared to transgender women.]

Melendez et al. (2005)
ART adherence is lower among transgender women

Transgender women living with HIV are:

- less likely to adhere to their HIV medications,
- more likely to report difficulty integrating their treatment into their daily lives, and
- less likely to report positive interactions with their HIV care providers.

Sevelius, Carrico, Johnson (2010)
Integration of hormone treatment into HIV care

- May augment adherence to HIV treatment
- May decrease the prevalence of self-administered hormone use
- Several HIV medications change the levels of estrogens in the body
- Must address concerns about drug interactions
Hormones and silicone

- Widespread self-medication with hormones
  - No clinical research on long-term effects
- Widespread use of injectable silicone (estimates range from 13 – 47%)
  - Multiple risks, including infections, disfigurement, and death
- Improved access to health care as well as prevention and education programs are needed.
Service Gap Analysis: Findings

- Trans people living in rural areas
- Recent immigrants who are trans
- Incarcerated trans people
- Transgender sex workers
- Trans youth
- Partners of trans people
- Transgender men
- Native trans people
Research gaps and opportunities

- Improvement of data collection systems
- Evaluation of culturally-grounded, theory-driven HIV prevention interventions
- Interventions to improve ART adherence
- Interactions between ART and hormones
- Clinical research on hormonal therapy
- Health impact and prevention programs focused on self-medication with hormones and use of injectable silicone
- Underrepresented subgroups of transgender communities
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Clements-Nolle, K., Wilkinson, W., Kitano, K., Marx, R. HIV prevention and health service needs for the transgender community in San Francisco. *International Journal of Transgenderism* 1999; 3(1+2)


References


