

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,
AND UNIVERSITY OF ARIZONA

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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Many transwomen exhibited numerous risk factors for HIV infection and transmission

Transgender women, also called transwomen, experience a significant disproportionate HIV disease burden. The odds of a transwomen women (male-to-female) being HIV-positive are estimated to be 34.2 times higher for transwomen than the U. S. adult population.

The national HIV prevalence among transwomen is estimated to be approximately 28%, with rates higher among African American/black transwomen. This prevalence rate is higher than the 19% rate for men who have sex with men.

Studies have shown that transwomen engage in high rates of sex work as one means of basic economic survival in the face of pervasive economic discrimination.

This investigation sought to explore how sexual risk behaviors and substance abuse problems are associated with HIV infection among high-risk transwomen.

Methodology

Participants were self-identified transwomen contacted via HIV prevention outreach encounters on the streets and high-risk venues of the Hollywood, West Hollywood, and Downtown areas of Los

Angeles Country. The outreach encounters occurred January 1, 2005 to December 31, 2011.

Outcomes of the Study

The total sample included 2,136 self-identified transwomen with self-reported HIV prevalence rate of 13.6%. 72 were Hispanic/Latina and 13% African American/Black. Major findings include:

- 83% reported heterosexual identity and 8% bisexual. Sexual identity was not associated with self-reported HIV-positive status.
- High incidence was reported for recent alcohol use (58%), marijuana use (26%), methamphetamine use (22%), lifetime injection drug or illegal hormone use (66%), and recent engagement in sex work.
- Recent methamphetamine and crack-cocaine use, injection drug/hormone use, unprotected drug/hormone use, unprotected anal intercourse during sex work, and any non-Hispanic minority racial status were all associated with increased odds of reporting a HIV-positive status.
- Transwomen who self-reported being HIV-negative were more likely to report recent oral and anal sex with non-exchange (not

sex work partner) males.

- Recent methamphetamine and/or crack cocaine use more than doubled the chance being HIV positive.
- Injection drug use or hormone misuse at point in lifetime was associated with a 21-125% increase in odds of reporting a HIV-positive status.
- HIV-positive transwomen were estimated to be more than twice as likely to report unprotected anal intercourse with an exchange partner than HIV-negative transwomen.

Implications for Prevention

This study found that the transwomen encountered via outreach exhibited many risk co-factors for HIV infection transmission and acquisition.

Reducing inequitable health burden high-risk transwomen experience would improve individual and public health.

SOURCE:

Reback, C., J. et al. (2014). HIV prevalence, substance use, and sexual risk behaviors among transgender women recruited through outreach. *AIDS and Behavior*, 18, 1359-1367.

UAI higher among MSM locally than at travel destinations

Local, regional and international travel has contributed significantly to rapid dissemination of HIV infection. This study sought to describe HIV risk behaviors of gay men from Sidney who travel locally, regionally and overseas (locally, New South Wales, Australia, and overseas).

Of the 1,839 sexually active study participants, 70% reported having sex locally, 20% elsewhere in NSW, 12% interstate, and 18% overseas. Unprotected anal intercourse was self-reported by 30%, 29%, 21%, and 19% of men participants in each location, respectively.

No difference in UAI locally and elsewhere in NSW, but UAI levels were lower in other Australian locations and overseas. UAI was more likely if partners were sero-concordant HIV positive and less likely if partners were of different HIV status as compared to sero-concordant HIV-negative partners.

In this sample, UAI levels were higher in the local context than in travel destinations, suggesting that familiarity may play a role.

SOURCE: Zazblotska, I. B., et al. (2014). At home and away: Gay men and high risk sexual practices. *AIDS and Behavior*, 18, 1436-1442.

Lesbian/bisexual street workers at heightened HIV risk

Most recent research on the sexual health of sex workers (SWs) has focused on female SWs, with little attention to sexual and gender diversity of SWs. This study examined the individual, interpersonal and structural associations with lesbian or bisexual identity (N=510) among SWs in Vancouver, Canada.

Lesbian/bisexual women were more likely to report inconsistent condom use with their regular clients and client condom refusal. Lesbian/bisexual SWs were more likely to solicit clients in street-based venues than formal sex work establishments, and more likely to report incarceration and homelessness.

Non-injection drug use, being a youth, and verbal, physical and/or sexual violence perpetuated by clients were associated with identifying as lesbian/bisexual.

Findings suggest that lesbian/bisexual women are highly overrepresented in the sex industry and are vulnerable to sexual/physical violence and HIV. Data suggest they may be at reduced ability to negotiate client condom use.

SOURCE: Lyons, T, et. al. (2014). Youth, violence and non-injection drug use: Nexus of vulnerabilities among lesbian and bisexual women. *AIDS Care*, 9, 1090-1094.

Women seeking HIV health care have low cervical screening

Of 156 Australian women attending sexual health services for HIV care, 115 had a Pap test at least once in three years and 10% an annual test. Pap abnormalities were associated with younger age, being born in Sub-Saharan Africa, more recent arrival in Australia, lower CD4 counts, detectable viral load, shorter time in antiretroviral therapy and more recent HIV diagnosis. These women are substantially under-screened for cervical abnormalities.

SOURCE: Tiley, D. M., et al (2014). Cervical screening uptake and abnormalities among women attending sexual health clinics for HIV care. *Sexual Health*, 11, 288-290.

HCV can be passed to baby 10% of time

A mother infected with hepatitis C virus will pass it to her baby during pregnancy 10% of the time, but chances are higher for certain groups such as those infected with HIV. Newborn infants with HCV usually do not have symptoms and a majority will clear the infection without medical treatment.

SOURCE: CDC. (2014). STDs during pregnancy--CDC Fact Sheet. Atlanta, GA.

RAP* Time is a monthly AIDS/STD prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington. RCAP is a joint project of Indiana University, University of Arizona, and University of Kentucky. The major focus of RCAP is the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence.

The opinions expressed here do not necessarily represent those of the cooperating universities.

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