



GENDER DIVERSITY IN PREVENTION

Findings from the *Transmasculine
Sexual Health & Reproductive Justice
Research Study* /// Los Angeles
County

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CALIFORNIA
HIV/AIDS POLICY
RESEARCH CENTERS



Background

HIV prevention research, policies, and programs generally assume that all men are cisgender (not transgender) and anticipate sexual anatomy and behavioral risk accordingly.

For trans men and those on the transmasculine spectrum (assigned female at birth), existing strategies that have been tailored for either men *or* women may be irrelevant and inaccessible.

Objectives

To better understand access to and uptake of HIV prevention strategies among transmasculine people in LA County, including safer sex information and communication, HIV testing, and pre-exposure prophylaxis (PrEP).

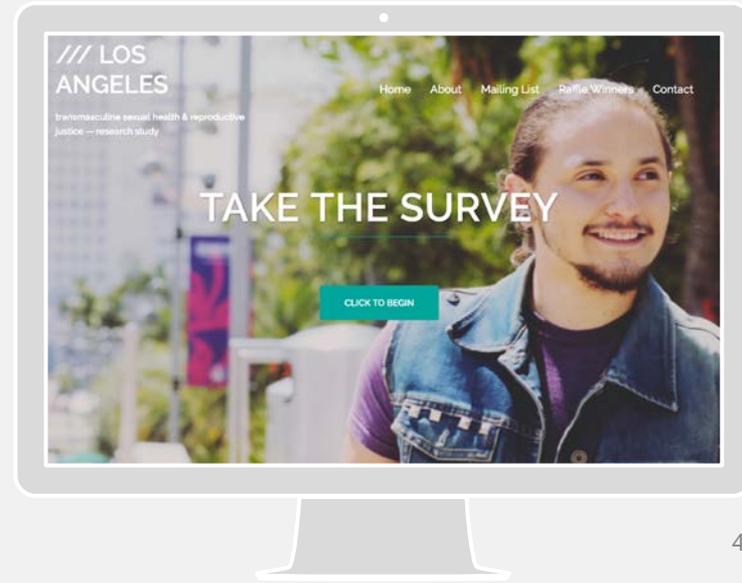
To improve HIV risk measures in research to account for gender diversity.

Methods

A community-based participatory research study that engages trans people in research. Included an online survey conducted in July-August 2017.

Participant eligibility:

- ages 18 and older;
- assigned female at birth;
- transgender, on the transmasculine spectrum, or gender nonconforming (broadly defined);
- lives, works, or receives health care services in Los Angeles County.



309

Participants

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a community survey

Researchers at University of California, Los Angeles, along with Gender Justice LA and the City of Los Angeles AIDS Coordinator's Office are working together to learn more about the sexual and reproductive health needs and concerns of transmasculine people in Los Angeles. The goal is to improve health care services and health promotion strategies. To learn more about the study, contact the research team at TMHealthStudyLA@ucla.edu.

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Results: HIV Prevention Factors (n=309)

% (n)

HIV TESTING	
Tested in the last year	54.0% (167)
Never tested	13.6% (42)
SAFER SEX INFORMATION & SKILLS	
Informed about safer sex (“strongly agree”) (n = 302)	62.6% (189)
Confidence in negotiating safer sex (“strongly agree”) (n = 233)	59.2% (138)
PREP AWARENESS, ACCESS & UPTAKE	
Has heard of PrEP	79.6% (246)
Has been prescribed PrEP	4.5% (14)
Is currently taking PrEP (6-7 days / week)	3.6% (11)
Would be willing to take PrEP if it were available for free	27.8% (86)

Sexual partnering based on gender

Lifetime	Any % (n)	Only % (n)
Women (cis and transfeminine)	85.4% (264)	19.1% (59)
Men (cis and transmasculine)	66.3% (205)	5.2% (16)
Non-binary, two spirit, or other term	51.1% (158)	2.9% (9)

< 6 months (n = 229)

Cisgender women	63.5% (146)	38.3% (88)
Trans women / transfeminine	12.2 % (27)	.9% (2)
Cisgender men	33.0% (76)	10% (23)
Trans men / transmasculine	19.6% (45)	3.5% (8)
Non-binary, two spirit, or other term	29.3% (67)	7% (16)

*Instead of asking "men, women, or both" they could say "what gender(s) are your sexual partner(s)" or something like that, to **show me that it's safe to talk** about my non-binary sexual partner.*

*Work on language that focuses on needs not genders, **and don't make assumptions** about what we do and don't need. Just ask casually and calmly as a matter of routine.*

TSHRJ-LA behavioral indicators (n=303)		% (n)
1	One or more sexual partner(s) < 6 months	75.6% (229)
2a	Receptive anal and/or <i>frontal</i> * sex	43.6% (132)
2b	Receptive sex using a partner's penis that produces semen	24.8% (75)
3	Insertive sex following genital reconstruction surgery*	< 1% (2)

* Respondents were asked whether they had genital reconstruction surgery, and if yes, whether that surgery included a vaginectomy. Respondents answering no received questions related to frontal sex.

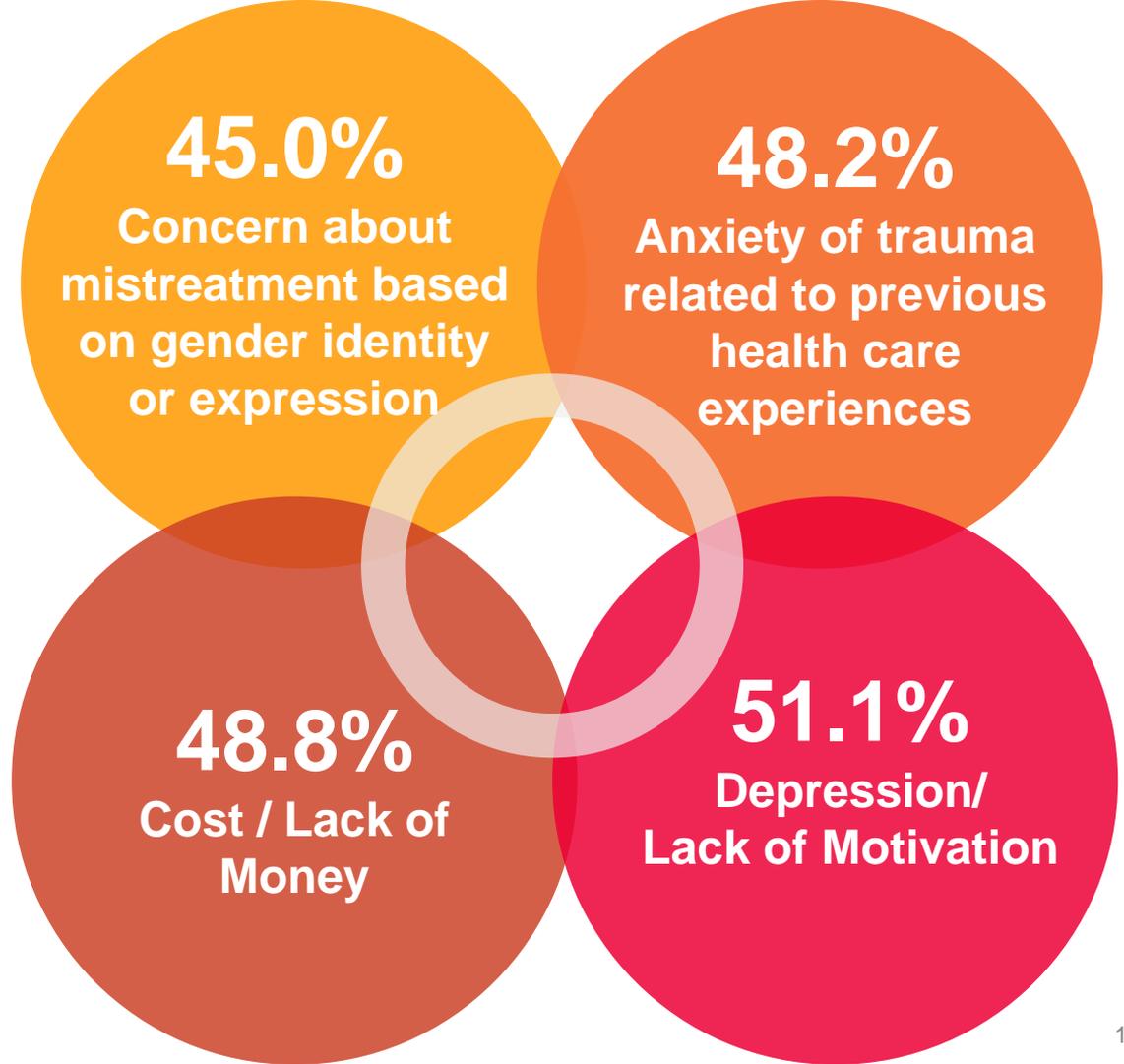
Uptake of PrEP

Among PrEP candidates* (n=55)

	Not Prescribed (n=41) % (n)	Prescribed (n=14) % (n)
PRIMARY CARE: Has a primary care provider (PCP)	63.4% (26)	100% (14)
- PCP specializes in transgender health	29.3% (12)	50.0% (7)
INCOME: greater than \$12,000/annual	63.4% (26)	71.4% (10)
EDUCATION: 4 year degree or more	29.3% (12)	57.1% (8)
RACISM: White (n=54)	30.0% (12)	57.1% (8)
AGE: 25 years old or older	65.7% (27)	85.7% (12)
ID DOCUMENTS: Male	36.6% (15)	71.4% (10)
SEXUAL ORIENTATION: Identifies as gay	14.6% (6)	35.7% (5)
MENTAL HEALTH: Depression not indicated (PHQ-9)	63.4% (26)	92.6% (13)

* Based on an adaptation of CDC guidelines

In the last twelve months, have you ever delayed seeking medical care for any of the following reasons?



How comfortable are you talking about your sex life in the following situations?

with a doctor
or health
care
professional
Mean:
1.13

with close friends
Mean: 2.28

In an anonymous online survey
Mean: 5.33

0 = Very uncomfortable

7 = Very comfortable

Discussion:

The diversity of gender embodiment and sexual partnering among transmasculine people indicates that a combination of strategies may be required to achieve HIV prevention for this group.

Access to biomedical prevention strategies are likely further stratified by social determinants of health, including access to trans-specific or gender affirming health care and mental health factors.

Future Directions:

Shift “cisnormative” conventions in HIV prevention research, policies, and practices to better account for gender diversity in all groups.

Include trans men in HIV prevention studies focused on men.

Develop a better understanding of barriers and facilitators to accessing health care services among transmasculine people.

Limitations:

Survey was conducted online and only in English.

Recruitment strategies likely oversampled those with higher educational levels and utilizers of trans-specific services.

Larger sample size is needed for significance testing of disparities among those currently at risk.

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