

2012 Profile of HIV in Michigan (Statewide)

Special Populations: Transgender Persons

Data from enhanced HIV/AIDS Reporting System (eHARS)

Overview:

In April 2010, the Michigan Department of Community Health (MDCH) added a current gender variable to the adult HIV case report form (ACRF) in an effort to collect data on HIV-positive sexual minorities, such as transgender persons. It is important to note that collection of the current gender variable is very new, and numbers presented here are considered a minimum estimate of the actual number of HIV-positive transgender persons in Michigan. Data from HIV counseling and testing sites and epidemiologic studies suggest high rates of HIV infection among transgender persons (Centers for Disease Control and Prevention, *Guidance for HIV Surveillance Programs: Working with Transgender-Specific Data*, version 1.0). For this reason, it is important to provide surveillance data on transgender persons to prevention partners in order to facilitate improved prevention efforts among this high-risk group.

Individuals are included in this analysis if they meet the definition of transgender as defined by the Gay and Lesbian Alliance Against Defamation (GLAAD): “An umbrella term (adj.) for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. The term may include but is not limited to: transsexuals, cross-dressers and other gender-variant people. Transgender people may identify as female-to-male (FTM) or male-to-female (MTF). Use the descriptive term (transgender, transsexual, cross-dresser, FTM or MTF) preferred by the individual. Transgender people may or may not decide to alter their bodies hormonally and/or surgically.” A modified version of this definition was used by the MDCH Division of Health, Wellness, and Disease Control, HIV/AIDS Prevention and Intervention Section (HAPIS) in their 2010-2013 prevention plan.

As of January 2012, there were 76 transgender persons ever diagnosed with HIV with a current residence of Michigan. Fifty-five of those individuals were alive and living in Michigan as of January 2012. Table 7 presents demographic information on these 55 prevalent transgender cases. All 55 individuals were born male but currently identify or express their gender as female (MTF). According to CDC guidance, some of these individuals would be classified as “Additional Gender Identity”, such as transvestites, cross-dressers, and drag queens. Due to small cell numbers, this distinction is not made in the analysis. Rates are not calculated as there is not an accurate estimate of the total number of transgender persons living in Michigan for the denominator. Please note that all other analyses/tables in this document are based on sex at birth; therefore, male to female transgender persons are included in the ‘male’ category.

Of the 55 currently living HIV-positive transgender persons, 22 had a diagnosis of stage 3 HIV infection (AIDS). Half of these cases were diagnosed with stage 3 at the time of their initial HIV diagnosis (late HIV diagnosis) (data not shown in tables).

Demographic characteristics:

Table 7 shows demographic characteristics of HIV-positive transgender persons currently living in Michigan. The majority (76 percent) of HIV-positive transgender persons are black. Almost half (40 percent) were between 13 and 24 years old at the time of diagnosis, while 27 percent were 25-29 years old. Over three-quarters (78 percent) were living in the Detroit Metro Area as of January 2012. Sixteen percent resided in Out-State Michigan, and five percent were incarcerated. Five of the 55 currently living transgender persons have ever been incarcerated (data not shown in tables).

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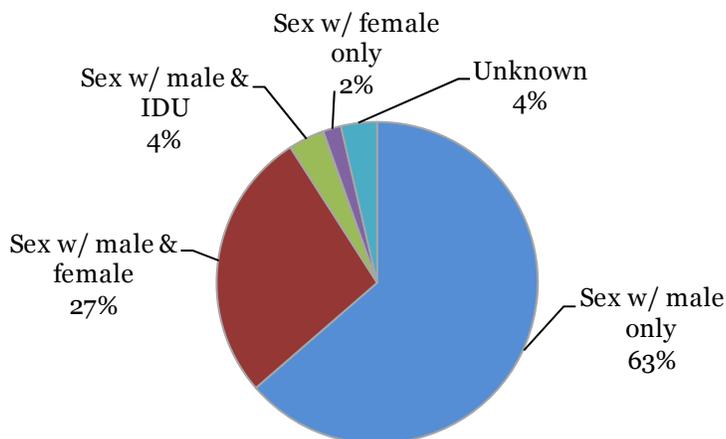
Table 7: Demographic characteristics of HIV-positive transgender persons currently living in Michigan, 2012

	Number	Percent
Male to female (MTF)	55	100%
Race/ethnicity		
White, non-Hispanic	6	11%
Black, non-Hispanic	42	76%
Hispanic, all races	3	5%
Other/unknown	4	7%
Age at HIV diagnosis		
13-24 years	22	40%
25-29 years	15	27%
30-39 years	13	24%
40 years and older	5	9%
Current residence		
Detroit Metro Area (DMA)	43	78%
Out-State	9	16%
In prison	3	5%
Total	55	100%

Risk:

As a result of having been assigned male sex at birth, transgender male to female persons are often incorrectly classified as men who have sex with men (MSM) based on the CDC risk hierarchy. Figure 92 shows the modes of exposure to HIV for the 55 prevalent transgender HIV cases based on the behavior rather than risk transmission categories. Sixty-three percent of the cases reported sex with males only, while 27 percent reported sex with both males and females. Four percent had sex with males and injected drugs (IDU), and two percent reported sex with females only.

Figure 92: Transgender persons currently living with HIV infection in MI, by risk (n = 55 MTF)



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Data from Community Health Awareness Group/
Michigan AIDS Coalition Focus Groups

Focus group discussions:

The Community Health Awareness Group (CHAG), in collaboration with the Michigan AIDS Coalition (MAC), conducted a series of focus groups in March and April 2012 targeting young transgender women of color.

Ages of participants ranged from 21 to 57, and 97 percent were African American. Participants reported living as women for an average of 15 years (ranging from two to 42 years). All had accessed HIV testing within the past year, and only a small percentage had been tested for hepatitis C virus (HCV). A total of 71 percent rated themselves at medium to high risk for HIV; the reverse was true for HCV, with 71 percent rating themselves as low risk or not at risk for HCV. The participants also discussed various risk behaviors for HIV and HCV. These included:

- Not using condoms, particularly among the younger girls who “prostituted themselves”;
- Sex as validation, which has nothing to do with prostitution –e.g., a fascination that men want to have sex with you as a woman, which may also cause issues around using condoms;
- Injecting at pump parties or injections of silicon or Crisco, which creates shared needle risks as well as other health problems;
- Many girls dating the same men in the community with diseases being passed around.

Stereotypes and stigma were also consistent topics. It was discussed that not all transgender women engage in exchange sex because they are out on the streets and need money. Many have full-time jobs but see having sex with anyone as validating them as a woman. It is a quick way of validating their sexuality.

Participants saw medical care as important and incorporated it into larger pictures within their lives rather than just as access to health insurance and physicians. They perceived stigma within the healthcare system, often related to sensitivity around gender reassignment or having both breasts and a penis. Having medical professionals who were able to focus on the standard medical treatment for disease conditions (e.g., bronchitis/nodes on vocal cords, breast exams for lumps, bladder infections) rather than having to explain what’s under the clothes (being transgender) every time they seek out care was a priority. Medical emergencies where physicians and nurses were unprepared for transgender persons were cited as examples. The importance of recognizing their legal rights, such as name changes on medical records, was also described.

Mentoring from older women to younger girls was noted as important, particularly for realizing and holding on to the importance of getting a job and going to school.