

“You Get HIV Because There is No Hope”: Qualitative Assessment of Transgender Women’s HIV Vulnerabilities in Three South African Cities



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INTRODUCTION

Transgender Women (TGW) are at elevated risk for HIV infection, with a pooled prevalence of 25% across 8 Southern African countries, excluding South Africa. Poteat et al. (2017)

- In South Africa we currently have little information regarding the specific HIV vulnerabilities of TGW
- Number of TGW in South Africa?
- HIV prevalence amongst TGW in South Africa also remains undocumented

STUDY SETTING

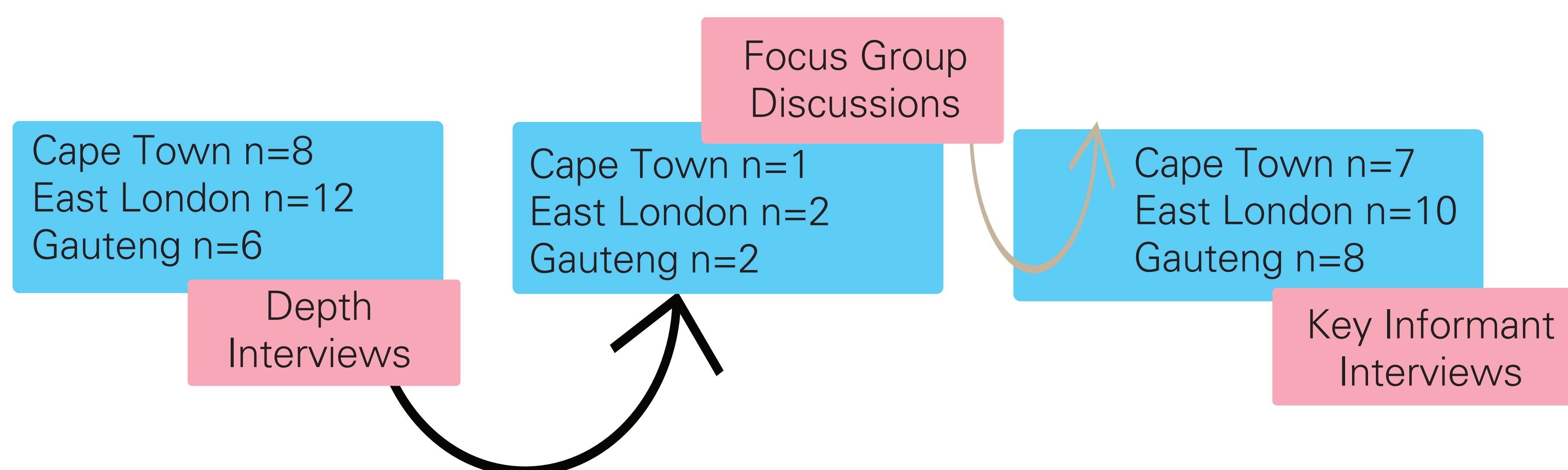
This study was conducted in:

- The Cape Town Metropolitan area, located in the Western Cape Province
- Johannesburg metropolitan area in the Gauteng province
- Buffalo City Metro Municipality located in the Eastern Cape province of South Africa.

The rationale for conducting the study within the aforementioned cities and metros is because of the existence of organisations working with TGW

- Gender Dynamix
- SHE Feminist Collective in East London
- Sex Workers’ Advocacy and Education Taskforce (SWEAT)
- Access Chapter 2 (AC2)

METHODS: RAPID ETHNOGRAPHY



RESULTS

Stigmatisation In Healthcare Settings

“Let’s start with the bathrooms being friendly, one. Two, the documents they use. I always have a problem with this. I strictly do not tick anything when I see gender, male or female. Because that’s not my gender. That’s my sex. So I’m not gonna tick anything. The document they use are not gender affirming as well. Their programmes that they have within. They’re all designed for females and males and not accommodating your intersex people and your transgender people if you know what I’m saying” (Representative SANAC LTBTI sector, Gauteng)

- South African hospitals use gendered electronic filing systems that assign the gender of a patient according to the presented identification (ID) documents
- These may result in external and internal stigmatization and present barriers to accessing HIV treatment and care services effectively.

Gender affirmation=high risk practices (sex work with drug use)

Engaging in sex work provides a space where TGW are affirmed as women

“Many trans women say that they use substances as the way of coping with the heartache, coping with the isolation, coping with the rejection” (TGW, founder of trans-specific NGO, East London)

“Unemployment, being on the street, using drugs. If you are on the street and you are cold and you are whatever, you start to use drugs. That whole culture, that bottomless pit of vulnerability basically that there is” (Representative of the Ministry of Health, Cape Town)

“You know most of the time they do sex work, trans women, because of issues like acceptance. They say when it comes to engaging in sex, those are the only people who accept them just as they are” (Representative of Eastern Cape AIDS Council, East London)

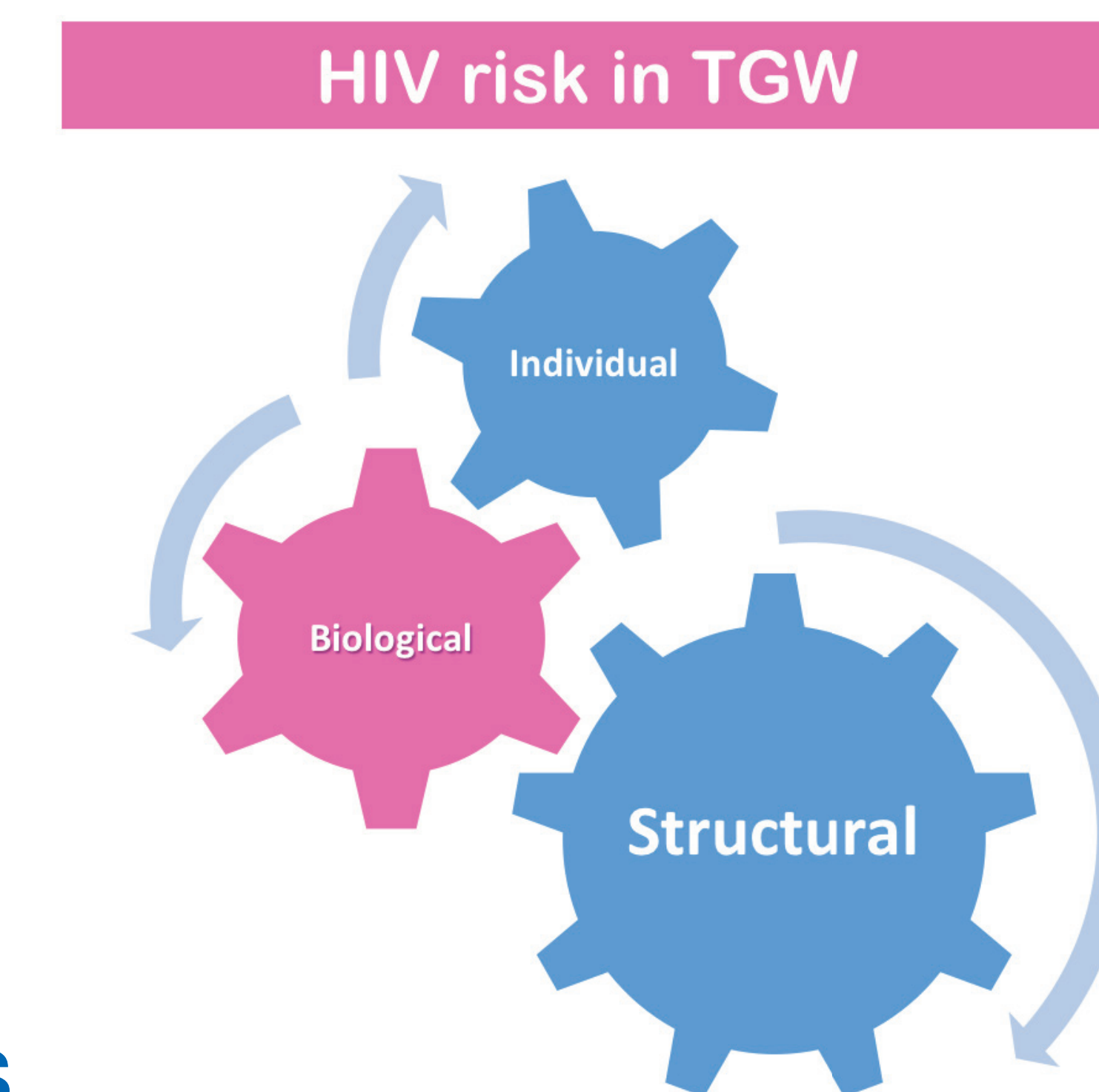
Social rejection + lack of gender-affirming care=Reluctance to access healthcare

“We are human being but you don’t accept us where you are...so you try hard and the NGO can’t help you. You become sick. You get STI, you get HIV, because there is no hope”

(FGD 1 with TGW, Cape Town)

CONCLUSION

- The heightened HIV risk of TGW through the overlap between drug use and sex work
- Experiences of stigma (and/or perceived stigma) and discrimination impact negatively on various aspects of the lives of TGW including their health seeking behaviour



RECOMMENDATIONS

Improve responsiveness of healthcare system:

- Prevention, treatment and care services
- Targeted and specific information, education, communication
- Training and orientation of healthcare providers
- Syndemic analysis of the determinants of HIV risk in transgender communities - particularly in TGW, - reveals that more complex prevention approaches are warranted (see Operaria & Nemoto, 2010)

Gender-affirming care is important:

- Use of preferred pronouns and names, and access to gender-affirming hormone therapy and surgery
- High impact interventions (ARV and PrEP)

