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The *Botshelo* Ba Trans Study

Results of the first HIV prevalence survey conducted amongst transgender women (TGW) in South Africa

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Introduction



Botshelo Ba Trans Study

- *Botshelo* from Sesotho means life, love and happiness
- First HIV bio-behavioural survey (BBS) targeting **exclusively** TGW in South Africa



Overall aim: To understand the burden of HIV amongst transgender women (TGW) in South Africa

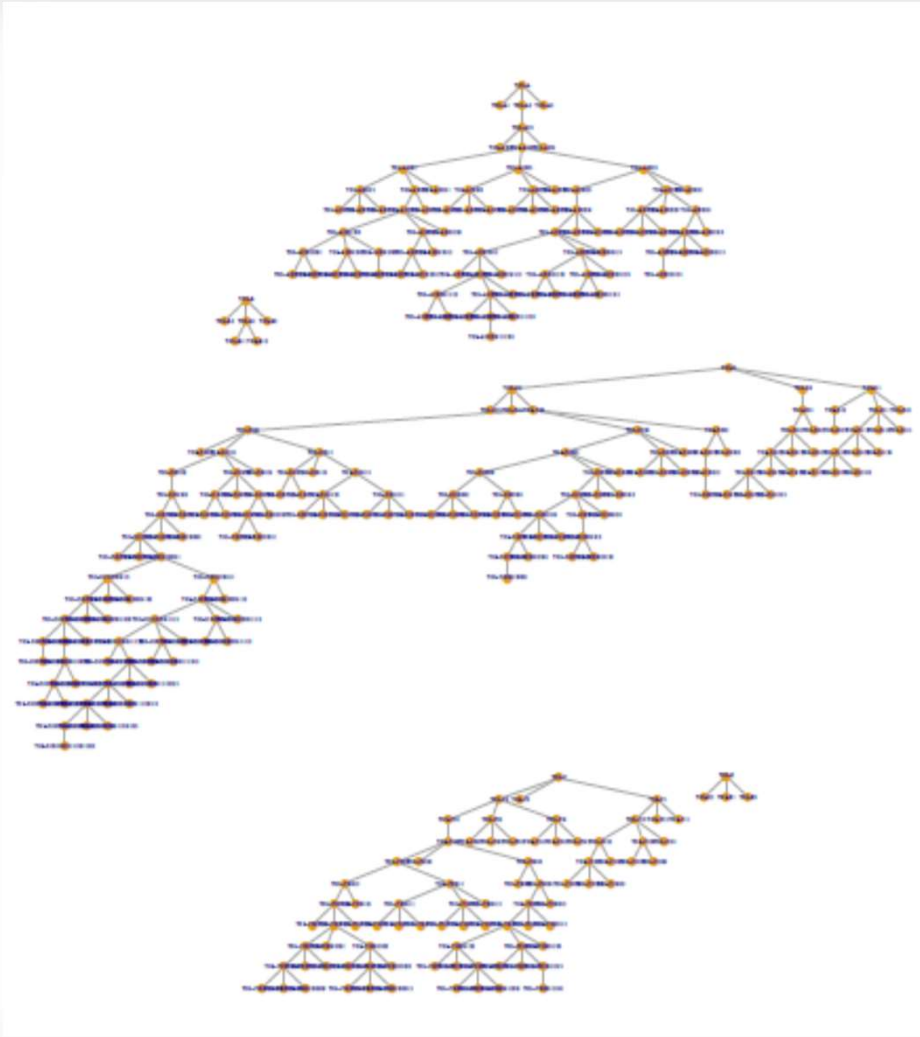
Rationale for the study

- Globally, TGW have been shown to be at high risk for HIV infection
- TGW are nearly 49 times more likely to be living with HIV than any other adults of reproductive age
- In South Africa we currently have little information regarding the specific HIV vulnerabilities of TGW, **except for data extracted from studies where the target population was men who have sex with men (MSM)**
- HIV prevalence amongst TGW in South Africa also remains undocumented

Study setting

- This study was conducted:
 - The **Cape Town metro - municipality**, located in the Western Cape Province,
 - **Johannesburg metro - municipality** 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 metros is because of the existence of organisations working with TGW

Methodology used



- Respondent-driven sampling (RDS) (i.e. peer-driven recruitment) was used to recruit TGW
- Dried blood spot (DBS) specimens and surveys, were used to assess HIV prevalence and risk behaviors amongst TGW aged 18 years and older.
- We estimated crude and adjusted HIV prevalence and behavioral risk factor prevalence and generated weights that adjusted for personal network size and biases in recruitment using Respondent Driven Sampling Analysis Tool (RDS-A).

Inclusion criteria

- The inclusion criteria for the survey:
 - Aged 18 years and older
 - (Self-reported) consensual sex* within the last 6 months
 - Lives in the Cape Town metropolitan municipality in the Western Cape Province, the Johannesburg metropolitan area in Gauteng as well as in the Buffalo City Metro - Municipality
 - Sex at birth = male
 - Current Gender = Female or Trans/gender/female or identify as “other” than male or man
- *For inclusion criteria purposes, sex is defined as oral, vaginal, or anal sex.

Realised study sample

- In total 888 TGW were found to be eligible:

Name of metro	Recruitment Period	Number of seeds	Total number of recruitment coupons issued	Final sample size
Buffalo City	34 weeks	5	932	305
Cape Town	34 weeks	7	727	259
Johannesburg	34 weeks	5	947	324
Total				888



Results



Socio-demographic characteristics (1)

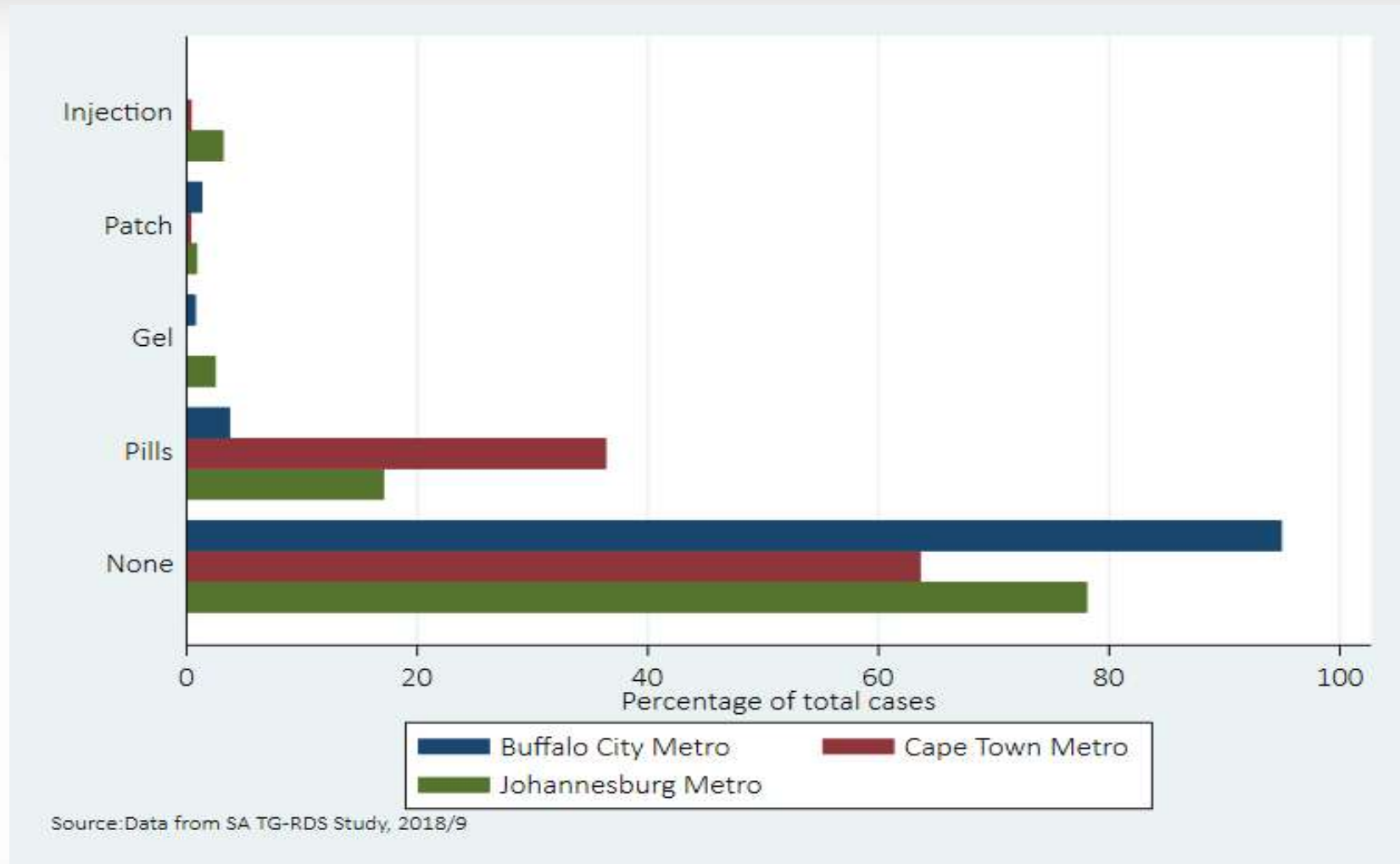
In each of the 3 study locations, survey respondents were:

- In Buffalo City and Johannesburg metros in terms of **Age**
 - Fifty percent of the study sample fell between the ages of 18-24 and 25+ age categories;
 - Cape Town: **60.2%** in the 25+ age category
- Median age and age range
 - Buffalo City (24; 18-53) Cape Town (26; 18-66) Johannesburg (24; 18-51)
- **Race:** Reflect the dominant racial groups resident in each of the 3 metros
 - Buffalo City: Black African: **93.2%**; Cape Town: 'Coloured': **63.1%**; (more diversity i.e.. race in Cape Town?)
 - Johannesburg: Black African: **96.1%**
- **Relationship status:** Single
 - Buffalo City: **95.5%**; Cape Town: **78.0%**; Johannesburg: **80.2%**

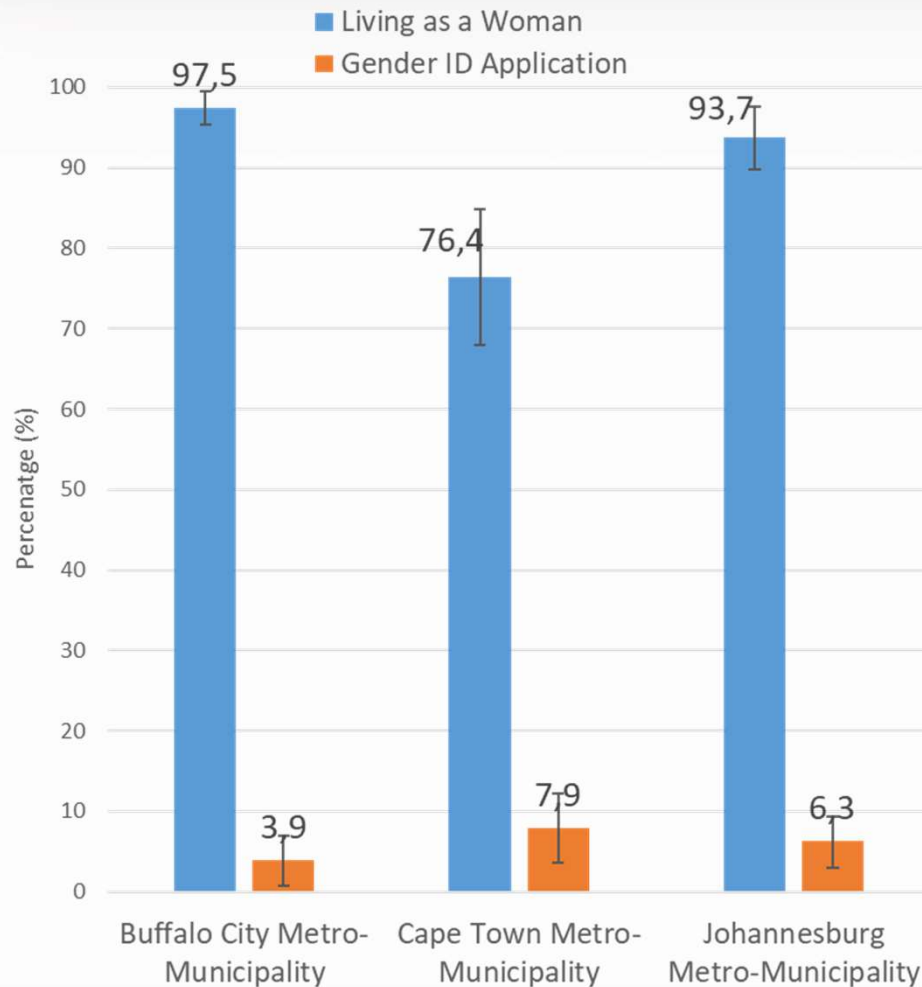
Socio-demographic characteristics (2)

- Highest educational level completed
 - **Matric**
 - Buffalo City: **55.4%**; Cape Town: **42.9%**; Johannesburg: **61.0%**
- Employment status
 - **Unemployed**
 - Buffalo City: **37.1%**; Cape Town: **60.0%**; Johannesburg: **52.0%**
 - » Of note: **44.8% student** in Buffalo City

Medical Transitioning: Types of hormones used

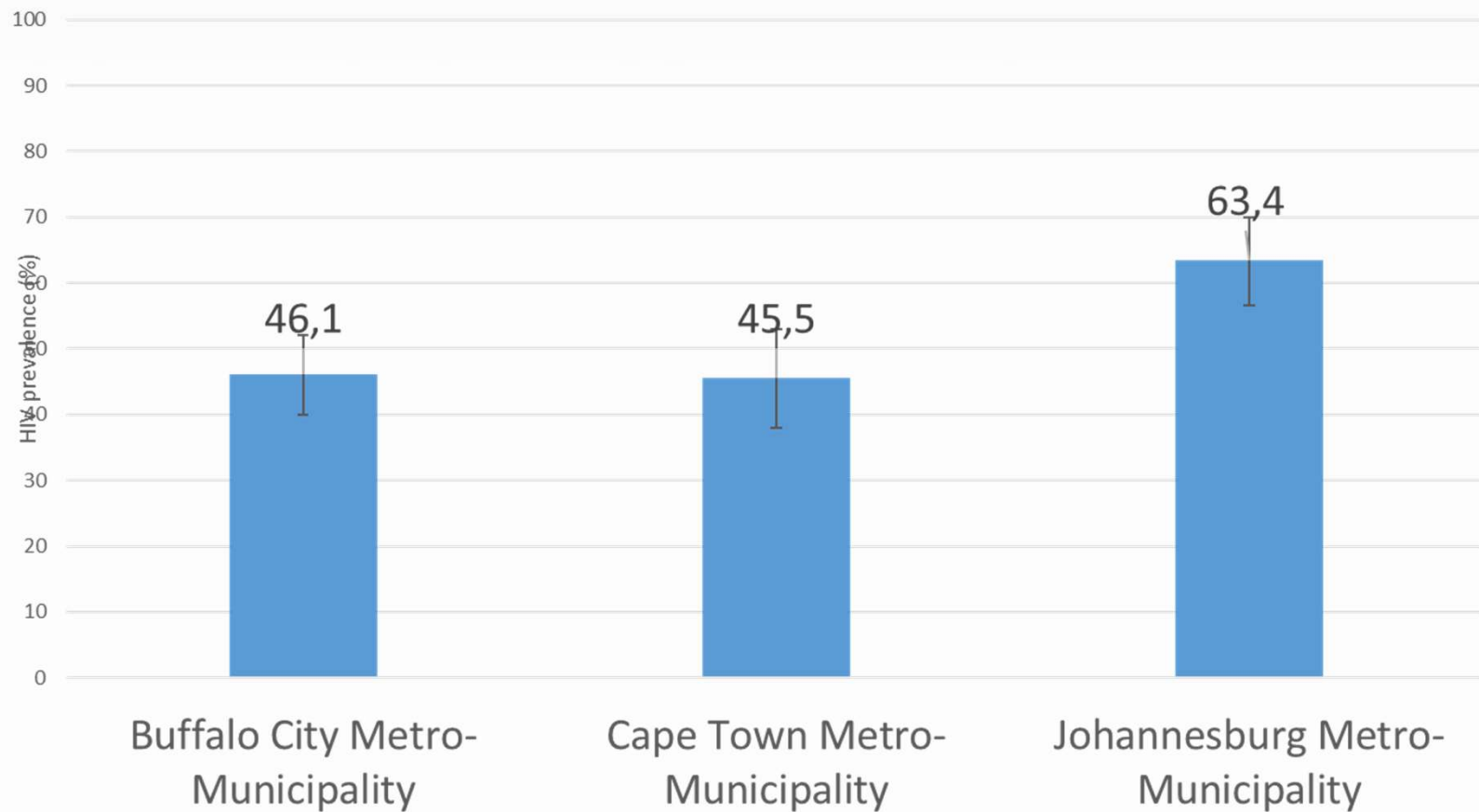


Social Transitioning



- Most TGW self-reported to *live as a woman* in the last 6 months
- Most TGW have *not applied for a change in gender marker*

HIV prevalence amongst TGW in 3 study locations



Age at first sex with a man

35.9% to 55.2% of TGW reported age at first sex: 15-17 years old

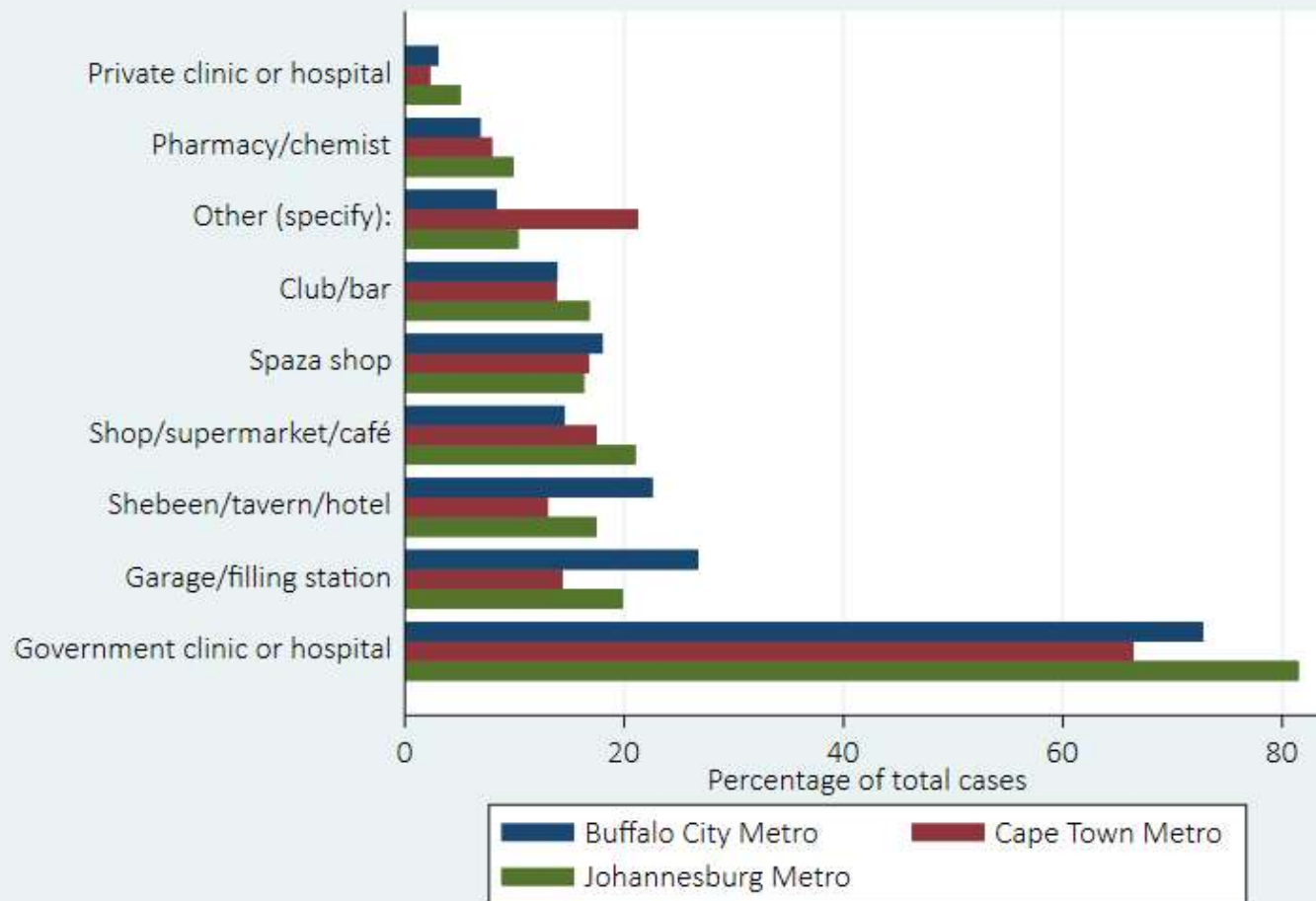
Table 1. Population adjusted estimates of age at first sex with a man amongst TGW in Buffalo City, Cape Town and Johannesburg metro-municipalities (2018-2019)

Variable	Buffalo City Metro-Municipality (N=305)				Cape Town Metro-Municipality (N=259)				Johannesburg Metro-Municipality (N=324)			
	n	Crude %	Adjusted %	Adjusted 95% CI	n	Crude%	Adjusted %	Adjusted 95% CI	n	Crude%	Adjusted %	Adjusted 95% CI
5-14 years	71	24.9	24.9	18.9-32.0	83	33.1	31.6	23.6-40.9	89	28.3	21.8	16.8-27.8
15-17 years	125	43.9	41.9	34.8-49.4	96	38.2	35.9	27.8-45.0	148	47.1	55.2	48.0-62.3
18-24 years	87	30.5	32.6	25.9-40.0	63	25.1	28.6	21.0-37.5	75	23.9	22.8	17.5-29.1
25+ years	2	0.7	0.6	0.1-3.4	9	3.6	3.9	1.6-9.0	2	0.6	0.2	0.0-0.8

Condom and lube use

- Condom use at last anal sex with a man
 - Buffalo City: 80.0%
 - Cape Town: 73.1%
 - Johannesburg: 76.7%
- Lube use at last anal sex with a man
 - Buffalo City: 83.3%
 - Cape Town: 70.4%
 - Johannesburg: 93.4%

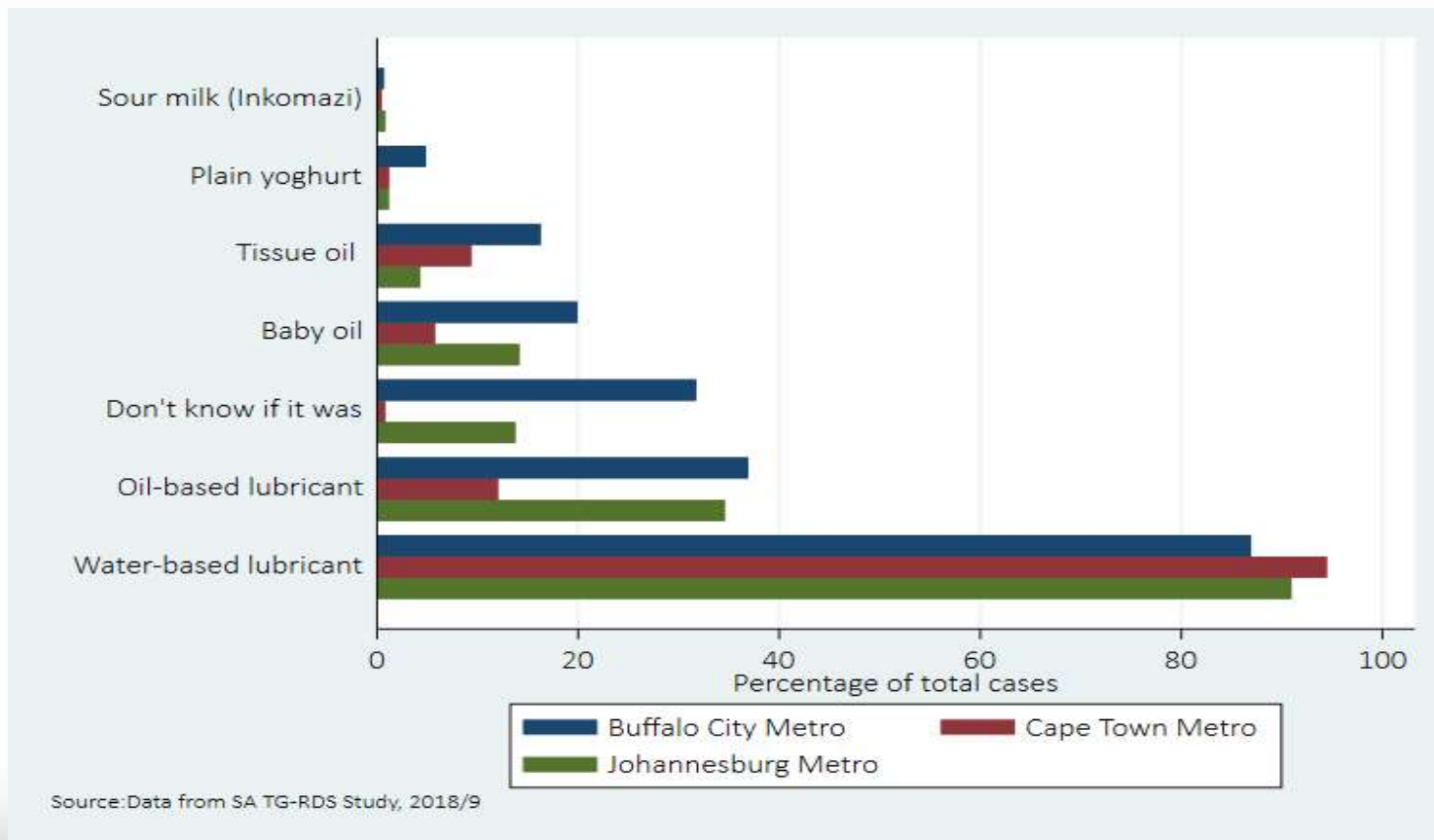
Source of obtaining condoms



Source: Data from SA TG-RDS Study, 2018/9

Types of lube used

- TGW use **water-based lube with a condom**
 - **72.4%:** Buffalo City; **66.5%:** Cape Town; **85.0%** in Johannesburg



HIV testing practices of TGW **ever** and in the **last 12 months**

- Ever tested for HIV
 - 95.5% to 97.0%
- Tested for HIV **in the last 12 months**
 - Buffalo City: 78.1%
 - Cape Town: 91.1%
 - Johannesburg: 91.0%

Selling sex

- Ever sold sex
 - Buffalo City: 13.8%; Cape Town: 13.1%; **Johannesburg: 38.3%**
- **Transactional sex** (i.e. sex in exchange for *cash, goods, place to stay*) in the last 6 months
 - Buffalo City: 17.4%; Cape Town: 8.7%; **Johannesburg: 29.5%**

Table 2. Transactional sex ever and with men in the last 6 months amongst TGW in Buffalo City, Cape Town and Johannesburg metro-municipalities (2018-2019)

Variable	Buffalo City Metro-Municipality (N=305)				Cape Town Metro-Municipality (N=259)				Johannesburg Metro-Municipality (N=324)			
	n	Crude %	Adjusted %	Adjusted 95% CI	n	Crude%	Adjusted %	Adjusted 95% CI	n	Crude%	Adjusted %	Adjusted 95% CI
Ever sold sex	43	14.1	13.8	[8.6-19.1]	51	19.7	13.1	[6.6-19.6]	143	44.8	38.3	[30.6-46.0]
Transactional sex with men in last 6 months	48	15.7	17.4	[11.2-23.7]	41	15.8	8.7	[4.2-13.3]	105	33.1	29.5	[22.0-36.9]

Experiences of stigma and discrimination

- Ever **felt discriminated** against because of TG status
 - Buffalo City: 14.5%; Cape Town: 15.1%; **Johannesburg: 29.7%**
- Ever experience **any type of violence** because of TG status
 - Buffalo City: 14.9%; Cape Town: 14.1%; **Johannesburg: 25.6%**

Table 3. Stigma and discrimination experiences of TGW in Buffalo City, Cape Town and Johannesburg metro-municipalities (2018-2019)

Variable	Buffalo City Metro-Municipality (N=305)				Cape Town Metro-Municipality (N=259)				Johannesburg Metro-Municipality (N=324)			
	n	Crude%	Adjusted %	Adjusted 95% CI	n	Crude%	Adjusted %	Adjusted 95% CI	n	Crude%	Adjusted %	Adjusted 95% CI
Ever felt discriminated against because of TG status												
Yes	47	15.4	14.5	[9.7-19.3]	59	22.7	15.1	[9.4-20.9]	109	33.7	29.7	[23.3-36.1]
Ever experience any type of violence because of TG status												
Yes	47	15.4	14.9	[9.9-19.9]	53	20.4	14.1	[8.2-19.8]	102	31.5	25.6	[19.6-31.6]

Strengths and limitations of the study

- RDS does not sample a population directly, but via a connected social network
 - Hence, each network selected in the 3 study locations sampled different sectors of the population category TGW
- Crude samples in each of the 3 metros were an over-representation of particular social networks of TGW
- The key advantage of the recruitment method of RDS is that it allows researchers to access in a systematic way, members of traditionally hard to reach target populations who may not otherwise be reached (i.e. those who do not frequent public venues, access facility-based services or who do not have contact with outreach workers) that where are not able to reach in for example, our national household survey

Conclusions

- HIV disproportionately affects TGW in each of the 3 study locations
 - Global HIV prevalence estimates amongst TGW:
 - Lesotho: 59.0% (Potteat et.al.(2017); (CDC,2019) Mumbai, India (63.0%) (Chakrapani,2010); Black/African American TGW: 51.0%
- HIV risk in TGW is embedded in multiple co-occurring public health problems, including poverty (high unemployment), violence and victimization, discrimination which in turn impacts on TGW's mental wellbeing
- The heightened HIV risk of TGW through the overlap of sex work
- These data fill a significant gap in understanding the HIV needs of TGW in South Africa
- Results will enhance HIV programmatic service delivery significantly

Recommendations

- Multi-level interventions are required that address risk at an interpersonal, biological, structural and community levels
- Considerations of the legal and policy framework in which sex work happens needs to be looked at
- Community-led interventions, grounded in empowerment

Funders



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THANK YOU FOR YOUR ATTENTION!

