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Prevalence And Particularities Associated With Positive Serology For HIV In Trans Women And Travestis Sex Professionals

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ABSTRACT

Objective: This study aims to analyze the prevalence of HIV positive serology in trans women sex workers, and the main problems associated. **Methods:** Scientific articles were found searching data platforms (PubMed, Virtual Health Library, Web of Science and Google Scholar) as much as much as epidemiological bulletins and statistical data from the Ministério da Saúde do Brasil (Ministry of Health) and UNAIDS were included. **Results:** Gender violence and gender inequality can contribute to the increased vulnerability of the transgender population to HIV. Globally, trans women are 50 times more likely to be infected with HIV, with seroprevalence in Brazil ranging from 16.9% to 65.3%. Studies point to prostitution as one of the main causes of seroconversion in trans women, especially between the ages of 18 and 24 years. Due to the immense marginalization, transsexual women have an evident difficulty in entering the labor market and accessing basic rights, such as health. These factors contribute to a greater vulnerability to HIV infection. **Conclusion:** The Ministry of Health needs to improve more incisively the prevention and assessment strategies of the risk levels of HIV transmission, without perpetuating gender violence, including by making it invisible, which contributes to maintaining the vulnerability of the professional transsexual population of sex.

Keywords: HIV, transgender, travesti, STIs, prostitution

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INTRODUCTION

In 1981, in the United States, the first clinical and epidemiological observations of a new immunodeficiency were reported in four homosexual men aged between 29 and 33 years old, who developed a rare and severe form of cancer, called Kaposi's Sarcoma, with respiratory manifestations, known as *Pneumocystis carinii pneumonia* [1]. The disease had a high lethality rate and patients affected rarely survived. In 1982, the disease was officially named Acquired Immunodeficiency Syndrome [AIDS] by the US Centers for Disease Control and Prevention [CDC] [2]. In Brazil, the first case was registered in São Paulo, between 1980 and 1981 [3]. The etiologic agent of AIDS is the *human immunodeficiency virus* [HIV] [4]. The infection can have 4 phases and its symptoms and severity vary according to the phase of the disease, and it can even be asymptomatic. Initially, medicine has linked HIV with certain risk groups, such as homosexual men, drug users and individuals with multiple sexual partners [5]. The term "risk group" has become obsolete, as it conveys a false sense of security to people outside these groups and because it stigmatizes certain groups. Currently, what exists are key populations, who are the groups most vulnerable and harmed by the HIV epidemic. In Brazil, among the key populations classified by Joint United Nations Programme on HIV/AIDS [UNAIDS], transsexual individuals and sex workers are also included, vulnerability factors that are often found concomitantly in the same individual [6]. Based on this, the present review aims to analyze the incidence of positive HIV serology in trans women and *transvestis* sex workers and the main associated problems.

METHODS

The abstract it's a wide-ranging study of narrative literature review [NLR] associated with an analysis of data present in documents published by institutions that work on behalf of the transsexual and transvestite community or associated with the theme HIV and/or AIDS. The work was initially carried out through research in

the Medical Publications [PubMed], Virtual Health Library [BVS], Web Of Science [Capes Journal] and Google Scholar databases. Among the available results, inclusion and exclusion criteria were applied in order to select those appropriate for the work. Only articles that the theme of prostitution involving transsexual women and *transvestis* living with HIV was addressed, were chosen among the results. Only articles published from 2011 onwards, in English, Spanish and Portuguese, evidencing Brazil in the study were included. As exclusion criteria, the following were filtered: review articles, letters to the editor, theses, dissertations, monographs, abstracts published in congress proceedings, articles with free access unavailable in the chosen databases, book chapters and studies that do not include data from Brazil. Only studies that met these points were fully read. As for secondary data, studies and bulletins published by the UNAIDS and the *Secretaria de Vigilância em Saúde* [Health Surveillance] of the *Ministério da Saúde do Brasil* were evaluated. *Vigilância em Saúde* [Health Surveillance] of the *Ministério da Saúde do Brasil* were evaluated.

RESULTS

The amount of people not classified as cisgender within a population can range from 0.1 to 2%.⁷ In Brazil, this number can be approximately 2% of adults, which is equivalent to 3 million people.⁸ According to the National Association of Transvestites and Transsexuals [ANTRA],⁹ 90% of the population in the country uses prostitution for their livelihood and as a way of earning income. As disclosed by the Department of Chronic Diseases and Sexually Transmitted Infections of the *Ministério da Saúde*,^[10] in 2020, the number of people living with HIV in the Brazilian territory was 920 thousand people. However, this value is disproportionately distributed among different groups. Having this, evidences shows that the group of transgender women and transvestites is the most affected, with prevalence ranging from 16.9% to 65.3%, considering different

studies in different states.^[10, 11] A meta-analysis study carried out in 10 countries also showed us that trans women are 50 times more likely to be infected with HIV than other adults of reproductive age, due to adverse social, individual, interpersonal and structural factors, this becomes evident in Latin America, where the prevalence is from 18 to 38%.^[12, 13] In female sex workers, disregarding the cis/trans gender diversity, this prevalence is lower, varying between 4.9 and 5.3%.^[10] A study carried out with transsexual, transgender and *travesti* women, in the state of Rio de Janeiro, resulted in a percentage of 31.2% of positive serology for HIV in these groups, and other Sexually Transmitted Infections [STIs] were also detected, such as syphilis [28.9%], rectal chlamydia [14.6%] and gonorrhea [13.5%].^[12, 13] In the south of the country, the chance of HIV infection in the group of transgender people is 55.5% higher than in the general population and factors such as residence in the metropolitan region, history of other STI diagnoses and sex work were some associated factors to this seroprevalence.^[14] Discrimination against transsexual women is a phenomenon ingrained in Brazilian culture. Quantitative and qualitative data from a study demonstrate that prejudice against this population not only leads to marginalization and social exclusion due to discrimination, but also contributes to these people having unprotected sex, in addition to cases of rape and violence that come accompanied in this complex that is transphobia. In a study carried out in Rio de Janeiro, with about 322 trans women, aged between 25 and 39 years, it was identified that 54%, equivalent to 174 women, were infected with HIV, about 62% were low-income and had intense sex work, which in part explains the occurrence of 46.3% and 54% of sexual and physical violence, respectively.^[15] Veras and collaborators [2021]^[16] cite prostitution as one of the main causes of seroconversion in trans women, especially between the ages of 18 and 24 years. The social vulnerability of sex professionals also provides

situations that lead to sex without a condom, such as rape, extra payment for unprotected sex or the feeling of security and trust with stable partners,^[17] as well as the frequent practice of anal sex, which is also a high risk factor for HIV transmission.

A cross-sectional survey selected 864 transsexual women in northeastern Brazil to investigate gender discrimination, and it was seen that within a 12-month period, only 547 [67%] of these women had medical consultations and 385 [45.8%] had access to an HIV test.^[18] Then, in the multivariate analysis, discrimination was associated with this lower probability of medical visits [OR: 0.29; 95%CI: 0.14–0.63] and lower HIV testing [OR: 0.41; 95%CI: 0.22–0.78].^[18] Another qualitative, descriptive and exploratory study found that young transsexual women living with HIV are inserted in a context of health vulnerability in which both the difficulties in carrying out self-care and the lack of knowledge about the AIDS epidemic are interconnected.^[19] In addition, the lack of preparation of Primary Health Care to provide quality and humanized care was another point raised by the study.^[19] Education is also an in factor fluency, according to data from Batista and collaborators [2020],^[20] who demonstrated an average number of school years for HIV-positive trans women up to 2.9 years lower than the same group with negative serology, in a context where transsexuals as a whole already have a high school dropout rate, resulting in fewer years of study.

DISCUSSION

The *Ministério da Saúde* adopts compulsory notifications and death of the infection as a national policy for combating and monitoring HIV/AIDS as much as prevention services, testing, treatment, attention, care and the preparation of epidemiological bulletins.^[21] Between 2010 and 2020 there was a decrease of AIDS cases in Brazil, however, there is under-reporting of cases in the Notifiable Diseases Information System [SINAN] due to the lack of the total number of cases and the specification

of behaviors and vulnerabilities, compromising the supply of medication and adequate filling of notification forms.^[21] The local mobilization of health professionals during the Covid-19 pandemic in 2020 may also have contributed to this underreporting of cases. Another problem is the perpetuation of binary notions of gender and sexuality, promoted by the categorization of HIV risk in key populations in epidemiological bulletins and other official documents, which stigmatize groups based on the invisibility of important sexual practices, other ways of HIV transmission and other groups within the LGBTIA+ community.^[22] An example of this is the failure to mention trans men who have sex with cis men in official *Ministério da Saúde* data records. The very lack of information about gender identity or risk behaviors, such as sex work, are problems, as is the case of the "HIV/AIDS Epidemiological Bulletin" of 2021, responsible for presenting the official data related to this STI during the last year^[21], but that did not encompass such categories. Violence and gender inequality can contribute to the increased vulnerability of the transgender population to HIV.^[23] One study observed that most of the transsexual population has difficulty on entering the formal labor market because they are victims of stigmatization and discrimination, making often sex work as the only option.^[24] Despite the fact that in Brazil several LGBTQIA+ institutions are established, we still have one of the highest rates of murder of trans women in the world.^[17] Health professionals are not prepared to receive them in the most adequate, humane, and with care and respect. Despite advances in favor of transgender people and transvestites, such as the national plan to promote LGBTQIA+ rights in 2009, and the national plan to confront the AIDS epidemic between gays and transvestites, many demands are still pending, including the need to expand the HIV prophylaxis service by the SUS, where the use of PrEP [pre-exposure prophylaxis] is almost non-existent. Still, the efficacy of PrEP in trans women using hormones

to affirm gender was only recently evaluated.^[25] Apparently, the levels of two antiretroviral drugs, Tenovir and Emtricitabine, present a decrease in serum availability, when administered to people in the process of sex reassignment through the use of hormones.^[25] Data such as these, lead to questions about how this would affect the effectiveness of PrEP in this population in the long term.^[25] This immense lack of information about the trans community demonstrates a gap in scientific knowledge so far, explaining once again the erasure that this population suffers.

CONCLUSION

Transsexual women often face difficulties to enter the formal labor market and access health services, becoming a vulnerable group to HIV and other STI's. The *Ministério da Saúde do Brasil* needs to improve more incisively the prevention and assessment strategies of the risk levels of HIV transmission, without perpetuating gender violence, including by making it invisible, which contributes to maintaining the vulnerability of trans women and *travestis* sex professionals. It is also necessary to draw up public policies to combat truancy of transgender people, socio-educational reintegration of sex workers, promotion of sexual education and guidance on gender issues in schools. The work of the biomedical community together with social scientists, philosophers, anthropologists and LGBTQIA+ associations is necessary, seeking to develop strategies and actions for the treatment and prevention of STIs based on the recognition and understanding of the complexity of gender identities, sexual practices and cultures, not evaluating the individual only from a biological perspective.

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