

Disclosure, Comfort, and Experiences with HIV Care Providers Among Transgender Women with HIV in Canada

Bluma Kleiner¹, Carmen Logie^{2,3}, Pierre-Paul Tellier¹, Seerat Chawla¹, Ashley Lacombe-Duncan⁴, Yasmeen Persad³, Lashanda Skerritt¹, Ann N Burchell^{5,6,7}, Mona Loutfy^{3,8}, Angela Kaida⁹, and Alexandra de Pokomandy^{1,10}, on behalf of the CHIWOS research team

¹Department of Family Medicine, McGill University, Montreal, QC, Canada; ²Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, ON, Canada; ³Women's College Research Institute, Women's College Hospital, Toronto, ON, Canada; ⁴School of Social Work, University of Michigan, Ann Arbor, MI, USA; ⁵MAP-Centre for Urban Health Solutions, Unity Health Toronto, St. Michael's Hospital, Toronto, ON, Canada; ⁶Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada; ⁷Department of Family and Community Medicine, University of Toronto, Toronto, ON, Canada; ⁸Department of Medicine, University of Toronto, Toronto, ON, Canada; ⁹Faculty of Health Sciences, Simon Fraser University, Burnaby, BC, Canada; ¹⁰Chronic Viral Illness Service, McGill University Health Centre, Montreal, QC, Canada

BACKGROUND

- Transgender (trans) women with HIV often face barriers to accessing inclusive and comprehensive primary and HIV care, including:
 - Enacted stigma in the provision of direct care
 - Cisnormativity in sexual health services
 - Lack of provider knowledge, training, and experience working with trans populations¹
- Positive patient-provider relationships bolster health care utilization in trans individuals²
- Voluntary disclosure of trans identity to health care providers precedes co-development of gender-affirming relationships³
- Little is known about the prevalence of disclosure of trans identity and comfort discussing trans-specific needs with primary and HIV care providers among trans women with HIV in Canada

OBJECTIVES

- Describe differences in trans women's disclosure of their trans identity to family physicians vs. HIV physicians
- Compare trans women's comfort discussing trans-identity and trans-specific health care needs with family physicians vs. HIV physicians
- Report prevalence of negative trans-specific experiences with HIV physicians

METHODS

Study Design

- Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS) conducted in British Columbia, Ontario, and Quebec⁴
- Baseline cross-sectional and longitudinal data across three waves from April 2013 to September 2018
- Subset of 54 trans women identified as those who indicated sex assigned at birth as male or intersex and who reported woman or trans woman as gender identity

Measures

- HIV physician** defined as physician who primarily provided HIV care to participant in the previous year
- Family physician** defined as family physician other than the participant's HIV physician
- Objective 1** → Prevalence of responses to: "Does your current family/HIV doctor know about your trans identity and experience?"
- Objective 2** → Prevalence of responses to: "How comfortable are you discussing your trans identity and trans-specific health care needs with your family/HIV doctor?"
- Objective 3** → Prevalence of 13 to 15 response options to: "Has your HIV doctor ever...?"



RESULTS

Table 1: Baseline characteristics of trans women participants (n = 54).

Variable	N (%) / Median (IQR)
Province	
British Columbia	11 (20.4%)
Ontario	29 (53.7%)
Quebec	14 (25.9%)
Sex Assigned at Birth	
Male	52 (96.3%)
Intersex	1 (1.9%)
DK/PNTA	1 (1.9%)
Age	41 (18-71)
Sexual orientation	
Heterosexual	28 (51.9%)
LGBTQ	24 (44.4%)
DK/PNTA	2 (3.7%)
Racial and/or ethnic background	
Indigenous	20 (37.0%)
African/Caribbean/Black	5 (9.3%)
White	19 (35.2%)
Other	10 (18.5%)
Education	
Lower than high school	9 (16.7%)
High school or higher	44 (81.5%)
DK/PNTA	1 (1.9%)
Immigration Status	
Canadian citizen	45 (83.3%)
Landed immigrant/permanent resident	5 (9.3%)
Refugee/protected person	4 (7.4%)
Income	
Less than \$20,000 annually	48 (88.9%)
\$20,000 - \$40,000 annually	5 (9.3%)
DK/PNTA	1 (1.9%)
Urban Residence	53 (98.1%)
Housing	
Stable	40 (74.1%)
Unstable	14 (25.9%)
Incarceration	
Never	28 (51.9%)
Ever, but not last year	23 (42.6%)
Last year	3 (5.6%)
Years Living with HIV	
Less than 6	14 (25.9%)
Between 6 and 14	24 (44.4%)
Greater than 14	15 (27.8%)
DK/PNTA	1 (1.9%)
Age Diagnosed with HIV	30 (0-54)
First Access of HIV Care After Diagnosis	
Never	4 (7.4%)
Within 4 months	32 (59.3%)
4 months or greater	14 (25.9%)
DK/PNTA	4 (7.4%)

IQR: interquartile range; LGBTQ: lesbian, gay, bisexual, two-spirit, and queer. DK/PNTA: Don't know/prefer not to answer

Table 2: Reported negative trans-specific experiences with HIV doctors.

Response	N (%)		
	Wave 1 (n = 39)	Wave 2 (n = 36)	Wave 3 (n = 25)
Refused to see you or ended your care because you are trans	-	-	2 (8.0%)
Refused to discuss trans-related health concerns	-	2 (5.6%)	2 (8.0%)
Refused to examine parts of your body because you're trans	-	2 (5.6%)	3 (12.0%)
Insisted on examining parts of your body that were not relevant to your care	-	1 (2.8%)	2 (8.0%)
Told you they don't know enough about trans-related care to provide your care	5 (12.8%)	3 (8.3%)	5 (20.0%)
Told you that you were not the gender you identify with	1 (2.6%)	1 (2.8%)	-
Told you that you had to stop taking hormones and/or choose between hormones and ARVs	-	-	1 (4.0%)
Discouraged you from exploring your gender	1 (2.6%)	1 (2.8%)	1 (4.0%)
Used hurtful or insulting language about your trans identity or experience	-	2 (5.6%)	2 (8.0%)
Thought the gender listed on your ID or forms was a mistake	4 (10.3%)	1 (2.8%)	1 (4.0%)
Belittled or ridiculed you for being trans	-	-	-
None/DK/PNTA	30 (76.9%)	29 (80.6%)	20 (80.0%)

Figure 1: Percent stacked bar chart of disclosure of trans identity to family and HIV physicians.

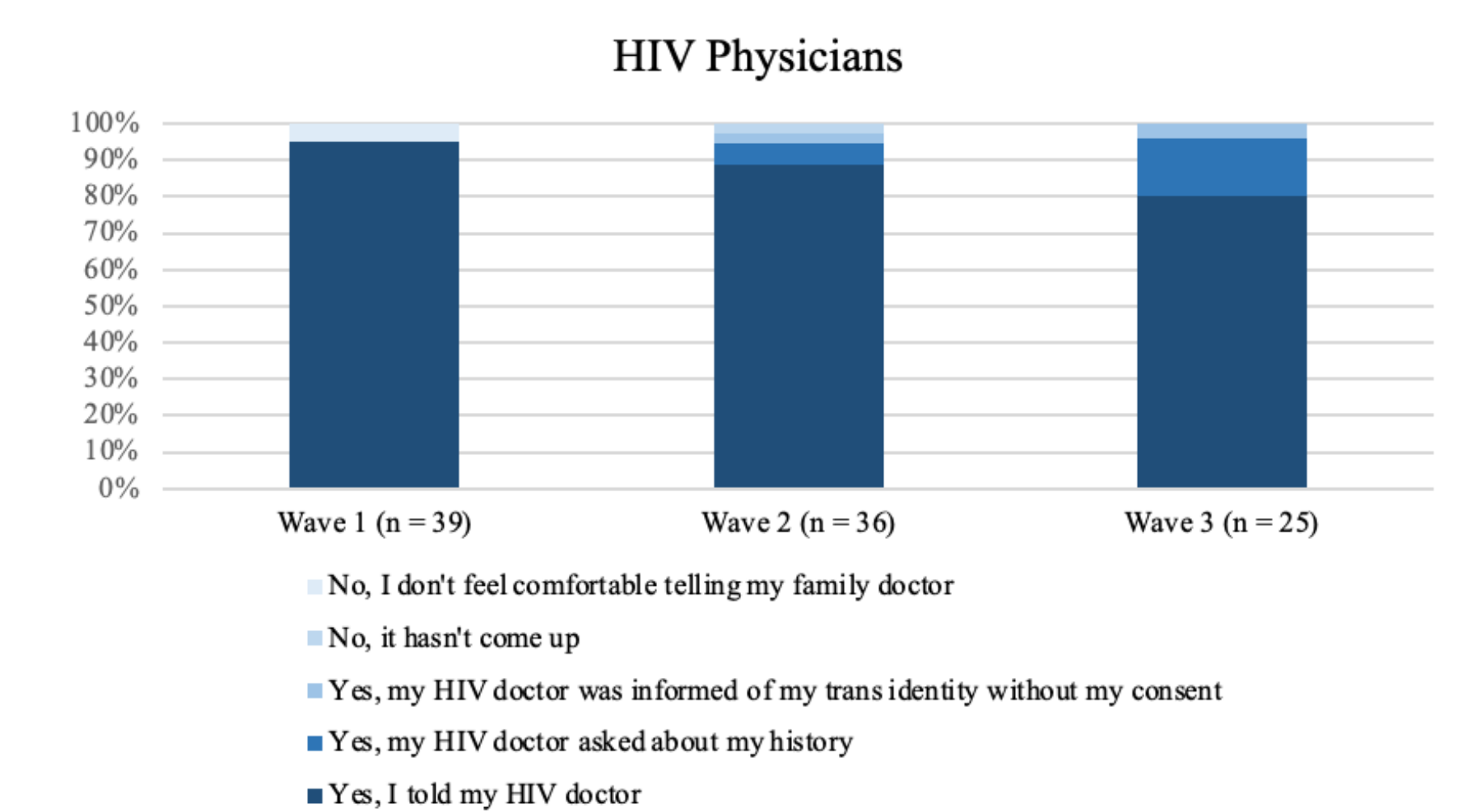


Figure 2: Percent stacked bar chart of comfort discussing trans identity and trans-specific health care needs with HIV and family physicians.



CONCLUSION

- Our findings suggest trans women have similar comfort discussing trans-specific health care needs with their family and HIV physicians.
- Reported negative experiences indicate the need for comprehensive, gender-affirming, trans-specific training for HIV care providers.

ACKNOWLEDGEMENTS

All the women with HIV who participated in CHIWOS, the national team of Peer Research Associates, co-investigators, collaborators, the National Steering Committee, provincial Community Advisory Boards, group and topic specific Advisory Boards, partnering organizations, and funding bodies.

References

- Lacombe-Duncan A, Kia H, Logie CH, Todd KP, Persad Y, Leblanc G, et al. A qualitative exploration of barriers to HIV prevention, treatment and support: Perspectives of transgender women and service providers. *Health Soc Care Community*. 2021;29(5):e33-46.
- Valente PK, Fane EA, Mellman W, Rael CT, MacCrate C, Bookring WO. Positive patient-provider relationships among transgender and nonbinary individuals in New York City. *Int J Transgender Health*. 2022;Oct 31:000:1-16.
- Sequeira GM, Ray KN, Miller E, Coulter FWS. Transgender Youth's Disclosure of Gender Identity to Providers Outside of Specialized Gender Centers. *J Adolesc Health Off Publ Soc Adolesc Med*. 2020 Jun;56(6):691-6.
- Loutfy M, de Pokomandy A, Kennedy JA, Carter A, O'Brien N, Prasad-Bouchard K, et al. Cohort profile: The Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS). *Schaeffer DL, editor. PLOS ONE*. 2017 Sep 28;12(9):e0184768.

Contact information:

bluma.kleiner@mail.mcgill.ca
Conflict of Interest Disclosure:
I have no conflicts of interest.