

# Sexual Health of Trans Men

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# Terminology



## Trans

- People who do not identify with their gender assigned at birth
- Umbrella term for i.e. trans men, trans women, genderqueer, trans non-binary, etc.

## Cis

- Cis people identify with their gender assigned at birth

# Why is it important to talk about trans issues in HIV research and prevention?

- In 2014 WHO has declared trans people as a high risk population in regards to HIV
- Trans people are 5 times more likely to be living with HIV (1,4% vs. 0,3%)
  - Black trans women are most at risk → almost every fifth black trans women in the US is living with HIV (19%; US Trans Survey 2016)

# Why is it important to talk about trans issues in HIV research and prevention?

- Trans people often affected by low socioeconomic status → experiences of discrimination in education, work, housing & health care
- More than 1 in 5 (22%; EU Trans Survey) experienced discrimination by a health care provider → highest rates i.e. in Lithuania, Cyprus, France, Germany, UK
- 33% of the US Trans Survey participants experienced discrimination from health care provider

# Why is it important to talk about trans issues in HIV research and prevention?

- Transphobia affects many parts of life:
  - Living with mental health related problems
  - More likely to engage in sex work
  - Users of drugs & alcohol
  - Having experiences violence & sexual abuse
  - Facing extreme barriers accessing health care & preventive care
  - Understudied or generally excluded from research
    - 2012-2015 32 studies about trans women & HIV → only 5 studies were inclusive of trans men in the same period

# Specific risks of trans MSM

## “Social” level

- Lack of Safer Sex negotiation skills
- Validation of gender identity through sexual contacts → “I only have sex with you as a man, if ...”
- No inclusion in HIV prevention campaigns



- Trans people are less likely to undergo preventive testing

# Specific risks of trans MSM

## “Physical” level

Use of testosterone in AFAB trans individuals may lead to:

- Genital/vaginal atrophy → may cause fissures easily
- Change of genital/vaginal tissue → tissue becomes thinner
  - **Elevated risk for HIV & other STIs based on these changes**
- AFAB bodies and AMAB bodies display different kinds and frequencies of symptoms with certain STIs

# Trans Men & PrEP

- Shield builds up differently in vaginal/front hole tissue vs. anal tissue → only studies incl. of trans women → no data on effectiveness in trans people with vaginas/front holes & who use testosterone
  - Changes in vaginal tissue could influence effectiveness of PrEP





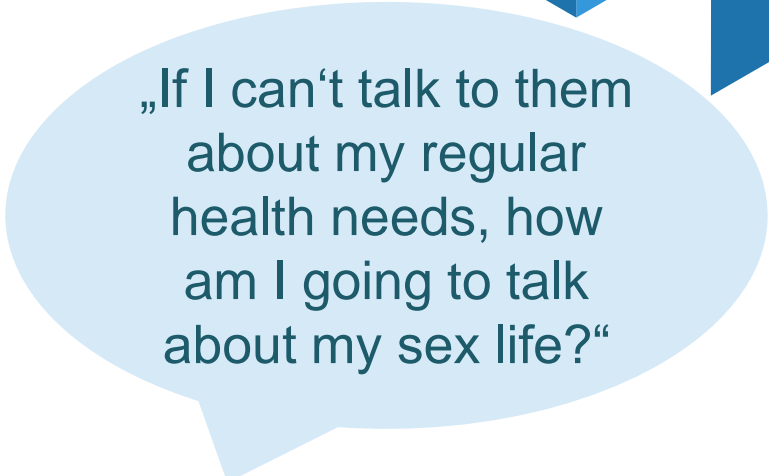
# Trans Men & PrEP



- Recent study has found 24.3% of trans participants (n=1.808) fulfilled CDC criteria for PrEP eligibility
  - 82.2% saw a health care provider in the past year prior to study
    - 64.9% had been tested for HIV
      - 33.9% had been given information about PrEP
        - 32.3% received a prescription for PrEP
          - Only 10.9% were taking PrEP

# Access Barriers Trans Men & PrEP

- Broad exclusion from trials
- Absence of data about trans MSM HIV risk & vulnerabilities  
→ unclear what criteria should be used to assess PrEP indication for this group
- Potential costs for testing & medication (also co-payment)



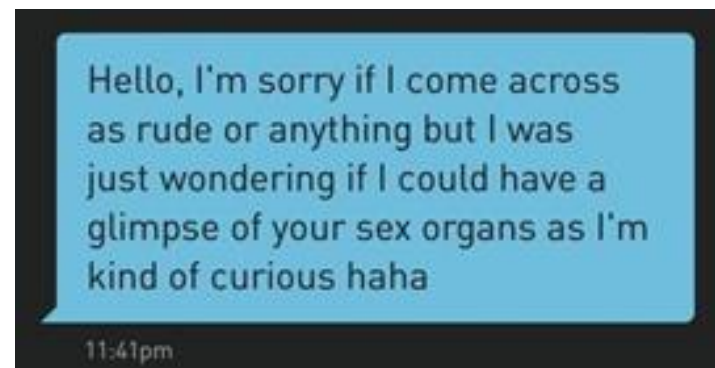
„If I can't talk to them about my regular health needs, how am I going to talk about my sex life?“

- General lack of competent & affirming testing facilities
  - this in combination with having to go back for testing every 3 months → impossible!

# Social treatment of trans men and AFAB non-binary people who have sex with men

- Hookup apps for TMSM are aggressive, non-inclusive spaces
  - #transmenongrinder on Instagram

Some examples:



# An invisible epidemic of sexual violence

- Around half of trans men and 3 in 5 non-binary people assigned female at birth are survivors of sexual violence



# Service provision

- No stereotypical assumptions
- Use of respectful and appropriate language → i.e. for genitals, sexual practices
- Inclusion in research / data collection
- Offer of self-sampling test → i.e. for STI testing
- Treatment offerings based on current physical needs, not sex assigned at birth or current legal sex



# Social inclusion

- Simple changes in terminology - such as referring to “cis men” explicitly rather than “men” and “trans men”
- Deconstruction of sexism, misogyny and patriarchy among cis gay and bisexual men

# Where are we now

- 2016 - Durban Statement



We are issuing this call to action following the 2016 International AIDS conference in Durban, South Africa. Trans men who have sex with men are recognized by the WHO as a key population at increased HIV vulnerability.

...

- July 2018 - Trans masculine & non-binary meeting at the International AIDS conference in Amsterdam

# Where are we now

- April 2019 - Foundation of the Trans Men & HIV Working Group by Global Action for Trans Equality (GATE)
- July 2019 – Trans lead Intervention at the International AIDS Society conference in Mexico City
- August 2019 – Publication Comment in the Lancet HIV

## THE LANCET HIV

COMMENT | [VOLUME 6, ISSUE 9, PE566-E567, SEPTEMBER 01, 2019](#)

### Transgender HIV research: nothing about us without us

[Ayden I Scheim](#)  • [Max Nicolai Appenroth](#) • [S Wilson Beckham](#) • [Zil Goldstein](#) • [Mauro Cabral Grinspan](#) • [JoAnne G Keatley](#) • et al. [Show all authors](#)

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# Where to next

- Cis gay and bisexual men actively ensuring that trans men and AFAB non-binary people who have sex with men are represented in MSM work **all the time**, not only as a side note
- Responsibilities for research projects to include community leaders in **paid** positions
- Support trans-led projects and groups
- There shouldn't be a competition in between trans men, women, and non binary identities -> more support, more visibility, more funding for all!

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# Resources

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