



IAS 2019



10TH IAS CONFERENCE ON HIV SCIENCE

Mexico City, Mexico  21-24 July 2019



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Factors associated with current ART use among trans women participating in Trans Amigas study, São Paulo, Brazil

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Disclosure

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Background

- Trans women carry one of the heaviest burdens of HIV infection
 - Pooled worldwide prevalence of HIV: 19.1% (Baral S. et al, 2013)
 - In Rio de Janeiro, Brazil: 31.2% (Grinsztejn B. et al, 2017)
- Context of social vulnerability, stigma, violence, risk behavior and poor mental health (Poteat, T. et al, 2016; Dhejne C. et al, 2016; Transrespect versus Transphobia, 2018)
- Brazilian context of universal healthcare and availability of ART
- Trans women face several barriers to access - transphobia and discrimination in healthcare services (Rocon, P. C. et al, 2016; Costa A et al, 2016)
- Importance of tailored strategies to tackle possible unique barriers to HIV care (Sevelius J.M. et al, 2019)



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Trans Amigas study

- Randomized pilot study among trans women living with HIV in Brazil to evaluate a peer navigation program.
- Intervention based on gender affirmation and peer support.

Peer Navigators (PN)

- 18 or older trans women Living with HIV
- Adherent to ART
- Recruited from community
- Selected during training phase

Participants

- 18 or older trans women Living with HIV
- Randomized for Control or Intervention
- Recruited from testing and HIV treatment clinic
- If intervention, assigned to peer navigator at baseline

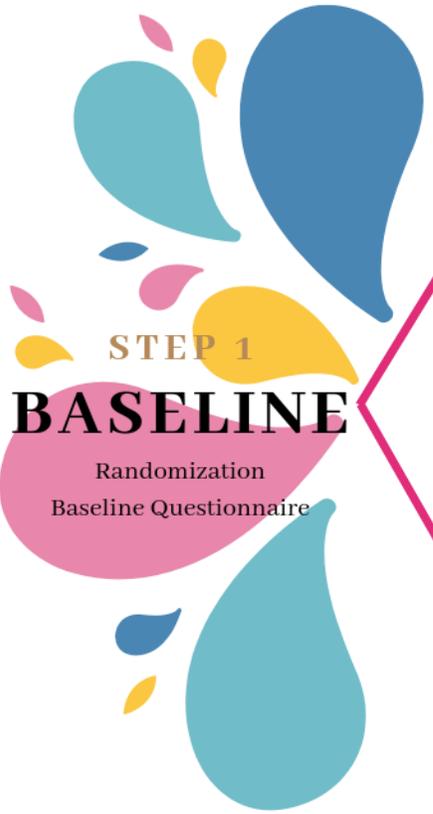


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Regular clinical follow-up (n=38)



STEP 1
BASELINE
Randomization
Baseline Questionnaire

STEP 2
9 MONTH VISIT
9 month Questionnaire
Clinical data assessment

Peer Navigation
(n=75)

Appointments
CD4 count
Viral Load
Medication Retrieval
ART Adherence



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Objective

- ▶ To describe and assess factors associated with current ART use among recruited trans women at baseline, including:
 - Sociodemographic data
 - Mental Health data
 - Substance Use
 - HIV-related appointment
 - Barriers to HIV Care



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Methods

- Those who reported current ART use were compared to the group of those:
 - a. Who never had an HIV-related appointment;*
 - b. Who had an HIV-related appointment, but were not prescribed ART;*
 - c. Who had an HIV-related appointment, reported previous ART use, but stopped taking ART.*
- Chi-square test was employed to assess factors associated with current ART use. Significant level was set to $p < 0.05$.



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Results

	N	%
18 - 34 years old	73	64.6
skin color: Parda (Brown) or Black	67	59.3
Less than 12 years of education	73	64.6
Income: < 1 monthly minimum wages	42	37.2
Employed	70	61.9
Unstable housing	88	77.9
Single (no relationship)	71	62.8



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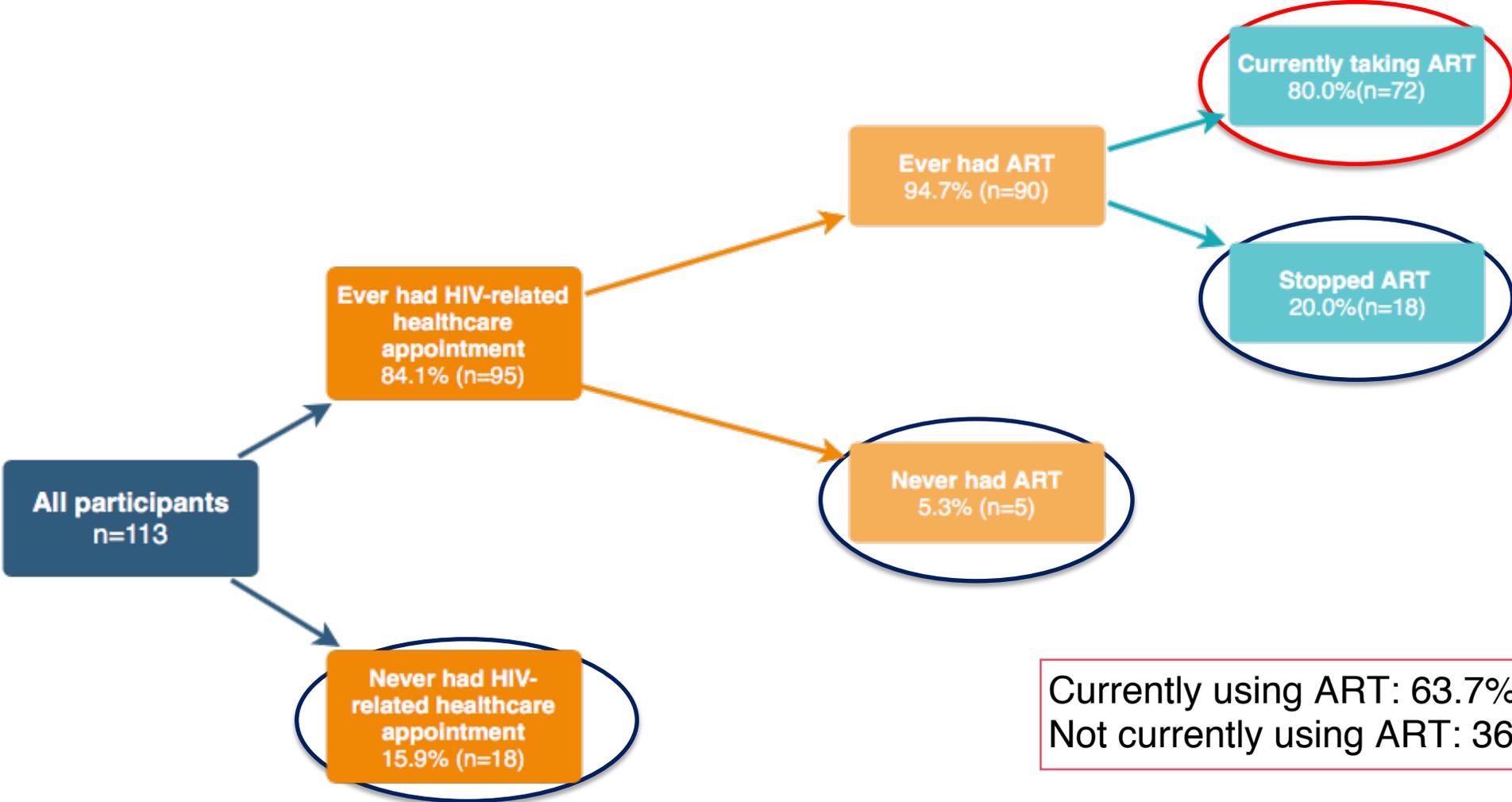
Results

	N	%
Use alcohol once a month or less	62	54.9
Verbal Violence experience (ever)	104	92.0
Physical Violence experience (ever)	70	61.9
Sexual Violence experience (ever)	51	45.1
Illegal substance use (last 6 months)	75	66.4
Suicidal Attempt (ever)	45	39.8
Suicidal Attempt (last 12 months)	13	11.5
Likely to have severe mental disorder (K10 mental distress scale)	39	34.5



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Results



Currently using ART: 63.7%
Not currently using ART: 36.3%



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Results

Factors associated with current ART use

	Current ART use		p-value
	No (%)	Yes (%)	
Age			0.008
35 or older	33 (80.5)	40 (55.6)	
18 - 34 years	8 (19.5)	32 (44.4)	
Education			0.024
Less than 12 years	32 (78.0)	41 (56.9)	
More than 12 years	9 (22.0)	31 (43.1)	
Substance use (last 6 months)			0.047
No	9 (22.0)	29 (40.3)	
Yes	32 (78.0)	43 (59.7)	

Ethnicity, Income, housing stability, employment, mental distress (K10 scale), Alcohol use and experiences of violence were not significantly associated with current ART use, as well as randomized group assigned.



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Discussion

- Current ART use was low (64%) when compared to other key populations in Brazil (e.g. MSM=95% - Guimarães et al, 2019, unpublished data);
- Lower education is a known risk factor for low adherence to ART;
- In contrast to what is described in ART adherence literature, our findings indicate that younger trans women were more likely to be on ART - possibly an effect of less negative healthcare experiences due to recent health policies such as chosen name law;
- Illegal substance use may play a role deepening barriers to care in a greater marginalization setting;
- ART use at baseline will be taken into account in the final analyses of this study.



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