Determinants of Pre-exposure Prophylaxis Retention among Transgender Women

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BACKGROUND

- Transgender women (TW) are at disproportionate risk of HIV and face unique challenges with remaining in PrEP care
- Objective: we examined barriers to and facilitators of retention in PrEP care among TW

METHODS

- Sequential explanatory mixed methods with 2 phases
- **Phase 1**: quantitative analysis of data from 170 TW in a PrEP demonstration project (iMPrEPT) to describe 24-week retention by sociodemographics, sex work engagement, substance use, and gender-affirming hormone therapy (GAHT) use
  - included PrEP provision among 170 TW to evaluate 24-week retention by sociodemographics, sex work engagement, substance use, GAHT use
- **Phase 2:** 15 in-depth interviews with PrEP-experienced TW purposively sampled to include TW who engaged in sex work based on Phase 1 findings
- Thematic analysis of Phase 2 data to explain findings from Phase 1, with priority given to Phase 2
- Integrated findings from Phase 1 into presentation of themes from Phase 2 by reflecting on findings from Phase 1 during thematic analysis

Table 1. Sociodemographics of Phase 2 participants (N = 15).

Gender	Female/woman, N (%)	5 (33)
	Trans female/trans woman, N (%)	7 (47)
	transfeminine, male to female, transgender, or transsexual woman, N (%)	4 (27)
Race and ethnicity	Black or African American, N (%)	3 (20)
	Latina/x, N (%)	6 (40)
	White, N (%)	9 (60)
	Spanish or multiracial, N (%)	2 (13)
Currently on PrEP, N (%)		10 (67)
Sex work experienced, N (%)		9 (60)
Age, mean (standard deviation)		35.8 (9.7)

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- **TW engaged in "survival sex work" experience barriers (e.g., unstable housing)**
- **Substance use is a barrier to PrEP care for some TW**
- **Reciprocal benefits of medical gender affirmation services and PrEP were identified**

RESULTS

Phase 1: 18% of TW not retained at 24 weeks engaged in sex work compared to 7% of TW who were retained

Phase 2: Sex work was frequently cited as a motivator for PrEP. Two subcategories of sex work emerged:

"Non-survival sex work"
- Little difficulty staying in PrEP care
- Seeking clients from online sources
- Stable housing
- Accessing GAHT through providers
- Exchanging sex primarily for money

"Survival sex work"
- Difficulty staying in PrEP care
- Seeking street-based clients
- Unstable housing
- Using black market hormones
- More frequently exchanging sex for drugs

- Financial incentives cited as strategy to retain TW in PrEP care and privacy and discretion when working with TW engaged in sex work

Phase 1: 56% of TW not retained at 24 weeks were on HRT compared to 71% of TW who were retained

Phase 2: TW prioritized medical gender affirmation (e.g., GAHT) over PrEP, yet many described bi-directional benefits, often linked through sex work
- TW reported less difficulty with engaging in gender-affirming care than PrEP services
- Taking PrEP with GAHT facilitated adherence
- PrEP made TW feel safer during sex work, which could lead to more money for affirmation services
- Some felt that feeling feminine was more important than sex; others felt sex with men was important aspect of gender affirmation, which PrEP helped facilitate

Phase 1: 18% of TW not retained at 24 weeks reported substantial or severe drug use compared to 8% of TW who were retained

Phase 2: TW reported substance use as a barrier to PrEP, often in the context of sex work
- Sex work clients often initiate substance use

"I only do it for the money. For shelter, food I don't need to do that. Cause I know I have family that will just or friends who will like, if I need food, they'll help me. you know." (012)

"There has been so many times where I've applied for jobs and they told me that I couldn't work there once they'd seen my ID. Uhm, sex work I consider is a form of survival… There's been plenty of times where I've had to have sex with people just to pay my rent at the end of the month or even just to stay the night at somebody's place just to survive." (005)

"I mean, as far as like sex work goes it's uh, it's, it's something that people often have to like hand like they have to go about it with a level of privacy and uh discretion. So…as long as the other people can have that discretion as well. And not, not in like a shameful way but just in like you have to be strategic and uhm people, people can be hostile towards you. So, just. It doesn't have to be like screamed at you but uh just being able so being able to relate that relate stuff to you in a way that uhm is secure." (006)

Because I took my hormones every day and I got anxiety when I didn't only because I've felt more masculine whenever I did and that was something that I wasn't comfortable with. So, always placing my PrEP there was the thing. (005)

"I meet a whole, like array of, of different men and… each one is different and, and… uhm… I guess… I guess the fact that I… that so many different good-looking men wanna come over and meet me is, is…I wouldn't be able to like, I wouldn't feel comfortable meeting all these people if I didn't have PrEP." (014)

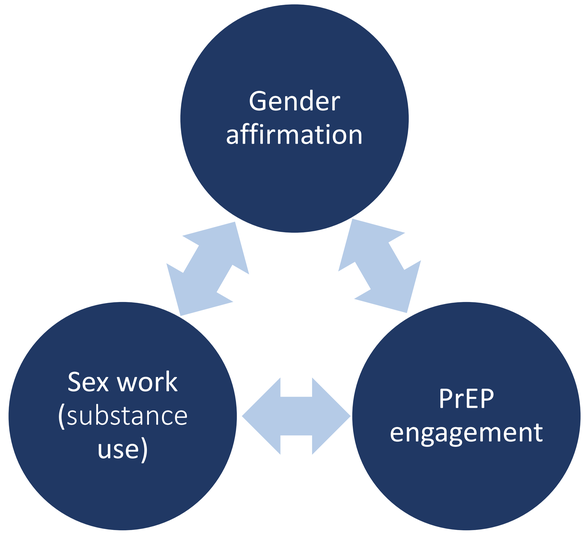
"Like a lot of my clients, I've had a lot of clients who are are drug users. Come see me, and you know… some of them tell me stories of that like girls that they've seen who do it. And they smoke with them and do this and that." (012)

LIMITATIONS

- Findings not generalizable
- Phase 1 sample size for the quantitative analysis limited power to test for associations
- Not reflective of the experiences of transgender men, transmasculine people or transgender adolescents

CONCLUSIONS/IMPLICATIONS

- TW engaged in "survival sex work" experience barriers (e.g., unstable housing), which may require supportive services to engage them in PrEP care
  - Financial incentives may be particularly important for this group
- Substance use is a barrier to PrEP care for some TW
  - Interventions focused on PrEP engagement may benefit from strategies that address substance use
- Reciprocal benefits of medical gender affirmation services and PrEP suggest service co-location is one strategy to retain TW in PrEP care



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