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HIGH HIV BURDEN AMONG TRANSGENDER WOMEN IN THE STATE CAPITAL AND SMALL TOWNS IN CENTRAL BRAZIL

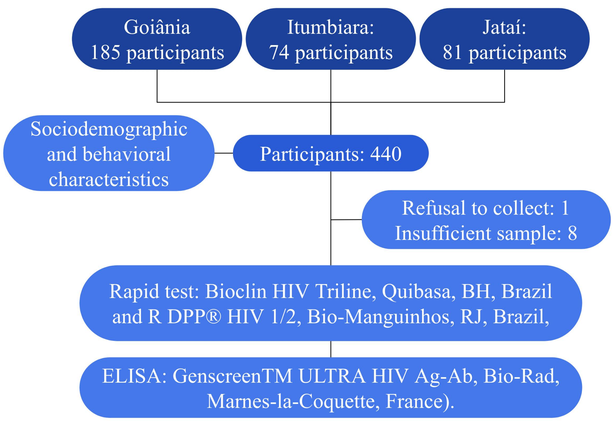
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BACKGROUND

Transgender women (TGW) have an increased risk for HIV due to social exclusion, barriers to access to health care, discrimination, and exposure to higher-risk contexts such as sex work. In fact, there is a lack of studies assessing the dynamics of the HIV epidemic among TGW in rural cities. This is a cross-sectional study that aimed to estimate the prevalence and factors associated with HIV acquisition and compared the characteristics among TGW in the state capital vs. small towns of Goiás (Figura 1), which are regions far from the HIV epicenter in Brazil.

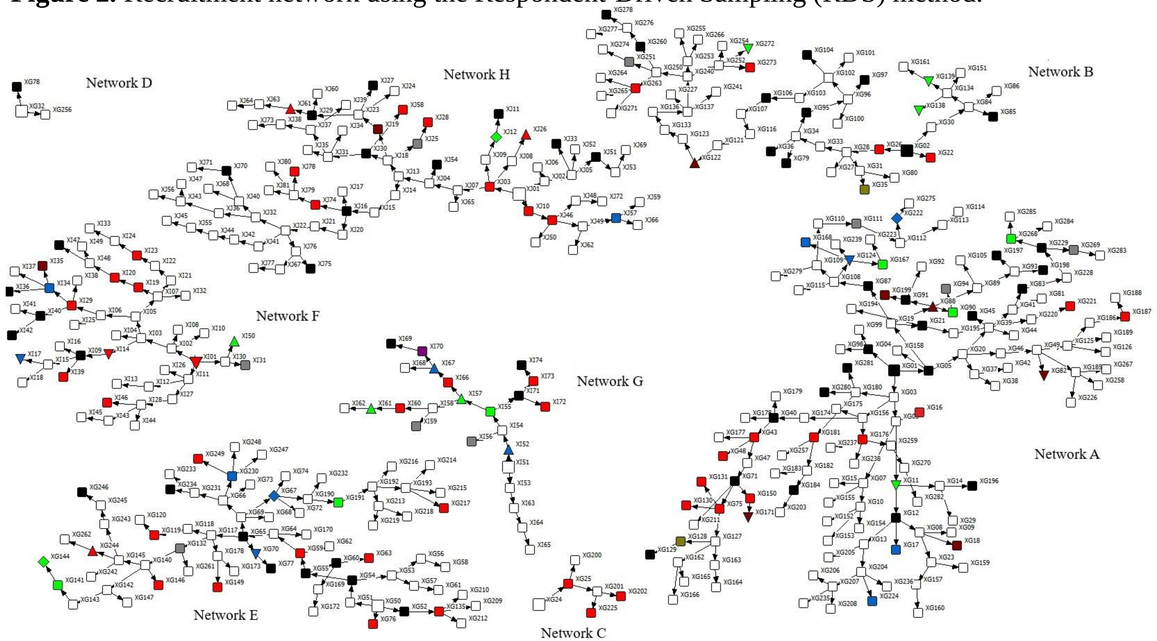
METHODS

Figura 1. Methodological Workflow.



Statistical analyses: samples positive in both tests were considered positive. Prevalence was estimated with a 95% confidence interval. We performed bivariate and multiple Poisson regression analyses with 95% confidence intervals (CI).

Figure 2. Recruitment network using the Respondent-Driven Sampling (RDS) method.



RESULTS

HIV-1/2 overall prevalence: 33.2% (143/431)

- **Median age:** 25 years (IQR: 21-30)
- **Ethnicity:** 312 (71%) were black/mixed (self-declared)
- **Education:** 269 (61%) secondary school level

Figure 3. State Capital (Goiânia)

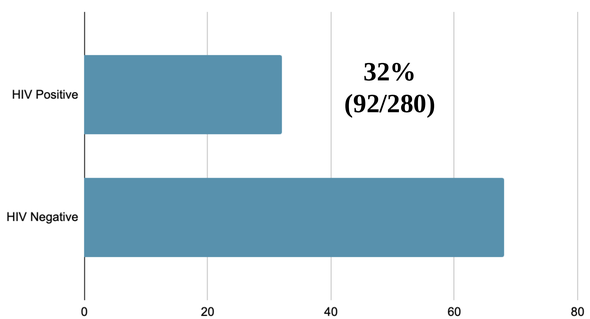


Table 1. Bivariate Analysis of Variables Associated with HIV Infection Among Transgender Women in Goiás, Center-West Region of Brazil.

TGW from the capital:	**N**	**%**	***p***
STI history (self-reported)	58 (146)	39.7	0.011
Sexual violence	51 (138)	37.0	0.162
Single	84 (243)	34.6	0.148
TGW from small cities:			
STI history (self-reported)	35 (69)	50.7	< 0.001
Group sex	46 (112)	41.1	0.001
Sexual intercourse under the influence of alcohol	41 (113)	36.3	0.180
Sexual intercourse with other TGW	16 (32)	50	0.029
Insertive anal intercourse	39 (101)	38.6	0.074

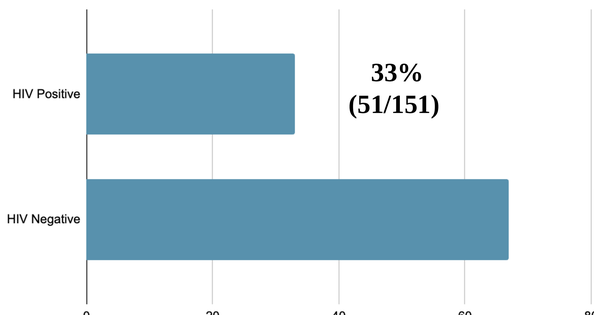
Table 2. Model Poisson Regression Analysis of Variables Associated with HIV Infection Among Transgender Women in Goiás, Center-West Region of Brazil.

TGW from the capital:	***p***	**ARP**	**95%CI**
STI history (self-reported)	**0.031**	1.47	1.04 – 2.1
TGW from small cities:			
STI history (self-reported)	**0.003**	2.24	1.3 – 3.8
Group sex	**0.026**	2.49	1.1 – 5.6

Figura 2. Study setting.



Figure 4. Small cities (Itumbiara e Jataí)



CONCLUSIONS

Despite a higher proportion of risk behaviors found among TGW in the capital vs. small cities, the high burden of HIV among TGW was similar among the two groups. STI history was a common factor associated with HIV in both groups. Therefore, health interventions supported by governmental public policies are urgently needed to mitigate the HIV epidemic in this key population in both large metropolitan and smaller cities in central Brazil.

Acknowledgment: