

# HIV STIGMA, MENTAL HEALTH AND SUBSTANCE USE IN TRANSGENDER WOMEN WITH HIV: RESULTS OF THE FIRST YEAR OF FOLLOW-UP IN THE TRANSCITAR COHORT

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## BACKGROUND

In Argentina, stigma and discrimination against transgender women underlie the context of psychosocial vulnerability they are exposed to and their high prevalence of mental health problems and substance use. These factors lead to increased prevalences of multiple adverse health outcomes, including HIV, with a prevalence of 34% among transgender women in Argentina.

Given this critical health situation, the TransCITAR cohort was developed, to provide up to date epidemiological data about the transgender population.

## RESULTS



### High levels of social vulnerability

Median age: 31 years (IQR 27–37)

**52%** Incomplete high school or lower    **47%** Unstable housing    **54%** Received income and social assistance  
**32%** Foreign-born    **53%** Current engagement in sex work



### Baseline mental health indicators

**34.7%** Depressive symptoms    **14%** Suicide attempts    **12%** Non-suicidal self-injury

## TransCITAR

TransCITAR is a **prospective cohort study** that follows physical and psychosocial health of **500 transgender and non-binary people** over a five-year period in Buenos Aires, Argentina. Participants are assisted by a team of peer navigators.

## METHODS

From September/2019 to January/2023, **100 transgender women with HIV** enrolled in TransCITAR completed both baseline and 12-month psychosocial questionnaires.

The following variables were considered for this analysis:

## OBJECTIVE

Report changes in HIV-related stigma and mental health indicators in transgender women living with HIV after 12 months participation in the TransCITAR study.

### Socio-demographic variables

Age, Education, Housing, Income and social assistance, Migration, Sex work

### Depressive symptoms (CES-D<sub>16</sub>)

Suicidal ideation (screening)

Last week

### Suicide attempts

Non-suicidal self-injury

Last year

### Hazardous drinking (AUDIT score $\geq 8$ )

Substantial illicit drug use (DAST-10  $\geq 6$ )

Last year

### HIV-related stigma (Berger et al., 2001)

4 dimensions:

Personalized stigma,

Disclosure concerns,

Negative self-image,

Concern with public attitudes toward PLHIV

## FOLLOW UP

No changes in mental health and substance use indicators were observed after one year of follow-up.

HIV-related stigma decreased significantly, particularly, in the personalized and negative self-image dimensions.

**TABLE 1.** Comparison between baseline and 12-months follow-up of HIV-related stigma, and mental health and substance use indicators

	Baseline	12 months	p
<b>Mental Health</b>			
Depressive symptoms, yes, n (%)	34(34.7)	31(31)	1.000 <sup>a</sup>
Suicidal ideation, yes, n (%)	15(15.8)	13(13.3)	.337 <sup>a</sup>
<b>Substance use</b>			
Hazardous drinking, yes, n (%)	16(16.3)	22(22)	.302 <sup>a</sup>
Substantial illicit drug use, yes, n (%)	1(1.3)	4(5.2)	.375 <sup>a</sup>
<b>HIV-related stigma</b>			
Overall HIV-related stigma, M (SD)	66.85(13.61)	62.23(17.66)	.050 <sup>b</sup>
Personalized stigma, M (SD)	15.49(4.47)	13.69(4.75)	<b>.001<sup>b</sup></b>
Disclosure concerns, M (SD)	22.72(4.63)	21.60(6.72)	.100 <sup>b</sup>
Negative self-image, M (SD)	16.84(4.09)	15.26(4.85)	<b>.001<sup>b</sup></b>
Concern with public attitudes toward people with HIV, M (SD)	11.80(3.067)	11.68(4.24)	.795 <sup>b</sup>

Note: In bold, p-values < .05

a=McNemar test and b= Student's paired t-tests and were used to analyze changes over time.

## CONCLUSIONS

**HIV stigma decreased after one year of follow-up.** It is possible that access to HIV care in a welcoming gender-affirming service with a team of accepting peers may have promoted greater self-acceptance of their HIV status and, thus, better personal skills to cope with stigmatizing situations. However, there were no changes in the proportion of poor mental health indicators, showing persistent mental health problems in this population. These results highlight the importance of monitoring the longitudinal evolution of these indicators to identify and establish priorities for health policies, regarding prevention, intervention and treatment for this population.

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