

COMMENTARY

HIV-related healthcare-seeking barriers among transgender people

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The term "transgender" refers to those whose gender identification conflicts with the gender assigned to them at birth. Transgender (TG) individuals face an increased risk of HIV transmission, surpassing even other high-risk populations. Despite the limited available health-related data for TG individuals worldwide, a consistent and alarming trend emerges: TG women are nearly 50 times more likely to be HIV positive compared to other adults in their reproductive years, while TG sex workers are four times more likely to live with HIV compared to female sex workers. TG men also face heightened HIV risk because many identify as 'Males who have sex with males (MSM)' experiencing health risks akin to other high-risk populations. In low- and middle-income countries, HIV has found in 19.9% of TG women. Comparatively, in high-income countries HIV has a prevalence of 21.6% transgender women.¹ Therefore, TG community become the most targeted for interventions due to their high risk of contracting HIV.

However, healthcare is difficult to access for TG because of discrimination and stigma, causing poor sexual and reproductive health.² In many countries globally, the presence of stigma and societal factors poses barriers to transgender people accessing specialized healthcare and HIV services. A study in Bangladesh found that there are many individual and interpersonal barriers such as low-risk perception, misperception about HIV testing, knowledge gaps, criminalization, and stigmatization.³ Another survey from Nepal reported, 51% of respondents had encountered discrimination in one or more contexts.⁴ An article reviewed the US people from 2005-2019, mentioned structural barriers such as transphobia, lack of pre-exposure prophylaxis for transsexual

women, lack of health insurance, and psychological hindrances such as low self-esteem, alcohol and drug abuse, and mental health problems.⁵

There are several structural and interpersonal factors that were identified as hinder the HIV-related healthcare-seeking among TG. These are: (1) environmental factors, whether formal or informal, that promote stigmatization and discrimination in various settings; the limited visibility of TG populations in mainstream society, whether by choice or circumstance, making it challenging to provide them with essential services; the explicit criminalization of gender non-conformity and the associated risk of physical or sexual violence linked to one's gender identity; government-imposed restrictions on access to condoms and lubricants for MSM, TG individuals, and sex workers in numerous countries, thereby increasing the likelihood of unprotected sexual encounters.

Finally, the active involvement of both governmental and non-governmental entities, as well as stakeholders, has been recognized as a means to mitigate various obstacles and establish a robust healthcare system, thus impeding the national goal of attaining the 90-90-90 target.⁶ Therefore, we call for the research community, stakeholders, and funding agencies to come forward with a view to implementing better opportunities to alleviate the barriers for this community in Bangladesh soon.

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Conflict of Interest

The authors have no conflict of interest to declare.

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