

Factors influencing transgender and male sex worker access to sexual health care, HIV testing and support – TaMS

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Background



- Australian SW
 - HIV incidence one of the lowest in the world (Comm. of Australia, 2014)
 - Consistently low rates of STI & high rates of condom use (Jeffreys et al 2012)
- But remain a priority population
 - Barriers to health service access; Stigma and discrimination
 - Range of legal & regulatory issues
- Transgender and male sex workers (TMSW)
 - Most work outside the regulated sector
 - Most male SW offer sex to men regardless of sexuality
 - Technology reshaping ways males SW operate, advertise & connect with clients (Minichiello et al 2015)



Aim



- To explore the experiences of transgender and male sex workers (TMSW) in Queensland to understand personal, social and structural factors influencing sexual health and wellbeing, including access to sexual healthcare provision and support.
 1. Profile and experiences of TMSW in Queensland.
 2. Experiences of accessing sexual health testing, care and support.
 3. Attitudes to changing HIV testing, treatment and prevention, including the introduction of PrEP.
 4. Recommendations for improving health and wellbeing.



Methods



- Community-based participatory research (CBPR) approach collaboration between UQ and Respect Inc
 - Sex Worker peers involved at all stages
 - Overseen by research steering committee of TMSW



Methods

- 35 semi-structured interviews conducted by 2 peer researchers
- Recruited
 - Respect Inc contacts,
 - Texting from SW advertising
 - Post cards distributed at Respect Inc offices
 - *Reached target sample within 3 months*



- Mostly Brisbane and Gold Coast, Cairns and Townsville
 - Some based interstate/overseas

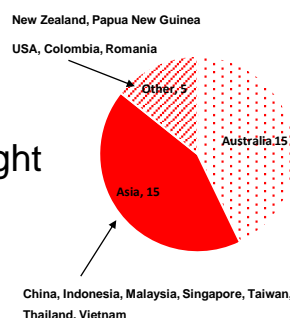


Interviewee profile (n-35)

- Age range 19-69 years (Mean 33 years)
- 57% overseas born
- 43% Australian born
- 57% cis men: mostly gay, some bisexual or straight
- 29% trans women: mostly straight or bisexual
- 14% trans men, non-binary, or intersex



Country of birth



Sexual health: testing & condom use



- Most had monthly/6 monthly sexual health checks
 - Very satisfied with services provided by sexual health clinics
 - However, many were not “out” as sex workers to clinic staff
- Importance of condoms at work
- Clashes with clients demanding condomless sex.
- Small number of participants offered services without a condom.
- Cis men and trans women - condomless oral sex.
- Small number Cis men - condomless anal intercourse.
 - One interviewee, on PrEP, very open about providing condomless services most of the time.



HIV: fear and stigma



- HIV as a occupational health concern:

“If my family knew about my work they would ask why you do this, and what happened if you got HIV.”

“Condom broke a while back and ever since I was like, fuck, scared... Like if I got HIV... my god I'd hate to think about that.”

“I'm still not 100% comfortable with pos clients. I am really really careful... It's just getting it through my thick head. It's totally my fault, not theirs.”



Stigma: Health care barrier



- Many, particularly migrant workers, not out as sex workers in health care services and to family

“Can’t tell GP as my image will fall... I’m a student... I just don’t tell people, then I’m not exposed..”

- Stigma experienced by trans SW greater than broader SW stigma.

“I’ve got a bit of shit from Grindr. Usually the issue is being trans.”



HIV: PrEP



- Good knowledge of PrEP, interest in PrEP.
- Some using PrEP via QPrEPd.
- Poor knowledge of PrEP among migrant workers.
- Concerns about PrEP:
 - Access, cost, where to get it, side effects, perceived it as a new or ‘experimental’ drug
 - Risk of other STIs if they had condomless sex while on PrEP.

“What really concerns me, a lot of these young ones are going around having unprotected sex without condoms at all”..... “you can still get other things, like, there’s still hepatitis.”



PrEP and Sex work concerns



- Fears of mandatory PrEP
- Mixed attitudes to PrEP in SW advertising:
 - Good to keep safe
 - Implies availability of condomless services
 - Concern that clients will push for condomless services

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“..lack of firm policy on [PrEP] sex work in Australia.....scares me, that sex workers – or anybody – could ever have a judgment pass that they must take that medication.....That is the most concerning part.”



PrEP: healthcare barriers



- Some had difficulties accessing PrEP

“I tried, I went to the [gay] doctor’s and it was like getting blood out of a stone....she kind of went, ‘Here we go again, you’re going to have to book another appointment just for that.’ She wasn’t very encouraging....gave me a few pieces of paper, told me to read it.....said it’s expensive if you don’t go on the trial’.”



Recommendations



1. More health clinics and training for staff to be SW friendly
2. Availability of multilingual information resources for migrant sex workers
3. Effective marketing and appropriate funding for Respect Inc to ensure workers are aware of the organisation
4. Full decriminalisation of sex work in Queensland

Resource

Development of the 'Respect Criteria' – Conducting and Evaluating Best Practise Research with Sex Workers:



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References



- Commonwealth of Australia. (2014). *Seventh National HIV Strategy 2014–2017*. Canberra, ACT: Department of Health, Commonwealth of Australia. Retrieved from <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1>.
- Estcourt CS, Marks C, Rohrsheim R, Johnson AM, Donovan B, Mindel A. HIV, sexually transmitted infections, and risk behaviours in male commercial sex workers in Sydney. *Sex Trans Infect*. 2000;76(4):294–8.
- Jeffreys, E., Fawkes, J., & Stardust, Z. (2012). Mandatory Testing for HIV and Sexually Transmissible Infections among Sex Workers in Australia: A Barrier to HIV and STI Prevention. *World Journal of AIDS*, 2, 203-211. doi: 10.4236/wja.2012.23026
- Jones, J., Dean, J, Brookfield, S., Forrest, C., and Fitzgerald, L. (2018). TaMS: Factors influencing trans and male sex worker access to sexual health care, HIV testing and support study report. Respect Inc. Brisbane, Queensland, Australia.
- Minichiello, V., Scott, J., & Callander, D. (2015). A new public health context to understand male sex work. *BMC Public Health*, 15(24 Mar 2015), 282. doi: 10.1186/s12889-015-1498-7
- Minichiello V, Marino R, Browne J, Jamieson M, Peterson K, Reuter B, et al. Male sex workers in three Australian cities: socio-demographic and sex work characteristics. *J Homosexuality*. 2002;42(1):29–51
- The Kirby Institute. (2016). HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2016. Sydney NSW 2052: The Kirby Institute, UNSW Australia.

