

Understanding barriers, working alongside the community: a formative study for the implementation of a peer-navigation intervention among transwomen living with HIV in São Paulo, Brazil

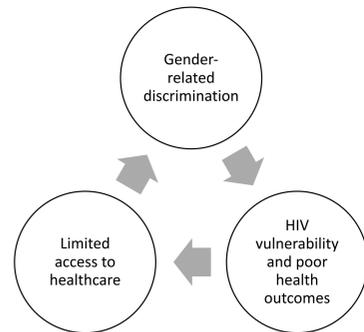
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Background:

Transwomen (TW)* are disproportionately affected by HIV worldwide¹. Their lived experiences often include stigma and gender-related discrimination¹⁻⁴, which may hinder access to healthcare services and create cycles of violence that exacerbate existing health disparities. If diagnosed with HIV, transwomen also often face difficulties engaging in HIV care and adhering to ART, increasing their risk of poor HIV-related clinical outcomes and transmission of HIV to uninfected partners⁵. This study aimed to explore these challenges to inform a peer-navigation (PN)** intervention (TransAmigas) for improving engagement in HIV care among HIV-positive transwomen in São Paulo, Brazil.

Figure 1: Discrimination and HIV vulnerability among transwomen



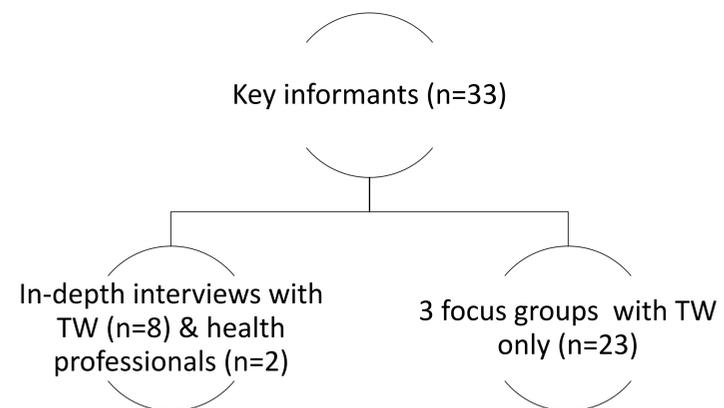
*Transwomen is an umbrella term to include diverse identities including travestis, transsexual, and transgender women

** Peer Navigation is a peer support strategy designed to help patients navigate HIV care and prevention through social modeling. PN begins with building rapport with a participant in order to understand the participant's current engagement in HIV care and adherence patterns, identify specific barriers that pose challenges to the participant's engagement in care and adherence, identify what social services the participant is currently accessing, and develop an overall action plan for addressing any barriers to health and well-being.

Methods:

Between October 2017 and January 2018, we conducted **10 in-depth interviews (IDI) with key informants (transwomen and health professionals working with transwomen)**, as well as **3 focus groups (FG) with transwomen only**, in different regions of the city. **A total of 33 people participated.** Semi-structured guides sought to elicit experiences around access to social and healthcare services, with an emphasis on HIV care, as well as to understand the potential benefits and challenges of peer-navigation for transwomen living with HIV.

Figure 2: Flowchart of the formative study



- On average, interviews lasted 48 minutes
- On average, groups lasted 95 minutes
- Mean age of TW (n=31) was 36 (range: 18-68)
- IDI and FG participants were mixed status

Results:

Participants discussed barriers to social and healthcare services, including:

- Limited service hours
- Lack of sensitivity and preparedness of professionals in addressing transwomen's specific needs, such as the correct use of the preferred name, medical knowledge regarding hormone provision and complications related to industrial silicone use.

Low adherence to ART was said to be related to:

- Obstacles accessing care in general
- Reduced prospects for successful careers, financial stability, and general safety and well-being.

Both TW and health professionals were very enthusiastic that peer-navigation could provide needed support. In addition, TW suggested a series of community activities, which could help improving adherence to the program.

Conclusions:

This formative study confirmed that a peer navigation intervention among transwomen living with HIV in São Paulo has potential to enhance ART adherence and well-being by addressing some of the barriers pointed out with the help of empowered and adherent peers to improve both clinical and social outcomes. Consulting affected communities prior to program development and implementation will certainly improve its success.



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