

# Exploring contexts of HIV vulnerability and protective factors among young transgender women in Kingston, Jamaica

Carmen Logie<sup>1</sup>, Nicolette Jones<sup>2</sup>, Kandasi  
Levermore<sup>2</sup>, Nakia Lee-Foon<sup>3</sup>

1: Factor-Inwentash Faculty of Social Work, University of Toronto,  
Toronto, Canada; 2: Jamaica AIDS Support for Life, Kingston,  
Jamaica; 3: Dalla Lana School of Public Health, University of  
Toronto



Jamaica



## Jamaica AIDS Support For Life

*Love. Action. Support.*

*Let's take off our masks and talk*







# Background

- Homosexuality criminalized in Jamaica
- Pervasive violence targets lesbian, gay, bisexual and transgender (LGBT) youth in Jamaica (e.g. Human Rights Watch 2014)
- Family and community violence often results in homelessness: estimated 40% of Jamaican homeless youth are LGBT (Cruikshank, 2010)



# Background

- Jamaican gay, bisexual and other men who have sex with men (MSM) who experienced homelessness & violence had higher HIV infection rates (Figueroa et al 2013)
- HIV rates in the general population are 1.6%: **among young MSM in Jamaica HIV rates are 28%-highest in the Caribbean** (UNAIDS 2013)

# What about transgender women?

- No reported HIV prevalence among transgender women in Jamaica
- Our own study results showed HIV infection rates of 17% among young transgender women in Kingston, Ocho Rios & Montego Bay
  - Associated with homelessness, violence & transgender stigma



# Transgender women & HIV

- Latin American studies, including the Caribbean, report HIV infection rates among transgender women of 26-35% (*higher than rates among MSM of 2.5-18%*)
- Lack of transgender focused research in Jamaica: could be misclassified as MSM or not included in research

# Objectives

- Understand HIV vulnerability and protective factors among young transgender women in Kingston, Jamaica

# Methods

- Community based collaboration with Jamaica AIDS Support for Life, J-FLAG, and Caribbean Vulnerable Communities in Jamaica
- LGBT peer-researchers
- Focus group with transgender women aged 18-29 (n=12)
- In-depth individual interviews with transgender women (n=20; mean age: 23) and key informant interviews (n=12)
- Narrative thematic analysis (Attride-Stirling, 2001)

# Findings

- HIV vulnerabilities shaped in contexts of structural violence and stigma
- Protective factors

# Structural violence & stigma

- **Structural violence:** social structures that present barriers for individuals, groups and societies from realizing their potential (Galtung 1969)
  - political, religious and cultural systems cause harm by producing unequal access to power, health care and resources
- **Stigma:** multi-level processes of labeling, status loss, social exclusion & discrimination

# Sites of stigma and violence

- Police
- Health care
- Employment
- Legal systems
- Community

# Police

*Because of the police we can't walk on the road in peace—  
policeman spray pepper spray.* (focus group [FG])

*We try our best to get justice but no one shows up or helps.*  
(FG)



# Health care

*I went to the clinic. They said I just looked like a girl and [there was] excitement and crowds and police had to come and escort me out. Some guys started to throw stones. (FG)*

*For transgender persons to go to public health care it is a big challenge with the fear of discrimination, thinking they are going to be attacked, physical abuse; verbal abuse; so the healthcare is the biggest thing. (key informant [KI])*

# Health care

***There are doctors here who are willing to see a patient, but if people find out that he or she is treating a transgender patient, he or she will lose clients...Most persons in the community who are actually seeing a doctor, would actually call in to say that they are coming. The doctor will give them a time to come when most of his clients are not there, when it's not peak hour. (Transgender KI)***

# Employment

*Transgender is seen as taboo so they won't get a job. (FG)*

*Some people come by the shop and they won't want to buy with a transgender working, and then the lady won't earn any money; **it's the clients.** (FG)*

*What I do for a living: I put on my woman clothes and I work the road to hustle my money to eat food. That is how I live. (FG)*

# Legal systems

*Being transgender, we don't feel comfortable in Jamaica, worse because it is not legalized.* (Participant 6)

*It is ingrained in our society and in our social institutions. In the law, it is **punishable by imprisonment.*** (KI 9)

*There are the laws of this country, that's the buggery law. So, on top of God's law that is laid down in the Bible, you have man's law.* (KI 7)

\*this even impacted our peer researchers

# Types of stigma & violence

# Physical

*Sometimes men will drive up in cars with guns and shoot at us in the night. Last October about 2 carloads of men came with hammers and machetes and run out and beat about 8 of them [transgender women] and take away their phones and chopped them in their heads and in their face. They just want to chop you and kill you. (FG)*

*We live on the gully [outside] and we never know what can happen because men come underneath the gully and hurt US. (FG)*

# Sexual

*The first time I came out I got raped by a boy; he put the knife by my throat and told me to take off my clothes and when I looked about 3 more were coming. (FG)*



# HIV-related stigma-disclosure concerns

*Nuff time mi think if di doctor know it's a bad result, him discriminate me, talk, put up mi name and tell other people.*  
(participant 5)

*I seek sexual health care from clinics that is not of LGBT groups, it will be a clinic where normal people go to. I am not afraid of doing an HIV test because of where I choose to go.* (participant 12)

# HIV-related stigma

*Sometimes, when you go to the clinic and you find out that you are positive, they will look on you 'a way.' They may say, 'He's so young, how him manage to be HIV?' Also, if you are gay, you can't let them know you are gay, if you are a transsexual, you can't let them know that either. (participant 8)*

# Consequences

# Going underground

*Our presence is disturbing; most of the time we can't be seen during the day. (FG)*

*During the day we have to hide, we come out mostly in the night like at 2 a.m. and nobody is on the road. We are like night crawlers. (FG)*

*I'm just always running because I'm afraid. I'm always running. (FG)*

# Limited healthcare access

*The transgender girls who are sex workers are not accessing any form of medical intervention from health providers, this means that they are more likely to be HIV positive and not aware of their HIV status. (KI 10)*

*If I am not properly attired, I will get a lot of judgments. I have to make sure that I look like a boy if I am not going to a private hospital. (participant 8)*

*Will I be treated like a human being and not an animal?  
(participant 20)*

# Mental health issues

*No matter what, the acceptance and love you might get from friends, there is still a point where you need your family's love and affection and when you see they are not being accepting or tolerant of your lifestyle, it is pressuring on you and it can make you depressed. (FG)*

*If I have something on my mind I would buy weed [marijuana] or a cigarette and smoke it; that is my way to take things off my mind. (FG)*

# Protective factors



# Peer support

*Once you are going through your struggles, such as being put out or being crucified or bashed, they (transgendered friends) will back you 100%. They are there for you. They don't laugh at you. They are there to help you, to get you strong, to build and motivate you. (Participant 19)*

*From I was a child I felt like I was a girl and I see myself as a girl. So when I started to wear girl clothes my friends gave me encouragement and say I look pretty or I look like a girl. It was positive. (FG)*

# Role models

*I want to see a change; people are running away and going to England and the European continent, America and I am not ready to make that step because if I leave then who is going to be there for the other generation? Somebody has to play that role; there has to be a foundation. I just think that is my purpose in the community—being trans. (FG)*

*You hear about them (out transgender persons) before you come out, you know that they are the foundation, so we as the younger ones would figure out where to find our peers. (FG)*

# Healthcare Recommendations

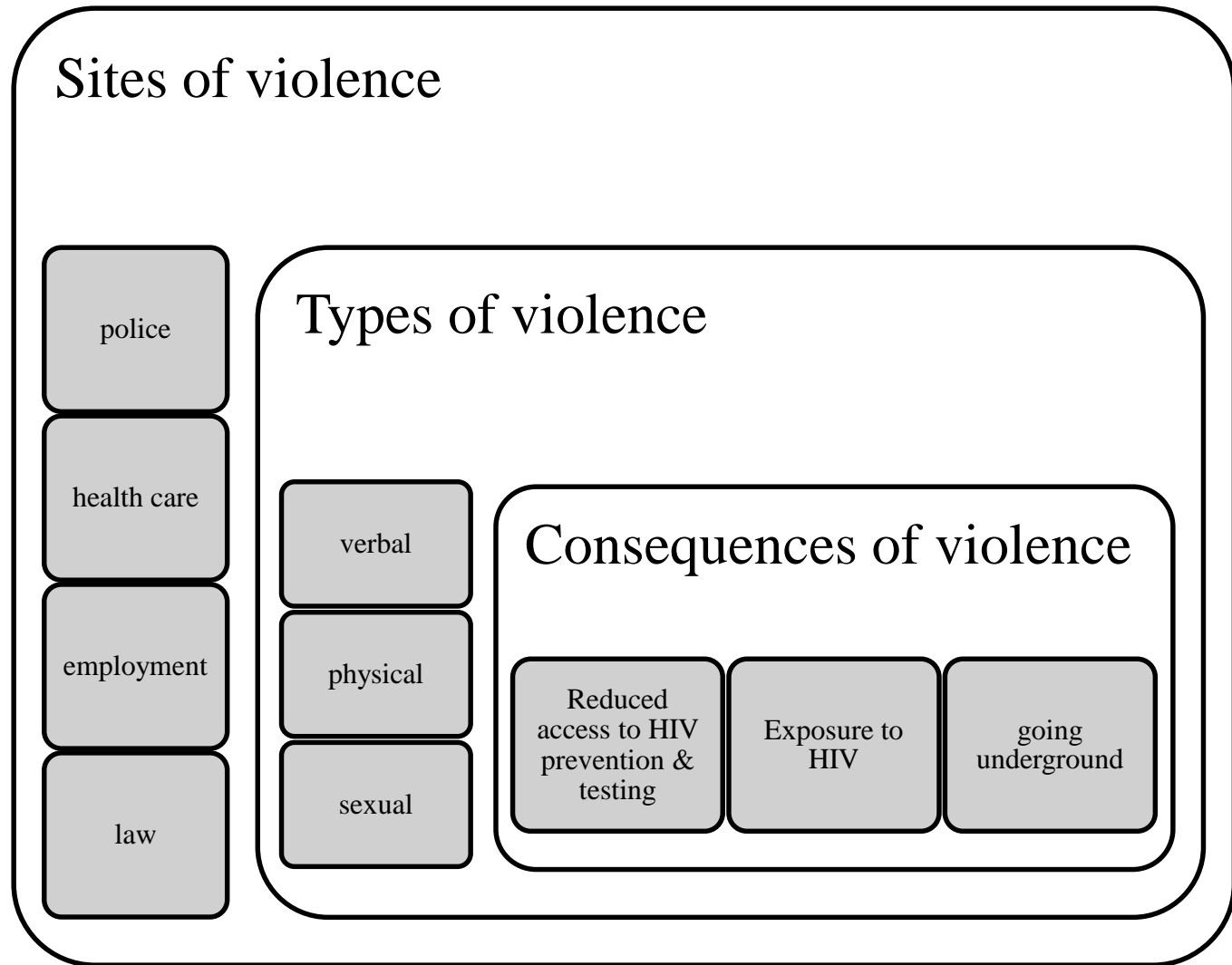
*Everyone is looking for their business to be private. Just the person who takes the results, the doctor or the nurse and yourself.* (Participant 3)

*I want them to be LGBT friendly so that when I go there I can feel comfortable.* (Participant 18)

# Discussion

- Pervasive stigma, discrimination and violence compromise safety, health and life opportunities
  - *Structural violence*: police, healthcare, employment, laws (e.g. buggery)
  - *Personal violence*: physical violence & the threat of violence
- Protective factors: advocacy, peer support

# Structural violence experienced by young transgender women in Kingston, Jamaica



# Discussion

- Barriers to attaining housing and employment (*structural violence*) can result in homelessness and survival sex work—these result in precarious living that increases exposure to physical and sexual violence
  - **Even with elevated rates of violence transgender women have no access to human rights protection, police services or access to justice**

# Discussion

- Interlocking forms of violence produces latent violence, constant and pervasive fear that violence could readily occur that “works on the soul (Galtung, 1969)

# Discussion

- Need to address HIV-related and transgender stigma in healthcare settings and the larger community
- Syndemics approach: stigma, mental health, homelessness, and violence intersect to increase HIV vulnerability among transgender women in Jamaica
- Change is coming... LGBT Pride in Kingston '15, Colour Pink



# Team



# Acknowledgments

- Participants & peer research assistants
- Jamaica AIDS Support for Life, CVC, J-FLAG, Colour Pink
- Canadian Institutes of Health Research Funding (Operating Grant)
- [carmen.logie@utoronto.ca](mailto:carmen.logie@utoronto.ca)