Migration is associated with increased HIV vulnerability among young transgender women in Lima, Peru

Amaya Perez-Brumer^{1,2}, Dorothy Apedaile¹, Deana F. Leon², Leyla Huerta³, Segundo Leon⁴, Kelika Konda^{2,5}, Sari L. Reisner^{6,7,8}, Alfonso Silva-Santisteban²

1. Dalla School of Public Health, University of Toronto; 2. Center for Interdisciplinary Research in Sexuality, AIDS and Society, Universidad Peruana Cayetano Heredia; 3. Féminas Peru; 4. Escuela Profesional de Tecnología Médica, Universidad Privada San Juan Bautista; 5. Keck School of Medicine, University of Southern California; 6. Department of Epidemiology, University of Michigan School of Public Health; 7. Division of Endocrinology, Diabetes, and Hypertension, Brigham and Women's Hospital; 8. Department of Epidemiology, Harvard T.H. Chan School of Public Health

Background

- Efforts to address HIV in Latin America must consider migration, as the region sees a significant surge in human mobility. Migrants increased from 7 million in 1990 to nearly 15 million in 2020, with almost 80% being intranational within Latin America.
- HIV is concentrated in large urban centers, and disproportionality affects transgender (trans) women, who have an HIV prevalence of 22.1% compared to 0.5% among the general adult population.

Results

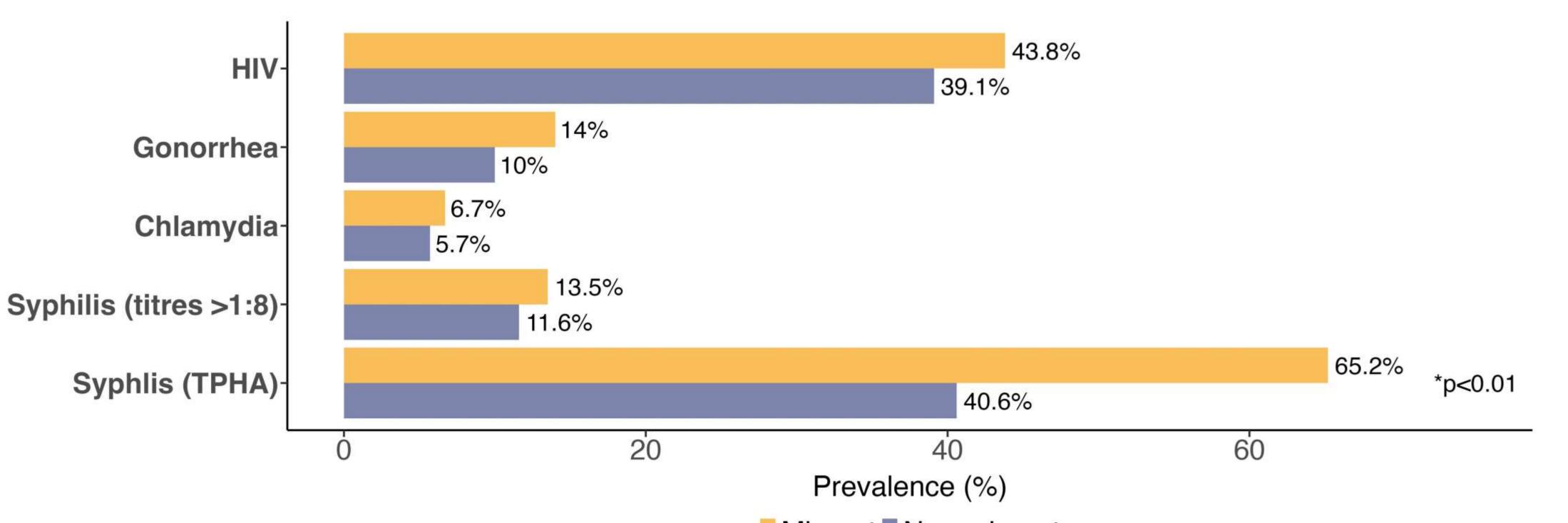
- Among 204 participants (median age 23, IQR: 21-24), there were 110 young trans women migrants (54%)
 - 35 (32%) had been in Lima for ≥ 6 years
 - 30 (27%) had been in Lima for 2-5 years
 - 19 (17%) had been in Lima 0-1 years.
- The majority of migrants were from the Jungle regions of Peru (the Selva, 70%) while 16% were from other regions in Peru and 14% were from Venezuela.
- The median age of migration was 17 years (IQR=16 to 20)
- Most migrants reported coming to Lima to find work (34%) or to start their gender affirmation
- In Peru, HIV prevalence among adult trans women ranges from 14.6% to 33.7%, higher than the general population's 0.27% to 0.30%.
- Migration can increase HIV vulnerability, especially for trans women facing sociostructural disadvantages like precarious employment, xenophobia, and transphobia. However, there is limited information on the link between migration and HIV/STI vulnerabilities among young trans women in Latin America.
- This study examines the relationship between migration and HIV/STI vulnerabilities among young trans women aged 16-24 in Lima, Peru, to inform HIV intervention efforts in Latin America.

(25%)

Sex work

- Migrants were significantly more likely to report engaging in sex work in the past 30 days (78%) compared to non-migrants (55%, p<0.01).
- Migrants also engaged in sex work more frequently, with 42% of recent migrants reporting daily sex work compared to only 8% of non-migrants (p < 0.01).

Figure 1: Lab-confirmed HIV and STI prevalence among migrants and non-migrants



Migrant Non-migrant

Methods

- Between February-July 2022, a crosssectional survey was conducted with 211 young trans women (ages 16-24) in Lima, Peru, along with HIV and STI testing (syphilis, chlamydia, gonorrhea).
- Participants were recruited through community leaders, recruiters, and peers.
- The survey collected data on sociodemographics, migration status, gender affirmation, sexual behaviors, violence, psychological distress, HIV testing, prevention, care, and healthcare access. After completing the survey, participants received free voluntary counseling and testing for HIV, syphilis, hepatitis B, and hepatitis C.
- Bivariate tests (χ 2) compared HIV and STI prevalence and vulnerabilities between migrants and non-migrants.
- Migration status was determined by

- There was not a significant difference in HIV prevalence for non-migrants (39%) compared to migrants (44%). However, migrants had a significantly higher prevalence of lifetime syphilis (65%) compared to non-migrants (41%; p < 0.01).
- Compared to non-migrants, there was no difference in the prevalence of HIV among migrants who arrived in the past 0-1 years (aPR=0.80, 95% CI=0.37-1.73) or among migrants who had been living in Lima for ≥ 6 years (aPR=0.99; 95% CI=0.57-1.70). Migrants who had been in Lima for 2-5 years were 1.52 times more likely to test positive for HIV compared to non-migrants (95%) CI=0.98-2.37).

Figure 2: Association between migration and structural and behavioural vulnerability among young transgender women in Lima, Peru

Non-migrant (ref)-6+ years in Lima-2-5 years in Lima-0-1 years in Lima-

Non-migrant (ref)-6+ years in Lima-2-5 years in Lima-

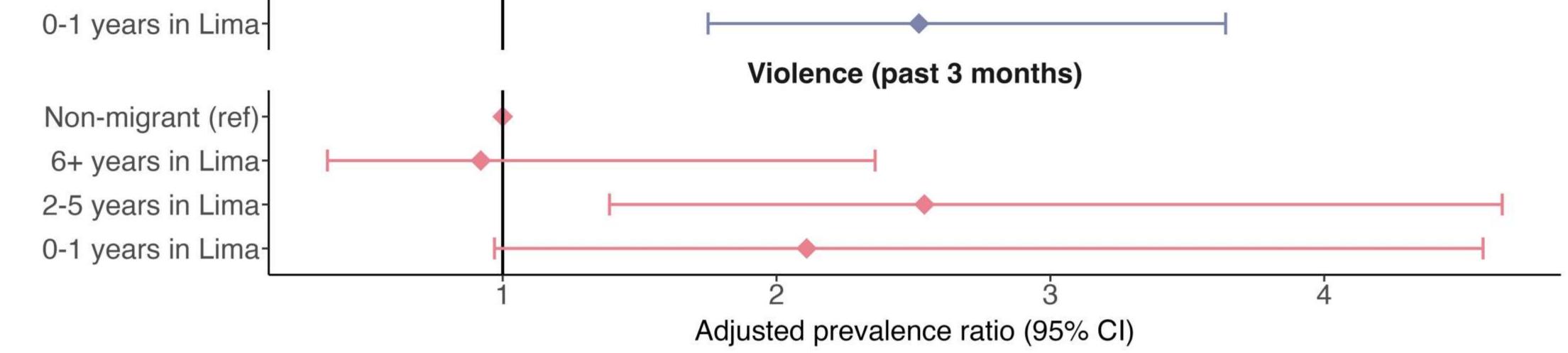


Condomless anal sex (past 6 months)

place of birth, with non-migrants born in Lima and migrants born outside Lima. Migrants were asked about their arrival year in Lima and categorized by duration (0-1 years, 2-5 years, 6+ years).

- For descriptive analyses, migration was treated as a binary variable (migrants) vs. non-migrants).
- Poisson regression models estimated adjusted prevalence ratios (aPR) and 95% confidence intervals (95% CI) for the association between time in Lima (non-migrant, 0-1 years, 2-5 years, ≥ 6 years) and HIV vulnerabilities (condom use, sex work).

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Conclusions

Migration was a common experience among the young trans women in this study, with almost half reporting either internal or transnational migration and one-third of these migrations occurring within the past 5 years. This study highlights an alarmingly high HIV prevalence of 44% among young trans women sampled who migrated to Lima, Peru. HIV prevalence among the full sample of young trans women is also concerning at 42%. Findings underscore the urgent need for all young trans women to have barrier-free access to comprehensive HIV testing and care, including immediate and ongoing support through integrated health and social services in urban centres post-migration.

