

# Stigma, Syndemics, and HIV risk among Transgender Women (TGW) in Mumbai, India: A Qualitative Investigation (A-AIDS-2022-09600)

D. Baruah<sup>1</sup>, A. Bhattar<sup>1</sup>, R.V. Tikate<sup>1</sup>, N.M. Shaikh<sup>1</sup>, H. Kambli<sup>1</sup>, S. Rawat<sup>1</sup>, M. Shunmugam<sup>2</sup>, R. Nelson<sup>2,1</sup>, V.R. Anand<sup>1</sup>, A. Sebastian<sup>2,1</sup>, V. Chakrapani<sup>2,1</sup>, P.A. Newman<sup>3</sup>

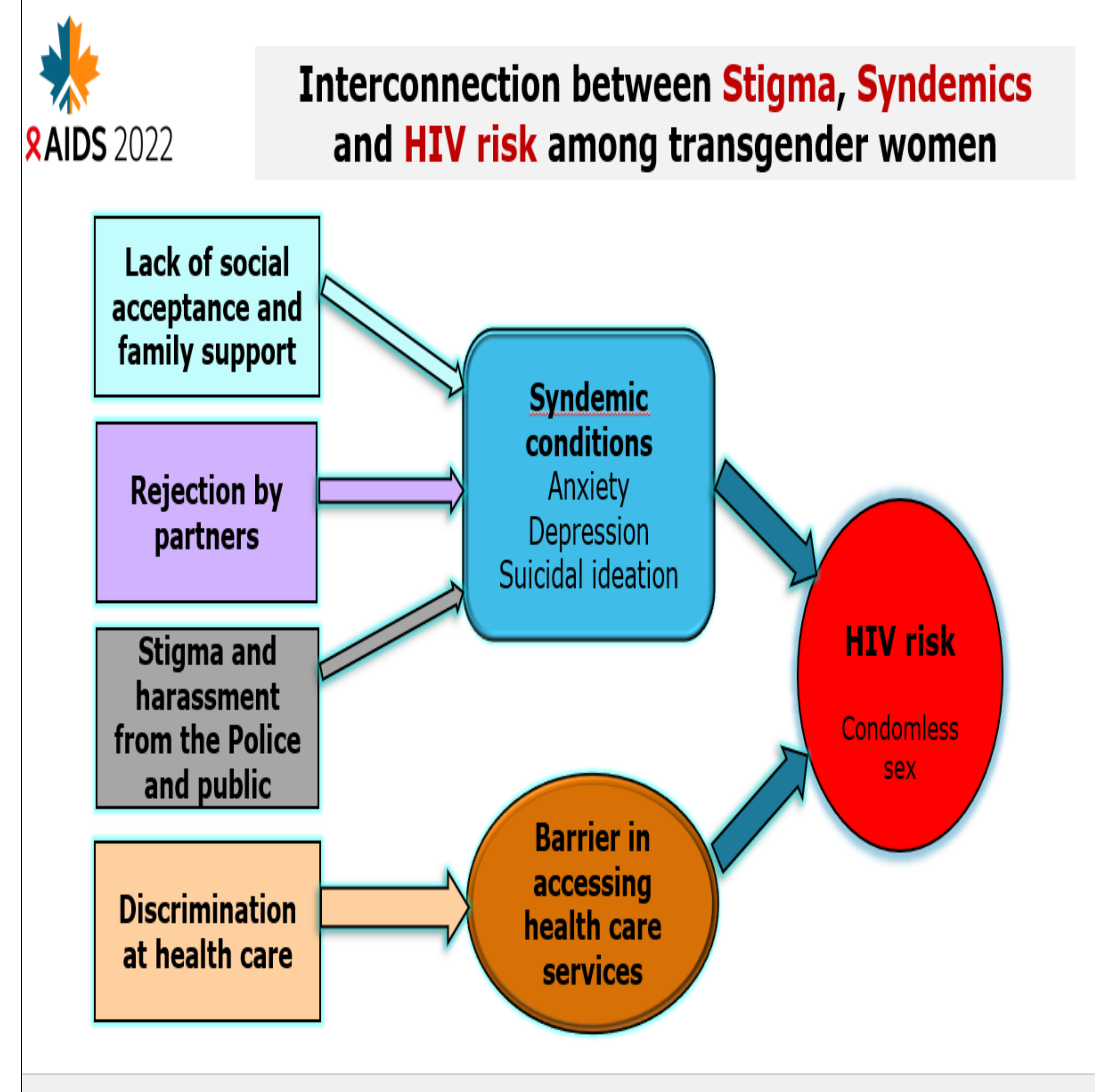
<sup>1</sup>The Humsafar Trust, Research, Mumbai, India, <sup>2</sup>Centre for Sexuality and Health Research and Policy (C-ShaRP), Research, Chennai, India, <sup>3</sup>University of Toronto, Toronto, Canada, Factor-Inwentash Faculty of Social Work, Toronto, Canada

## BACKGROUND

Syndemics of psychosocial problems such as depression, problematic alcohol use and violence victimization have been shown to synergistically increase HIV risk among TGW in developed countries. However, scant research is available on Syndemics among Transgender Women (TGW) in India. This qualitative study aimed to explore how stigma, psychosocial problems and HIV risk are connected among TGW in Mumbai, India.

## METHODS

In March–August 2019, we conducted four focus group discussions (FGDs, n=25) and six in-depth interviews (IDIs) with TGW, and four key informant interviews with health care providers and trans community leaders. Purposive sampling was used. Thematic analysis was conducted on the translated data from FGDs and interviews.



## RESULTS

TGW participants were younger (Mean age - 23.8 in FGDs; Mean age - 35 years in IDIs), about half (48%) reported inconsistent condom use in the past month, and about two-fifths reported part-time sex-work. Narratives indicated that TGW experienced depression, anxiety, and suicidal ideation primarily from lack of social acceptance. Substance and alcohol abuse, as a maladaptive coping mechanism, heightened HIV vulnerability especially for those in sex work. Depression secondary to loss of family support and rejection by partners and harassment from police and general public seems to lead to fatalistic attitude among some TGW, in turn contributing to condom less sex. Participants described incidents of discrimination within healthcare settings, although they reported that understanding about trans people in general is increasing. Fear of discrimination in health care settings, based on their gender minority status or sex work status, posed a barrier to accessing and using health care services. TGW living with HIV faced discrimination from other trans community members, with consequent loss of emotional support and loss of livelihood, especially among those in sex work.

## CONCLUSIONS

Stigmas related to gender minority status, sex work status and HIV status contribute to psychosocial problems and HIV risk. HIV interventions for TGW need to incorporate strategies to reduce multiple stigmas faced by TGW, promote acceptance of TGW living with HIV and offer integrated services to screen for and manage psychosocial problems, all of which can strengthen HIV prevention efforts.

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