Building Bridges

Use of HIV/STI services and gender-affirming care for transgender and gender diverse communities in Amsterdam at an NGO-Public Health co-led clinic.
Transgender Health
Published: June 17, 2016

Executive Summary

Transgender people and their needs remain little understood, not only by health-care providers but also more generally in society. An absence of appropriate information, together with misinformation, breeds stigma and prejudice, leading to discrimination, harassment, and abuse, with alarming consequences for transgender people’s health and wellbeing.
Methods
Methods

Start January 2021
- Community-based locations
- Predominantly Queer-Trans team
- Hormone support + HIV/STI testing offered

Descriptive statistics
- Period January-December 2021
- Further research in progress
Results

75 unique visitors in 2021

- Transmasculine, 17, 23%
- Transfeminine, 58, 77%
- Sub-sahara Africa, 1, 2%
- Did not disclose, 1, 1%
- Eastern Europe & Central Asia, 5, 7%
- Asia & the Pacific, 6, 8%
- Netherlands, 9, 12%
- West-Central Europa & North America, 13, 17%
- Latin America & the Caribbean, 27, 36%
- Middle East & North Africa, 13, 17%
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- Netherlands, 9, 12%
- West-Central Europa & North America, 13, 17%
- Latin America & the Caribbean, 27, 36%
- Middle East & North Africa, 13, 17%
Had a prior visit to the Center for Sexual Health (between 2017 - 2021)

Results

- Yes, 18, 24%
- No, 57, 76%

Reported barriers to regular care:

- Status as refugee/asylum seeker: 30
- History of sexwork: 25
- Not proficient in English or Dutch: 17
- House- or homeless: 12
- Undocumented: 8
Results

HIV/STI Testing uptake:
- 63% (37/58) among transfeminine visitors
- 41% (7/17) among transmasculine visitors

HIV/STI Testing uptake was high among:
- refugees (73%, 22/30)
- those who reported sex work (69%, 18/25)

Self-reported HIV prevalence:
- 13% among transfeminine visitors
- 0% among transmasculine visitors

HIV/STI testing results:
- no new HIV diagnosis
- 1 acute Hepatitis B infection
- 15 bacterial STIs among 44 individuals during 77 visits.
Conclusion

Offering combined hormone therapy and HIV/STI services with strong community involvement seems a successful way to reach marginalized TGD communities for STI testing.
Acknowledgments

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